GOOD HEALTH LEADS TO A GOOD LIFE!
WE INSURE BOTH!

Mera Mediclaim Plan is an Individual, Non-Linked, Non-Participating, Pure Risk Premium, Combi Insurance Plan (UIN: 17F/102V0). Policyholders are advised to familiarize themselves with the policy benefits and policy service structure of the “Combi Product” before deciding to purchase the policy. Please read the Sales brochure carefully before concluding any sale. This product is jointly offered by PNB Met Life India Insurance Company” and “Religare Health Insurance Company”. The risks of this “Combi Product” are distinct and are assumed / accepted by respective insurance companies. The liability to settle the claim vests with respective insurers, i.e., for health insurance benefits “Religare Health Insurance Company” and for life insurance benefits “PNB MetLife India Insurance Company”, The policyholders of the “Combi Product” are eligible to continue with either part of the policy, discontinuing the other during the policy term. Goods and service Tax (GST) shall be levied as per the prevailing tax laws which are subject to change from time to time. "Tax benefits are as per the Income Tax Act, 1961 & are subject to amendments made thereto from time to time. Please consult your tax consultant for more details". AD-F/2020-21/0058.


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PNB MetLife Insurance and Religare Health Insurance have joined hands to help you in protecting your and your family’s health and ensuring a secure financial future for your loved ones, even when you are not around.

Mera Mediclaim Plan is a solution that offers you the benefits of both health and life insurance in a single plan which is simple, comprehensive and flexible

WHY MERA MEDICLAIM PLAN?

Health is the most important asset you have and every aspect of your life revolves around good health. Any adverse impact on your health can risk your dreams and goals, and can put significant financial burden on you and your family.

The last half a decade has seen rapid change in the way we live due to modern lifestyle and the trappings that come with it. There are some of the most common major illnesses we face today. While these major health events certainly take a physical toll, they often also create a substantial financial burden. Presenting the Mera Mediclaim Plan, a tailor-made insurance plan that provides you with a comprehensive Life and Health cover and safeguards you and your family against financial risks arising out of any defined unforeseen medical emergency

WITH MERA MEDICLAIM PLAN

- Get health and life cover under a single plan: You no longer have to manage separate health insurance and Life insurance plans for you and your family’s well being
- Get discount of 7.5% on the combined premium
- Get cashless treatments: You no longer have to run around paying off hospital bills and then following up for reimbursements
- Get rewarded for every claim-free year
- Save tax – Avail tax benefits on premiums paid under Sections 80C, 80D and benefits received under section 10(10D) of the Income Tax Act, as per prevailing tax laws

KEY BENEFITS

Health:
- Wide range of Sum Insured options
- Cover for Pre and Post hospitalization medical expenses
- Family floater- Cover for you and your family under a single plan
- Ease of cashless treatment and settlement of claims directly by the Company
- Upto 150% increase in Sum Insured ‘Automatic recharge of Sum Insured if claim amount exhausts your coverage (this feature can be availed unlimited times by availing “Unlimited Automatic Recharge (optional cover)”
- Covers non-allopathic treatments like Ayurveda, Homeopathy, Unani & Sidha up to a specified limit and varies with plan chosen
- Covers more than 540 day care treatments
- Option to avail personal accident cover
- Annual Health Check-up for all insured members including children

- Incremental increase every year is applicable on Base Sum Insured with No Claim Bonus and No Claim Bonus Super (Optional cover) in 5 consecutive claim-free years.

Protection:
- Choose your protection against Death or terminal illness
- Secure your family’s future:
  o Opt for Lumpsum payout through Lumpsum option
- Get double protection with Income options – Monthly income PLUS 100 times of Monthly income as Lumpsum:
  o Opt for Fixed Income option and get:
    - Level Monthly income for 10 years
  o Opt for Increasing Income and get:
    - Increasing monthly income for 10 years
- Choose to get your money back in case of survival:
  o Opt for ‘With Return of Premiums’ and get your premiums back on survival²
- Decide your legacy and protect your family²
  o Choose single or multiple nominees
  o Select percentage entitlement to each nominee
- Save tax – Avail tax benefits on premiums paid and benefits received, as per prevailing tax laws

²With Return of Premiums’ option will be available at an additional premium.
²Nomination will be in accordance with Section 39 please refer extract provided at the end of the sales literature and the policy document.
**How Does Mera Mediclaim Plan Work?**

**Illustration 1:**
Mr. Pandit is 35 year old and wants to ensure complete protection for him and his loved ones from illness and death. He buys Mera Mediclaim Plan (Protection and health benefit) and chooses the plan as mentioned below:

<table>
<thead>
<tr>
<th>Category</th>
<th>Plan option</th>
<th>Sum assured (Rs.)</th>
<th>Policy Term (yrs.)</th>
<th>Premium (Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protection</td>
<td>Benefit option 1: Lumpsum</td>
<td>25 Lakh</td>
<td>30</td>
<td>7,600</td>
</tr>
<tr>
<td>Health</td>
<td>Care 4</td>
<td>10 Lakh</td>
<td></td>
<td>7,004</td>
</tr>
<tr>
<td></td>
<td>No Claim Bonus super</td>
<td></td>
<td></td>
<td>700</td>
</tr>
<tr>
<td></td>
<td>Combi discount</td>
<td></td>
<td></td>
<td>1148</td>
</tr>
<tr>
<td></td>
<td>Total Premium payable*</td>
<td></td>
<td></td>
<td>14156</td>
</tr>
</tbody>
</table>

Mr. Pandit meets with an accident in the 6th Policy year and is hospitalized for the same.

*Policyholder has the right to continue with health part of policy even after completion of life cover through Portability option as a standalone product.

He meets with an accident and is hospitalized. Health: Hospital expenses upto Rs. 25 lakh (base SI - 10 lakh + 10% SI No claim bonus + 50% SI NCB Super*) will be reimbursed and the policy continues with health cofee available to all the insured.

He pays premium on regularly to ensure that Combi product is active.

He passes away due to illness Protection: His family gets death benefit of Rs. 25 Lakh and the policy terminates.

R.I.P. Policy terminates.

For every claim-free year he gets no claim bonus of 10% of base SI +50% of base SI.

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**Eligibility Criteria**

<table>
<thead>
<tr>
<th>Product specification</th>
<th>Protection</th>
<th>Health</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Minimum</td>
<td>Maximum</td>
</tr>
<tr>
<td>Age at entry (Years)*</td>
<td>18</td>
<td>65</td>
</tr>
<tr>
<td>Maximum age at maturity (Years)</td>
<td>28</td>
<td>80</td>
</tr>
<tr>
<td>Policy Term (Years)</td>
<td>10 (30, if ‘with return of premiums’ option is chosen)</td>
<td>1/2/3</td>
</tr>
<tr>
<td>Basic Sum Assured (Rs.)</td>
<td>25 Lakh</td>
<td>No limit, subject to underwriting</td>
</tr>
<tr>
<td>Premium Payment mode</td>
<td>Yearly / Half-yearly / Quarterly / Monthly</td>
<td></td>
</tr>
</tbody>
</table>

*Age of the Proposer should be 18 years or above
*other Sum Insured also available
*Monthly mode is available for Standing Instruction/direct debit options (including ECS, ACH)

## Protection:

<table>
<thead>
<tr>
<th>Premium Paying Term (PPT) (Years)</th>
<th>Regular pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annualized Premium (Rs.)</td>
<td>3,885</td>
</tr>
</tbody>
</table>

Only for Option 3 – Fixed Income Option & Option 4 – Increasing Income Option

| Income payout term (years) | 10 |

---

*Premium calculated for healthy male life age 35 yrs (single life). All premiums shown are exclusive of GST
*Incremental increase every year is applicable on Base Sum Insured
Health:

<table>
<thead>
<tr>
<th>How can You cover Yourself</th>
<th>Individual basis (maximum up to 6 Persons having equal Sum Insured) or Floater basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floater combinations</td>
<td>1 Adult + 1 Child OR 1 Adult + 2 Children OR 1 Adult + 3 Children OR 1 Adult + 4 Children OR 2 Adults + 1 Child OR 2 Adults + 2 Children OR 2 Adults + 3 Children OR 2 Adults + 4 Children</td>
</tr>
</tbody>
</table>
| Who are covered             | 1. Individual: Self, Legally married spouse, son, daughter, father, mother, brother, sister, mother-in-law, father-in-law, grandmother, grandfather, grandson, granddaughter, uncle, aunt, nephew, niece, employee or any other relationship having an insurable interest.  
2. Family Floater: Self, Legally married spouse, son, daughter, father, mother, employee and his/her dependents (Legally married Spouse, Children & Parents) or any other relationship having an insurable interest. |

Notes:
- Child would be ported to an individual policy (having a separate Sum Insured) and treated as an adult Insured Person, upon attaining 25 years of age, at the time of renewal.
- All the Age calculations are as per “Age Last Birthday” as on the date of first issue of Policy and / or at the time of Renewal.
- Option of Mid-term inclusion of a Person in the Policy will be only upon marriage or childbirth; Additional differential premium will be calculated on a pro rata basis.
- If Insured persons belonging to the same family are covered on an Individual basis, then every Insured person can opt for different Sum Insured and different Optional Covers.

WHAT ARE THE PLAN OPTIONS/BENEFITS AVAILABLE?

Mera Mediclaim Plan provides you both protection and health benefits.

Section 1: Life insurance

<table>
<thead>
<tr>
<th>Option</th>
<th>Life insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option 1</td>
<td>Lump sum</td>
</tr>
<tr>
<td>Option 2</td>
<td>Life partner</td>
</tr>
<tr>
<td>Option 3</td>
<td>Fixed income</td>
</tr>
<tr>
<td>Option 4</td>
<td>Increasing income</td>
</tr>
</tbody>
</table>

The Life Partner Option will not be available under the Combi plan.

LET’S SEE HOW THESE OPTIONS WORK:

Case I
Ankur, 35 years old, non smoker, chooses policy term of 30 years. He opts for:

<table>
<thead>
<tr>
<th>1 Benefit Option</th>
<th>Deat / Terminal illness cover of Rs. 1 crore</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option 1 - Lump sum</td>
<td></td>
</tr>
</tbody>
</table>

Additional Benefit with Return of Premiums
Annual premium: Rs. 27,700
As part of the Family Protection Benefit, Ankur nominates his wife for 50% share of the total death benefit and the remaining is split equally between his two children (25% for each child)

Please refer complete sales brochure before concluding the sale

Case II
Vaani, 40 years old, non smoker, chooses policy term of 30 years. She opts for:

| 1 Benefit Option | Monthly income: Rs. 50,000  
Terminal illness cover: 100 times of monthly income (Rs. 50 lakh) |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Option 3 - Fixed income</td>
<td></td>
</tr>
</tbody>
</table>

Additional Benefit with Return of Premiums
Annual premium: Rs. 30,580
As part of the Family Protection Benefit, Vaani nominates her mother for 40% share of the total death benefit, her daughter for 30% and her husband for 30%

Please refer complete sales brochure before concluding the sale
Case III
Rahul, 35 years old, non-smoker, chooses policy term of 30 years. He opts for:

<table>
<thead>
<tr>
<th>Benefit Option</th>
<th>Option 4 - increasing income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly income: Rs. 50,000</td>
<td>Death or Terminal Illness cover: 100 times of monthly income (Rs. 50 lakh)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Benefit</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual premium: Rs. 16,851</td>
<td></td>
</tr>
</tbody>
</table>

As part of the Family Protection Benefit, Rahul nominates his mother for 50% share of the total death benefit, his wife for 50%.

Please refer complete sales brochure before concluding the sale.

LIFE INSURANCE BENEFITS IN DETAILS

Death or Terminal Illness Benefit
Death or Terminal Illness Benefit shall be payable according to the benefit option chosen by policyholder at inception. Benefit option, once chosen, cannot be altered during the term.

Option 1 - Lump sum
At inception, you have to choose the lump sum payable immediately on first occurrence of Death or diagnosis of Terminal Illness of the life assured during the policy term. This lump sum amount is equal to Sum Assured on Death.

Option 2 – Life partner
Both the Policyholder (the first life) and his/her spouse (the second life) are covered.
At inception, you have to choose the lump sum payable immediately on first occurrence of Death or diagnosis of Terminal Illness of the first life during the policy term. The cover to the Second life shall be equal to 50% of the lumpsum amount chosen for the first life, subject to a maximum of Rs. 1 Crore.
The lump sum amount payable in respect of each life is equal to Sum Assured on Death in respect of either life.

The following table summarizes the death or terminal illness benefit under different scenarios in this option:

<table>
<thead>
<tr>
<th>On first occurrence of death or diagnosis of terminal illness for the first life</th>
<th>Sum Assured on Death in respect of first life is payable as a lump sum</th>
</tr>
</thead>
<tbody>
<tr>
<td>The policy continues with future premium being waived</td>
<td>Sum Assured on Death in respect of Second Life is paid.</td>
</tr>
<tr>
<td>On subsequent occurrence of death or diagnosis of terminal illness of the second life, the Sum Assured on Death in respect of Second Life is paid.</td>
<td></td>
</tr>
<tr>
<td>The policy terminates with the payment of this amount.</td>
<td></td>
</tr>
</tbody>
</table>

Note:
- Once Option 2 – Life partner is chosen the policyholder cannot discontinue the coverage of the particular life, unless it is due to the events as mentioned above.
- Option 2 – Life partner shall only be available where the Basic Sum Assured of First Life is greater than or equal to Rs. 50 lakhs.
- Cover for second life would be available upon payment of additional premiums.

Life Partner option will not be available under Mera Mediclaim Plan.

Option 3 - Fixed income
At inception, you have to choose the Monthly Income amount. On first occurrence of Death or diagnosis of Terminal Illness, Sum Assured on Death shall be payable. Sum Assured on Death is equal to lump sum amount (equal to 100 times of Monthly Income chosen at the time of inception) payable immediately plus fixed Monthly Income payable over 10 years (120 months) in installments, where the first installment of monthly income will be payable one month from date of death of the life assured. The policy terminates with the payment of the last installment of Monthly Income.

Option 4 - Increasing income
At inception, you have to choose the Monthly Income amount. On first occurrence of Death or diagnosis of Terminal Illness, Sum Assured on Death shall be payable. Sum Assured on Death is equal to lump sum amount (equal to 100 times of Monthly Income chosen at the time of inception) payable immediately plus increasing Monthly Income payable over 10 years (120 months) in installments increasing at 10% simple per annum, where the first installment of monthly income will be payable one month from date of death of the life assured. The policy terminates with the payment of the last installment of Monthly Income.
RETURN OF PREMIUMS

If you choose the ‘With Return of Premiums’ option, then on survival till maturity of the policy, you will receive maturity benefit which is equal to the sum assured on maturity. This option is available on payment of additional premiums.

MATURITY BENEFIT

Maturity benefit is payable only if ‘With Return of Premiums’ option is chosen.

For Option 1 – Lump sum, Option 3 – Fixed income, and Option 4 – Increasing income, Sum Assured on Maturity is the absolute amount of benefit guaranteed to be paid on maturity, which is 100% of total premiums paid.

For Option 2 – Life partner, the following table summarizes the maturity benefit under different scenarios:

| On survival of both lives till maturity | Sum Assured on Maturity in respect of both lives, which is the absolute amount of benefit guaranteed to be paid on maturity and is equal to 100% of total premiums paid in respect of both life cover. |
| In case of death or diagnosis of terminal illness of the First Life, and survival of Second Life till maturity | Sum Assured on Maturity in respect of the Second Life, which is the absolute amount of benefit guaranteed to be paid on maturity, and is equal to 100% of total additional premiums paid (including premiums which are waived and paid by the insurance company) for Second Life cover |
| In case of death or diagnosis of terminal illness of the Second Life, and survival of First Life till maturity | Sum Assured on Maturity in respect of the First Life, which is the absolute amount of benefit guaranteed to be paid on maturity, and is equal to 100% of total premiums paid for First Life cover |

Life Partner option will not be available under Mera Mediclaim Plan.

The total premiums paid means total of all the premiums received, excluding any extra premium, any rider premium and taxes

No maturity benefit will be paid under ‘without Return of Premiums’ option.

The Policy terminates with the payment of maturity benefit.
**NON-FORFEITURE BENEFITS**

**SURRENDER BENEFIT**

Surrender benefit is payable only if ‘with Return of Premiums’ option is chosen.

If all installments premiums have been paid for at least first two consecutive years, the policy shall acquire a surrender value.

The policy will be terminated once it is surrendered. The surrender value payable shall be higher of guaranteed surrender value and special surrender value as given below:

**Guaranteed Surrender Value (GSV)** = GSV Factor multiplied by Total premiums paid.

The total premiums paid considered in calculation of GSV are premiums excluding tax and underwriting extra premiums paid, if any.

**Option 2- Life partner:** The total premiums paid with respect to each life considered in calculation of GSV are premiums with respect to each life excluding tax, rider premium and underwriting extra premiums paid, if any.

**Special Surrender Value (SSV)** is calculated as Maturity Paid-up Sum Assured x SSV factor, Where Maturity Paid-up Sum Assured for,

- Without Return of Premiums: zero
- With Return of Premium (For Option 1 – Lump sum, Option 3 – Fixed income, and Option 4 – Increasing income): The absolute amount of benefit guaranteed to be paid on maturity, which is 100% of total premiums paid.
- With Return of Premiums (For Option 2- Life partner): The absolute amount of benefit guaranteed to be paid on maturity with respect to each life, which is 100% of total premiums paid (including premiums which are waived and paid by us or the insurance company if any) with respect to each life.

The applicable surrender value factors vary according to the policy term and policy year of surrender.

**PAID-UP BENEFITS**

If a policy has acquired a non-zero surrender value and no future installment premiums are paid, the policy will continue as a paid up policy with reduced benefits, however the policyholder shall have the option to surrender the policy.

Paid-up policy is a default non-forfeiture benefit. Such Paid-up policies can be revived within five (5) years from the due date of first unpaid premium by payment of all due installment premiums together with interest, at prevailing rate of interest. Once Policy becomes Paid-up and is not revived till the end of the revival period it will continue to be in Paid-up status.

The benefits to be paid in case of Paid-up policies are as follows.

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**DEATH OR TERMINAL ILLNESS BENEFIT**

For **Option 1 – Lump sum**

Paid-Up Sum Assured on Death is payable, where paid-up sum assured on death is defined as:

Sum Assured on Death * (Number of Installment Premiums paid/ Number of Installment Premiums payable during the Premium Payment Term).

The policy terminates with the payment of this claim amount.

**For Option 2 – Life partner**

| On first occurrence of death or diagnosis of terminal illness for the first life | · Paid – up Sum Assured on Death in respect of first life is payable as a lump sum where paid-up sum assured on death is defined as, Sum Assured on Death in respect of first life * (Number of Installment Premiums paid/ Number of Installment Premiums payable during the Premium Payment Term) |
| · On subsequent occurrence of death or diagnosis of terminal illness of the second life, paid – up Sum Assured on Death in respect of Second Life is paid and the policy terminates |

| On first occurrence of death or diagnosis of terminal illness for the second life preceding the first life, | · Paid – up Sum Assured on Death in respect of second life is payable as a lump sum where paid-up sum assured on death is defined as, Sum Assured on Death in respect of second life * (Number of Installment Premiums paid/ Number of Installment Premiums payable during the Premium Payment Term) |
| · On subsequent occurrence of death or diagnosis of terminal illness of the first life, paid – up Sum Assured on Death in respect of First Life shall be payable and the policy terminates |

For **Option 3 – Fixed income and Option 4 – Increasing income**

Paid-Up Sum Assured on Death is payable, which is equal to Sum Assured on Death * (Number of Installment Premiums paid/ Number of Installment Premiums payable during the Premium Payment Term).

Paid-Up Sum Assured on Death is defined as

- 10 times the Annualized Premium * (t / n)
- Paid-Up Basic sum assured, which is the “Lump Sum * (t / n)” amount payable immediately plus Total Monthly Income * (t / n) payable over 120 months on first occurrence of death or diagnosis of Terminal Illness.
• 105% of total premiums paid as on date of death.

Where, "t" refers the Number of Installment Premiums paid and "n" refers the Number of Installment Premiums payable during the Premium Payment Term. The policy terminates with the payment of the last installment of Monthly Income.

MATUREY BENEFIT
Paid – up sum assured on maturity is payable as Maturity benefit.

Maturity benefit is payable only if 'with Return of Premiums' option is chosen.

For Option 1 – Lump sum, Option 3 – Fixed income, and Option 4 – Increasing income, Paid - up Sum Assured on Maturity is the absolute amount of benefit guaranteed to be paid on maturity, which is 100% of total premiums paid till the policy becomes paid-up.

| On survival of both lives till maturity | Paid – up Sum Assured on Maturity in respect of both lives, which is the absolute amount of benefit guaranteed to be paid on maturity and is equal to 100% of total premiums paid in respect of both life cover till the policy becomes paid-up |
| In case of death or diagnosis of terminal illness of the First Life, and survival of Second Life till maturity | Paid – up Sum Assured on Maturity in respect of the Second Life, which is the absolute amount of benefit guaranteed to be paid on maturity, and is equal to 100% of total additional premiums paid (including premiums which are waived and paid by insurance company) for Second Life cover till the policy becomes paid-up |
| In case of death or diagnosis of terminal illness of the Second Life, and survival of First Life till maturity | Paid – up Sum Assured on Maturity in respect of the First Life, which is the absolute amount of benefit guaranteed to be paid on maturity, and is equal to 100% of total premiums paid for First Life cover till the policy becomes paid up |

The total premiums paid are the premiums excluding taxes and extra premiums paid, if any.

The Policy terminates with the payment of maturity benefit.

Paid up Sum Assured on Maturity is zero if 'without Return of Premiums' option is chosen.

TERMINAL ILLNESS

Terminal Illness is defined as an advanced or rapidly progressing incurable disease where, in the opinion of two independent medical practitioners' specializing in treatment of such illness, life expectancy is no greater than twelve months from the date of notification of claim. The terminal illness must be diagnosed and confirmed by independent medical practitioners' specializing in treatment of such illness registered with the Indian Medical Association and the diagnosis of Terminal Illness should be approved by the Company. The Company reserves the right for independent assessment. Terminal Illness due to AIDS is excluded. The policy terminates with the payment of terminal illness benefit.

The definition of medical practitioner will be in line with Guidelines on Standardization in Health Insurance, and as defined below:

A Medical Practitioner is a person who holds a valid registration from the medical council of any state of India or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. The Medical Practitioner shall not include: a) A close relative of the policyholder; or b) A person who resides with the policyholder; or c) A person covered under this Policy.

OTHER BENEFITS

Special benefits for Women

The policy also offers special premium rates for a female life assured.

Flexible premium payment modes & modal factors

You may elect to pay premiums by Yearly, Half Yearly, or Monthly mode subject to the minimum annualized premium under each mode.

Modal factors on annualized premium will be applicable as per the table below:

<table>
<thead>
<tr>
<th>Premium Paying Mode</th>
<th>Modal Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Half Yearly</td>
<td>0.5131</td>
</tr>
<tr>
<td>Monthly</td>
<td>0.0886</td>
</tr>
</tbody>
</table>

Alteration between different modes of premium payment is allowed at any Policy Anniversary on request.

Benefits for higher sum assured

Special premium rates will be offered upon choosing higher sum assured, depending on sum assured slabs. The available sum assured slabs are Rs. 25 lakhs – Rs. 49.99 lakhs, Rs. 50 lakhs – Rs. 99.99 lakhs, Rs. 1 crore – Rs. 1.99 crore, Rs. 2 crore and above.

Loans

There is no policy loan available in this plan.

Premium discontinuance

In case of 'Without Return of Premiums' option, if due Installment Premium is not paid in full within the Grace Period, then the Policy shall Lapse and the insurance cover will cease.

In case of 'With Return of Premiums' option, if the installment premiums for two consecutive years are not paid in full, the policy lapses at the end of the grace period and the risk cover will cease immediately.
Revival
A lapsed policy may be revived, during the Policy Term, within a Revival Period of five years from the date of first unpaid premium by submitting proof of continued insurability as per Board approved underwriting policy and making the payment of all due premiums together with interest payment at such rate as may be prevailing at the time of the payment.

The rate of interest is calculated as the 10 Year G-Sec rate plus 100 basis points, rounded up to the nearest 50 basis points. The Company will review the rate on an annual basis in April based on the prevailing G-Sec rate. However, under special circumstances where G-Sec rate changes in excess of 200 basis points from the G-Sec rate used for calculating the current interest rate, the company shall review the rate based on the prevailing G-Sec rate.

This formula will be reviewed annually and only altered subject to prior approval of IRDA of India. Currently, the Company charges 7.5% p.a. interest on revivals. Please contact us to know the prevailing rate of interest for revival of policies.

Revival of the policy is subject to Board approved underwriting policy. A surrendered policy cannot be revived.

