



Policy Terms and Conditions

I. Definitions

For the purposes of interpretation and understanding of this Policy the Company has defined, below some of the important words used in this Policy. Words not defined below are to be construed in the usual English language meaning as contained in standard English language dictionaries. The words and expressions defined in the Insurance Act, IRDA Act, regulations notified by the Insurance Regulatory and Development Authority ("Authority") and circulars and guidelines issued by the Authority shall carry the meanings described therein. The terms and conditions, insurance coverage and exclusions, other benefits, various procedures and conditions which have been built in to the Policy are to be construed in accordance with the applicable provisions contained in the Policy.

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same and vice versa.

- 1.1 Accident/Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 1.2 Acute condition** is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
- 1.3 Age** means the completed age of the Insured Person as on his last birthday.
- 1.4 Alternative treatments** are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.
- 1.5 Ambulance** means a road vehicle operated by a licensed/authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
- 1.6 Annexure** means a document attached and marked as an Annexure to this Policy.
- 1.7 Any One Illness** means a continuous period of Illness and it includes relapse within 45 days from the date of last consultation with the Hospital/nursing home where the treatment may have been taken.
- 1.8 Break in Policy** means the end of the existing policy period, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.
- 1.9 Cashless Facility** means a facility extended by the Company to the Insured Person where the payments, of the costs of treatment undergone by the Insured Person in accordance with the Policy terms and conditions, are directly made to the Network Provider by the Company to the extent pre-authorization approved.
- 1.10 Chronic Condition** means defined as a disease, illness, or injury that has one or more of the following characteristics:
 - i. It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests;
 - ii. It needs ongoing or long-term control or relief of symptoms;
 - iii. It requires the Insured Person's rehabilitation or for the Insured Person to be specially trained to cope with it;
 - iv. It continues indefinitely;
 - v. It comes back or is likely to come back.
- 1.11 Claim** means a demand made in accordance with the terms and conditions of the Policy for payment of the specified Benefits in respect of the Insured Person.
- 1.12 Company** means Religare Health Insurance Company Limited.
- 1.13 Condition Precedent** means a Policy term or condition upon which the Company's liability under the Policy is conditional upon.
- 1.14 Congenital Anomaly** means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
- 1.15 Contribution** means essentially the right of the Company to call upon other insurers, liable to the same Insured Person, to share the cost of an indemnity claim on a ratable proportion of sum insured.
- 1.16 Co-Payment** means a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.
- 1.17 Cumulative Bonus** shall mean any increase in the Sum Insured granted by the insurer without an associated increase in premium.
- 1.18 Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup within a Hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner AND must comply

with all minimum criteria as under -

- i. has qualified nursing staff under its employment;
- ii. has qualified Medical Practitioner/s in charge;
- iii. has a fully equipped operation theatre of its own where surgical procedures are carried out;
- iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

1.19 Day Care Treatment means medical treatment and/or a surgical procedure as specified under Annexure I which is:

- i. undertaken under general or local anesthesia in a Hospital/Day Care Center in less than 24 hours because of technological advancement, and
- ii. which would have otherwise required Hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

1.20 Deductible means a cost-sharing requirement under a health insurance policy that provides that the Company will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

1.21 Dental Treatment is carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.

1.22 Dependent Child refers to a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his/her independent sources of income.

1.23 Disclosure to Information Norm: The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

1.24 Domiciliary Hospitalization means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:

- i. The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
- ii. The patient takes treatment at home on account of non-availability of room in a Hospital.

1.25 Emergency Care (Emergency) means a medical condition arising out of any Illness or Injury contracted by the Insured Person and declared and certified by the Medical Practitioner, attending to the Insured Person, that immediate treatment is required to save the life of the Insured Person.

1.26 Grace Period means the specified period of time immediately following the premium due date during which payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-existing Diseases. Coverage is not available for the period for which no premium is received.

1.27 Hazardous Activities means any sport or activity, which is potentially dangerous to the Insured Person whether he is trained or not. Such sport/activity includes stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/ obstacle riding, bobsleighbing/ using skeletons, bouldering, boxing, canyoning, caving/ pot holing, cave tubing, rock climbing/ trekking/ mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labor, marathon running, martial arts, micro – lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/ parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting or wrestling of any type.