Termination
The Policy will be terminated on the earliest of the following:

- The date on which the Benefits payable on Surrender are settled under the Policy.
- At the expiry of revival period, when the Policy has not been revived and provided the said Policy has not acquired any Paid-Up Value
- On payment of the Death Benefit, Terminal Illness Benefit, or Maturity Benefit (only if ‘with return of premiums’ option is selected), whichever is applicable

Section 2 - Health Insurance Benefits

<table>
<thead>
<tr>
<th>BENEFITS AT A GLANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Hospitalization Expenses</td>
</tr>
<tr>
<td>- Pre &amp; Post Hospitalization Medical Expenses</td>
</tr>
<tr>
<td>- Ambulance Cover</td>
</tr>
<tr>
<td>- Domiciliary Hospitalization</td>
</tr>
<tr>
<td>- Second Opinion</td>
</tr>
<tr>
<td>- No Claims Bonus</td>
</tr>
<tr>
<td>- Annual Health Check-up</td>
</tr>
<tr>
<td>- Care Anywhere</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SPECIAL FEATURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Preventive Care through Annual Health Check-up</td>
</tr>
<tr>
<td>- Wide Range of Sum Insured Options</td>
</tr>
<tr>
<td>- Feature to get discount in Premium by choosing Deductible Option &amp; Smart Select</td>
</tr>
<tr>
<td>- Feature to get discount in Premium by choosing Longer Tenure Options</td>
</tr>
<tr>
<td>- Feature to reduce PED Wait Period</td>
</tr>
<tr>
<td>*The features vary with the plan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPTIONAL COVERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Global coverage – Total</td>
</tr>
<tr>
<td>- Unlimited Automatic Recharge</td>
</tr>
<tr>
<td>- No Claims Bonus Super</td>
</tr>
<tr>
<td>- Deductible Option</td>
</tr>
<tr>
<td>- Everyday Care</td>
</tr>
<tr>
<td>- Smart Select</td>
</tr>
<tr>
<td>- Travel Plus</td>
</tr>
<tr>
<td>- OPD Care</td>
</tr>
<tr>
<td>- Daily Allowance+</td>
</tr>
<tr>
<td>- Personal Accident</td>
</tr>
<tr>
<td>- International Second Opinion</td>
</tr>
<tr>
<td>- Addl. Sum Insured for Accidental Hospitalization</td>
</tr>
<tr>
<td>- Reduction in PED Wait Period</td>
</tr>
<tr>
<td>- Extension of Global coverage</td>
</tr>
</tbody>
</table>

Admissibility of a Claim under Benefit 1 (Hospitalization Expenses) is a pre-condition to the admission of a Claim under Benefit 2 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical expenses), Benefit 3 (Daily Allowance), Benefit 4 (Ambulance Cover), Benefit 5 (Organ Donor Cover), Benefit 7 (Automatic Recharge), Benefit 14 (Care Anywhere), Benefit 15 (Maternity cover), Optional Cover 3 (Unlimited Automatic Recharge), Optional Cover 7 (Smart Select), Optional Cover 9 (Daily Allowance+) and Optional Cover 11 (Additional Sum Insured for Accidental Hospitalization) and Optional Cover 15 (Air Ambulance Cover). The event giving rise to a Claim under Benefit 1 shall be within the Policy Period for the Claim of such Benefit to be accepted.

Our maximum, total and cumulative liability in respect of an Insured Person for any and all Claims arising under this Policy during the Policy Year shall not exceed the Total Sum Insured for that Insured Person.
- On Floater Basis, our maximum, total and cumulative liability, for any and all Claims incurred during the Policy Year in respect of all Insured Persons, shall not exceed the Total Sum Insured.

- For any single Claim during a Policy Year, the maximum Claim amount payable shall be sum total of Sum Insured, No Claims Bonus (Benefit 10), No Claims Bonus Super (Optional Cover 4) and Additional Sum Insured for Accidental Hospitalization (Optional Cover 11). (NOTE: This clause is not applicable to Optional Cover 10: Personal Accident).

- All Claims shall be payable subject to the terms, conditions, exclusions, sub-limits and wait periods of the Policy and subject to availability of the Total Sum Insured.

- Our liability shall be restricted to the payment of the balance amount subject to the available Total Sum Insured.

• Any Claim paid for Benefits namely Benefit 1 (Hospitalization Expenses), Benefit 2 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses), Benefit 3 (Daily Allowance), Benefit 4 (Ambulance Cover), Benefit 5 (Organ Donor Cover), Benefit 6 (Domiciliary Hospitalization), Benefit 9 (Alternative Treatments), Benefit 11 (Global coverage (excluding U.S.A.)), Benefit 13 (Vaccination Cover), Benefit 14 (Care Anywhere), Benefit 15 (Maternity cover), and Optional Covers namely Optional Cover 1 (Global Coverage – Total), Optional Cover 2 (Travel Plus), Optional Cover 6 (‘Everyday Care’ except Health Care Services), Optional Cover 7 (Smart Select), Optional Cover 8 (OPD Care), Optional Cover 9 (Daily Allowance+), Optional Cover 14 (Extension of Global Coverage), and Optional Cover 16 (Air Ambulance Cover), shall reduce the Total Sum Insured for the Policy Year and only the balance shall be available for all the future claims for that Policy Year.

• The Co-payment (as applicable) shall be borne by You on each Claim which will be applicable on Benefit 1 (Hospitalization Expenses), Benefit 2 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses), Benefit 4 (Ambulance Cover), Benefit 5 (Organ Donor Cover), Benefit 6 (Domiciliary Hospitalization), Benefit 9 (Alternative Treatments), Benefit 11 (Global coverage (excluding U.S.A.)), Benefit 13 (Vaccination Cover), Benefit 14 (Care Anywhere), Benefit 15 (Maternity cover), Optional Cover 1 (Global Coverage – Total), Optional Cover 11 (Additional Sum Insured for Accidental Hospitalization), Optional Cover 14 (Extension of Global Coverage) and Optional Cover 15 (Air Ambulance Cover).

- If age of Insured Person or eldest Insured Person (in case of Floater) is 61 years or more, we provide an option to Insured Person / Policyholder, to choose for co-payment option of 20% per claim (over & above any other co-payment, if any) which applies to such Insured Person or all Insured Persons (in case of Floater) and thereby get a discount of 20% in Premium to be paid.

- The Co-payment shall be applicable to each and every Claim made, for each Insured Person.

• Deductible Option (if opted) is applicable on the Benefits namely Benefit 1 (Hospitalization Expenses), Benefit 2 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses), Benefit 4 (Ambulance Cover), Benefit 5 (Organ Donor Cover), Benefit 6 (Domiciliary Hospitalization), Benefit 9 (Alternative Treatments), Benefit 11 (Global Coverage – excluding U.S.A.), Benefit 14 (Care Anywhere), Benefit 15 (Maternity cover), Optional Cover 1 (Global Coverage – Total) and Optional Cover 11 (Additional Sum Insured for Accidental Hospitalization), Optional Cover 14 (Extension of Global Coverage) and Optional Cover 15 (Air Ambulance Cover).

• Hospitalization or Medical Expenses which are ‘Medically Necessary’ only shall be admissible under the Policy.

1. BENEFITS IN DETAIL

1. Benefit 1: Hospitalization Expenses:

(i) In-Patient care: Hospitalization for at least 24 hours - If you are admitted to a hospital for in-patient care which should be Medically Necessary, for a minimum period of 24 consecutive hours, we will pay, maximum up to Sum Insured, for the medical expenses incurred by You at the hospital - from room charges, nursing expenses and intensive care unit charges to Surgeon’s fee, Doctor’s fee, Anesthesia, blood, oxygen, Operation theater charges which forms a part of Hospitalization.

(ii) Day Care Treatment: Hospitalization involving less than 24 hours – Some surgeries don’t require or need not necessarily require Hospitalization Stay for minimum 24 Hours. It may be for your convenience or it may happen that the surgery underwent is minor or of intermediate complexity. We will pay for all such day care treatments as per Annexure-I to Prospectus, maximum up to Sum Insured.

(iii) Advance Technology Methods: The Company will indemnify the Insured Person up to Sum Insured for expenses incurred under Benefit 1 (Hospitalization Expenses) for treatment taken through following advance technology methods:

a. Uterine Artery Embolization and HIFU
b. Balloon Sinuplasty
c. Deep Brain stimulation
d. Oral chemotherapy
e. Immunotherapy- Monoclonal Antibody to be given as injection
f. Intra vitreal injections
g. Robotic surgeries
h. Stereotactic radio surgeries
i. Bronchial Thermoplasty
j. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
k. IONM - (Intra Operative Neuro Monitoring)
l. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.
2. Benefit 2: Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses:

(i) Pre-Hospitalization Medical Expenses:
Examination, tests and medication - Sometimes the procedures that finally lead you to hospital, such as Investigative tests, Consultation Fees and medication, can be quite financially draining. We cover the medically necessary expenses (maximum up to Sum Insured) incurred by you for a period of 30 days immediately before the Date of Your Admissible Hospitalization, provided that we shall not be liable to make payment for any Pre-hospitalization Medical Expenses that were incurred before the Policy Start Date.

(ii) Post-Hospitalization Medical Expenses:
Back home and till you are back on your feet - The expenses don’t end once you are discharged. There might be follow-up visits to your medical practitioner, medication that is required and sometimes even further confirmatory tests. We also cover the medically necessary expenses (maximum up to Sum Insured) incurred by you for a period of 60 days immediately after the Date of Discharge of Your Admissible Hospitalization.

3. Benefit 3: Daily Allowance:
It all adds up - A trip to a hospital involves more than merely using the doctor’s services and hospital facilities. You are bound to run up numerous ‘non-medical’ expenses such as transportation, attendant’s cost and other daily expenses that you may not be able to even foresee. We would pay Daily Allowance - a fixed lump sum amount, for each completed day (24 hours) of hospitalization, payable for a maximum of 5 consecutive days per Hospitalization, so that you can meet these expenses without a bother and as suits you best.

4. Benefit 4: Ambulance Cover:
It is one of our utmost concerns that you get the medical attention which you require as soon as possible, especially in an emergency. Towards that end, we will pay you up to a specified amount per hospitalization, for expenses that you incur on an ambulance service offered by the hospital or any service provider, in an emergency situation. Through this cover, we will also pay your necessary transportation fares from one Hospital to another Hospital, for advanced/better equipped medical support/aid required for rescuing your health condition.

5. Benefit 5: Organ Donor Cover:
We care about those who help you as much as we care for you. So, beyond ensuring that your medical needs are met, we will pay you up to a specified amount for medical expenses that are incurred by you towards your organ donor, while undergoing the organ transplant surgery, if the donation confirms to the Transplantation of Human Organs Act 1994 (amended) and other applicable laws and rules.

6. Benefit 6: Domiciliary Hospitalization:
Despite suffering from an Illness /Injury (which would normally require care and treatment at a Hospital), Hospitalization may not be possible - perhaps Your state of health is such that You are not in a condition to be moved to a Hospital or a Hospital room may not be available when you need the medical treatment the most.

Under Our Domiciliary Hospitalization Benefit, We will pay you up to a specified amount, for the Medical Expenses incurred during your treatment at home, as long as it involves medical treatment for a period exceeding 3 consecutive days. ‘Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses’ shall not be payable in respect of a claim made under this Benefit.

Any Medical Expenses incurred for the treatment in relation to any of the following diseases shall not be payable under this Benefit:

(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 Diabetes Insipidus;
(vi) Epilepsy;
(vii) Hypertension;
(viii) Influenza, cough or cold;
(ix) All Psychiatric or Psychosomatic Disorders;
(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.

7. Benefit 7: Automatic Recharge:
A refill is always welcome! So your sum insured is reinstated just when you need it the most.

If, due to claims made, you ever utilize the maximum limit of Sum Insured and thereby run out of/exhaust your health cover, we reinstate the entire sum insured immediately, once in the policy year.

This re-instated amount can be used for future claims which are not in relation to any Illness or Injury for which a Claim has already been admitted for that Insured Person during that Policy Year.

- For any single Claim during a Policy Year the maximum Claim amount payable shall be sum of:
  - Sum Insured
  - No Claims Bonus (Benefit – 10)
- No Claims Bonus Super (Optional Cover – 4)
- Additional Sum Insured for Accidental Hospitalization (Optional Cover – 11)

- During a Policy Year, the aggregate Claim amount payable, subject to admissibility of the Claim, shall not exceed the sum of:
  - Sum Insured
  - No Claims Bonus (Benefit – 10)
  - No Claims Bonus Super (Optional Cover – 4)
  - Additional Sum Insured for Accidental Hospitalization (Optional Cover – 11)
  - Automatic Recharge (Benefit – 7)

- Any unutilized Recharge cannot be carried forward to any subsequent Policy Year.
- No Claims Bonus (Benefit – 10) and No Claims Bonus Super (Optional Cover – 4) shall not be considered while calculating ‘Automatic Recharge’.
- The Recharge is applicable only for Benefit 1 (Hospitalization Expenses).

8. Benefit 8: Second Opinion:
We take your illnesses as seriously as you do. If you are suffering from a serious illness (namely Benign Brain Tumor, Cancer, End Stage Lung Failure, Myocardial Infarction, Coronary Artery Bypass Graft, Heart Valve Replacement, Coma, End Stage Renal Failure, Stroke, Major Organ Transplant, Paralysis, Motor Neuron Disease, Multiple Sclerosis, Major Burns & Total Blindness) and feel uncertain about your diagnosis or wish to get a second opinion within India from a doctor on your medical reports for any other reason, we arrange one for you, free of cost, without any impact on Sum Insured amount. This second opinion is available to every Insured Person, once for each Major Illness / Injury per Policy year.

9. Benefit 9: Alternative Treatments:
It has been observed at times that a combination of conventional medical treatment and alternative therapies quicken & aid the process of recovery. Therefore, we will pay You up to a specified amount for medical expenses incurred by You towards Your in-patient admission in a Government hospital or in any Institute recognized by Government and / or accredited by Quality Council of India / National Accreditation Board on Health or any other suitable institutions, in India, which administers treatment related to the disciplines of medicine namely Ayurveda, Unani, Siddha and Homeopathy. Clause 4.2(19) under Permanent Exclusions of Section 2, is superseded to the extent covered under this Benefit.

10. Benefit 10: No Claims Bonus:
If no Claim has been paid by Us in the expiring Policy Year, we raise a cheer to your good health in the form of a bonus for you. You receive a flat increase of 10 per cent in your sum insured for the next Policy year. In any case the No Claims bonus will not exceed 50% of the Sum insured under the policy and in the event there is a claim in a policy year, then the No Claims bonus accrued will be reduced by 10% of the sum insured but in no case shall the Total Sum insured be less than the Sum insured. For every year that you enjoy un-interrupted good health, your bonus keeps building up! It’s just our way to tell you that we’re there with you in good times and in bad. The Recharge amount (‘Automatic Recharge’ & ‘Unlimited Automatic Recharge’) shall not be considered while calculating ‘No Claims Bonus’. Along with the Benefits (Base Covers) under the Policy, accrued ‘No Claims Bonus’ can be utilized for Optional Cover 1 (Global Coverage – Total), Optional Cover 9 (Daily Allowance+) and Optional Cover 14 (Extension of Global Coverage), if opted for. In case no claim is made in a particular Policy Year, No Claims Bonus would be credited automatically to the subsequent Policy year, even in case of multi-year Policies (with 2 or 3 year policy tenure).

Through this benefit, you can avail Hospitalization expenses incurred outside India, anywhere in the world excluding United States of America, maximum up to Sum Insured. A mandatory Co-Payment of 10% per Claim is applicable, which will be in addition to any other co-payment (if any) applicable in the Policy. This Benefit is available for 45 continuous days from the date of travel in a single trip and 90 days on a cumulative basis as a whole, in a Policy Year. The Medical expenses payable shall be limited to Maternity Cover and Hospitalization Expenses (i.e., In-Patient Care and Day Care Treatment) only.

12. Benefit 12: Annual Health Check-up:
Our prime concern is your good health! For this we are providing you preventive care, over and above the amount of Sum Insured!!
To pre-empt your ever having to visit a hospital, as a preventive measure, we provide an annual health check-up at our Network Provider or other Service Providers specifically empanelled with us to provide the services in India for all the Insured Persons who is covered under the Policy, on a Cashless basis. This Benefit shall be available only once during a Policy Year per Insured Person.

(a) Medical Tests covered in the Annual Health Check-up, applicable for Sum Insured up to Rs.75 Lac for Insured Persons who are of Age 18 years or above on the Policy Period Start Date, are as follows:

<table>
<thead>
<tr>
<th>Set No.</th>
<th>List of Medical Tests covered as a part of Annual Health Check-up</th>
<th>Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Serum Cholesterol, SGPT, Serum Creatinine, ECG</td>
<td>Care 2, Care 3 &amp; Care 8</td>
</tr>
<tr>
<td>2</td>
<td>Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Lipid Profile, Kidney Function Test, ECG</td>
<td>Care 4 &amp; Care 9</td>
</tr>
<tr>
<td>3</td>
<td>Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Lipid Profile, TMT, Kidney Function Test</td>
<td>Care 5 &amp; Care 6</td>
</tr>
</tbody>
</table>
You can opt for the following Optional covers either at the inception of the policy or at the
commencing or before the Insured Person’s discharge from Hospital.

13. Benefit 13: Vaccination Cover

As they rightly say, Prevention is better than Cure! We too strongly believe in the same!!
We will pay you up to a specified amount, towards the Vaccination expenses for all the
Insured Persons up to 18 years of age, as prescribed in the National Immunization
Schedule (NIS) for protection against Diphtheria, Pertussis, Tetanus, Polio, Measles,
Hepatitis B and Tuberculosis, which fall under category of Vaccine preventable diseases
as follows:

<table>
<thead>
<tr>
<th>S. No</th>
<th>Vaccine &amp; its presentation</th>
<th>Protection against</th>
<th>S. No</th>
<th>Vaccine &amp; its presentation</th>
<th>Protection against</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>BCG (Bacillus Calmette Guerin)- Lyophilized vaccine</td>
<td>Tuberculosis</td>
<td>5</td>
<td>Measles - Lyophilized vaccine</td>
<td>Measles</td>
</tr>
<tr>
<td>2</td>
<td>OPV (Oral Polio Vaccine)- Liquid vaccine</td>
<td>Poliomyelitis</td>
<td>6</td>
<td>TT (Tetanus Toxoid) – Liquid vaccine</td>
<td>Tetanus</td>
</tr>
<tr>
<td>3</td>
<td>Hepatitis B – Liquid Vaccine</td>
<td>Hepatitis B</td>
<td>7</td>
<td>JE vaccination Lyophilized vaccine</td>
<td>Japanese Encephalitis (Brain fever)</td>
</tr>
<tr>
<td>4</td>
<td>DPT (Diphtheria, Pertussis and Tetanus Toxoid) – Liquid vaccine</td>
<td>Diphtheria, Pertussis and Tetanus</td>
<td>8</td>
<td>Hib (given as pentavalent containing Hib + DPT + Hep B) – Liquid vaccine</td>
<td>Hib Pneumonia and Hib meningitis</td>
</tr>
</tbody>
</table>

14. Benefit 14: Care Anywhere

After all, it’s your health, and we stand by every decision you take in its interest.
For specific diseases / ailments (namely Cancer, End Stage Renal Failure, Benign Brain
Tumor, Total Blindness, Major Organ Transplant, End Stage Lung Disease, Heart Valve
Replacement, Coronary Artery Bypass Graft, Stroke, Myocardial Infarction, Major Burns
& Coma) we ensure that You have access to one of the best healthcare services out of
India, anywhere in the world!

Payment for medical expenses for specific diseases / ailments under this Benefit shall be
made only if prior written notice of at least 7 days is given to us.

15. Benefit 15: Maternity Cover

Pregnancy is undoubtedly one of the most beautiful and significantly life-altering events in
a Woman’s life! Thus through Maternity Cover, we will pay up to a specified amount,
for the Medical Expenses associated with Hospitalization of an Insured Person for the
delivery of a child, subject to the conditions specified below:

(b) Medical Tests covered in the Annual Health Check-up, applicable for Care 7, for
Insured Persons who are of Age 18 years or above on the Policy Period Start Date, are as follows:

<table>
<thead>
<tr>
<th>Infection Markers</th>
<th>Lipid Profile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Blood Count (CBC)</td>
<td>Cholesterol</td>
</tr>
<tr>
<td>ESR</td>
<td>LDL</td>
</tr>
<tr>
<td>ABO Group &amp; Rh Type</td>
<td>HDL</td>
</tr>
<tr>
<td>Urine Routine</td>
<td>Triglycerides</td>
</tr>
<tr>
<td>Stool Routine</td>
<td>VLDL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liver Function Test</th>
<th>Kidney Function Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>S Bilirubin (Total/Direct)</td>
<td>Creatinine</td>
</tr>
<tr>
<td>SGPT</td>
<td>Blood Urea Nitrogen</td>
</tr>
<tr>
<td>SGOT</td>
<td>Uric Acid</td>
</tr>
<tr>
<td>GGT</td>
<td></td>
</tr>
<tr>
<td>Alkaline Phosphatase</td>
<td></td>
</tr>
<tr>
<td>Total Protein</td>
<td></td>
</tr>
<tr>
<td>Albumin : Globulin</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lung Function Markers</th>
<th>Diabetes Markers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung Function Test</td>
<td>Hba1c</td>
</tr>
<tr>
<td>Cardiac Markers</td>
<td>Imaging Tests</td>
</tr>
<tr>
<td>Treadmill Test</td>
<td>X-Ray – Chest</td>
</tr>
<tr>
<td>ECG</td>
<td>Ultrasound Abdomen</td>
</tr>
</tbody>
</table>

(c) Medical Tests covered in the Annual Health Check-up, applicable for Insured
Persons who are of Age below 18 years on the Policy Period Start Date for all Plans
except Care 1, are as follows:

**List of Medical Tests covered as a part of Annual Health Check-up**

- Physical Examination (Height, Weight and Body Mass Index (BMI)),
- Eye Examination, Dental Examination and Scoring, Growth Charting,
- Doctor Consultation, Urine Examination (Routine and Microscopic)
- Doctor Consultation, Urine Examination (Routine and Microscopic)
We give you an option of choosing a deductible along with your Plan, which will help in creating a Win-Win Situation! (3 year policy tenure).

If this option is chosen by you and we have not paid any claim, we raise a deductible 3.

Optional Cover 3: Unlimited Automatic Recharge:

(i) First 30-Day waiting Period – Code – Excl03

2. Worldwide OPD Cover:

A comprehensive Insurance should not have many restrictions in terms of where to avail the treatment in case of your ill health. So, we thought of offering you a health insurance which has sky as its limit. Through this Optional Cover, you can avail treatment until you realize that you misplaced your passport or you suddenly realize that your Baggage is lost after Checking-into the nearest Hospital. This also includes necessary medical care en-route forming part of a Checked-In Baggage.

Optional Cover 2: Travel Plus:

Imagine you visit a foreign land and due to unforeseen circumstances, you fall sick and it becomes a situation of medical emergency or you realize that you misplaced your passport or you suddenly realize that your Baggage is lost after Checking-into the common carrier or may it be Repatriation of Mortal Remains or Medical Evacuation, your health insurance cover will come to your rescue to serve as a protection shield on that foreign land in such contingencies. Having this Policy with you will be as good as taking a friend along, who stands by you, the moment you need a companionship the most.

This Optional Cover is available for 45 continuous days from the date of travel in a single trip and 90 days on a cumulative basis as a whole, in a Policy Year.

The following is the detailed list of Benefits provided to you under Travel Plus, which are valid outside India.

2.1. Worldwide In-Patient Cover (for emergency): If you are out of India, anywhere in the world and suddenly fall sick or suffer an Injury which leads to an emergency medical situation, you will be eligible to avail in-patient care in a 'Single Private Room' in a Hospital through this Policy, maximum up to limits specified.

The amount assessed by us under this Benefit shall be reduced by the specified Deductible on each admitted Claim.

2.2. Worldwide OPD Cover: If you are out of India, anywhere in the world and suddenly fall sick or suffer an Injury, you will be eligible to avail out-patient care through this Policy, maximum up to limits specified.

2.3. Loss of Passport: If you lose your original passport, and you incur expenses towards obtaining a duplicate or new passport, we will pay you for such incurred expenses, maximum up to the limits specified.

The amount assessed by us under this Benefit shall be reduced by the specified Deductible on each admitted Claim.

2.4. Loss of Checked-in Baggage: We will pay you up to specified limit for the market value for cost of replacement of the entire baggage and its contents if the entire Checked-In Baggage is lost whilst in custody of the Common Carrier.

In case the market value of any single item of the Contents (excluding Valuables) of a Checked-In Baggage exceeds Rs.5,000/-, Our liability shall be limited to Rs.5,000/- only. If more than one (1) piece of Checked-in Baggage has been checked-in under the same ticket of the Insured Person and all the pieces of Checked-in Baggage are not lost, then our liability shall be restricted to 0.5% of the Sum Insured or Rs. 10,000 (whichever is lesser).

2.5. Repatriation of Mortal Remains: We will pay You, up to limits specified, for the costs of repatriation of the mortal remains of the Insured Person back to the Place of Residence or for a local burial or cremation at the place where death has occurred, if your demise happens solely and directly due to an Insurable event.

2.6. Medical Evacuation: Even the best-planned trips don't always go as planned!

May it be a quick weekend trip or a well-planned dream Holiday!!

As explained in Emergency Medicine, the golden hour is a time period lasting for one hour following traumatic injury being sustained by a casualty or medical emergency, during which there is the highest likelihood that prompt medical treatment will prevent death. It is well established that the patient's chances of survival are greatest if they receive care within a short period of time after a severe injury.

We will pay you, up to specified limit, for the reasonable cost incurred towards your Medical Evacuation in an Emergency condition through an Ambulance, which includes Air Ambulance or any other transportation and evacuation services to the nearest Hospital. This also includes necessary medical care en-route forming part of the treatment, for any Illness contracted or Injury sustained by you. Payment under this Benefit is subject to a Claim for the same Illness or Injury being admitted by Us under Benefit 2.2.1 (Worldwide In-Patient Cover (for Emergency)).

Note for Deductible under ‘Worldwide In-Patient Cover (for emergency)’, ‘Worldwide OPD Cover’ and ‘Loss of Passport’ of Optional Cover “Travel Plus” – Once the claimed amount is converted into Indian Rupees, the deductible (in INR) will be applied to calculate the final pay-out to the Claimant.
3. Optional Cover 3: Unlimited Automatic Recharge:
This Optional Cover is an extension to Benefit – 7, “Automatic Recharge”. Through this Optional Cover, your sum insured can be reinstated unlimited times, whenever you need it the most. If, due to claims made, you ever run out of/exhaust your health cover, we reinstate the entire sum insured unlimited times in a policy year. This re-instated amount can be used for future/further claims, not related to the Illness / Injury for which the claim has been made during the same Policy year.