1.28 Hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- i. has qualified nursing staff under its employment round the clock;
- ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;

- iii. has qualified Medical Practitioner(s) in charge round the clock;
- iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
- v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

- 1.29 Hospitalization** means admission in a Hospital for a minimum period of 24 Inpatient Care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.
- 1.30 Illness** means a sickness or a disease or a pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
- 1.31 Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- 1.32 In-patient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- 1.33 Insured Person** means a person whose name specifically appears under Insured in the Policy Certificate and with respect to whom the premium has been received by the Company.
- 1.34 Intensive Care Unit (ICU)** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- 1.35 Maternity expenses** shall include -
- i. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).
 - ii. expenses towards lawful medical termination of pregnancy during the policy period.
- 1.36 Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
- 1.37 Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner; as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.
- 1.38 Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.
- 1.39 Medically Necessary** means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:
- i. Is required for the medical management of the Illness or Injury suffered by the Insured Person;
 - ii. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - iii. Must have been prescribed by a Medical Practitioner;
 - iv. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 1.40 Newborn baby** means baby born during the Policy Period and is aged between 1 day and 90 days, both days inclusive.
- 1.41 Network Provider** means the Hospitals or health care providers enlisted by the Company to provide medical services to an Insured Person on payment by a Cashless Facility.
- 1.42 Non-Network** means any hospital, day care centre or other provider that is not part of the network.
- 1.43 Notification of Claim** means the process of notifying a Claim to the Company by specifying the timelines as well as the address/telephone number to which it should be notified.
- 1.44 OPD Treatment** means one in which the Insured Person visits a clinic/Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured Person is not admitted as a day care or In-patient.
- 1.45 Policy** means these Policy terms and conditions and Annexures thereto, the Proposal Form, Policy Certificate and Optional Cover (if applicable) which form part of the Policy and shall be read together.

- 1.46 Policy Certificate** means the certificate attached to and forming part of this Policy.
- 1.47 Policyholder** means the person named in the Policy Certificate as the Policyholder.
- 1.48 Policy Period** means the period commencing from the Policy Period Start Date and ending on the Policy Period End Date as specified in the Policy Certificate.
- 1.49 Policy Period End Date** means the date on which the Policy expires, as specified in the Policy Certificate.
- 1.50 Policy Period Start Date** means the date on which the Policy commences, as specified in the Policy Certificate.
- 1.51 Policy Year** means a period of 12 consecutive months commencing from the Policy Period Start Date or any anniversary thereof.
- 1.52 Portability** means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time bound exclusions if he/she chooses to switch from one insurer to another.
- 1.53 Post-hospitalization Medical Expenses** means Medical Expenses incurred immediately after the Insured Person is discharged from the Hospital provided that:
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required and
 - ii. The inpatient Hospitalization claim for such Hospitalization is admissible by the Company
- 1.54 Pre-existing Disease** means any condition, ailment or Injury or related condition(s) for which the Insured Person had signs or symptoms, and/or were diagnosed, and/or received Medical Advice/treatment within 24 months prior to the first Policy issued by the Company.
- 1.55 Pre-hospitalization Medical Expenses** means Medical Expenses incurred immediately before the Insured Person is Hospitalized, provided that:
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Company.
- 1.56 Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
- 1.57 Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness/ Injury involved.
- 1.58 Rehabilitation** means assisting an Insured Person who, following a Medical Condition, requires assistance in physical, vocational, independent living and educational pursuits to restore him to the position in which he was in, prior to such medical condition occurring.
- 1.59 Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the renewal continuous for the purpose of all waiting periods.
- 1.60 Room Rent** means the amount charged by a Hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated Medical Expenses.
- 1.61 Subrogation** means the right of the Company to assume the rights of the Policyholder/Insured Person to recover expenses paid out under the Policy that may be recovered from any other source.
- 1.62 Sum Insured** means the amount specified in the Policy Certificate which represents the Company's maximum, total and cumulative liability for in respect of the Insured Person for any and all Claims incurred during the Policy Year. If the Policy Period is more than 12 months, then it is clarified that the Sum Insured shall be applied separately for each Policy Year in the Policy Period.
- 1.63 Surgery/Surgical Procedure** means manual and/or operative procedure(s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or a Day Care Centre by a Medical Practitioner.
- 1.64 Unproven/Experimental Treatment** means a treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
- 1.65 Variable Medical Expenses** means those Medical Expenses as listed below which vary in accordance with the Room Rent or Room Category or ICU Charges applicable in a Hospital:
- (a) Room, boarding, nursing and operation theatre expenses as charged by the Hospital where the Insured Person availed medical treatment;
 - (b) Intensive Care Unit charges;
 - (c) Fees charged by surgeon, anesthetist, Medical Practitioner;
 - (d) Investigation expenses.