Any unutilized Recharge cannot be carried forward to any subsequent Policy Year.

No Claims Bonus (Benefit – 10) and No Claims Bonus Super (Optional Cover – 4) shall not be considered while calculating ‘Unlimited Automatic Recharge’.

4. Optional Cover 4: No Claims Bonus Super:
For every year that you enjoy un-interrupted good health, your No Claims Bonus Super keeps building up!

This Optional Cover serves as an extension to No Claims Bonus (Benefit – 10). In a particular year, if this option is chosen by you and we have not paid any claim, we raise a cheer to your good health in the form of a No Claims Bonus Super for you. You receive an increase of 50 percent flat in your Sum insured, which is over & above the Sum Insured accrued under No Claims Bonus (Benefit – 10), for the next Policy year. In any case the No Claims Bonus Super will not exceed 100% of the Sum insured and in the event there is a claim paid in a policy year, then the No Claims bonus Super accrued will be reduced by 50% of the Sum insured but in no case shall the Total Sum Insured be reduced than the Sum Insured. The Recharge amount (‘Automatic Recharge’ & ‘Unlimited Automatic Recharge’) shall not be considered while calculating ‘No Claims Bonus Super’. Along with the Benefits (Base Covers) under the Policy, accrued ‘No Claims Bonus Super’ can be utilized for Optional Cover 1 (Global Coverage – Total), Optional Cover 9 (Daily Allowance+) and Optional Cover 14 (Extension of Global Coverage), if opted for. In case no claim is made in a particular Policy Year, ‘No Claims Bonus Super’ would be credited automatically to the subsequent Policy year, even in case of multi-year Policies (with 2 or 3 year policy tenure).

5. Optional Cover 5: Deductible Option:
Win-Win Situation!

We give you an option of choosing a deductible along with your Plan, which will help you reduce the amount of Premium to be paid!!

Deductible is the claim amount (as specified) which is to be borne by You under this Policy. Deductible would apply on an aggregate basis in a Policy Year.

We shall be liable only once the aggregate amount of all the claims exceed the Deductible.

Illustration for applicability of Deductible in the same Policy Year

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Sum Insured</th>
<th>Deductible</th>
<th>Claim 1</th>
<th>Claim 2</th>
<th>Claim 3</th>
<th>Payable 1</th>
<th>Payable 2</th>
<th>Payable 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>500,000</td>
<td>100,000</td>
<td>75,000</td>
<td>125,000</td>
<td>100,000</td>
<td>100,000</td>
<td>100,000</td>
<td>100,000</td>
</tr>
<tr>
<td>2</td>
<td>500,000</td>
<td>100,000</td>
<td>75,000</td>
<td>250,000</td>
<td>300,000</td>
<td>225,000</td>
<td>275,000</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>500,000</td>
<td>100,000</td>
<td>250,000</td>
<td>400,000</td>
<td>400,000</td>
<td>350,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Illustration for (Amount in Rupees)

6. Optional Cover 6: Everyday Care:
We understand that healthcare needs are not only limited to hospitalization. Regular doctor consultations are as important for ensuring sustained good health as for immediate care of routine illnesses. We value this need and if the option is chosen by you, We will provide the following Everyday Care Services (the “Services”) to You during the Policy Year, under this Optional Cover:-

(i) Out Patient consultations:
You may avail out-patient treatment at any of our Network Service Provider, up to a maximum limit of 1% of Sum Insured. For the purpose of this Benefit, a flat Co-payment of 20% per consultation is applicable and no other co-payment mentioned elsewhere in the Policy is applicable.

(ii) Diagnostic Examinations:
You may avail Diagnostic Examination facilities anywhere within our Network, up to a maximum limit of 1% of Sum Insured, as prescribed by a Medical Practitioner. For the purpose of this Benefit, a flat Co-payment of 20% per Diagnostic Examination is applicable and no other co-payment mentioned elsewhere in the Policy is applicable.

(iii) Health Care Services which include only the following:
   a) Doctor Anytime /Free Health Helpline: You may seek medical advice from a Medical Practitioner through the telephonic or online mode by contacting Us on the helpline details specified on Our website.
   b) Health Portal: You may access health related information and services available through Our website.
   c) Health & Wellness Offers: You may avail discounts primarily on the OPD Consultations, Diagnostics and Pharmacy offered through our Network Service Providers (which are listed on Our website).

Network Service Provider means any person, organization, institution that has been empanelled with us to provide Services specified under this Optional Cover to the Insured Person.

7. Optional Cover 7: Smart Select:
This Optional Cover provides you a discount in the premium you pay!

By choosing this Optional Cover and thereby getting a discount of 15% on the Premium payable, you can avail Medical Treatment at any hospital listed under Annexure – IV to the Prospectus.

However, if you avail Medical Treatment in hospitals other than those mentioned under Annexure – IV to the Prospectus, then you shall bear a Co-Payment of 20% on each and every Claim arising in such regard, which will be in addition to any other co-payment (if any) applicable in the Policy.

NOTE: For an updated list of Hospitals mentioned under Annexure – IV to the Prospectus, please refer to our Website.
8. Optional Cover 8: OPD Care:
We understand how trivial but important are bills pertaining to OPD consultations, diagnostics and medicines. Collectively, they can sum-up to cause a major financial impact.

Hence through this Optional Cover, we will pay you, through Reimbursement facility only, maximum up to a specified limit, for the following Out-patient care Services during the Policy Year -
(a) Out Patient consultations
(b) Diagnostic Examinations
(c) Pharmacy

Note: Coverage for Optional Cover ‘OPD Care’ is provided for entire policy year and is available to all the Insured members in a Floater Policy type along with Individual Policy type. All the valid OPD claim expenses incurred by the Insured Person in a policy year will be payable / reimbursed by Us. However, claim can be filed with Us, only twice during that Policy year, as and when that Insured Person may deem fit.

9. Optional Cover 9: Daily Allowance:
It all adds up - A trip to a hospital involves more than merely using the doctor’s services and hospital facilities. You are bound to run up numerous ‘non-medical’ expenses such as transportation, attendant’s cost and other daily expenses that you may not be able to even foresee. We would pay a fixed lump sum amount (as chosen by You), for each completed day (24 hours) of hospitalization, payable for a maximum of 30 days in a Policy Year, so that you can meet these expenses without a bother and as suits you best.

In case you are hospitalized in an ICU, we would pay twice the amount chosen by You.

The Payment under this Optional Cover will be in addition to any payment made under Benefit 3 (Daily Allowance).

NOTE: At one point of time, an Insured Person cannot stay both in a regular Hospital room as well as in an ICU room. Hence, only either one of the rooms would be considered for pay-out as per the Insured Person’s room occupancy in the Hospital.

10. Optional Cover 10: Personal Accident:
Accidents are never foreseen as they mean! But a stitch in time can save nine!!

A little plan for such unforeseen events can protect the interests of your beneficiaries in a big way.

This Optional Cover can be chosen by You for yourself, Spouse & Dependent children, only if they are insured under this Policy and You (for yourself) have opted for such Cover. (Proposer’s Dependent parents are not eligible to for coverage under this Optional Cover ‘Personal Accident’).

Maximum coverage amount which can be chosen by the Proposer for oneself ranges from ‘Sum Insured’ to ‘10 times of the Sum Insured’ (subject to a maximum of Rs.3 Crore) in multiples of Lacs only. (NOTE: Sum Insured mentioned here is the Sum Insured pertaining to the base plan)

Optionally, if You wish to cover your Spouse or Children under this Optional Cover, the coverage amount is as follows:
(i) For Spouse:50% of the Coverage amount chosen for You
(ii) Per Child:25% of the Coverage amount chosen for You (If opted for ‘Per Child’, cover should be taken for all dependent children under this Policy)

This Optional Cover includes two Benefits namely “Accidental Death” and “Permanent Total Disablement” which are explained below and are applicable to events arising worldwide.

Accidental Death
We shall pay 100% of the coverage amount of the Insured Person, in the event of his / her
Death on account of an Accident / Injury, during the Policy Period or within twelve calendar months from the date of occurrence of such Accident / Injury which occurred during Policy Period.

Permanent Total Disablement (PTD)
We shall pay up to the coverage amount of the Insured Person as specified below in case of his / her permanent total disablement on account of any Accident / Injury, during the Policy Period or within twelve calendar months from the date of occurrence of such Accident / Injury which occurred during Policy Period. The payout of the Sum Insured shall be as per table below:

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Insured Events</th>
<th>% of coverage amount of the Insured Person under this Optional Cover</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Total and irrecoverable loss of sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or one entire hand and one entire foot, or the total and irrecoverable loss of sight of one eye and loss by physical separation of one entire hand or one entire foot</td>
<td>100%</td>
</tr>
<tr>
<td>II</td>
<td>Total and irrecoverable loss of (a) use of two hands or two feet, or (b) one hand and one foot, or (c) sight of one eye and use of one hand or one foot</td>
<td>100%</td>
</tr>
<tr>
<td>III</td>
<td>Total and irrecoverable loss of sight of one eye, or of the actual loss by physical separation of one entire hand or one entire foot</td>
<td>50%</td>
</tr>
<tr>
<td>IV</td>
<td>Total and irrecoverable loss of use of a hand or a foot without physical separation</td>
<td>50%</td>
</tr>
<tr>
<td>V</td>
<td>Paraplegia or Quadriplegia or Hemiplegia</td>
<td>100%</td>
</tr>
</tbody>
</table>

Note: For the purpose of Sr. No. I to IV in the table above, physical separation of a hand or foot shall mean separation of the hand at or above the wrist, and of the foot at or above the ankle.
For the purpose of this Benefit only:

(i) “Hemiplegia” means complete and irrecoverable paralysis of the arm, leg, and trunk on the same side of the body;

(ii) “Paraplegia” means complete and irrecoverable paralysis of the whole of the lower half of the body (below waist) including both the legs;

(iii) “Quadriplegia” means complete and irrecoverable paralysis of all four limbs.

11. Optional Cover 11: Additional Sum Insured for Accidental Hospitalization:
In case any Claim is made for Emergency Care of any Injury due to an Accident during the Policy Period, We shall automatically provide an additional Sum Insured equal to the Sum Insured for In-patient Care for that Insured Person who is hospitalized, provided that:

i. The ‘additional Sum Insured for Accidental Hospitalization’ shall be utilized only after the Sum Insured has been completely exhausted;

ii. The total amount payable under such Claim shall not exceed the sum total of the Sum Insured, No Claims Bonus, No Claims Bonus Super (if opted) and ‘additional Sum Insured for Accidental Hospitalization’;

iii. The ‘additional Sum Insured for Accidental Hospitalization’ shall be available only for such Insured Person for whom Claim for Hospitalization following the Accident has been accepted under the Policy;

iv. The ‘additional Sum Insured for Accidental Hospitalization’ shall be applied only once during the Policy Period.

12. Optional Cover 12: International Second Opinion

“International Second Opinion” is an extension to Benefit 8 (Second Opinion) and hence all the provisions stated under the Benefit – ‘Second Opinion’, holds good for this Optional Cover as well, except that the geographical scope of coverage for this Optional Cover is applicable to worldwide excluding India only.

13. Optional Cover 13: Reduction in PED Wait Period
Choosing this Optional Cover reduces the applicable wait period of 48 months for Claims related to Pre-existing diseases, to 24 months.

Hence all the provisions stated under Clause 4.1 (iii) of Section 2, holds good for this Optional Cover as well, except that the claims will be admissible for any Medical Expenses incurred for Hospitalization in respect of diagnosis/treatment of any Pre-existing Disease after just 24 months of continuous coverage has elapsed, since the inception of the first Policy with us.

NOTE: This Optional Cover will be available only at the time of inception of the Policy and only for the Sum Insured chosen at that time.

14. Optional Cover 14: Extension of Global Coverage
There may be times when our heart asks for more!
For those who feel the need for an extended duration of coverage under Benefit 15 ‘Global Coverage (excluding USA)’ and Optional Cover 1 ‘Global Coverage – Total’, the duration of coverage will be extended to 90 continuous days in a single trip and maximum 180 days on a cumulative basis, by opting this Optional Cover.

15. Optional Cover 15: Air Ambulance Cover
Through this cover, we will pay you up to the amount specified for availing Air Ambulance services in India, offered by a Hospital or by an Ambulance service provider, for your necessary transportation from the place of occurrence of Medical Emergency, to the nearest Hospital. Through this cover, we will also pay your necessary transportation fares from one Hospital to another Hospital, for advanced/better equipped medical support/aid required for rescuing your health condition.

However, the treating Medical Practitioner should certify in writing that the severity or the nature of your Illness or Injury warrants your requirement for the Air Ambulance.

General Note applicable to all the Optional Covers:
Coverage amount limits for Optional Cover 2 ‘Travel Plus’, Optional Cover 6 ‘Everyday Care’, Optional Cover 8 ‘OPD Care’, Optional Cover 10 ‘Personal Accident’, Optional Cover 11 ‘Additional Sum Insured for Accidental Hospitalization’ and Optional Cover 15 ‘Air Ambulance Cover’ are covered over and above the ‘Sum Insured’.
### Plan Details

<table>
<thead>
<tr>
<th>Date</th>
<th>Sum Insured (SI) - on annual basis (in Rs.)</th>
<th>Tenure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care 1</td>
<td>1 L \ 1.5 L</td>
<td>1 Year / 2 Years / 3 Years</td>
</tr>
<tr>
<td>Care 2</td>
<td>2 L \ 2.5 L</td>
<td>1 Year / 2 Years / 3 Years</td>
</tr>
<tr>
<td>Care 3</td>
<td>3 L \ 3, 5 L</td>
<td>1 Year / 2 Years / 3 Years</td>
</tr>
<tr>
<td>Care 4</td>
<td>5L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L</td>
<td>1 Year / 2 Years / 3 Years</td>
</tr>
</tbody>
</table>

### Benefits

**Hospitalization Expenses (In-Patient Care & Day Care Treatment)**

| - In-Patient Care | up to SI | up to SI | up to SI | up to SI |
| - Day Care Treatment | up to SI | up to SI | up to SI | up to SI |

**Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses**

<table>
<thead>
<tr>
<th>Pre-Hospitalization for 30 days &amp;</th>
<th>Post-Hospitalization for 60 days; Maximum up to SI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Hospitalization for 30 days &amp;</td>
<td>Post-Hospitalization for 60 days; Maximum up to SI</td>
</tr>
<tr>
<td>Pre-Hospitalization for 30 days &amp;</td>
<td>Post-Hospitalization for 60 days; Maximum up to SI</td>
</tr>
<tr>
<td>Pre-Hospitalization for 30 days &amp;</td>
<td>Post-Hospitalization for 60 days; Maximum up to SI</td>
</tr>
</tbody>
</table>

**Daily Allowance**

| Rs. 250 per day; Max. 5 days per hospitalization covered | Rs. 500 per day; Max. 5 days per hospitalization covered | Rs. 500 per day; Max. 5 days per hospitalization covered | × |

**Ambulance Cover**

| Up to Rs 1,000 per hospitalization | Up to Rs 1,500 per hospitalization | Up to Rs 2,000 per hospitalization | Up to Rs 2,500 per hospitalization |

**Organ Donor Cover**

| × | Up to Rs 50,000 | Up to Rs 50,000 | Up to Rs 1 L Lac |

**Domiciliary Hospitalization**

| × | Up to 10% of SI if domiciliary hospitalization exceeds 3 days | Up to 10% of SI if domiciliary hospitalization exceeds 3 days | Up to 10% of SI if domiciliary hospitalization exceeds 3 days |

**Automatic Recharge**

| × | Up to SI (Once in a Policy Year) | Up to SI (Once in a Policy Year) | Up to SI (Once in a Policy Year) |

**Second Opinion**

| × | × | Once per Major Illness / Injury per policy year | Once per Major Illness / Injury per policy year |

**Alternative Treatments**

| × | × | Up to Rs 15,000 | Up to Rs 20,000 |

### Schedule of Benefits

#### Plan Details

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Care 1</th>
<th>Care 2</th>
<th>Care 3</th>
<th>Care 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sum Insured (SI) - on annual basis (in Rs.)</td>
<td>1 L \ 1.5 L</td>
<td>2 L \ 2.5 L</td>
<td>3 L \ 3, 5 L</td>
<td>5L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L</td>
</tr>
<tr>
<td>Tenure</td>
<td>1 Year / 2 Years / 3 Years</td>
<td>1 Year / 2 Years / 3 Years</td>
<td>1 Year / 2 Years / 3 Years</td>
<td>1 Year / 2 Years / 3 Years</td>
</tr>
</tbody>
</table>

### Benefits

**Hospitalization Expenses (In-Patient Care & Day Care Treatment)**

<table>
<thead>
<tr>
<th>Care 5</th>
<th>Care 6</th>
<th>Care 7</th>
<th>Care 8</th>
<th>Care 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sum Insured (SI) - on annual basis (in Rs.)</td>
<td>15 L \ 20 L \ 25 L \ 30 L \ 40 L</td>
<td>50 L \ 60 L \ 75 L</td>
<td>100 L \ 150 L \ 200 L \ 300 L \ 600 L</td>
<td>3 L \ 3.5 L \ 4 L \ 4.5 L</td>
</tr>
<tr>
<td>Tenure</td>
<td>1 Year / 2 Years / 3 Years</td>
<td>1 Year / 2 Years / 3 Years</td>
<td>1 Year / 2 Years / 3 Years</td>
<td>1 Year / 2 Years / 3 Years</td>
</tr>
</tbody>
</table>

### Schedule of Benefits

#### Plan Details

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Care 5</th>
<th>Care 6</th>
<th>Care 7</th>
<th>Care 8</th>
<th>Care 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sum Insured (SI) - on annual basis (in Rs.)</td>
<td>15 L \ 20 L \ 25 L \ 30 L \ 40 L</td>
<td>50 L \ 60 L \ 75 L</td>
<td>100 L \ 150 L \ 200 L \ 300 L \ 600 L</td>
<td>3 L \ 3.5 L \ 4 L \ 4.5 L</td>
<td>5 L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L</td>
</tr>
<tr>
<td>Tenure</td>
<td>1 Year / 2 Years / 3 Years</td>
<td>1 Year / 2 Years / 3 Years</td>
<td>1 Year / 2 Years / 3 Years</td>
<td>1 Year / 2 Years / 3 Years</td>
<td>1 Year / 2 Years / 3 Years</td>
</tr>
<tr>
<td>Plan Name</td>
<td>Care 1</td>
<td>Care 2</td>
<td>Care 3</td>
<td>Care 4</td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td></td>
</tr>
<tr>
<td>Sum Insured (SI) – on annual basis (in Rs.)</td>
<td>1 L \ 1.5 L</td>
<td>2 L \ 2.5 L</td>
<td>3 L \ 3.5 L \ 4 L \ 4.5 L</td>
<td>5 L \ 5.5 L \ 6 L \ 6.5 L \ 7 L \ 7.5 L \ 8 L \ 8.5 L \ 9 L \ 9.5 L \ 10 L</td>
<td></td>
</tr>
</tbody>
</table>

### BENEFITS

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Care 1</th>
<th>Care 2</th>
<th>Care 3</th>
<th>Care 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Claims Bonus (NCB)</td>
<td>10% increase in SI per Policy Year in case of claim-free year; Max up to 50% of SI (10% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)</td>
<td>10% increase in SI per Policy Year in case of claim-free year; Max up to 50% of SI (10% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)</td>
<td>10% increase in SI per Policy Year in case of claim-free year; Max up to 50% of SI (10% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)</td>
<td>10% increase in SI per Policy Year in case of claim-free year; Max up to 50% of SI (10% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)</td>
</tr>
<tr>
<td>Global Coverage (excluding USA); Coverage outside India &amp; USA - 45 continuous days in a single trip; Max. 90 days on a cumulative basis, in a Policy Year.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

### OPTIONAL COVERS

<table>
<thead>
<tr>
<th>Cover</th>
<th>Care 5</th>
<th>Care 6</th>
<th>Care 7</th>
<th>Care 8</th>
<th>Care 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccination Cover</td>
<td>Annual</td>
<td>Annual</td>
<td>Annual</td>
<td>Annual</td>
<td>Annual</td>
</tr>
<tr>
<td>Care Anywhere</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternity Cover</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Available only under Floater Cover Type for all Insured Persons of age 18 years or above with a wait period of 24 months)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Global Coverage – Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### TRAVEL PLUS (For all the 6 Benefits under ‘Travel Plus’, duration of coverage is 45 continuous days in a single trip; Max. 90 days on a cumulative basis, in a Policy Year)

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Care 5</th>
<th>Care 6</th>
<th>Care 7</th>
<th>Care 8</th>
<th>Care 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worldwide In-Patient Cover (for emergency)</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to SI; Deductible of Rs. 5,000 per Claim</td>
<td>Up to SI; Deductible of Rs. 5,000 per Claim</td>
<td>Up to SI; Deductible of Rs. 5,000 per Claim</td>
<td>Up to SI or Rs. 20 Lacs (whichever is lesser); Deductible of Rs. 5,000 per Claim</td>
<td>Up to Rs. 20 Lacs; Deductible of Rs. 5,000 per Claim</td>
<td>Up to SI; Deductible of Rs. 5,000 per Claim</td>
</tr>
<tr>
<td>Plan Name</td>
<td>Care 1</td>
<td>Care 2</td>
<td>Care 3</td>
<td>Care 4</td>
<td>Care 5</td>
</tr>
<tr>
<td>-----------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>Sum Insured (SI) – on annual basis (in Rs.)</td>
<td>1 L \ 1.5 L</td>
<td>2 L \ 2.5 L</td>
<td>3 L \ 3.5 L \ 4 L \ 4.5 L</td>
<td>5 L \ 5.5 L \ 6 L \ 6.5 L \ 7 L \ 7.5 L \ 8 L \ 8.5 L \ 9 L</td>
<td>5 L \ 5.5 L \ 6 L \ 6.5 L \ 7 L \ 7.5 L \ 8 L \ 8.5 L \ 9 L \ 9.5 L \ 10 L</td>
</tr>
<tr>
<td>ii. Worldwide OPD Cover</td>
<td>X</td>
<td>X</td>
<td>Up to SI; Deductible of Rs. 5,000 per Claim</td>
<td>Up to SI; Deductible of Rs. 5,000 per Claim</td>
<td>Up to SI or Rs. 20 Lacs (whichever is lesser); Deductible of Rs. 5,000 per Claim</td>
</tr>
<tr>
<td>iii. Loss of Passport</td>
<td>X</td>
<td>X</td>
<td>up to 1% of SI; Deductible of Rs. 2,500 per Claim</td>
<td>up to 1% of SI; Deductible of Rs. 2,500 per Claim</td>
<td>up to 1% of SI; Deductible of Rs. 2,500 per Claim</td>
</tr>
<tr>
<td>Loss of Checked-in Baggage</td>
<td>X</td>
<td>X</td>
<td>up to 1% of SI</td>
<td>up to 1% of SI</td>
<td>up to 1% of SI</td>
</tr>
<tr>
<td>v. Repatriation of Mortal Remains</td>
<td>X</td>
<td>X</td>
<td>Up to SI</td>
<td>Up to SI</td>
<td>Up to SI or Rs. 20 Lacs (whichever is lesser)</td>
</tr>
<tr>
<td>vi. Medical Evacuation</td>
<td>X</td>
<td>X</td>
<td>Up to SI</td>
<td>Up to SI</td>
<td>Up to SI</td>
</tr>
<tr>
<td>Unlimited Automatic Recharge</td>
<td>X</td>
<td>Up to SI (unlimited times)</td>
<td>Up to SI (unlimited times)</td>
<td>Up to SI (unlimited times)</td>
<td>Up to SI (unlimited times)</td>
</tr>
<tr>
<td>No Claims Bonus Super (NCBS)</td>
<td>Deductible Option– on an aggregate basis per Policy Year (in Rs.)</td>
<td>5% increase in SI per Policy Year in case of claim-free year; Max up to 100% of SI (50% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCBS)</td>
<td>50% increase in SI per Policy Year in case of claim-free year; Max up to 100% of SI (50% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCBS)</td>
<td>50% increase in SI per Policy Year in case of claim-free year; Max up to 100% of SI (50% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCBS)</td>
<td>50% increase in SI per Policy Year in case of claim-free year; Max up to 100% of SI (50% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCBS)</td>
</tr>
<tr>
<td>Everyday Care (With a flat co-payment of 20% per consultation / diagnostic examination)</td>
<td>Up to 2% of SI (1% for consultations &amp; 1% for diagnostic examinations) along with Health Care Services</td>
<td>Up to 2% of SI (1% for consultations &amp; 1% for diagnostic examinations) along with Health Care Services</td>
<td>Up to 2% of SI (1% for consultations &amp; 1% for diagnostic examinations) along with Health Care Services</td>
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<td>Sum Insured (SI) – on annual basis (in Rs.)</td>
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<td>2L / 2.5L</td>
<td>3L / 3.5L / 4L / 4.5L</td>
<td>5L / 5.5L / 6L / 6.5L / 7L / 7.5L / 8L / 8.5L / 9L / 9.5L / 10L</td>
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<td>Smart Select</td>
<td>- For listed Hospitals : Up to SI; - Other Hospitals : Up to SI with an additional co-payment of 20% per claim</td>
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<td>Personal Accident</td>
<td>- Accidental Death – 100% of the respective coverage amount - Permanent Total Disablement – up to 100% of the respective coverage amount (As per PTD Table in Optional Cover 10)</td>
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<tr>
<td>Additional Sum Insured for Accidental Hospitalization</td>
<td>Additional SI of up to 100%, if an Insured is admitted under In-patient Care due to an accident</td>
<td>Additional SI of up to 100%, if an Insured is admitted under In-patient Care due to an accident</td>
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<tr>
<td>International Second Opinion</td>
<td>Once per Major Illness / Injury per policy year</td>
<td>Once per Major Illness / Injury per policy year</td>
<td>Once per Major Illness / Injury per policy year</td>
<td>Once per Major Illness / Injury per policy year</td>
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**Notes:**
- For listed Hospitals: Up to SI; Other Hospitals: Up to SI with an additional co-payment of 20% per claim.
- In case of ICU, twice of the above amount chosen will be payable.
- Additional SI of up to 100%, if an Insured is admitted under In-patient Care due to an accident.
- Once per Major Illness / Injury per policy year.

**Other Details:**
- **Smart Select:**
  - For listed Hospitals: Up to SI; Other Hospitals: Up to SI with an additional co-payment of 20% per claim.
- **OPD Care:**
- **Daily Allowance:**
  - ×
- **Personal Accident:**
  - Accidental Death – 100% of the respective coverage amount.
  - Permanent Total Disablement – up to 100% of the respective coverage amount.
  - Other Policies may apply.
- **Additional Sum Insured:**
  - Up to 100%, if an Insured is admitted under In-patient Care due to an accident.
- **International Second Opinion:**
  - Once per Major Illness / Injury per policy year.
<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Care 1</th>
<th>Care 2</th>
<th>Care 3</th>
<th>Care 4</th>
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<th>Care 6</th>
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<tr>
<td>Sum Insured (SI) – on annual basis (in Rs.)</td>
<td>1 L \ 1.5 L</td>
<td>2 L \ 2.5 L</td>
<td>3 L \ 3.5 L \ 4 L \ 4.5 L</td>
<td>5L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L</td>
<td>15 L \ 20 L \ 25 L \ 30 L \ 40 L</td>
<td>50 L \ 60 L \ 75 L</td>
<td>100 L \ 150 L \ 200 L \ 300 L \ 600 L</td>
<td>3 L \ 3.5 L \ 4 L \ 4.5 L</td>
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<td>Reduction in PED Wait Period</td>
<td>Applicable PED Wait Period of 4 Years, will be reduced to 2 Years</td>
<td>Applicable PED Wait Period of 4 Years, will be reduced to 2 Years</td>
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<td>Extension of Global Coverage (Applicable to: - Benefit – ‘Global Coverage (excluding USA)’; - Optional Cover – ‘Global Coverage – Total’)</td>
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<td>Room Rent / Room Category</td>
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<td>Single Private Room</td>
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<td>ICU Charges</td>
<td>Up to 2% of SI per day</td>
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</table>
Notes:
1. All the Sum Insured mentioned are on a Policy Year basis.
2. If the Room Category/ Room Rent eligibility is 'Single Private Room (upgradable to next level)', it means such up-gradation will trigger only if Single Private Room is not available in the Hospital at the time of admission and our liability will arise only after accepting required documented proof for such Room unavailability. In case such documented proof is not furnished, then the maximum eligible Room Category would be considered as 'Single Private Room' only.
3. If the Insured Person suffers a relapse within 45 days from the date of last discharge / consultation from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits of Per Claim Limit under this Policy shall be applied as if they were under a single Claim.
1. Waiting Periods:

(i) First 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.

(ii) Specific Waiting Period – Code – Excl02

a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with the Company. 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:

1. Any treatment related to Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism, Spinal Disorders (unless caused by accident), Joint Replacement Surgery (unless caused by accident), Arthroscopic Knee Surgeries/ACL Reconstruction/Menisical and Ligament Repair

2. Surgical treatments for Benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to Adenoidectomy, Mastroidectomy, Tonsillectomy and Tympanoplasty), Nasal Septum Deviation, Sinusitis and related disorders

3. Benign Prostatic Hypertrophy

4. Cataract

5. Dilatation and Curettage

6. Fissure / Fistula in anus, Hemorrhoids / Piles, Pilonidal Sinus, Gastric and Duodenal Ulcers

7. Surgery of Genito-urinary system unless necessitated by malignancy

8. All types of Hernia & Hydrocele

9. Hysterectomy for menorrhagia or Fibromyoma or prolapse of uterus unless necessitated by malignancy

10. Internal tumours, skin tumours, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant

11. Kidney Stone / Ureteric Stone / Lithotripsy / Gall Bladder Stone

12. Myomectomy for fibroids

13. Varicose veins and varicose ulcer

14. Parkinson’s or Alzheimer’s disease or Dementia

(iii) Pre-existing Disease – 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.

(iv) The Waiting Periods as defined in Clauses 4.1(i), 4.1(ii) and 4.1(iii) shall be applicable individually for each Insured Person and Claims shall be assessed accordingly

(v) If Coverage for Benefits (in case of change in Product Plan) or Optional Covers are added afresh at the time of renewal of this Policy, the Waiting Periods as defined above in Clauses 4.1(i), 4.1(ii) and 4.1(iii) shall be applicable afresh to the newly added Benefits or Optional Covers, from the time of such renewal.

(vi) For specific Covers offered on a global basis namely Benefit 11 ‘Global Coverage (excluding USA)’, Optional Cover 1 ‘Global Coverage – Total’ and Optional Cover 2 ‘Travel Plus’, first 30 day Waiting Period defined as per Clause 4.1(i) does not apply on the foreign land, in case the Insured Person travels abroad.

2. Permanent Exclusions:

The following list of permanent exclusions is applicable to all the Benefits and Optional Covers.

Any Claim in respect of any Insured Person, arising out of or directly or indirectly due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy.
a. Any item or condition or treatment specified in List of Non-Medical Items (Annexure – II to Prospectus).

b. Investigation & Evaluation (Code- Excl04)
   i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
   ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

3. 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.

4. Obesity/ Weight Control (Code- Excl06)
   Expenses related to the surgical treatment of obesity that does not fulfill 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

5. 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.

6. 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.

7. Hazardous or Adventure sports: Code- Excl09
   Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

8. 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.

   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.
   Note: Refer Annexure – III of the Policy Terms & Conditions for list of excluded hospitals.

10. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12

11. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13)

12. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code- Excl14)

13. Refractive Error: (Code- Excl15)
   Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

14. Unproven Treatments: Code- Excl16
   Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

15. 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, GIF, ICSI
   (iii) Gestational Surrogacy
   (iv) Reversal of sterilization
16. Maternity Code Excl01
a. Medical treatment expenses traceable to childbirth (including complications and premature delivery) and caesarean sections incurred during hospitalization except ectopic pregnancy.
b. Expenses towards misadventure (delays due to an accident) and lawful medical termination of pregnancy during the policy period.
c. Charges incurred on account of routine examination related to pregnancy, hygroma, body care products and dressings.
d. Any charges incurred in a hospital under any similar indemnity health insurance policy from any non-life insurer.

30. Personal comfort and convenience items/services (including but not limited to TV, phone, etc.) charges for access to cosmetics, hygiene articles, body care products and toiletries.

20. Any charges incurred in the event of Hospitalization or illness resulting from or caused by any other source than the loss, claim or expense. For the purposes of this exclusion:

a. Nuclear attack/Weapons means the use of any nuclear weapon or device or weapon of mass destruction.
b. Chemical attack or weapons means any chemical weapon listed in Schedule 1 of the Chemical Weapons Convention, 1993.
c. Infectious or contagious disease means human immunodeficiency virus (HIV) infection and/or acquired immune deficiency syndrome (AIDS).
d. Any other source than the loss, claim or expense.

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a. Nuclear attack/Weapons means the use of any nuclear weapon or device or weapon of mass destruction.
b. Chemical attack or weapons means any chemical weapon listed in Schedule 1 of the Chemical Weapons Convention, 1993.
c. Infectious or contagious disease means human immunodeficiency virus (HIV) infection and/or acquired immune deficiency syndrome (AIDS).
d. Any other source than the loss, claim or expense.
Note: 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 Permanent Exclusions shall also be excluded.

(i) Additional Exclusions Applicable To `Travel Plus` (Optional Cover 2)
Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Cover unless expressly stated to the contrary elsewhere in the Policy:

1) Medical treatment taken outside the Country of Residence if that is the sole reason or one of the reasons for the journey.
2) Any treatment, which could reasonably be delayed until the Insured Person’s return to the Country of Residence.
3) Any treatment of orthopedic diseases or conditions except for fractures, dislocations and / or injuries suffered during the Policy Period.
4) Degenerative or oncological (Cancer) diseases.
5) Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
6) Any expenses related to services, including Physiotherapy, provided by Chiropractitioner; and the expenses on prostheses / prosthetics (artificial limbs).
7) Traveling against the advice of a Medical Practitioner; or receiving, or is supposed to receive, medical treatment; or having received terminal prognosis for a medical condition; Or taking part or is supposed to participate in war like or peace keeping operation.

(ii) Additional Exclusions applicable to ‘Loss of Checked-in Baggage’ under ‘Travel Plus’ (Optional Cover 2):

Any Claim in respect of the Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Cover unless expressly stated to the contrary elsewhere in the Policy:

1) Any partial loss or damage of any items contained in the Checked-In Baggage.
2) Any loss arising from any delay, detention, confiscation by customs officials or other public authorities.
3) Any loss due to damage to the Checked-In Baggage.
4) Any loss of the Checked-In Baggage sent in advance or shipped separately.
5) Valuables (Valuables shall mean and include photographic, audio, video, painting, computer and any other electronic equipment, telecommunications and electrical equipment, telescopes, binoculars, antiques, watches, jewelry and gems, furs and articles made of precious stones and metals).

(iii) Additional Exclusions applicable to ‘Personal Accident’ (Optional Cover 10):

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible, unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

1) Any pre-existing injury or physical condition;
2) The Insured Person operating or learning to operate any aircraft or performing duties as a member of a crew on any aircraft or Scheduled Airline or any airline personnel;
3) The Insured Person flying in an aircraft other than as a fare paying passenger in a Scheduled Airline;
4) Participation in actual or attempted felony, riots, civil commotion or criminal misdemeanour;
5) The Insured Person engaging in sporting activities in so far as they involve the training for or participation in competitions of professional sports;
6) The Insured Person serving in any branch of the military, navy or air-force or any branch of armed Forces or any paramilitary forces;
7) The Insured Person working in or with mines, tunnelling or explosives or involving electrical installation with high tension supply or conveyance testing or oil rig work or ship crew services or as jockeys or circus personnel or aerial photography or engaged in Hazardous Activities;
8) Impairment of the Insured Person’s intellectual faculties by abuse of stimulants or depressants or by the illegal use of any solid, liquid or gaseous substance.
9) Persons whilst working with in activities like racing on wheels or horseback, winter sports, canoeing involving white water rapids, any bodily contact sport.
10) Treatments rendered by a Doctor who shares the same residence as an Insured Person or who is a member of an Insured Person’s family.
11) Any change of profession after inception of the Policy which results in the enhancement of Our risk, if not accepted and endorsed by Us on the schedule of Policy Certificate.
12) Additional exclusion for Benefits / Optional Covers, which are applicable ‘outside India’


5. Portability & Migration (For Health Insurance)
In case Portability has been granted to you under this Policy then:-

(i) The proposed Insured Person has to be covered without any break in insurance coverage under any similar indemnity health insurance policy from any non-life insurance company or Health Insurance Company registered with the IRDAI or any of Our similar group indemnity health insurance policy; and
(ii) The Waiting Periods as defined in Clauses 4.1(i), 4.1(ii) and 4.1(iii) under Section 2 of this Policy shall be reduced by the number of months of continuous coverage under such health insurance policy with the previous insurer to the extent of the sum insured and the deductible under the expiring health insurance policy.

(iii) The Waiting Periods under Clauses 4.1(i), 4.1(ii) and 4.1(iii) of Section 2 shall be applicable afresh to the amount by which the Sum Insured under this Policy exceeds the sum insured and the deductible under the terms of the expiring policy.

(iv) The Waiting Periods as defined in Clauses 4.1(i), 4.1(ii) and 4.1(iii) of Section 2 shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.

(v) Credit for the sum insured of the expiring policy shall additionally be available as under:

(a) If you are covered on a Floater basis under the expiring policy and is proposed to be covered on a Floater basis with us, then the sum insured to be carried forward for credit under this Policy would also be applied on a Floater basis only.

(b) In all other cases the sum insured to be carried forward for credit in this Policy would be applied on an individual basis only.

(vi) In case you have opted to switch to any other insurer under portability and the outcome of acceptance of the portability is awaited from the new insurer on the date of renewal:

(a) We may at your request, extend the Policy for a period not less than 1 month at an additional premium to be paid on a pro-rated basis.

(b) In case any Claim is reported during the extended Policy Period, the Policyholder shall first pay the premium so as to make the extended Policy Period part of Policy, as applicable. In such cases, Policyholder shall be liable to pay the premium for the balance period and continue with Us for that Policy year.

6. Claims Procedure and Management for Health Insurance

This section explains you about procedures involved to file a valid Claim and related processes involving us to manage the Claim. All the procedures and processes such as pre-requisite for filing an admissible Claim, Duties of a Claimant, Documents to be submitted for filing a valid Claim, Claim Settlement Facilities, You intimating the Claim to us, Progressive order for Assessment of Claims by us, settlement of payable Claim Amount by us to you (in case of Reimbursement Facility) and/or Hospital (in case of Cashless Facility) and related terms of Payment, are explained herein.

A. Pre-requisite for admissibility of a Claim:

Any claim being made by you or your attendant during Hospitalization on your behalf, should mandatorily comply with the following conditions and in case of non-compliance of any kind, we shall not be bound to accept the Claim:

(i) The Condition Precedent Clause has to be fulfilled.

(ii) The health damage caused, medical expenses incurred, subsequently the Claim being made, should be with respect to the Insured Person only. We will not be liable to indemnify you for any loss other than the covered benefits and any other person who is not accepted by us as an Insured Person except for a Nominee.

(iii) The holding Insurance Policy should be in force at the event of the Claim. All the Policy Conditions, wait periods and exclusions are to be fulfilled including the realization of Premium Clause by their respective due dates.

(iv) The Claimant should not be a minor or of unsound mind or on drug administration or influenced by any means of coercion and to exploit us while making the Claim.

(v) All the required and supportive Claim related documents are to be furnished within the stipulated timelines. We may call for additional documents wherever required.

B. Claim settlement - Facilities

(i) Cashless Facility:

We extend Cashless Facility as a mode to indemnify the medical expenses incurred by you at a Network Provider. For this purpose, you will be issued a “Health card” at the time of first Policy purchase, which has to be preserved and produced at any of Network Provider in the event of Claim being made, to avail Cashless Facility. The following is the process for availing Cashless Facility:-

(a) Submission of Pre-authorization Form: A Pre-authorization form as prescribed by IRDAI, which is available on our Website or with the Network Provider, has to be duly filled and signed by you and the treating Medical Practitioner, as applicable, which has to be submitted electronically by the Network Provider to us for approval. Only upon due approval from us, Cashless Facility can be availed at any Network Hospital.

(b) Identification Documents: The “Health card” provided by us under this Policy, along with one Valid Photo Identification Proof of the Insured Person are to be produced at the Network Provider, photocopies of which shall be forwarded to us for authentication purposes.

Valid Photo Identification Proof documents which will be accepted by us are Voter ID card, Driving License, Passport, PAN Card, Aadhar Card or any other identification proof as stated by us.

(c) Our Approval: We will confirm in writing, authorization or rejection of the request to avail Cashless Facility for your Hospitalization.

(d) Our Authorization:

(i) If the request for availing Cashless Facility is authorized by us, then payment for the Medical Expenses incurred in respect of you shall not have to be made to the extent that such Medical Expenses are covered under this Policy and fall within the amount authorized in writing by us for availing Cashless Facility.

(ii) An Authorization letter will include details of Sanctioned Amount, any specific limitation on the Claim, and any other details specific to you, if any, as applicable.
iii) In the event that the cost of Hospitalization exceeds the authorized limit, the Network Provider shall request us for an enhancement of Authorization Limit stating details of specific circumstances which have led to the need for increase in the previously authorized limit. We will verify the eligibility and evaluate the request for enhancement on the availability of further limits.

(e) Event of Discharge from Hospital: All original bills and evidence of treatment for the Medical Expenses incurred in respect of your Hospitalization and all other information and documentation specified under Clauses 6.4 and 6.5 shall be submitted by the Network Provider immediately and in any event before your discharge from Hospital.

(f) Our Rejection: If we do not authorize the Cashless Facility due to insufficient Sum Insured or insufficient information provided to us to determine the admissibility of the Claim, then payment for such treatment will have to be made by you to the Network Provider, following which a Claim for reimbursement may be made to us which shall be considered subject to your Policy limits and relevant conditions. Please note that rejection of a Pre-authorization request is in no way construed as rejection of coverage or treatment. You can proceed with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.

(g) Network Provider related: We may modify the list of Network Providers or modify or restrict the extent of Cashless Facilities that may be availed at any particular Network Provider. For an updated list of Network Providers and the extent of Cashless Facilities available at each Network Provider, you may refer to the list of Network Providers available on our website or at the call center.

(h) Claim Settlement: For Claim settlement under Cashless Facility, the payment shall be made to the Network Provider whose discharge would be complete and final.

(i) Claims incurred outside India: Our Assistance Service Provider should be intimated for availing Cashless Facility outside India under Benefit 11 (Global coverage (excluding USA), Benefit 14 (Care Anywhere), Optional Cover 1 (Global coverage – Total), Optional Cover 2 (Travel Plus) and Optional Cover 12 (International Second Opinion).

(ii) Re-imbursement Facility
(a) It is agreed and understood that in all cases where intimation of a Claim has been provided under Reimbursement Facility and/or We specifically state that a particular Benefit is payable only under Reimbursement Facility, all the information and documentation specified in Clauses 6.4 and 6.5, shall be submitted to us at Your own expense, immediately and in any event within 15 days of your discharge from Hospital.
(b) We shall give an acknowledgement of collected documents. However, in case of any delayed submission, we may examine and relax the time limits mentioned upon the merits of the case.
(c) In case a reimbursement claim is received after a Pre-Authorization letter has been issued for the same case earlier, before processing such claim, a check will be made with the Network Provider whether the Pre-authorization has been utilized. Once such check and declaration is received from the Network Provider, the case will be processed.
(d) For Claim settlement under reimbursement, we will pay the Policyholder. In the event of death of the Policyholder, we will pay the nominee and in case of no nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of our liability under the Policy.

(C) Duties of a Claimant/ Insured Person in the event of Claim
(a) It is agreed and understood that as a Condition Precedent for a Claim to be considered under this Policy:
(i) You shall check the updated list of Network Provider before submission of a pre-authorization request for Cashless Facility.
(ii) All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.
(iii) Intimation of the Claim, notification of the Claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 6 (Claims Procedure and Management) of the Policy.
(iv) The Insured Person will, at our request, submit himself / herself for a medical examination by our nominated Medical Practitioner as often as we consider reasonable and necessary. The cost of such examination will be borne by us.
(v) Our Medical Practitioner and representatives shall be given access and co-operation to inspect your medical and Hospitalization records and to investigate the facts and examine you.
(vi) We shall be provided with complete necessary documentation and information which we have requested to establish our liability for the Claim, its circumstances and its quantum.

(D) Claims Intimation
Upon the occurrence 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, all of the following shall be undertaken:
(i) If any Illness is diagnosed or discovered or any Injury is suffered or any other contingency occurs which has resulted in a Claim or may result in a Claim under the Policy, we shall be notified with full particulars within 48 hours from the date of occurrence of event either at Our call center or in writing.
(ii) Claim must be filed within 15 days from the date of discharge from the hospital.
(iii) The following details are to be disclosed to us at the time of intimation of Claim:

1. Policy Number;
2. Name of the Policyholder;
3. Name of the Insured Person in respect of whom the Claim is being made;
4. Nature of Illness or Injury;
5. Name and address of the attending Medical Practitioner and Hospital;
6. Date of admission to Hospital or proposed date of admission to Hospital for planned Hospitalization;
7. Any other necessary information, documentation or details requested by us.

(iv) In case of an Emergency Hospitalization, We shall be notified either at the Our call center or in writing immediately and in any event within 48 hours of Hospitalization commencing or before the Insured Person’s discharge from Hospital.

(E) Documents to be submitted for filing a valid Claim

(a) The following information and documentation shall be submitted in accordance with the procedures and within the timeframes specified in Clause 6 in respect of all Claims:

(i) Duly filled and signed Claim form by the Insured Person;
(ii) Copy of Photo ID of Insured Person;
(iii) Medical Practitioner’s referral letter advising Hospitalization;
(iv) Medical Practitioner’s prescription advising drugs or diagnostic tests or consultations;
(v) Original bills, receipts and discharge summary from the Hospital/Medical Practitioner;
(vi) Original bills from pharmacy/chemists;
(vii) Original pathological/diagnostic test reports/radiology reports and payment receipts;
(viii) Operation Theatre Notes;
(ix) Indoor case papers;
(x) Original investigation test reports and payment receipts supported by Doctor’s reference slip;
(xi) Ambulance Receipt;
(xii) MLC/FIR report, Post Mortem Report if applicable and conducted;
(xiii) Any other document as required by us to assess the Claim.

Note: We may give a waiver to one or few of the above or below mentioned documents depending upon the case.

(b) Additional Documents to be submitted for any Claim under ‘Loss of Passport’ which is a part of ‘Travel Plus’ (Optional Cover 2):

It is a condition precedent to Our liability under this Benefit that the following information and documentation shall be submitted to Us or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

(i) Copy of the police report
(ii) Details of the attempts made to trace the passport;
(iii) Statement of claim for the expenses incurred;
(iv) Original receipt for payment of charges to the authorities for obtaining a new or duplicate passport.

(c) Additional Documents to be submitted for any Claim under ‘Loss of Checked-in Baggage’ which is a part of ‘Travel Plus’ (Optional Cover 2):

It is a condition precedent to Our liability under this Benefit that the following information and documentation shall be submitted to Us or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

(i) Property irregularity report issued by the appropriate authority.
(ii) Voucher of the Common Carrier for the compensation paid for the non-delivery / short delivery of the Checked-In Baggage.
(iii) Copies of correspondence exchanged, if any, with the Common Carrier in connection with the non-delivery / short delivery of the Checked-In Baggage.

(d) Additional Documents to be submitted for any Claim under ‘Repatriation of the mortal remains’ which is a part of ‘Travel Plus’ (Optional Cover 2):

It is a condition precedent to Our liability under this Benefit that the following information and documents shall be submitted to Us or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

(i) Copy of the death certificate providing details of the place, date, time, and the circumstances and cause of death;
(ii) Copy of the postmortem certificate, if conducted;
(iii) Documentary proof for expenses incurred towards disposal of the mortal remains;
(iv) In case of transportation of the body of the deceased to the Place of Residence, the receipt for expenses incurred towards preparation and packing of the mortal remains of the deceased and also for the transportation of the mortal remains of the deceased.

(e) Additional Documents to be submitted for any Claim under ‘Medical Evacuation’ which is a part of ‘Travel Plus’ (Optional Cover 2):

(i) It is a condition precedent to Our liability under this Benefit that the following information and documentation shall be submitted to Us or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:
(ii) Medical reports and transportation details issued by the evacuation agency, prescriptions and medical report by the attending Medical Practitioner furnishing the name of the Insured Person and details of treatment rendered along with the statement confirm the necessity of evacuation.

(iii) Documentary proof for expenses incurred towards the Medical Evacuation.

(f) Additional Documents to be submitted for any Claim under ‘Air Ambulance Cover’ (Optional Cover 15):

(i) It is a condition precedent to Our liability under this Optional Cover that the following information and documentation shall be submitted to Us or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

(ii) Medical reports and transportation details issued by the air ambulance service provider, prescriptions and medical report by the attending Medical Practitioner furnishing the name of the Insured Person and details of treatment rendered along with the statement confirm the necessity of air ambulance services.

(iii) Documentary proof for expenses incurred towards availing Air Ambulance services.

(g) We will accept bills/invoices which are made in the Insured Person’s name only. However, claims filed even beyond the timelines mentioned above should be considered if there are valid reasons for any delay.

(F) Claim Assessment

(a) We shall scrutinize the Claim and supportive documents, once received. In case of any deficiency, we may call for any additional documents or information as required, based on the circumstances of the Claim.

(b) All admissible Claims under this Policy shall be assessed by us in the following progressive order:

(i) If a Room/ICU accommodation has been opted for where the Room Rent or Room Category or ICU Charges is higher than your eligible limit, then the Variable Medical Expenses payable shall be pro-rated as per the applicable limits.

‘Variable Medical Expenses’ means those Medical Expenses as listed below which vary in accordance with the Room Rent or Room Category or ICU Charges in a Hospital:

I. Room, boarding, nursing and Operation theatre expenses as charged by the Hospital where the Insured Person availed medical treatment;

II. Intensive Care Unit (ICU) charges;

III. Fees charged by surgeon, anesthetist, Medical Practitioner;

IV. Investigation Expenses.

(ii) The Deductible (if applicable) shall be applied to the aggregate of all Claims that are either paid or payable under this Policy. Our liability to make payment shall commence only once the aggregate amount of all Claims payable or paid exceed the Deductible where the Claim amount is within the Deductible. Similarly, if ‘Deductible per claim’ is applicable, our liability to make payment shall commence only once the ‘Deductible per claim’ limit is exceeded.

(iii) Co-payment shall be applicable on the amount payable by us.

(c) The Claim amount assessed in Clause 6.6 (b) above would be deducted from the following amounts in the following progressive order:

(i) Sum Insured;

(ii) Additional Sum Insured for Accidental Hospitalization (if applicable);

(iii) No Claims Bonus (if applicable);

(iv) No Claims Bonus Super (if applicable);

(v) Automatic Recharge (if applicable);

(vi) Unlimited Automatic Recharge (if applicable).

(d) All claims incurred in India are dealt by Us directly.

(G) Payment Terms

(a) This Policy covers only medical treatment taken entirely within India. All payments under this Policy shall be made in Indian Rupees and within India.

(b) We shall have no liability to make payment of a Claim under the Policy in respect of you during the Policy Period, once your Total Sum Insured is exhausted.

(c) We shall settle any Claim within 30 days of receipt of all the necessary documents/ information as required for settlement of such Claim and sought by us. We shall provide you an offer of settlement of Claim and upon acceptance of such offer by you, we shall make payment within 7 days from the date of receipt of such acceptance. However, if a claim warrants an investigation in the opinion of the Company, then the Company shall settle the claim within 45 days from the date of receipt of last necessary document. In case there is delay in the payment beyond the stipulated timelines, we shall pay additional amount as interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it. For the purpose of this clause, ‘bank rate’ shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.

(e) The Claim shall be paid only for the Policy Year in which the Insured event which gives rise to a Claim under this Policy occurs.

(f) The Premium for the policy will remain the same for the policy period mentioned in the Policy Schedule.
7. **SALIENT FEATURES**

1. **Policy Term**
   The Policy term can be one, two or three years.

2. **Premium**
   The premium charged under the Policy depends upon the Plan opted, Sum Insured, Co-payment, Deductible chosen, Age band, cover type (individual / floater), number of Insured persons in the Policy, Policy Term, optional cover(s) opted and the health status of the individual.
   For premium calculation of floater policies, age of eldest Insured Person would be considered.
   The premium rates for the plans offered are annexed hereto with the prospectus.

3. **Underwriting Loading**
   Based on the Underwriter's assessment of the extra risk on account of medical conditions of the proposed to be insured, the premium (at the time of issuance of the policy and subsequent renewals) may get loaded. Such extra premium shall be communicated to the Policyholder for their consent before issuance of the Policy. Loading will not exceed 100% of Premium (all the applicable loadings are additive in nature). Criteria for such loading are objectively mentioned in the Underwriting Manual.
   In case the Policyholder requires further clarification pertaining to Underwriting Loading, he/she may contact Our call center or visit any of Our branch.

4. **Tax Benefit**
   The Insured Person can avail tax benefit on the premium paid towards health insurance, under Section 80D of the Income Tax Act, 1961, as applicable. (Tax benefits are subject to changes in the tax laws, please consult tax advisor for more details).

5. **Renewal Terms**
   (a) This Policy will automatically terminate on the Policy Period End Date. All renewal applications should reach Us on or before the Policy Period End Date.
   (b) The premium payable on renewal shall be paid to Us on or before the Policy Period End Date and in any event before the expiry of the Grace Period.
   (c) For the purpose of this provision, Grace Period means a period of 30 days immediately following the Policy Period End Date during which a payment can be made to renew this Policy without loss of continuity benefits. Coverage is not available for the period for which premium is not received by us and we shall not be liable for any Claims incurred during such period.
   (d) We will ordinarily not refuse to renew the Policy except on ground of fraud, moral hazard or misrepresentation or non-co-operation you.
   (e) We may carry out underwriting in relation to any request for change in the Sum Insured or Deductible at the time of renewal of the Policy.
   (f) This product may be withdrawn / modified by us after due approval from the IRDA. In case this product is withdrawn / modified by us, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDA. We shall duly intimate you at least three months prior to the date of such modification / withdrawal of this product and the options available to you at the time of Renewal of this Policy.
   (g) We may revise the renewal premium payable under the Policy provided that revisions to the renewal premium are in accordance with the IRDA rules and regulations as applicable from time to time. Change in rates will be applicable from the date of approval by the Authority and shall be applied only prospectively thereafter for new policies and at the date of renewal for renewals.
   (h) Renewal shall be offered lifelong. You shall be given an option to port this policy into any other of our individual health insurance product and credit shall be given for number of years of continuous coverage under this policy for the standard waiting periods.
   (i) No loading based on individual claim experience shall be applicable on renewal premium payable.

6. **Premium Installment Facility**
   If the Policy Holder/Insured Person has opted for payment of premium (with additional premium for selected installment mode) on an installment basis, as specified, then this option is subject to following conditions:
   (a) In case of any claim (Cashless/Re-imbursement), an amount equivalent to the balance premium of all the installments payable would be recoverable from the admissible claim amount payable in respect of the Insured Person. This clause will not apply to claims arising under ‘Annual Health Check-up’, ‘Second Opinion’, ‘Vaccination Cover’ and ‘International Second Opinion’ benefits.
   (b) Relaxation Period for the Policies with Installment option would be as under:

<table>
<thead>
<tr>
<th>Installment option</th>
<th>Relaxation Period for Premium Payment under Installment option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Half-yearly/Quarterly</td>
<td>15 days for each installment</td>
</tr>
<tr>
<td>Monthly</td>
<td>5 days for each installment</td>
</tr>
</tbody>
</table>

   (c) In case of installment premiums not received within the Relaxation Period, this Policy shall cease to operate from the unpaid installment due date and the Company shall not be liable under this Policy for any Claim occurring thereafter, nor shall any refund of premium become due under the Policy.
   (d) Tenure Discount will not be applicable if the Insured Person has opted for Premium Payment on Installment basis.

For the purpose of above:
(a) Installment means Premium amount paid through monthly/quarterly/Half-yearly mode by the Policy Holder/Insured.
(b) Relaxation Period means a period of 15/5 days depending on the Installment Option immediately following the Premium installment due Date during which a payment can be made to renew this Policy without loss of continuity Benefits. Coverage is not available for the period for which premium is not received by the Company and the Company shall not be liable for any Claims incurred from the due date of installment till the date due installment is paid. However claims reported in the relaxation period will be adjudicated provided claim has occurred when the Policy was active.

7. Cancellation / Termination

(a) We may at any time, cancel this Policy on grounds of misrepresentation, mis-description or non-disclosure of any material particulars or any material information having been withheld or if a Claim is fraudulently made or any fraudulent means or devices are used by You or any one acting on Your behalf, We shall have no liability to make payment of any claims and the premium paid shall be forfeited ab initio and no refund of premium shall be effected by us, by giving 15 days’ notice in writing by Registered Post Acknowledgment Due/recorded delivery to Your last known address.

(b) You may also give 15 days’ notice in writing, to us, for the cancellation of this Policy, in which case we shall from the date of receipt of the notice, cancel the Policy and refund the premium for the unexpired period of this Policy at the short period scales as mentioned below, provided no Claim has been made under the Policy.

Refund % to be applied on premium received

<table>
<thead>
<tr>
<th>Cancellation date from Policy Period Start Date</th>
<th>Policy Tenure –</th>
<th>Policy Tenure –</th>
<th>Policy Tenure –</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 Year</td>
<td>2 Years</td>
<td>3 Years</td>
</tr>
<tr>
<td>Up to 1 month</td>
<td>75.00%</td>
<td>87.50%</td>
<td>91.50%</td>
</tr>
<tr>
<td>1 month to 3 months</td>
<td>50.00%</td>
<td>75.00%</td>
<td>88.50%</td>
</tr>
<tr>
<td>3 months to 6 months</td>
<td>25.00%</td>
<td>62.50%</td>
<td>75.00%</td>
</tr>
<tr>
<td>6 months to 12 months</td>
<td>0.00%</td>
<td>50.00%</td>
<td>66.50%</td>
</tr>
<tr>
<td>12 months to 15 months</td>
<td>N.A.</td>
<td>25.00%</td>
<td>50.00%</td>
</tr>
<tr>
<td>15 months to 18 months</td>
<td>N.A.</td>
<td>12.50%</td>
<td>41.50%</td>
</tr>
<tr>
<td>18 months to 24 months</td>
<td>N.A.</td>
<td>0.00%</td>
<td>33.00%</td>
</tr>
<tr>
<td>24 months to 30 months</td>
<td>N.A.</td>
<td>N.A.</td>
<td>8.00%</td>
</tr>
<tr>
<td>Beyond 30 months</td>
<td>N.A.</td>
<td>N.A.</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

(c) In case of demise of the Policyholder,

(i) Where the Policy covers only the Policyholder, this Policy shall stand null and void from the date and time of demise of the Policyholder. The premium would be refunded for the unexpired period of this Policy at the short period scales.

(ii) Where the Policy covers other Insured Persons, this Policy shall continue till the end of Policy Period for the other Insured Persons. If the other Insured Persons wish to continue with the same Policy, we will renew the Policy subject to the appointment of a policyholder provided that:

1) Written notice in this regard is given to us before the Policy Period End Date; and
2) A person of Age 18 years or above, who satisfies our criteria applies to become the Policyholder.

(d) In case Premium Installment mode is opted for, then:

i. If Policyholder cancels the Policy after the Free look period or demise of Policyholder where he/she is the only insured in the Policy, then the Company will refund 50% of the installment premium for the unexpired installment period, provided no Claim has been made under the Policy.

8. Multiple policies

(a) In case any Insured Person is covered under more than one indemnity insurance policies, with the Company or with other insurers, the Policyholder/Insured Person shall have the right to settle the Claim with any of the Companies, provided that the Claim amount payable is up to the Sum insured of such Policy.

(b) In case the Claim amount exceeds the Sum Insured, then Policyholder shall have the right to choose the companies with whom the Claim is to be settled. Further, policyholder/Insured Person shall have the right to choose the companies from whom he/she wants to claim the balance amount. Insured shall only be indemnified the hospitalization costs in accordance with terms & conditions of chosen Policy.

(c) You shall also have the right to prefer claims from other policy / policies for the amounts disallowed under the earlier chosen policy / policies, even if the sum insured is not exhausted.

(d) In case of multiple policies which provide fixed benefits, each insurer shall make the claim payments independent of payments received under other similar policies.

9. Free Look Period

(a) Within 15 days from the receipt of the Policy document, you may return the Policy stating reasons for your objection, if you disagree with any Policy terms and conditions.

(b) If no Claim has been made under the Policy, we will refund the premium received after deducting proportionate risk premium for the period on cover, expenses for medical examination and stamp duty charges. If only part of the risk has commenced, such proportionate risk premium shall be calculated as commensurate with the risk covered during such period. All rights under the Policy will immediately stand extinguished on the free look cancellation of the Policy.

(c) Provision for free look period is not applicable and available at the time of renewal of the Policy.
8. PRE-POLICY ISSUANCE MEDICAL CHECK-UP

We may ask the Insured Person to undergo requisite pre-policy Medical Check-up based on the plan, age and the Sum Insured selected. The result of these tests shall be valid for a period of 3 months from the date of tests.

You will be required to undergo Pre-Policy Medical Check-up with respect to the grid mentioned below. The cost of the medical tests would be borne by Us in case You opt for a 2 year or 3 year tenure and Your proposal is accepted. We shall bear 50% of the cost of medical tests in case You opt for a 1 year tenure and Your proposal is accepted.

Also, wherever any Pre-Existing Disease or any other adverse medical history is declared for any member, We may ask such Insured Person to undergo tele-underwriting which may include specific tests, as We may deem fit to evaluate such member, irrespective of the member’s age. We shall bear the cost of such medical tests if Your proposal is accepted.

The test is to be taken as per the corresponding grid:

The Pre-policy Issuance Medical check-up test grid is as follows:

<table>
<thead>
<tr>
<th>Category</th>
<th>Medical Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set 1</td>
<td>MER, CBC, FBS, RUA, SGPT, S. Creatinine</td>
</tr>
<tr>
<td>Set 2</td>
<td>MER, CBC, FBS, RUA, ECG, USG, S. Creatinine</td>
</tr>
<tr>
<td>Set 3</td>
<td>MER, CBC &amp; ESR, FBS / HbA1c, T. Cholesterol, ECG, SGPT, S. Creatinine</td>
</tr>
<tr>
<td>Set 4</td>
<td>MER, CBC &amp; ESR, FBS / HbA1c, T. Cholesterol, TMT, SGPT, S. Creatinine</td>
</tr>
<tr>
<td>Set 5</td>
<td>MER, CBC, HbA1c, Lipids, LFT with GGT, RUA, TMT, HBsAg, S. Creatinine</td>
</tr>
<tr>
<td>Set 6</td>
<td>MER, CBC, FBS, RUA, 2D Echo, USG, S. Creatinine</td>
</tr>
<tr>
<td>Set 7</td>
<td>MER, CBC, HbA1c, Lipids, LFT with GGT, RUA, TMT, HBsAg, S. Creatinine, USG abd/pelvis (M+F)</td>
</tr>
<tr>
<td>Set 8</td>
<td>MER, CBC, HbA1c, Lipids, LFT with GGT, RUA, Stress Echo, HBsAg, RFT, USG abd/pelvis (M+F), PSA (M)</td>
</tr>
<tr>
<td>Set 9</td>
<td>MER, CBC, HbA1c, Lipids, LFT with GGT, RUA, Stress Echo, HBsAg, RFT, USG abd/pelvis (M+F), CEA, PSA (M), PAP (F)</td>
</tr>
<tr>
<td>Set 10</td>
<td>MER, CBC, HbA1c, Lipids, LFT with GGT, RUA, Stress Echo, HBsAg, RFT, USG (M+F), CEA, PSA (M), PAP (F), Chest - X Ray, PFT, TSH</td>
</tr>
</tbody>
</table>

### Age/Sum Insured including Deductible

<table>
<thead>
<tr>
<th>Age/Sum Insured including Deductible</th>
<th>Up to 5 Lacs</th>
<th>Above 5 Lacs and below 15 Lacs</th>
<th>Above 15 Lacs and below 30 Lacs</th>
<th>Above 30 Lacs and below 100 Lacs</th>
<th>100 Lacs and above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 17 years</td>
<td>No Medical Tests</td>
<td>Medical Examination Report</td>
<td>Medical Examination Report</td>
<td>For Floater Policy – Medical Examination Report;</td>
<td>For Individual Policy – Set 2</td>
</tr>
<tr>
<td>18 to 24 years</td>
<td>Set 1 Set 2 Set 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 to 45 years</td>
<td>Set 5 Set 7 Set 9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>46 Years and above</td>
<td>Set 3 Set 4 Set 5 Set 8 Set 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The explanation of the medical tests mentioned above, are as follows:

<table>
<thead>
<tr>
<th>Test Code</th>
<th>Test Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MER</td>
<td>Medical Examination Report</td>
</tr>
<tr>
<td>CBC with ESR</td>
<td>Complete Blood Count with Erythrocyte Sedimentation Rate</td>
</tr>
<tr>
<td>RUA</td>
<td>Routine and Microscopic Urine Analysis</td>
</tr>
<tr>
<td>HbA1C</td>
<td>Glycosylated Hemoglobin</td>
</tr>
<tr>
<td>S. Cholesterol</td>
<td>Serum Cholesterol</td>
</tr>
<tr>
<td>Lipids</td>
<td>Fasting Lipid Profile</td>
</tr>
<tr>
<td>ECG</td>
<td>Electro Cardiogram</td>
</tr>
<tr>
<td>SGPT</td>
<td>Serum Glutamic Pyruvic Transaminase</td>
</tr>
<tr>
<td>S. Creatinine</td>
<td>Serum Creatinine</td>
</tr>
<tr>
<td>TMT</td>
<td>Treadmill Test</td>
</tr>
<tr>
<td>2D Echo</td>
<td>2D Echocardiography</td>
</tr>
<tr>
<td>LFT</td>
<td>Liver Function Test</td>
</tr>
<tr>
<td>PSA</td>
<td>Prostate Specific Antigen</td>
</tr>
<tr>
<td>HBsAg</td>
<td>Hepatitis B Surface Antigen/Australian Antigen</td>
</tr>
<tr>
<td>PAP</td>
<td>Papnicolaou Test</td>
</tr>
<tr>
<td>USG abd / Pelvis</td>
<td>Ultrasonography abdomen and Pelvis</td>
</tr>
<tr>
<td>TSH</td>
<td>Thyroid Stimulating Hormone</td>
</tr>
<tr>
<td>PFT</td>
<td>Pulmonary Function Test</td>
</tr>
<tr>
<td>CEA</td>
<td>Carcino Embryonic Antigen</td>
</tr>
<tr>
<td>RFT</td>
<td>Renal Function Test</td>
</tr>
<tr>
<td>T.Chesterol</td>
<td>Total Cholesterol</td>
</tr>
</tbody>
</table>

9. SCHEDULE OF DISCOUNTS

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Description</th>
<th>Parameters</th>
<th>Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Family Discount - This discount shall be applicable if 2 to 6 persons of the same family are covered in the same policy, on individual Sum Insured basis</td>
<td>No. of persons</td>
<td>Discount&lt;br&gt;2 or 3 members: 5.00%&lt;br&gt;4, 5 or 6 members: 10.00%</td>
</tr>
<tr>
<td>2</td>
<td>Cross Sell / Loyalty Discount (Discount given if you have any continuing retail policy of RHICL for last 6 months)</td>
<td>-</td>
<td>10.00%</td>
</tr>
<tr>
<td>3</td>
<td>Discount for multi-year policies (on single premium)</td>
<td>Tenure</td>
<td>Discount&lt;br&gt;2 year rate = Annual Rate x 2 x (1 - Discount applicable)&lt;br&gt;3 year rate = Annual Rate x 3 x (1 - Discount applicable)</td>
</tr>
<tr>
<td>4</td>
<td>Discount for Employees and / or their dependents of:</td>
<td>-</td>
<td>Discount&lt;br&gt;A. Corporation Bank &amp; its subsidiaries / affiliates: 15.00%&lt;br&gt;B. Union Bank of India &amp; its subsidiaries / affiliates</td>
</tr>
</tbody>
</table>

Notes:— Any other discount offered, other than mentioned above, is due to product features (e.g. offering deductible under Optional Cover – 5) or pricing related considerations (e.g. adding additional Insured Person). They are adequately explained in the premium rates annexed hereto with the prospectus.

EXCLUSIONS

For Life Insurance:

Suicide Exclusion:

If the Life Assured’s death is due to suicide within 12 months from the date of commencement of risk or from date of revival of the policy, the Nominee or beneficiary of the policy will be entitled to at least 80% of the total Premiums paid under the Policy till the date of death or the Surrender Value available as on the date of death, whichever is higher, provided the Policy is in Force Status.

TERMS AND CONDITIONS COMMON TO BOTH HEALTH AND LIFE INSURANCE

FREE LOOK PERIOD

a. For Life Insurance

A free look period of 15 days (30 days for Distance Marketing) from the date of receipt of the policy document is provided under this product. In case the Policyholder is not satisfied with the terms and conditions of the policy, he / she may send a written notice stating the reasons for cancellation to the Company. The Company shall refund the installment Premiums paid subject to a deduction of a proportionate risk premium for the period of cover in addition to the expenses incurred on medical examination (if any) and stamp duty charges.

b. For Health Insurance

i) Within 15 days from the receipt of the Policy document, you may return the Policy stating reasons for your objection, if you disagree with any Policy terms and conditions.

ii) If no Claim has been made under the Policy, we will refund the premium received after deducting proportionate risk premium for the period on cover, expenses for medical examination and stamp duty charges. If only part of the risk has commenced, such proportionate risk premium shall be calculated as commensurate with the risk covered during such period. All rights under the Policy will immediately stand extinguished on the free look cancellation of the Policy.

iii) Provision for free look period is not applicable and available at the time of renewal of the Policy.
GRACE PERIOD:
a) For Life Insurance
   i) Premium that is not received in full by us by its due date may be paid in full during the Grace Period. In the event of the Life Assured’s death during the Grace Period, the Death Benefit shall be payable in full in accordance with clause 3.2.2(Life Part-Section 2)
   ii) A period of 15 days from the Installment Premium due date if the Installment Premium is payable monthly and 30 days for all other frequencies for payment of Installment Premium. The Policy shall continue to be in-force with the insurance cover without any interruption as per terms of the policy during the Grace Period
   iii) For Health Insurance
       Grace Period means a period of 30 days immediately following the Policy Period End Date during which a payment can be made to renew this Policy without loss of continuity benefits. Coverage is not available for the period for which premium is not received by the Company and the Company shall not be liable for any Claims incurred during such period.

WITHDRAWAL OF TIE-UP
In case of withdrawal of tie-up between PNB MetLife India Insurance Company Limited and Religare Health Insurance Company Limited, at any time, for any reason and with the prior approval of the IRDA of India, the Policyholder will be intimated at least 90 days in advance about the withdrawal of the tie-up. In such an event, the policy holder may continue to enjoy the benefits of both the components of this Combi product till expiry of policy term. At the next premium due date, the policy holder also has the choice of continuing with either of the two separate components with the respective insurer. In case at the next premium due date, the policyholder opts to not continue with Combi or discontinue either portion of the risk coverage, the Combi discount shall not be applicable for future premiums payable.

DISCOUNT ON COMBINED PREMIUMS
If you buy this Combi product, discount of 7.5% on premiums paid towards both Life and Health will be offered as compared to the individual policy purchased under Life & Health. At any time during the validity of the policy, the Customer decides to opt out of the insurance coverage of one of the Insurer, the discount, if any, being offered to such Customer under the Combi-Product(s) shall not be available on future premiums.

DISCONTINUANCE OF INSURANCE:
The Insured has the option to continue with either section of the policy discontinuing the other section during the policy term. The continuation of benefits as provided under each section would be available provided there is no break in coverage.
The policy holder also has the option of porting-out to another health policy as per provisions of Portability Clause of this document.
In these scenarios the Combi policy will cease to exist.

TAX BENEFITS
Tax benefits under this plan may be available as per the provisions and conditions of the Income Tax Act, 1961 and are subject to any changes made in the tax laws in future. Please consult your tax advisor for advice on the availability of tax benefits for the premiums paid and proceeds received under the policy.

NOMINATION
Nomination shall be in accordance with provisions of Section 39 of the Insurance Act 1938 as amended from time to time. Nomination of this Policy is not applicable if the Policy has been effected under Section 6 of the Married Women’s Property Act 1874

ASSIGNMENT – APPLICABLE FOR LIFE INSURANCE
Assignment shall be in accordance with provisions of Section 38 of the Insurance Act 1938 as amended from time to time. Assignment of this Policy is not applicable if the Policy has been effected under Section 6 of the Married Women’s Property Act 1874.

GRIEVANCE SECTION
For Health:
We have developed proper procedures and effective mechanism to address of complaints by the customers. We are committed to comply with the Regulations, standards which have been set forth in the Regulations, Circulars issued by IRDAI from time to time in this regard.

(a) If You / Insured Person has a grievance that You / Insured Person wishes Us to redress, You / Insured Person may contact Us with the details of the grievance through:
   Website: www.religarehealthinsurance.com
   Email: customerfirst@religarehealthinsurance.com
   Contact No.: 1800-102-4488
   Courier: Any of Our Branch Office or corporate office
   You / Insured Person may also approach the grievance cell at any of Our branches with the details of your grievance during Our working hours from Monday to Friday.
   To address any claim/grievance raised by Senior Citizens, We have developed the Customer Service channels in such a way that they identify the senior citizens based on their Policy number. Thereby, their claims and grievances are prioritized by Us through various fast track internal escalations by getting serviced through a lesser Turn-Around-Time (TAT).

(b) If You / Insured Person is not satisfied with Our redressal of the Your / Insured Person’s grievance through one of the above methods, You / Insured Person may contact Our Head of Customer Service at:
   Head – Customer Services,
   Religare Health Insurance Company Limited,
   Unit No. 604-607. 6th Floor, Tower C,
   Unitech Cyber Park, Sector-39,
   Gurgaon– 122001 (Haryana)
(c) You / Insured Person may approach the nearest Insurance Ombudsman for resolution of the grievance. Details of Insurance Ombudsman offices are available at IRDAI website: www.irdai.gov.in, or on our website at www.religarehealthinsurance.com

For Life: In case You have any query or complaint or grievance, You may
Call us Toll-free at 1-800-425-6969,
Visit our Website: www.pnbmetlife.com,
Email: indiaservice@pnbmetlife.co.in or

Write to us: 1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai – 400062. Phone: +91-22-41790000, Fax: +91-22-41790203

Please address Your queries or complaints to our customer services department, and Your grievances to our grievance redressal officer on the address referred above, who are authorized to review Your queries or complaints or grievances and address the same. Please note that only an officer duly authorized by Us has the authority to resolve Your queries or complaints or grievances. We shall in no way be responsible, or liable, or bound by, any replies or communications or undertakings, given by or received from, any financial advisor or any employee who was involved in selling You this Policy.

In case You are not satisfied with Our decision, or have not received any response within 10 days, You may contact the IRDA of India by any of the following means for resolution:

IRDA of India Grievance Call Centre (IGCC) Toll Free No.: 155255
You can register Your complaint online at http://www.igms.irdai.gov.in
You can write or fax Your complaints to:
Consumer Affairs Department
Insurance Regulatory and Development Authority of India
9th Floor, United India Towers, Basheerbagh, Hyderabad – 500 029, Telangana
Fax No.: +91-40- 6678 9768 E-mail ID: complaints@irdai.gov.in

For complete details on the Grievance Redressal Procedure please refer to the Policy Terms and Conditions.

ABOUT PNB METLIFE AND RELIGARE HEALTH INSURANCE

PNB MetLife India Insurance Company Limited (PNB MetLife) is one of the leading life insurance companies in India. PNB MetLife has as its shareholders MetLife International Holdings LLC (MIHL), Punjab National Bank Limited (PNB), Jammu & Kashmir Bank Limited (JKB), M. Pallonji and Company Private Limited and other private investors, MIHL and PNB being the majority shareholders. PNB MetLife has been present in India since 2001.

PNB MetLife brings together the financial strength of a leading global life insurance provider, MetLife, Inc., and the credibility and reliability of PNB, one of India’s oldest and leading nationalised banks. The vast distribution reach of PNB together with the global insurance expertise and product range of MetLife makes PNB MetLife a strong and trusted insurance provider.

For more information, visit www.pnbmetlife.com

Religare Health Insurance (RHI), the health insurance arm of Religare Enterprises Limited (REL), is a specialized Health Insurer offering health insurance services to employees of corporates, individual customers and for financial inclusion as well. With RHI’s operating philosophy being based on the principal tenet of ‘consumer-centricity’, the company has consistently invested in the effective application of technology to deliver excellence in customer servicing, product innovation and value-for-money services. Religare Health Insurance currently offers products in the retail segment for Health Insurance, Critical Illness, Personal Accident, Top-up Coverage, International Travel Insurance and Maternity along with Group Health Insurance and Group Personal Accident Insurance for corporates.

The organization has been adjudged the ‘Best Health Insurance Company’ at the ABP News-BFSI Awards & ‘Claims Service Leader of the Year – Insurance India Summit & Awards. Religare Health Insurance has also received the ‘Editor’s Choice Award for Best Product Innovation’ at Finnoviti and was conferred the ‘Best Medical Insurance Product Award’ at The FICCI Healthcare Awards.

For more details visit: www.religarehealthinsurance.com

Disclaimer: This is only a summary of the features of ‘Mera Mediclaim’. The actual benefits available are as described in the Policy, and will be subject to the Policy terms, conditions and exclusions. Please seek the advice of Your insurance advisor if You require any further information or clarification.

EXTRACT OF SECTION 41 OF THE INSURANCE ACT, 1938, AS AMENDED FROM TIME TO TIME STATES

(1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer

(2) Any Person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

FRAUD AND MISREPRESENTATION

Treatment will be as per Section 45 of the Insurance Act, 1938 as amended from time to time (applicable for Life Insurance).

✓ Please read this Sales brochure carefully before concluding any sale.

✓ This product brochure is only indicative of terms, conditions, warranties and exceptions contained in the insurance policy. The detailed Terms and Conditions are contained in the Policy Document.

BEWARE OF SPURIOUS/FRAUD PHONE CALLS!

- IRDAI is not involved in activities like selling policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.
PNB MetLife India Insurance Company Limited,
Registered office: Unit No. 701, 702 & 703, 7th Floor, West Wing, Raheja Towers, 26/27 M G Road, Bangalore -560001, IRDA of India Registration number 117.
CI No.: U66010KA2001PLC028883
Call us Toll-free at 1-800-425-6969,
Website: www.pnbservices.com,
Email: indiaservice@pnbservices.co.in

Write to us: 1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai – 400062, Maharashtra.
Phone: +91-22-41790000, Fax: +91-22-41790203

Religare Health Insurance Company Limited
Registered Address
5th Floor, 19 Chawla House,
Nehru Place, New Delhi-110019
Correspondence Address
Unit No. 604-607, 6th Floor, Tower C, Unitech Cyber Park, Sector-39
Gurgaon, Haryana – 122001.
Website: www.religarehealthinsurance.com
Phone: 1800-102-4488 | 1800-102-6655

ANNEXURE I – LIST OF DAY CARE SURGERIES

1. Cardiology Related:
   1. CORONARY ANGIOGRAPHY

2. Critical Care Related:
   2. INSERT NON- TUNNEL CV CATH
   3. INSERT PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)
   4. REPLACE PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)
   5. INSERTION CATHETER, INTRA ANTERIOR
   6. INSERTION OF PORTACATH

3. Dental Related:
   7. SPLINTING OF AVULSED TEETH
   8. SUTURING LACERATED LIP
   9. SUTURING ORAL MUCOSA
   10. ORAL BIOPSY IN CASE OF ABNORMAL TISSUE PRESENTATION
   11. FNAC
   12. SMEAR FROM ORAL CAVITY

4. ENT Related:
   13. MYRINGOTOMY WITH GROMMET INSERTION
   14. TYMPANOPLASTY (CLOSURE OF AN EARDRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES)
   15. REMOVAL OF A TYMPANIC DRAIN
   16. KERATOSIS REMOVAL UNDER GA
   17. OPERATIONS ON THE TURBINATES (NASAL CONCHA)
   18. TYMPANOPLASTY (CLOSURE OF AN EARDRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES)
   19. REMOVAL OF KERATOSIS OBTRURANS
   20. STAPEDETOMY TO TREAT VARIOUS LESIONS IN MIDDLE EAR
   21. REVISION OF A STAPEDETOMY
   22. OTHER OPERATIONS ON THE AUDITORY OSSICLES
   23. MYRINGOPLASTY (POST-AURA/ENDAURAL APPROACH AS WELL AS SIMPLE TYPE-I TYMPANOPLASTY)
   24. FENESTRATION OF THE INNER EAR
   25. REVISION OF A FENESTRATION OF THE INNER EAR
   26. PALATOPLASTY
   27. TRANSORAL INCISION AND DRAINAGE OF A PHARYNGEAL ABSCESS
   28. TONSILLECTOMY WITHOUT ADENOIDECTOMY
   29. TONSILLECTOMY WITH ADENOIDECTOMY
   30. EXCISION AND DESTRUCTION OF A LINGUAL TONSIL
   31. REVISION OF A TYMPANOPLASTY
   32. OTHER MICROSURGICAL OPERATIONS ON THE MIDDLE EAR
   33. INCISION OF THE MASTOID PROCESS AND MIDDLE EAR
   34. MASTOIDECTOMY
   35. RECONSTRUCTION OF THE MIDDLE EAR
   36. OTHER EXCISIONS OF THE MIDDLE AND INNER EAR
   37. INCISION (OPENING) AND DESTRUCTION (ELIMINATION) OF THE INNER EAR
   38. OTHER OPERATIONS ON THE MIDDLE AND INNER EAR
   39. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE NOSE
   40. OTHER OPERATIONS ON THE NOSE
   41. NASAL SINUS ASPIRATION
   42. FOREIGN BODY REMOVAL FROM NOSE
   43. OTHER OPERATIONS ON THE TONSILS AND ADENOIDS
   44. ADENOIDECTOMY
   45. LABYRINTHECTOMY FOR SEVERE VERTIGO
   46. STAPEDETOMY UNDER GA
   47. STAPEDETOMY UNDER LA
   48. TYMPANOPLASTY (TYPE IV)
49. ENDOLYMPHATIC SAC SURGERY FOR MENIERE’S DISEASE
50. TURBINECTOMY
51. ENDOSCOPIC STAPEDECTOMY
52. INCISION AND DRAINAGE OF PERICHONDRTIS
53. SEPTOPLASTY
54. VESTIBULAR NERVE SECTION
55. THYROPLASTY TYPE I
56. PSEUDOCYST OF THE PINNA - EXCISION
57. INCISION AND DRAINAGE - HAEMATOMA AURICLE
58. TYPANOPLASTY (TYPE II)
59. REDUCTION OF FRACTURE OF NASAL BONE
60. THYROPLASTY TYPE II
61. TRACHEOSTOMY
62. EXCISION OF ANGIOMA SEPTUM
63. TURBINOPLASTY
64. INCISION & DRAINAGE OF RETRO PHARYNGEAL ABSCESS
65. UVULO PALATO PHARYNGO PLASTY
66. ADENOIDECTOMY WITH GROMMET INSERTION
67. ADENOIDECTOMY WITHOUT GROMMET INSERTION
68. VOCAL CORD LATERALISATION PROCEDURE
69. INCISION & DRAINAGE OF PARA PHARYNGEAL ABSCESS
70. TRACHEOPLASTY

5. Gastroenterology Related:
71. CHOLECYSTECTOMY AND CHOLEDOCHO-JEJUNOSTOMY/
DUODENOSTOMY/GASTROSTOMY/EXPLORATION COMMON BILE DUCT
72. ESOPHAGOSCOPY, GASTROSCOPY, DUODENOSCOPY WITH
POLYPECTOMY/ REMOVAL OF FOREIGN BODY/ DIATHERMY OF
BLEEDING LESIONS
73. PANCREATIC PSEUDOCYST EUS & DRAINAGE
74. RF ABLATION FOR BARRETT’S OESOPHAGUS
75. ERCP AND PAPILLOTOMY
76. ESOPHAGOSCOPE AND SCLEROSANT INJECTION
77. EUS + SUBMUCOSAL RESECTION
78. CONSTRUCTION OF GASTROSTOMY TUBE
79. EUS + ASPIRATION PANCREATIC CYST
80. SMALL BOWEL ENDOSCOPY (THERAPEUTIC)
81. COLONOSCOPY ,LESION REMOVAL
82. ERCP

6. General Surgery Related:
83. COLONOSCOPY STENTING OF STRicture
84. PERCUTANEOUS ENDOSCOPIC GASTROSTOMY
85. EUS AND PANCREATIC PSEUDO CYST DRAINAGE
86. ERCP AND CHOLEDOCHOSCOPY
87. PROCTOSIGMOIDOSCOPY VOLVULUS DETORSION
88. ERCP AND SPHINCTEROTOMY
89. ESOPHAGEAL STENT PLACEMENT
90. ERCP + PLACEMENT OF BILIARY STENTS
91. SIGMOIDOSCOPY W / STENT
92. EUS + COELIAC NODE BIOPSY
93. UGI SCOPY AND INJECTION OF ADRENALINE, SCLEROSANTS BLEEDING ULCERS

1. Policy Term
2. Change-of-Gender treatments: Code- Excl07
3. Rest Cure, rehabilitation and respite care- Code- Excl05
4. REPLACE PICC CATH ( PERIPHERALLY INSERTED CENTRAL CATHETER )
5. Name and address of the attending Medical Practitioner and Hospital;
6. Photo Identiﬁcation Proof documents which will be accepted by us are
7. Upon the occurrence of any Illness or Injury that may give rise to a Claim under this Policy,
8. It is agreed and understood that as a Condition Precedent for a Claim to be
9. It is a condition precedent to Our liability under this Beneﬁt that the following
10. Valid Photo Identiﬁcation Proof documents which will be accepted by us are
11. We will conﬁrm in writing, authorization or rejection of the
12. The “Health card” provided by us under this Policy,
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
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<td>VARICOSE VEINS LEGS - INJECTION SCLEROTHERAPY</td>
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<td>RIGID OESOPHAGOSCOPY FOR PLUMMER VINSON SYNDROME</td>
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<td>THYROID ABSCESS INCISION AND DRAINAGE</td>
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<td>TIPS PROCEDURE FOR PORTAL HYPERTENSION</td>
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<td>172</td>
<td>PAIR PROCEDURE OF HYDATID CYST LIVER</td>
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<td>174</td>
<td>PHOTODYNAMIC THERAPY OR ESOPHAGEAL TUMOUR AND LUNG TUMOUR</td>
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<td>EXCISION OF CERVICAL RIB</td>
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<td>SURGERY FOR FRACTURE PENIS</td>
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<td>SENTINEL NODE BIOPSY</td>
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<td>PARASTOMAL HERNIA</td>
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<td>REVISION COLOSTOMY</td>
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<td>PROLAPSED COLOSTOMY- CORRECTION</td>
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<td>183</td>
<td>TESTICULAR BIOPSY</td>
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<td>184</td>
<td>LAPAROSCOPIC CARDIOMYOTOMY( HELLERS)</td>
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<td>185</td>
<td>SENTINEL NODE BIOPSY MALIGNANT MELANOMA</td>
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<td>186</td>
<td>LAPAROSCOPIC PYLOROMYOTOMY( RAMSTEDT)</td>
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### 7. Gynecology Related:

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<tr>
<td>187</td>
<td>OPERATIONS ON BARTHOLIN’S GLANDS (CYST)</td>
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<td>188</td>
<td>INCISION OF THE OVARY</td>
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<tr>
<td>189</td>
<td>INSUFFLATIONS OF THE FALLOPIAN TUBES</td>
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</table>
f. List of specific diseases/procedures:

(ii) Specific Waiting Period – Code – Excl02 applicable for claims arising due to an accident.

Duodenal Ulcers related disorders

Osteoporosis, Gout, Rheumatism, Spinal Disorders (unless caused by accident), Coverage for more than twelve months.

c. If the Insured Person is continuously covered without any break as defined under the of sum insured increase.

(ii) Voucher of the Common Carrier for the compensation paid for the non-delivery / short delivery of the Checked-In Baggage.

(ii) All reasonable steps and measures must be taken to avoid or minimize the.

(i) It is a condition precedent to Our liability under this Benefit that the following

8. Neurology Related:

238. FACIAL NERVE PHYSIOTHERAPY

239. NERVE BIOPSY

240. MUSCLE BIOPSY

241. EPIDURAL STEROID INJECTION

242. GLYCEROL RHIZOTOMY

243. SPINAL CORD STIMULATION

244. MOTOR CORTEX STIMULATION

245. STEREOTACTIC RADIOSURGERY

246. PERCUTANEOUS CORDOTOMY

247. INTRATHECAL BACLOFEN THERAPY

248. ENTRAPMENT NEUROPATHY RELEASE

249. DIAGNOSTIC CEREBRAL ANGIOGRAPHY

250. VP SHUNT

251. VENTRICULOATRIAL SHUNT

9. Oncology Related:

252. RADIOTHERAPY FOR CANCER

253. CANCER CHEMOTHERAPY

254. IV PUSH CHEMOTHERAPY

255. HBI-HEMIBODY RADIOTHERAPY

256. INFUSIONAL TARGETED THERAPY

257. SRT-STEREOTACTIC ARC THERAPY

258. SC ADMINISTRATION OF GROWTH FACTORS

259. CONTINUOUS INFUSIONAL CHEMOTHERAPY

260. INFUSIONAL CHEMOTHERAPY
261. CCRT-CONCURRENT CHEMO + RT  
262. 2D RADIOTHERAPY  
263. 3D CONFORMAL RADIOTHERAPY  
264. IGRT- IMAGE GUIDED RADIOTHERAPY  
265. IMRT- STEP & SHOOT  
266. INFUSIONAL BISPHOSPHONATES  
267. IMRT- DMLC  
268. ROTATIONAL ARC THERAPY  
269. TELE GAMMA THERAPY  
270. FSRT-FRACTIONATED SRT  
271. VMAT-VOLUMETRIC MODULATED ARC THERAPY  
272. SBRT-STEREOTACTIC BODY RADIOTHERAPY  
273. HELICAL TOMOTHERAPY  
274. SRS-STEREOTACTIC RADIOSURGERY  
275. X-KNIFE SRS  
276. GAMMAKNIFE SRS  
277. TBI- TOTAL BODY RADIOTHERAPY  
278. INTRALUMINAL BRACHYTHERAPY  
279. ELECTRON THERAPY  
280. TSET-TOTAL ELECTRON SKIN THERAPY  
281. EXTRACORPOREAL IRRADIATION OF BLOOD PRODUCTS  
282. TELECOBALT THERAPY  
283. TELECESIUM THERAPY  
284. EXTERNAL MOULD BRACHYTHERAPY  
285. INTERSTITIAL BRACHYTHERAPY  
286. INTRACAVITY BRACHYTHERAPY  
287. 3D BRACHYTHERAPY  
288. IMPLANT BRACHYTHERAPY  
289. INTRAVESICAL BRACHYTHERAPY  
290. ADJUVANT RADIOTHERAPY  
291. AFTERLOADING CATHETER BRACHYTHERAPY  
292. CONDITIONING RADIOTHERAPY FOR BMT  
293. EXTRACORPOREAL IRRADIATION TO THE HOMOLOGOUS BONE GRAFTS  
294. RADICAL CHEMOTHERAPY  
295. NEOADJUVANT RADIOTHERAPY  
296. LDR BRACHYTHERAPY  
297. PALLIATIVE RADIOTHERAPY  
298. RADICAL RADIOTHERAPY  
299. PALLIATIVE CHEMOTHERAPY  
300. TEMPLATE BRACHYTHERAPY  
301. NEOADJUVANT CHEMOTHERAPY  
302. ADJUVANT CHEMOTHERAPY  
303. INDUCTION CHEMOTHERAPY  
304. CONSOLIDATION CHEMOTHERAPY  
305. MAINTENANCE CHEMOTHERAPY  
306. HDR BRACHYTHERAPY  

10. Operations on the salivary glands & salivary ducts:  
307. INCISION AND LANCING OF A SALIVARY GLAND AND A SALIVARY DUCT  
308. EXCISION OF DISEASED TISSUE OF A SALIVARY GLAND AND A SALIVARY DUCT  
309. RESECTION OF A SALIVARY GLAND  
310. RECONSTRUCTION OF A SALIVARY GLAND AND A SALIVARY DUCT  
311. OTHER OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS  

11. Operations on the skin & subcutaneous tissues:  
312. OTHER INCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES  
313. SURGICAL WOUND TOILET (WOUND DEBRIDEMENT) AND REMOVAL OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES  
314. LOCAL EXCISION OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES  
315. OTHER EXCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES  
316. SIMPLE RESTORATION OF SURFACE CONTINUITY OF THE SKIN AND SUBCUTANEOUS TISSUES  
317. FREE SKIN TRANSPLANTATION, DONOR SITE  
318. FREE SKIN TRANSPLANTATION, RECIPIENT SITE  
319. REVISION OF SKIN PLASTY  
320. OTHER RESTORATION AND RECONSTRUCTION OF THE SKIN AND SUBCUTANEOUS TISSUES.  
321. CHEMOSURGERY TO THE SKIN.  
322. DESTRUCTION OF DISEASED TISSUE IN THE SKIN AND SUBCUTANEOUS TISSUES  
323. RECONSTRUCTION OF DEFORMITY/DEFECT IN NAIL BED  
324. EXCISION OF BURSITIS  
325. TENNIS ELBOW RELEASE  

12. Operations on the Tongue:  
326. INCISION, EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TONGUE
327. PARTIAL GLOSSECTOMY
328. GLOSSECTOMY
329. RECONSTRUCTION OF THE TONGUE
330. OTHER OPERATIONS ON THE TONGUE

13. Ophthalmology Related:
331. SURGERY FOR CATARACT
332. INCISION OF TEAR GLANDS
333. OTHER OPERATIONS ON THE TEAR DUCTS
334. INCISION OF DISEASED EYELIDS
335. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE EYELID
336. OPERATIONS ON THE CANTHUS AND EPICANTHUS
337. CORRECTIVE SURGERY FOR ENTROPION AND ECTROPION
338. CORRECTIVE SURGERY FOR BLEPHAROPTOSIS
339. REMOVAL OF A FOREIGN BODY FROM THE CONJUNCTIVA
340. REMOVAL OF A FOREIGN BODY FROM THE CORNEA
341. INCISION OF THE CORNEA
342. OPERATIONS FOR PTERYGium
343. OTHER OPERATIONS ON THE CORNEA
344. REMOVAL OF A FOREIGN BODY FROM THE LENS OF THE EYE
345. REMOVAL OF A FOREIGN BODY FROM THE POSTERIOR CHAMBER OF THE EYE
346. REMOVAL OF A FOREIGN BODY FROM THE ORBIT AND EYEBALL
347. CORRECTION OF EYELID PTOSIS BY LEVATOR PALPEBRAE SUPERIORIS RESECTION (BILATERAL)
348. CORRECTION OF EYELID PTOSIS BY FASCIA LATA GRAFT (BILATERAL)
349. DIATHERMY/CRYOTHERAPY TO TREAT RETINAL TEAR
350. ANTERIOR CHAMBER PARACENTESIS/
   CYCLODIATHERMY/CYCLOCRYOTHERAPY/
   GONIOTOMY/TRABECULOTOMY AND FILTERING AND ALLIED
   OPERATIONS TO TREAT GLAUCOMA
351. ENUCLEATION OF EYE WITHOUT IMPLANT
352. DACRYOCYSTORHINOSTOMY FOR VARIOUS LESIONS OF LACRIMAL GLAND
353. LASER PHOTOCOAGULATION TO TREAT RETINAL TEAR
354. BIOPSY OF TEAR GLAND
355. TREATMENT OF RETINAL LESION

14. Orthopedics Related:
356. SURGERY FOR MENISCUS TEAR
357. INCISION ON BONE, SEPTIC AND ASEPTIC
358. CLOSED REDUCTION ON FRACTURE, LUXATION OR EPIPHYSIOYSIS WITH OSTEOSYNTHESIS
359. SUTURE AND OTHER OPERATIONS ON TENDONS AND TENDON SHEATH
360. REDUCTION OF DISLOCATION UNDER GA
361. ARTHROSCOPIC KNEE ASPIRATION
362. SURGERY FOR LIGAMENT TEAR
363. SURGERY FOR HEMOARTHRITIS/PYOARTHRITIS
364. REMOVAL OF FRACTURE PINS/NAILS
365. REMOVAL OF METAL WIRE
366. CLOSED REDUCTION ON FRACTURE, LUXATION
367. REDUCTION OF DISLOCATION UNDER GA
368. EPIPHYSIOYSIS WITH OSTEOSYNTHESIS
369. EXCISION OF VARIOUS LESIONS IN COCCYX
370. ARTHROSCOPIC REPAIR OF ACL TEAR KNEE
371. CLOSED REDUCTION OF MINOR FRACTURES
372. ARTHROSCOPIC REPAIR OF PCL TEAR KNEE
373. TENDON SHORTENING
374. ARTHROSCOPIC MENisceCTOMY - KNEE
375. TREATMENT OF CLAVICLE DISLOCATION
376. HAEMARTHROSIS KNEE- LAVAGE
377. ABSCESS KNEE JOINT DRAINAGE
378. CARPAL TUNNEL RELEASE
379. CLOSED REDUCTION OF MINOR DISLOCATION
380. REPAIR OF KNEE CAP TENDON
381. ORIF WITH K WIRE FIXATION- SMALL BONES
382. RELEASE OF MIDFOOT JOINT
383. ORIF WITH PLATING- SMALL LONG BONES
384. IMPLANT REMOVAL MINOR
385. K WIRE REMOVAL
386. POP APPLICATION
387. CLOSED REDUCTION AND EXTERNAL FIXATION
388. ARTHROTOMY HIP JOINT
389. SYME'S AMPUTATION
390. ARTHROPLASTY
391. PARTIAL REMOVAL OF RIB
392. TREATMENT OF SESAMOID BONE FRACTURE
393. SHOULDER ARTHROSCOPY / SURGERY
15. Other operations on the mouth & face:
- 430.EXTERNAL INCISION AND DRAINAGE IN THE REGION OF THE MOUTH, JAW AND FACE
- 431. INCISION OF THE HARD AND SOFT PALATE
- 432. EXCISION AND DESTRUCTION OF DISEASED HARD AND SOFT PALATE
- 433. INCISION, EXCISION AND DESTRUCTION IN THE MOUTH
- 434. OTHER OPERATIONS IN THE MOUTH

16. Pediatric surgery Related:
- 435. EXCISION OF FISTULA- IN-ANO
- 436. EXCISION JUVENILE POLYP- RECTUM
- 437. VAGINOPLASTY
- 438. DILATATION OF ACCIDENTAL CAUSTIC STRicture Oesophageal
- 439. PRESACRAL TERATOMAS EXCISION
- 440. REMOVAL OF VESICAL STONE
- 441. EXCISION SIGMOID POLYP
- 442. STERNOMASTOID TENOTOMY
- 443. INFANTILE HYPERTROPHIC PYLORIC STENOSIS PYLOROMYOTOMY
- 444. EXCISION OF SOFT TISSUE RHABDOMYOSARCOMA
- 445. MEDIASTINAL LYMPH NODE BIOPSY
- 446. HIGH ORCHIDECTOMY FOR TESTIS TUMOURS
- 447. EXCISION OF CERVICAL TERATOMA
- 448. RECTAL-MYOMECTOMY
- 449. RECTAL PROLAPSE (DELORME'S PROCEDURE)
- 450. DETORSION OF TORSION TESTIS
- 451. EUA + BIOPSY MULTIPLE FISTULA IN ANO
- 452. CYSTIC HYGROMA - INJECTION TREATMENT

17. Plastic Surgery Related:
- 453. CONSTRUCTION SKIN PEDICLE FLAP
- 454. GLUTEAL PRESSURE ULCER-EXCISION
- 455. MUSCLE-SKIN GRAFT, LEG
- 456. REMOVAL OF BONE FOR GRAFT
- 457. MUSCLE-SKIN GRAFT DUCT FISTULA
- 458. REMOVAL CARTILAGE GRAFT
- 459. MYOCUTANEOUS FLAP
- 460. FIBRO MYOCUTANEOUS FLAP
13. Ophthalmology Related:
3. Dental Related:
1. Cardiology Related:
352. DACRYOCYSTORHINOSTOMY FOR VARIOUS LESIONS OF LACRIMAL
348. CORRECTION OF EYELID PTOSIS BY FASCIA LATA GRAFT (BILATERAL)
340. REMOVAL OF A FOREIGN BODY FROM THE CORNEA
337. CORRECTIVE SURGERY FOR ENTROPION AND ECTROPION
331. SURGERY FOR CATARACT
289. INTRAVESICAL BRACHYTHERAPY
281. EXTRACORPOREAL IRRADIATION OF BLOOD PRODUCTS
274. SRS-STEREOTACTIC RADIOSURGERY
271. VMAT-VOLUMETRIC MODULATED ARC THERAPY
265. IMRT- STEP & SHOOT
211. POLYPECTOMY ENDOMETRIUM
210. CRYOCAUTERISATION OF CERVIX
202. ENDOSCOPIC POLYPECTOMY
429. REPAIR OF KNEE JOINT
428. TREATMENT FRACTURE OF RADIUS & ULNA
427. LENGTHENING OF THIGH TENDONS
419. TENDON TRANSFER PROCEDURE
417. SURGERY OF BUNION
413. LENGTHENING OF HAND TENDON
409. REMOVAL OF WRIST PROSTHESIS
405. REMOVE/GRAFT LEG BONE LESION
403. AMPUTATION FOLLOW-UP SURGERY
397. INCISION OF FOOT FASCIA
396. RELEASE OF THUMB CONTRACTURE
153. RIGID OESOPHAGOSCOPY FOR PLUMMER VINSON SYNDROME
150. SUBMANDIBULAR SALIVARY DUCT STONE REMOVAL
143. SPLENIC ABSCESSES LAPAROSCOPIC DRAINAGE
141. COLONOSCOPY
134. PERIANAL HEMATOMA EVACUATION
133. PERIANAL ABSCESS I&D
126. A)INJECTION SCLEROTHERAPY
125. PILES
122. SCALP SUTURING
80. SMALL BOWEL ENDOSCOPY (THERAPEUTIC)
71. CHOLECYSTECTOMY AND CHOLEDOCHO-JEJUNOSTOMY/
70. TRACHEOPLASTY
62. EXCISION OF ANGIOMA SEPTUM
61. TRACHEOSTOMY
60. THYROPLASTY TYPE II
59. REDUCTION OF FRACTURE OF NASAL BONE
57. INCISION AND DRAINAGE - HAEMATOMA AURICLE
56. PSEUDOCYST OF THE PINNA - EXCISION
50. TURBINECTOMY
11. FNAC
10. ORAL BIOPSY IN CASE OF ABNORMAL TISSUE PRESENTATION
6. INSERTION OF PORTACATH
2. INSERT NON- TUNNEL CV CATH
10. Operations on the salivary glands & salivary ducts:
8. Neurology Related:
318. FREE SKIN TRANSPLANTATION, RECIPIENT SITE
311. OTHER OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS
308. EXCISION OF DISEASED TISSUE OF A SALIVARY GLAND AND A
307. INCISION AND LANCING OF A SALIVARY GLAND AND A SALIVARY DUCT
302. ADJUVANT CHEMOTHERAPY
260. INFUSIONAL CHEMOTHERAPY
258. SC ADMINISTRATION OF GROWTH FACTORS
253. CANCER CHEMOTHERAPY
249. DIAGNOSTIC CEREBRAL ANGIOGRAPHY
248. ENTRAPMENT NEUROPATHY RELEASE
247. INTRATHECAL BACLOFEN THERAPY
242. GLYCEROL RHIZOTOMY
241. EPIDURAL STEROID INJECTION
232. SURGERY FOR SUI
231. LAPAROSCOPIC MYOMECTOMY
227. HYSTEROSCOPY, REMOVAL OF MYOMA
372. ARTHROSCOPIC REPAIR OF PCL TEAR KNEE
367. REDUCTION OF DISLOCATION UNDER GA
365. REMOVAL OF METAL WIRE
179. SENTINEL NODE BIOPSY
177. MICRODOCHECTOMY BREAST
170. TIPS PROCEDURE FOR PORTAL HYPERTENSION
163. JABOULAY’S PROCEDURE
158. RIGID OESOPHAGOSCOPY FOR DILATION OF BENIGN STRICTURES
157. EXCISION OF RANULA UNDER GA
109. SCLEROTHERAPY, ETC.
108. ULTRASOUND GUIDED ASPIRATIONS
104. EXCISION OF SINGLE BREAST LUMP
86. ERCP AND CHOLEDOCHOSCOPY
48. TYMPANOPLASTY (TYPE IV)
40. OTHER OPERATIONS ON THE NOSE
37. INCISION (OPENING) AND DESTRUCTION (ELIMINATION) OF THE INNER
35. RECONSTRUCTION OF THE MIDDLE EAR
33. INCISION OF THE MASTOID PROCESS AND MIDDLE EAR
29. TONSILLECTOMY WITH ADENOIDECTOMY
26. PALATOPLASTY
25. REVISION OF A FENESTRATION OF THE INNER EAR
22. OTHER OPERATIONS ON THE AUDITORY OSSICLES
17. OPERATIONS ON THE TURBINATES (NASAL CONCHA)
16. KERATOSIS REMOVAL UNDER GA
539. DRAINAGE OF PROSTATE ABSCESS
537. SURGERY FOR WATERING CAN PERINEUM
532. INJURY PREPUCE- CIRCUMCISION
493. UNILATERAL ORCHIDECTOMY
531. PARAPHIMOSIS SURGERY
532. INJURY PREPUCE- CIRCUMCISION
533. FRENULAR TEAR REPAIR
534. MEATOTOMY FOR MEATAL STENOSIS
535. SURGERY FOR FOURNIER’S GANGRENE SCROTUM
536. SURGERY FILARIAL SCROTUM
537. SURGERY FOR WATERING CAN PERINEUM
538. REPAIR OF PENILE TORSION
539. DRAINAGE OF PROSTATE ABSCESS
540. ORCHIECTOMY
541. CYSTOSCOPY AND REMOVAL OF FB

Note: This list is not exhaustive, only illustrative. Due to technological advancement any treatment considered by the Indian Medical Council as Day Care surgery / procedure, such treatments would also be considered for Day care surgeries / procedured.

**ANNEXURE – II**

**Sr. List of Expenses Generally Excluded (“Non-medical”) in Hospital Indemnity Policy**

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<tbody>
<tr>
<td>1 BABY FOOD</td>
</tr>
<tr>
<td>2 BABY UTILITIES CHARGES</td>
</tr>
<tr>
<td>3 BEAUTY SERVICES</td>
</tr>
<tr>
<td>4 BELTS/ BRACES</td>
</tr>
<tr>
<td>5 BUDS</td>
</tr>
<tr>
<td>6 COLD PACK/HOT PACK</td>
</tr>
<tr>
<td>7 CARRY BAGS</td>
</tr>
<tr>
<td>8 EMAIL / INTERNET CHARGES</td>
</tr>
<tr>
<td>9 FOOD CHARGES (OTHER THAN PATIENT’s DIET PROVIDED BY HOSPITAL)</td>
</tr>
<tr>
<td>10 LEGGINGS</td>
</tr>
<tr>
<td>11 LAUNDRY CHARGES</td>
</tr>
<tr>
<td>12 MINERAL WATER</td>
</tr>
<tr>
<td>13 SANITARY PAD</td>
</tr>
<tr>
<td>14 TELEPHONE CHARGES</td>
</tr>
<tr>
<td>15 GUEST SERVICES</td>
</tr>
<tr>
<td>16 CREPE BANDAGE</td>
</tr>
<tr>
<td>17 DIAPER OF ANY TYPE</td>
</tr>
<tr>
<td>18 EYELET COLLAR</td>
</tr>
<tr>
<td>19 SLINGS</td>
</tr>
</tbody>
</table>

20 BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21 SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22 Television Charges
23 SURCHARGES
24 ATTENDANT CHARGES
25 EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26 BIRTH CERTIFICATE
27 CERTIFICATE CHARGES
28 COURIER CHARGES
29 CONVEYANCE CHARGES
30 MEDICAL CERTIFICATE
31 MEDICAL RECORDS
32 PHOTOCOPIES CHARGES
33 MORTUARY CHARGES
34 WALKING AIDS CHARGES
35 OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36 SPACER
37 SPIROMETRE
38 NEBULIZER KIT
39 STEAM INHALER
40 ARMSLING
41 THERMOMETER
42 CERVICAL COLLAR
43 SPLINT
44 DIABETIC FOOT WEAR
45 KNEE BRACES (LONG/ SHORT/ HINGED)
46 KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47 LUMBO SACRAL BELT
48 NIMBUS BED OR WATER OR AIR BED CHARGES
49 AMBULANCE COLLAR
50 AMBULANCE EQUIPMENT
51 ABDOMINAL BINDER
52 PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53 SUGAR FREE Tablets
54 CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55 ECG ELECTRODES
56 GLOVES
57 NEBULISATION KIT
58 ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
<table>
<thead>
<tr>
<th>List II – Items that are to be subsumed into Room Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. BABY CHARGES (UNLESS SPECIFIED/INDICATED)</td>
</tr>
<tr>
<td>2. HAND WASH</td>
</tr>
<tr>
<td>3. SHOE COVER</td>
</tr>
<tr>
<td>4. CAPS</td>
</tr>
<tr>
<td>5. CRADLE CHARGES</td>
</tr>
<tr>
<td>6. COMB</td>
</tr>
<tr>
<td>7. EAU-DE-COLOGNE / ROOM FRESHNERS</td>
</tr>
<tr>
<td>8. FOOT COVER</td>
</tr>
<tr>
<td>9. GOWN</td>
</tr>
<tr>
<td>10. SLIPPERS</td>
</tr>
<tr>
<td>11. TISSUE PAPER</td>
</tr>
<tr>
<td>12. TOOTH PASTE</td>
</tr>
<tr>
<td>13. TOOTH BRUSH</td>
</tr>
<tr>
<td>14. BED PAN</td>
</tr>
<tr>
<td>15. FACE MASK</td>
</tr>
<tr>
<td>16. FLEXI MASK</td>
</tr>
<tr>
<td>17. HAND HOLDER</td>
</tr>
<tr>
<td>18. SPUTUM CUP</td>
</tr>
<tr>
<td>19. DISINFECTANT LOTIONS</td>
</tr>
<tr>
<td>20. LUXURY TAX</td>
</tr>
<tr>
<td>21. HVAC</td>
</tr>
<tr>
<td>22. HOUSE KEEPING CHARGES</td>
</tr>
<tr>
<td>23. AIR CONDITIONER CHARGES</td>
</tr>
<tr>
<td>24. IM IV INJECTION CHARGES</td>
</tr>
<tr>
<td>25. CLEAN SHEET</td>
</tr>
<tr>
<td>26. BLANKET/WARMER BLANKET</td>
</tr>
<tr>
<td>27. ADMISSION KIT</td>
</tr>
<tr>
<td>28. DIABETIC CHART CHARGES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>List III – Items that are to be subsumed into Procedure Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. HAIR REMOVAL CREAM</td>
</tr>
<tr>
<td>2. DISPOSABLES RAZORS CHARGES (for site preparations)</td>
</tr>
<tr>
<td>3. EYE PAD</td>
</tr>
<tr>
<td>4. EYE SHEILD</td>
</tr>
<tr>
<td>5. CAMERA COVER</td>
</tr>
<tr>
<td>6. DVD, CD CHARGES</td>
</tr>
<tr>
<td>7. GAUSE SOFT</td>
</tr>
<tr>
<td>8. GAUZE</td>
</tr>
<tr>
<td>9. WARD AND THEATRE BOOKING CHARGES</td>
</tr>
<tr>
<td>10. ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS</td>
</tr>
<tr>
<td>11. MICROSCOPE COVER</td>
</tr>
<tr>
<td>12. SURGICAL BLADES, HARMONICSCALPEL,SHAVER</td>
</tr>
<tr>
<td>13. SURGICAL DRILL</td>
</tr>
<tr>
<td>14. EYE KIT</td>
</tr>
<tr>
<td>15. EYE DRAPE</td>
</tr>
<tr>
<td>16. X-RAY FILM</td>
</tr>
<tr>
<td>17. BOYLES APPARATUS CHARGES</td>
</tr>
<tr>
<td>18. COTTON</td>
</tr>
<tr>
<td>19. COTTON BANDAGE</td>
</tr>
<tr>
<td>20. SURGICAL TAPE</td>
</tr>
<tr>
<td>21. APRON</td>
</tr>
<tr>
<td>22. TORNQUIET</td>
</tr>
<tr>
<td>23. ORTHOBUNDLE, GYNAEC BUNDLE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>List IV – Items that are to be subsumed into costs of treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ADMISSION/REGISTRATION CHARGES</td>
</tr>
<tr>
<td>2. HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE</td>
</tr>
<tr>
<td>3. URINE CONTAINER</td>
</tr>
<tr>
<td>4. BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES</td>
</tr>
<tr>
<td>5. BIPAP MACHINE</td>
</tr>
<tr>
<td>6. CPAP/ CAPD EQUIPMENTS</td>
</tr>
</tbody>
</table>
13. Ophthalmology Related:
   354. BIOPSY OF TEAR GLAND
   333. OTHER OPERATIONS ON THE TEAR DUCTS
   332. INCISION OF TEAR GLANDS
   328. GLOSSECTOMY
   298. RADICAL RADIOTHERAPY
   281. EXTRACORPOREAL IRRADIATION OF BLOOD PRODUCTS
   279. ELECTRON THERAPY
   278. INTRALUMINAL BRACHYTHERAPY
   270. FSRT-FRACTIONATED SRT
   265. IMRT- STEP & SHOOT
   219. UTERINE ARTERY EMBOLIZATION
   218. LAPAROSCOPIC PARAOVARIAN CYST EXCISION
   212. HYSTEROSCOPIC RESECTION OF FIBROID
   202. ENDOSCOPIC POLYPECTOMY
   196. INCISION OF THE UTERUS (HYSTERECTOMY)
   429. REPAIR OF KNEE JOINT
   422. TREATMENT OF SCAPULA FRACTURE
   420. REMOVAL OF KNEE CAP BURSA
   417. SURGERY OF BUNION
   407. REMOVE OF TISSUE EXPANDER
   404. EXPLORATION OF ANKLE JOINT
   401. REPAIR / GRAFT OF FOOT TENDON

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**List V – Additional Non Payable Items**

1. BRUSH
2. COSY TOWEL
3. MOISTURISER PASTE BRUSH
4. POWDER
5. BARBER CHARGES
6. OIL CHARGES
7. BED UNDER PAD CHARGES
8. COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS, ETC.,
9. DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION
10. HOME VISIT CHARGES
11. DONOR SCREENING CHARGES
12. BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES
13. BLADE
14. MAINTAINANCE CHARGES
15. PREPARATION CHARGES
16. WASHING CHARGES
17. MEDICINE BOX
18. COMMODE
19. Digestion gels
20. NOVARAPID
21. VOLINI GEL/ ANALGESIC GEL
22. ZYTEE GEL
23. AHD
24. VISCO BELT CHARGES
25. EXAMINATION GLOVES
26. OUTSTATION CONSULTANT’S/ SURGEON’S FEES
27. PAPER GLOVES
28. REFERAL DOCTOR’S FEES
29. SOFNET
30. SOFTOVAC
31. STOCKINGS

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**ANNEXURE III**

**LIST OF HOSPITALS WHERE CLAIM WILL NOT BE ADMITTED**

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nulife Hospital And Maternity Centre</td>
<td>1616 Outram Lines, Kingsway Camp, Guru Teg Bahadur Nagar, New Delhi, Delhi</td>
</tr>
<tr>
<td>Tanuja Hospital</td>
<td>F-15, Vikas Marg, Preet Vihar, New Delhi, Delhi</td>
</tr>
<tr>
<td>Shri Komal Hospital &amp; Dr. Saxena’s Nursing Home</td>
<td>Opp. Radhika Cinema, Circular Road, Rewari, Haryana</td>
</tr>
<tr>
<td>Sona Devi Memorial Hospital &amp; Trauma Centre</td>
<td>Sohna Road, Badshahpur, Gurgaon, Haryana</td>
</tr>
<tr>
<td>Amar Hospital</td>
<td>Sector-70, S.A.S. Nagar, Mohali, Sector 70, Mohali, Punjab</td>
</tr>
<tr>
<td>Brij Medical Centre</td>
<td>K K 54, Kavi Nagar, Ghaziabad, Uttar Pradesh</td>
</tr>
<tr>
<td>Family Medicare</td>
<td>A-55, Sector 61, Rajat Vihar Sector 62, Noida, Uttar Pradesh</td>
</tr>
<tr>
<td>Jeevan Jyoti Hospital</td>
<td>162, Lowther Road, Bai Ka Bagh, Allahabad, Uttar Pradesh</td>
</tr>
<tr>
<td>City Hospital &amp; Trauma Centre</td>
<td>C-1, Cinder Dump Complex, Opposite Krishna Cinema Hall, Kanpur Road, Alambagh, Lucknow, Uttar Pradesh</td>
</tr>
<tr>
<td>Dayal Maternity &amp; Nursing Home</td>
<td>No.953/23, D.C.F. Chowk, DLF Colony, Rohtak, Haryana</td>
</tr>
<tr>
<td>Metas Adventist Hospital</td>
<td>No.24, Ring-Road, Athwalines, Surat, Surat, Gujarat</td>
</tr>
<tr>
<td>Surgicare Medical Centre</td>
<td>Sai Dar Oberoi Complex, S.A.B.T.V. Lane, Road, Lokhandwala, Near Laxmi Industrial Estate, Andheri, Mumbai, Maharashtra</td>
</tr>
<tr>
<td>Paramount General Hospital &amp; I.C.C.U.</td>
<td>Laxmi Commercial Premises, Andheri Kurla Road, Andheri, Mumbai, Maharashtra</td>
</tr>
<tr>
<td>Gokul Hospital</td>
<td>Thakur Complex, Kandivali East, Mumbai, Maharashtra</td>
</tr>
<tr>
<td>Hospital Name</td>
<td>Address</td>
</tr>
<tr>
<td>Shree Sai Hospital</td>
<td>Gokul Nagar, Thakur Complex, Western Express Highway, Kandivali East, Mumbai, Maharashtra</td>
</tr>
<tr>
<td>Shreedevi Hospital</td>
<td>Akash Arcade, Bhau Nagar, Near Bhau Nagar Theatre, Dr. Deepak Shetty Road, Kalyan D.C., Thane, Maharashtra</td>
</tr>
<tr>
<td>Saykhyedkar Hospital And Research Centre Pvt. Ltd.</td>
<td>Trimurthy Chowk, Kamatwada Road, Cidco Colony, Nashik, Maharashtra</td>
</tr>
<tr>
<td>Arpan Hospital And Research Centre</td>
<td>No.15/1, Iml Bazar, Near Rajwada, Iml Bazar, Indore, Madhya Pradesh</td>
</tr>
<tr>
<td>Ramkrishna Care Hospital</td>
<td>Aurobindo Enclave, Pachpedhi Naka, Dadmatri Road, National Highway No 43, Raipur, Chhattisgarh</td>
</tr>
<tr>
<td>Gupta Multispeciality Hospital</td>
<td>B-20, Vivek Vihar, New Delhi, Delhi</td>
</tr>
</tbody>
</table>
13. Ophthalmology Related:

353. LASER PHOTOCOAGULATION TO TREAT RATER TEAR
348. CORRECTION OF EYELID PTOSIS BY FASCIA LATA GRAFT (BILATERAL)
333. OTHER OPERATIONS ON THE TEAR DUCTS
298. RADICAL RADIOTHERAPY
293. EXTRACORPOREAL IRRADIATION TO THE HOMOLOGOUS BONE GRAFTS
281. EXTRACORPOREAL IRRADIATION OF BLOOD PRODUCTS
280. TSET-TOTAL ELECTRON SKIN THERAPY
278. INTRALUMINAL BRACHYTHERAPY
273. HELICAL TOMOTHERAPY
271. VMAT-VOLUMETRIC MODULATED ARC THERAPY
266. INFUSIONAL BISPHOSPHONATES

14. Orthopedics Related:

225. LAPAROSCOPIC PARATUBAL CYST EXCISION
214. CONIZATION
213. LLETZ
206. THERMAL CAUTERISATION OF CERVIX
203. HYSTEROSCOPIC REMOVAL OF MYOMA
200. CULDOTOMY
199. INCISION OF VULVA
190. OTHER OPERATIONS ON THE FALLOPIAN TUBE

429. REPAIR OF KNEE JOINT
399. GANGLION WRIST HYALASE INJECTION
398. CALCANEUM SPUR HYDROCORT INJECTION

541. CYSTOSCOPY AND REMOVAL OF FB
538. REPAIR OF PENILE TORSION
531. PARAPHIMOSIS SURGERY
480. TRANSURETHRAL AND PERCUTANEOUS DESTRUCTION OF PROSTATE
478. INCISION OF THE PROSTATE
471. EBUS + BIOPSY
465. PLASTIC SURGERY TO THE FLOOR OF THE MOUTH UNDER GA
463. SPLIT SKIN GRAFTING UNDER RA
461. BREAST RECONSTRUCTION SURGERY AFTER MASTECTOMY
480. TRANSURETHRAL AND PERCUTANEOUS DESTRUCTION OF PROSTATE
478. INCISION OF THE PROSTATE
471. EBUS + BIOPSY
465. PLASTIC SURGERY TO THE FLOOR OF THE MOUTH UNDER GA
463. SPLIT SKIN GRAFTING UNDER RA
461. BREAST RECONSTRUCTION SURGERY AFTER MASTECTOMY

526. URETER ENDOSCOPY AND TREATMENT
525. KIDNEY RENOSCOPY AND BIOPSY
518. PERCUTANEOUS NEPHROSTOMY
517. SUPRAPUBIC CYSTOSTOMY

12. Neurology Related:

323. RECONSTRUCTION OF DEFORMITY/DEFECT IN NAIL BED
316. SIMPLE RESTORATION OF SURFACE CONTINUITY OF THE SKIN AND
315. OTHER EXCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
309. RESECTION OF A SALIVARY GLAND

255. HBI-HEMIBODY RADIOTHERAPY
252. RADIOTHERAPY FOR CANCER
232. SURGERY FOR SUI
230. VAGINAL MESH FOR POP
229. URETEROCOELE REPAIR - CONGENITAL INTERNAL

457. MUSCLE-SKIN GRAFT DUCT FISTULA
452. CYSTIC HYGROMA - INJECTION TREATMENT
450. DETORSION OF TORSION TESTIS
447. EXCISION OF CERVICAL TERATOMA
441. EXCISION SIGMOID POLYP
440. REMOVAL OF VESICAL STONE
436. EXCISION JUVENILE POLYPS RECTUM
430. EXTERNAL INCISION AND DRAINAGE IN THE REGION OF THE MOUTH,
383. ORIF WITH PLATING- SMALL LONG BONES
382. RELEASE OF MIDFOOT JOINT
368. EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
367. REDUCTION OF DISLOCATION UNDER GA
359. SUTURE AND OTHER OPERATIONS ON TENDONS AND TENDON SHEATH

15. General Surgery Related:

180. PARASTOMAL HERNIA
161. ILEOTAL
157. EXCISION OF RANULA UNDER GA
156. SUBCUTANEOUS MASTECTOMY
116. ABSCESS-DECOMPRESSION
110. LAPAROTOMY FOR GRADING LYMPHOMA WITH
97. ORCHIDOPEXY
94. INCISION OF A PILONIDAL SINUS / ABSCESS
93. UGI SCOPY AND INJECTION OF ADRENALINE, SCLEROSANTS BLEEDING
83. COLONSCOPY STENTING OF STRicture
48. TYMPANOPLASTY (TYPE IV)
47. STAPEDECTOMY UNDER LA
41. NASAL SINUS ASPIRATION
34. MASTOIDECTOMY
32. OTHER MICROSURGICAL OPERATIONS ON THE MIDDLE EAR
24. FENESTRATION OF THE INNER EAR

181. REVISION COLOSTOMY
180. PARASTOMAL HERNIA
161. ILEOTAL
157. EXCISION OF RANULA UNDER GA
156. SUBCUTANEOUS MASTECTOMY
116. ABSCESS-DECOMPRESSION
110. LAPAROTOMY FOR GRADING LYMPHOMA WITH
97. ORCHIDOPEXY
94. INCISION OF A PILONIDAL SINUS / ABSCESS
93. UGI SCOPY AND INJECTION OF ADRENALINE, SCLEROSANTS BLEEDING
83. COLONSCOPY STENTING OF STRicture
48. TYMPANOPLASTY (TYPE IV)
47. STAPEDECTOMY UNDER LA
41. NASAL SINUS ASPIRATION
34. MASTOIDECTOMY
32. OTHER MICROSURGICAL OPERATIONS ON THE MIDDLE EAR
24. FENESTRATION OF THE INNER EAR

229. URETEROCOELE REPAIR - CONGENITAL INTERNAL
228. URETEROCOELE REPAIR - CONGENITAL INTERNAL
227. URETEROCOELE REPAIR - CONGENITAL INTERNAL
226. URETEROCOELE REPAIR - CONGENITAL INTERNAL
225. LAPAROSCOPIC PARATUBAL CYST EXCISION
214. CONIZATION
213. LLETZ
206. THERMAL CAUTERISATION OF CERVIX
203. HYSTEROSCOPIC REMOVAL OF MYOMA
200. CULDOTOMY
199. INCISION OF VULVA
190. OTHER OPERATIONS ON THE FALLOPIAN TUBE

228. URETEROCOELE REPAIR - CONGENITAL INTERNAL
<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sethi Hospital Pvt. Ltd.</td>
<td>No. 301-302/4, Model Town, Basai Road, Gurgaon-122001, Haryana</td>
</tr>
<tr>
<td>Kriti Hospital</td>
<td>Plot No. 196, Sec-56, Behind Jalvayu Towers, Saraswati Vihar, Gurgaon-122002, Haryana</td>
</tr>
<tr>
<td>Ganesh Hospitals Pvt. Ltd.</td>
<td>LI-C-3, Near Kalagiri Chowk, Nehru Nagar, Ghaziabad-201001, Uttar Pradesh</td>
</tr>
<tr>
<td>Pushpanjali Crosslay Hospital</td>
<td>W-3, Sector-1, Vaishali, Ghaziabad-201010, Uttar Pradesh</td>
</tr>
<tr>
<td>Ambay Hospital-A Unit Of Navodya Hospital &amp; Research</td>
<td>No-1, Near St. Thomas School, Sahibabad, Lajpat Nagar 4, Ghaziabad-201005, Uttar Pradesh</td>
</tr>
<tr>
<td>Gargi Hospital-Unit Of Kaushalya Medical &amp; Research Centre Pvt. Ltd.</td>
<td>R-9,182, Near Alt Centre, Near Sector-10 Market, Raj Nagar, Ghaziabad-201002, Uttar Pradesh</td>
</tr>
<tr>
<td>Bhatia Nursing Home</td>
<td>Punjabi Mohalla, Near Gupta Hotel, Mohna Road, Punjabi Mohalla, Ghaziabad-201010, Uttar Pradesh</td>
</tr>
<tr>
<td>Paras Hospital</td>
<td>130 Sector 4, Vaishali, Ghaziabad-201010, Uttar Pradesh</td>
</tr>
<tr>
<td>I-Care Eye Hospital</td>
<td>E-3A, Sector 26, Noida-201301, Uttar Pradesh</td>
</tr>
<tr>
<td>Samvedana Health Services Pvt. Ltd.</td>
<td>B-206 A, Sector-48, Sector-48, Noida-201301, Uttar Pradesh</td>
</tr>
<tr>
<td>Navin Hospitals Pvt. Ltd.</td>
<td>N.H.3, Pocket 2, Greater Noida, Alpha 2, Noida-201308, Uttar Pradesh</td>
</tr>
<tr>
<td>Ram Lal Kundan Lal Orthopaedic Hospital</td>
<td>Bunglow Plot No-8, Pandu Nagar, Parpar Ganj Road, Off Mother Dairy, Patparganj, New Delhi-110091, Delhi</td>
</tr>
<tr>
<td>Shreya Eye Centre</td>
<td>D-163, Surajmal Vihar, New Delhi-110092, Delhi</td>
</tr>
<tr>
<td>Malik Radix Health Care</td>
<td>C-218, Nirmal Vihar, Vikas Marg, Dayanand Vihar, New Delhi-110092, Delhi</td>
</tr>
<tr>
<td>Dr.M.L.Gupta Memorial Centre</td>
<td>5/E/4 B.P, Railway Road, New Industrial Township 1, Faridabad-121001, Haryana</td>
</tr>
<tr>
<td>Aggarwal Medical Centre</td>
<td>Jiwannagar Gaunchi, Sector 55-F, Jiwannagar Gaunchi, Faridabad-121001, Haryana</td>
</tr>
<tr>
<td>C.K. Memorial Kapoor Hospital</td>
<td>No.3/B/8A, DAV College Road, Near Eros Institute, Near Chimmu Bai Dharamshala, New Industrial Township 1, Faridabad-121001, Haryana</td>
</tr>
<tr>
<td>Ashwani Hospital</td>
<td>No.8-D-1, Sector 11, Near H.U.D.A, Market, Sector 11, Faridabad-121001, Haryana</td>
</tr>
<tr>
<td>Hospital Name</td>
<td>Address</td>
</tr>
<tr>
<td>Shivmani Hospital</td>
<td>5/E/9, B.P.N.I.T, Near Neelam Chowk, New Industrial Township 1, Faridabad-121001, Haryana</td>
</tr>
<tr>
<td>Anuj Hospital</td>
<td>No.2159-2161, Near Old Market, Old Faridabad, Sector 16, Faridabad-121002, Haryana</td>
</tr>
<tr>
<td>Gupta Nursing Home</td>
<td>House No: 160, Sector 16-A, Near Capital Bus Stand, Sector 16, Faridabad-121002, Haryana</td>
</tr>
<tr>
<td>Sirohi Medical Centre Pvt.Ltd.</td>
<td>Clinic Plot No.48&amp;5, Sector 3, Faridabad-121004, Haryana</td>
</tr>
<tr>
<td>Hospital Name</td>
<td>Address</td>
</tr>
<tr>
<td>---------------</td>
<td>---------</td>
</tr>
<tr>
<td>Mohan Eye Institute</td>
<td>11-B,Ganga Ram Hospital Marg, Old Rajendra Nagar,New Delhi-110060,Delhi</td>
</tr>
<tr>
<td>EYE Q Super Speciality Eye Hospital</td>
<td>4306, DLF Phase 4,Saraswati Vihar,Gurgaon-122002,Harayana</td>
</tr>
<tr>
<td>Ayushman Hospital</td>
<td>Plot-No 2, H.L.Galleria,sector 12,Dwarka, New Delhi-110075,Delhi</td>
</tr>
<tr>
<td>Santom Hospital Pvt. Ltd.</td>
<td>D-5-6,Outer Ring Road, Prashant Vihar,New Delhi-110085,Delhi</td>
</tr>
<tr>
<td>Aastha Eye Centre</td>
<td>No.5-R/5, Behind Neelam Petrol Pump,New Industrial Township, Faridabad-121001,Haryana</td>
</tr>
<tr>
<td>Surya Ortho &amp; Trauma Centre</td>
<td>No.5,R/5, New Industrial Township 1,Faridabad-121001,Haryana</td>
</tr>
<tr>
<td>Aar Pee Hospital</td>
<td>1276-P, Near Barkal Chowk, Sector 28, Faridabad-121008,Haryana</td>
</tr>
<tr>
<td>Perfect Wellness Pvt. Ltd. Eye Centre</td>
<td>Plot No.7, Sector 27 A, Main Mathura Road, Near Badkhal Road, Sector 27A, Faridabad-121011,Haryana</td>
</tr>
<tr>
<td>Dr Nand Lal Sharma Memorial Hospital</td>
<td>701, Sector-8, Sector 6, Faridabad-121006,Haryana</td>
</tr>
<tr>
<td>Eye Care Centre</td>
<td>1368-B, 14/15, Dividing Road, Sector 14, Faridabad-121007,Haryana</td>
</tr>
<tr>
<td>Vision Eye Centre</td>
<td>No.12/27, Near Arya Samaj Mandir, Patel Nagar, New Delhi-110008,Delhi</td>
</tr>
<tr>
<td>Ahuja Laser Eye Centre</td>
<td>No.212, Paramanand Colony, GTB Nagar, New Delhi-110009,Delhi</td>
</tr>
<tr>
<td>Vasan Eye Care Hospital</td>
<td>No.36-B, Parvetha Tower, Pusa Road, Opposite Metro Pillar No.125, Karol Bagh, New Delhi-110006,Delhi</td>
</tr>
<tr>
<td>Sumitra Hospital</td>
<td>A-119A, Near Prakash Hospital, Sector 35, Noida-201301, Uttar Pradesh</td>
</tr>
<tr>
<td>Maharaja Agrasen Hospital</td>
<td>N.H.-10, West Punjabi Bagh, Punjabi Bagh, New Delhi-110026,Delhi</td>
</tr>
<tr>
<td>EYE Q Hospital - M.G. Road</td>
<td>E-1,Kiran Garden, Uttam Nagar,New Delhi-110059,Delhi</td>
</tr>
<tr>
<td>Sarvodaya Hospital And Research Centre</td>
<td>Sector-8, YMCA Road, Near E.S.I. Hospital, Sector 8, Faridabad-121002, Haryana</td>
</tr>
<tr>
<td>Ashok Hospital</td>
<td>No.90/43, Opposite Green Fields School, Malviya Nagar, New Delhi-110017,Delhi</td>
</tr>
<tr>
<td>Holy Family Hospital</td>
<td>Okhla Road, Okhla Vihar, New Delhi-110025,Delhi</td>
</tr>
<tr>
<td>Mata Chanak Devi Hospital</td>
<td>C-1, Janakpuri, Rajouri Garden, New Delhi-110058,Delhi</td>
</tr>
<tr>
<td>Rescue Hospital India Pvt. Ltd.</td>
<td>S-5, Vishwas Park, Behind Sector-3 Petrol Pump, Dwarka, New Delhi-110059,Delhi</td>
</tr>
<tr>
<td>Drishti Eye Centre</td>
<td>20-21, Fruit Garden, New Industrial Township 1, Faridabad-121001,Haryana</td>
</tr>
<tr>
<td>Mahindru Hospital</td>
<td>E-1, Kiran Garden, Uttam Nagar, New Delhi-110059,Delhi</td>
</tr>
<tr>
<td>Vasan Eye Care Hospital</td>
<td>A-120, Janakpuri, New Delhi-110058, Delhi</td>
</tr>
<tr>
<td>Visitech Eye Hospital</td>
<td>R-13, Greater Kailash 1, New Delhi-110048, Delhi</td>
</tr>
<tr>
<td>Bhagat Hospitals Pvt Ltd</td>
<td>D-2,48/49, Janakpuri, New Delhi-110058, Delhi</td>
</tr>
<tr>
<td>Rockland Hospitals Ltd</td>
<td>H.A.F, Pocket-8, Sector-12, Dwarka, New Delhi-110075, Delhi</td>
</tr>
<tr>
<td>Vasan Eye Care Hospital</td>
<td>F.14, Opposite Metro Pillar No. 94, Near Metro Station Gate No. 2, Preet Vihar, New Delhi-110092, Delhi</td>
</tr>
<tr>
<td>Vasan Eye Care Hospital</td>
<td>Plot 500, Opp metro pillar 345, Pitampura, New Delhi-110034, Delhi</td>
</tr>
<tr>
<td>Vasan Eye Care Hospital</td>
<td>Sce-379 &amp; 380, Sector 29, Near Ifoce Chowk, Gurgaon-Gurgaon-122001, Haryana</td>
</tr>
<tr>
<td>Pushpanjali Medical Centre</td>
<td>A-15, Pushpanjali, Vikas Marg Ext, Preet Vihar, New Delhi-110092, Delhi</td>
</tr>
<tr>
<td>Vasan Eye Care Hospital</td>
<td>E-16, Greater Kailash-1, Opposite HSBC Bank, Greater Kailash, New Delhi-110048, Delhi</td>
</tr>
<tr>
<td>Karuna Hospital</td>
<td>D-62, Dilshad Colony, New Delhi-110095, Delhi</td>
</tr>
<tr>
<td>Kalash Healthcare Ltd</td>
<td>H-33, Sector 27, Noida, Noida-201301, Uttar Pradesh</td>
</tr>
<tr>
<td>Eye Health Clinic</td>
<td>E-1, Sector 61, Noida, Noida-201307, Uttar Pradesh</td>
</tr>
<tr>
<td>Deepak Memorial Hospital</td>
<td>5, Institutional Area, Vikas Marg Ext - I, Vikas Marg, New Delhi-110092, Delhi</td>
</tr>
<tr>
<td>Krishna Hospital &amp; Trauma Centre</td>
<td>J 85, Patel Nagar - 1, Ghaziabad, Ghaziabad-201001, Uttar Pradesh</td>
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<tr>
<td>Mahajan Eye Centre</td>
<td>AD-210A, Outer Ring Road, Pitampura, New Delhi-110034, Delhi</td>
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<tr>
<td>Kalash Hospitals Ltd</td>
<td>23 KP-1, Greater Noida, Noida-201308, Uttar Pradesh</td>
</tr>
<tr>
<td>Eternity Hospital</td>
<td>914, Niti Khand - I, Indirapuram, Ghaziabad-201014, Uttar Pradesh</td>
</tr>
<tr>
<td>Sodhi Nursing Home and ENT Hospital</td>
<td>455, Bhera Enclave, Paschim Vihar, New Delhi-110087, Delhi</td>
</tr>
<tr>
<td>Sarvodaya Hospital &amp; Research Centre</td>
<td>KJ-7, Kavi Nagar, Ghaziabad-201002, Uttar Pradesh</td>
</tr>
<tr>
<td>Dr. Shroff's Charity Eye Hospital</td>
<td>5027, Kedarnath Road, Daryaganj, New Delhi-110002, Delhi</td>
</tr>
<tr>
<td>Sarvodaya Superspeciality Hospital and Heart Centre</td>
<td>D-3, Kavi Nagar, Ghaziabad-201002, Uttar Pradesh</td>
</tr>
<tr>
<td>Medichat Hospital</td>
<td>1-C, 76&amp;73, Near IOB Bank, NIT, Faridabad-121001, Haryana</td>
</tr>
<tr>
<td>EYE Q Super Speciality Eye Hospital</td>
<td>Sheetla Hospital, New Railway Road, Gurgaon- 122001, Haryana</td>
</tr>
<tr>
<td>EYE Q Super Speciality Eye Hospital</td>
<td>Basement &amp; 1st Floor, NS-3 AD Block, East of Shalimar Bagh, New Delhi-110088, Delhi</td>
</tr>
<tr>
<td>Hospital Name</td>
<td>Address</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Vasan Eye Care Hospital</td>
<td>No.205-4C,4th Cross,3rd Block, H.R.B.R.Layout,Next To Hennur Bus Depo, Banaswadi Bangalore - 560043 Karnataka</td>
</tr>
<tr>
<td>Vagus Super Speciality Hospital Pvt Ltd</td>
<td># 6,7&amp;8,4th Main, 8th Cross, Malleshwaram Bangalore -560003 Karnataka</td>
</tr>
<tr>
<td>Unity Life Line Hospital India Pvt. Ltd.</td>
<td>No.-193,2nd Block,2nd Stage, 0 Nagarbhavi Bangalore -560072 Karnataka</td>
</tr>
<tr>
<td>Trinity Hospital And Heart Foundation</td>
<td>No.27,Sri Ram Mandir Road, Near R.V,Teacher’s College Circle, Basavanagudi Bangalore -560004 Karnataka</td>
</tr>
<tr>
<td>The Pulse Multispeciality Hospital</td>
<td>5/8/1,20th Main Road, 50 ft Road,Muneshwara Block, Girinagar Bangalore -560085 Karnataka</td>
</tr>
<tr>
<td>Tamara Hospital &amp; IVF Centre</td>
<td>No. 34/3,10th Cross, 1st ‘N’ Block, Rajajinagar, Bangalore Bangalore -560010 Karnataka</td>
</tr>
<tr>
<td>Syamala Hospital</td>
<td># 17/4, Cambridge Road, Halasur Bangalore -560008 Karnataka</td>
</tr>
<tr>
<td>Sundar Hospital</td>
<td>182, Hennur Road Cross, Lingarapuram Bangalore -560084 Karnataka</td>
</tr>
<tr>
<td>Sumathi Nursing &amp; Maternity Home</td>
<td>426/12, 2nd Cross, Mathikere Lay-out Bangalore -560054 Karnataka</td>
</tr>
<tr>
<td>Suguna Narayana Heart Centre</td>
<td>1A/87,Dr Rajkumar Road, 4th N Block, Rajajinagar Bangalore -560010 Karnataka</td>
</tr>
<tr>
<td>St. Thereseas Hospital</td>
<td>Dr. Rajkumar Road, 1st Block, Rajajinagar Bangalore -560010 Karnataka</td>
</tr>
<tr>
<td>Sridevi Nursing Home</td>
<td>#726,23rd Cross, BSK 2nd Stage,KR Road,Behind Upahara Sagar, Bangalore Bangalore -560070 Karnataka</td>
</tr>
<tr>
<td>Sri Vinayaka Multi Speciality Hospital &amp; Trauma Centre</td>
<td>Mylanahalli, B.K. Halli Post, Jala Hobli Bangalore -562149 Karnataka</td>
</tr>
<tr>
<td>Sri Sai Ram Hospital</td>
<td>#6JC Industrial Area, Yelechenahalli Near Metro,Kanakapura Main Road, Bangalore Bangalore -560060 Karnataka</td>
</tr>
<tr>
<td>Sri Sai Northside Hospital</td>
<td>No.8, G Block,60 Feet Road, Sahakaranagar Bangalore -560092 Karnataka</td>
</tr>
<tr>
<td>Sri Sai Krupa Hospital</td>
<td>19/A, Mathikere Main Road, Opp. LIC Bangalore -560054 Karnataka</td>
</tr>
<tr>
<td>Sri Ram Hospital</td>
<td>No. 107/2,Nishvasaha Centre, Opp. Traffic police,Old Madras Road, K. R. Puram Bangalore -560036 Karnataka</td>
</tr>
<tr>
<td>Sri Lakshmi Multispeciality Hospital</td>
<td># 127/1,Sri Gandhada Kaval, Magadi Main Road, Sunkadakatte Bangalore -560091 Karnataka</td>
</tr>
<tr>
<td>Sri Kanchi kamakoti Medical Trust - Sankara Eye Hospital</td>
<td>Vathur Main Road, Kundalahalli Gate, Bangalore Bangalore -560037 Karnataka</td>
</tr>
<tr>
<td>Premier Sanjeevini Hospital</td>
<td>No.6/2,NH4, 0 Dasarahalli Bangalore -560057 Karnataka</td>
</tr>
<tr>
<td>Prashanth Hospital</td>
<td>No.90,D, Hosur Main Road, Bommanahalli Circle, Hosur Bangalore -560068 Karnataka</td>
</tr>
<tr>
<td>Pragathi Nursing Home</td>
<td>674/A,10th Cross, 5th Main II Stage,West Of Chord Road, Bangalore Bangalore -560086 Karnataka</td>
</tr>
<tr>
<td>Panacea Hospital Pvt. Ltd.</td>
<td>No.334, 8th Main,3rd Stage,4th Block, Basaveshwaranagar Bangalore -560079 Karnataka</td>
</tr>
<tr>
<td>P.D.Hinduja Sindi Hospital</td>
<td>S.R.Nagar, 0 Sampangiiram Nagar Bangalore -560027 Karnataka</td>
</tr>
<tr>
<td>Om Shakti Hospital</td>
<td>#1 &amp; 2, Balaji Homes, 1st Main Kempegowda International Airport Road, Bagalur Cross,Yelahanka, Anand Nagar Bangalore -560063 Karnataka</td>
</tr>
<tr>
<td>NRR Hospital</td>
<td>No.33/3A,Heesaraghatta Main Road, Chikkabanavara, Chikkasendra Bangalore -560090 Karnataka</td>
</tr>
<tr>
<td>NMPC Health Care Pvt Ltd</td>
<td>No.66, 9th Main Road, Jayaram Reddy Layout,Horamavu Main Road, Banaswadi Bangalore -560043 Karnataka</td>
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</tbody>
</table>
ANNEXURE I /hyphen.case LIST OF DAY CARE SURGERIES

356. SURGERY FOR MENISCUS TEAR
353. LASER PHOTOCOAGULATION TO TREAT RATINAL TEAR
350. ANTERIOR CHAMBER PARACENTESIS/
347. CORRECTION OF EYELID PTOSIS BY LEVATOR PALPEBRAE SUPERIORIS
345. REMOVAL OF A FOREIGN BODY FROM THE POSTERIOR CHAMBER OF
342. OPERATIONS FOR PTERYGIUM
341. INCISION OF THE CORNEA
339. REMOVAL OF A FOREIGN BODY FROM THE CONJUNCTIVA
335. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE EYELID
334. INCISION OF DISEASED EYELIDS
332. INCISION OF TEAR GLANDS
331. SURGERY FOR CATARACT
330. OTHER OPERATIONS ON THE TONGUE
329. EXTRACORPOREAL IRRADIATION TO THE HOMOLOGOUS BONE GRAFTS
327. VMAT-VOLUMETRIC MODULATED ARC THERAPY
326. IGRT- IMAGE GUIDED RADIOTHERAPY
219. UTERINE ARTERY EMBOLIZATION
218. LAPAROSCOPIC PARAOVARIAN CYST EXCISION
217. VULVAL WART EXCISION
215. POLYPECTOMY CERVIX
213. LLETZ
211. HYSTEROSCOPIC ADHESIOLYSIS
210. INCISION OF VULVA
209. INCISION OF VAGINA

Hospital Name | Address |
--- | --- |
New Akshay Mallya Hospital | #93/1,565, Srinivasa Complex,Varthur Main Road, Marathahalli Main Road Bangalore -560037 Karnataka |
Neighbourhood Hospital Pvt Ltd | #9,WGBCS, Near Brigade Millinium,Kothur Main Road,7th Phase, J.P Nagar Bangalore -560078 Karnataka |
Neha Prakash Hospital | No.8 V Phase,6th Cross, New Town, Yelahanka Bangalore -560064 Karnataka |
Narayana Hrudayalaya | No.258/A,Bommasandra Industrial Area, Anekal Taluk, Bommasandra Bangalore -560099 Karnataka |
Hospital Name | Address |
Namratha Nursing & Maternity Home | No.158,6th Main,2nd phase, West of Chord Road,2nd Stage, Bangalore Bangalore -560086 Karnataka |
N.D. R Hospital | #2118,MIG House,12th Main ‘B Sector’, Behind Shanthi Sagar,Near Mother Dairy Circle,Yelahanka New Town, Bangalore Bangalore -560106 Karnataka |
MGMI Hospitals India Pvt Ltd | S/2,13th Cross, Hosur Road,Neat Brand Factory, Wilson Garden Bangalore -560027 Karnataka |
Mediscope Hospital | No.11, 3rd Stage,Pillanna Garden,Kadugondana Halli Stage 1, Kadugondana Halli Bangalore -560045 Karnataka |
Manjusree Hospital | #91, Kavalbyrasandra,R.T Nagar Post, Bangalore Bangalore -560032 Karnataka |
Manjunatha Maternity Home & Surgical Centre | 90/1, West Park Road, Between 17th & 18th Cross, Malleshwaram Bangalore -560055 Karnataka |
Manasa Hospital | G. Chandrananna Building, Devanahalli Old Bus Stop, Devanahalli Bangalore -562110 Karnataka |
Manasa Hospital | No. 107, 6th Main, 2nd Cross, Vijayanagar Bangalore -560040 Karnataka |
Manasa Hospital | #189, Shiva Complex, M Dalapalya, Near Vijaya Bank, Shivanand Nagar Bangalore -560072 Karnataka |
Mallya Hospital | #2, Vittal Mallya Road, Bangalore Bangalore -560001 Karnataka |
Maharaja Agrasen Hospital | 15Th Main Road,Bashankkari, 17th Cross,2nd Stage, Padmanabhnagar Bangalore -560070 Karnataka |
Mahanth Hospital | No.8,1st Cross, N.G.R Layout,Roopena Agraha, Bangalore Bangalore -560068 Karnataka |
Live 100 Hospital Pvt. Ltd. | 104/1, Hosur Main Road, Singasandra Bangalore -560068 Karnataka |
Lakshmi Hospital | 2nd Cross, Judges Colony, Ganga Nagar Bangalore -560006 Karnataka |
Kaveri Specialty Hospital | 15/2,4th Cross, Hosur Main Road, Madivala Bangalore -560068 Karnataka |
<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cloudnine - KIDS Clinic India Pvt. Ltd.</td>
<td># 47, 17th Cross,11th Main, Malleshwaram Bangalore -560055 Karnataka</td>
</tr>
<tr>
<td>Chinmaya Narayan Hrudayalaya</td>
<td>CMH Complex, CMH Road, Indiranagar Bangalore -560038 Karnataka</td>
</tr>
<tr>
<td>Chinmaya Mission Hospital</td>
<td>1/1, CMH Road, Indiranagar Bangalore -560038 Karnataka</td>
</tr>
<tr>
<td>Chaya Hospital</td>
<td>No.66-335,4th Main Road, 6th Cross, O.M.B.R.Layout,HRBR Layout Block 1, Kalyan Nagar Bangalore -560043 Karnataka</td>
</tr>
<tr>
<td>Chaitanya Hospital</td>
<td>No.80, 3rd Cross, P &amp; T Colony, RT Nagar Bangalore -560032 Karnataka</td>
</tr>
<tr>
<td>C.R Medical Centre</td>
<td>#6/2, Brigade Champak,Union Street,Infantry Road, Bangalore Bangalore -560001 Karnataka</td>
</tr>
<tr>
<td>Blossom Multispeciality Hospitals &amp; Day Care Centre Pvt Ltd</td>
<td># 1141,BMS Plaza, Mangammanapalya Main Road, Bommanahalli Bangalore -560068 Karnataka</td>
</tr>
<tr>
<td>Blossom Multispeciality Hospitals &amp; Day Care Centre Pvt Ltd</td>
<td>#1023, Post-Singsasandra,Hosa Road, Channakeshavanagar Bangalore -560100 Karnataka</td>
</tr>
<tr>
<td>Bliva Hospital</td>
<td>#21-22, 2nd Main Road,Palace Guttahalli, Bangalore Bangalore -560003 Karnataka</td>
</tr>
<tr>
<td>Bhaanu Nursing Home</td>
<td>69/98,Hosur Main Road, Near Central Silk Board, Bommanahalli Bangalore -560068 Karnataka</td>
</tr>
<tr>
<td>Bellevues Cambridge Hospital</td>
<td>No 18/17, Cambridge Road, Ulsoor Bangalore -560008 Karnataka</td>
</tr>
<tr>
<td>Beams Hospitals Pvt Ltd</td>
<td>640,12th main, 80 Ft, Road,4th Block, Koramangala Bangalore -560034 Karnataka</td>
</tr>
<tr>
<td>Axon Speciality Hospital-Unit Of Sapna Medical Sciences Ltd</td>
<td>Building No.321, 6th Main,Hal 2nd Stage, Indiranagar Bangalore -560038 Karnataka</td>
</tr>
<tr>
<td>Abhaya Hospital</td>
<td>No.17,Dr,M.H,Mari Gowda,Hosur Road,Opposite Park Area,Raja Ram Mohan Roy Extension Wilson Garden Bangalore Bangalore -560027 Karnataka</td>
</tr>
<tr>
<td>Raksha Multispecificity Hospital</td>
<td>No.141/142,1st Main, Krishnanandnagar, KBH Colony, Police Quarters, Nandini Layout, Bangalore – 560096 Karnataka</td>
</tr>
<tr>
<td>St. Johns Medical College Hospital</td>
<td>John Nagar, Sarjapur Road, Koramangala, Bangalore – 560034 Karnataka</td>
</tr>
<tr>
<td>Vasan Eye Care Hospital</td>
<td>No.897/C,80 Feet Road,6th Block, Opposite I.B.L.Petrol Bunk, Koramangala Bangalore -560095 Karnataka</td>
</tr>
<tr>
<td>Vasan Eye Care Hospital</td>
<td>No.28&amp;29,7th Main, Diagonal Road,4th Block, Jayanagar Bangalore -560011 Karnataka</td>
</tr>
<tr>
<td>Vasan Eye Care Hospital</td>
<td>No.25/5-D, Outer Ring Road, Marathalli, Bangalore -560037 Karnataka</td>
</tr>
<tr>
<td>Vasan Eye Care Hospital</td>
<td>No.483,16th Cross, 8th Main Road, Rajarajeshwari Nagar Bangalore -560098 Karnataka</td>
</tr>
<tr>
<td>Vasan Eye Care Hospital</td>
<td>No-533,108b Circle, Vijayalakshmi Arcade,Ganga Nagar Bus Stand, R. T. Nagar Bangalore -560032 Karnataka</td>
</tr>
<tr>
<td>Vasan Eye Care Hospital</td>
<td>1127/A,7th Sector, Near BDA Complex, HSR Layout Bangalore -560102 Karnataka</td>
</tr>
</tbody>
</table>

*Note: For an updated list of Hospitals, please visit the Company’s website www.religarehealthinsurance.com*