2. Benefits

General Conditions applicable to all Benefits:

- (a) Benefits shall be available only if the Benefit is specified to be applicable in the Policy Certificate.
- (b) Admissibility of a Claim under Benefit 1 is a pre-condition to the admission of a Claim for Benefit 2 to Benefit 5. The event giving rise to a Claim under Benefit 1 should occur within the Policy Period for the Claim to be accepted under Benefit 1 to Benefit 5 (as applicable).
- (c) Any Claim made under Benefit 1 shall always be subject to Clause 6.5.
- (d) Any Claim paid under Benefit 1, Benefit 4 to Benefit 6 or Benefit 8 shall reduce the Sum Insured for that Policy Year and only the balance Sum Insured after payment of the Claim amounts admitted shall be available for all future Claims arising in that Policy Year.
- (e) The maximum, total and cumulative liability of the Company in respect of an Insured Person for any and all Claims arising under this Policy during the Policy Year shall not exceed the Sum Insured for that Insured Person as specified in the Policy Certificate. All Claims shall be payable subject to the terms, conditions and exclusions of the Policy and subject to availability of the Sum Insured.
- (f) Co-payment is applicable on all the Benefits / Optional Covers except Benefit 2, Benefit 3, Benefit 5, Benefit 7, Benefit 9, Optional Cover 2 & Optional Cover 3.
- (g) Deductible is applicable on all the Benefits except Benefit 7 & Benefit 9.

2.1 Benefit 1 : Hospitalization Expenses

If an Insured Person(s) is diagnosed with an Illness or suffers an Injury which requires the Insured Person to be admitted in a Hospital in India during the Policy Period and while the Policy is in force for:

- (a) In-patient Care: The Company will indemnify the Insured Person(s) for Medical Expenses incurred on Hospitalization up-to the limits specified in the Schedule of Benefits provided that the Hospitalization is for a minimum period of 24 consecutive hours and was on the advice of a Medical Practitioner; and the Medical Expenses incurred are Reasonable and Customary Charges that were necessarily incurred.
- (b) Day Care Treatment: The Company will indemnify the Insured Person(s) for Medical Expenses incurred on Day Care Treatment up to the limits specified in the Schedule of Benefits provided that the period of treatment of the Insured Person in the Hospital/Day Care Center does not exceed 24 hours and the Day Care Treatment was taken on the advice of a Medical Practitioner; and the Medical Expenses incurred are Reasonable and Customary Charges that were necessarily incurred.
- (c) Conditions applicable for payment of Medical Expenses under Benefit 1
 - (i) Room, boarding and nursing expenses as charged by the Hospital where the Insured Person availed medical treatment (Room Rent / Room Category):
 - I. If the Insured Person is admitted in a Hospital room where the Room Rent incurred or the Room Category is different than the eligible Room Rent or Room Category specified for the Insured Person in the Policy Certificate, then the Policyholder/Insured Person shall bear the ratable proportion of the total Variable Medical Expenses (including applicable surcharge and taxes thereon) in the proportion of the difference between the Room Rent actually incurred and the Room Rent specified in the Policy Certificate or the Room Rent of the entitled Room Category to the Room Rent actually incurred.

The Room Rent/ Room Category applicable under this Policy is:
 - II. Room Rent = 1% of Benefit 1 Sum Insured as specified in the Schedule of Benefits per day of Hospitalization.

The Room Categories available under this Policy are as follows. The Policy Certificate will specify which Room Category is applicable for the Insured Person under the Policy:
 - III. Room Category 1 = Twin Sharing Room.

For the purposes of this Clause only, Twin Sharing Room means a Hospital room where at least two patients are accommodated at the same time. Such room shall be the most basic and the most economical of all accommodations available as twin sharing rooms in that Hospital.
 - IV. Room Category 2 = Single Private Room with A.C.

For the purpose of this Clause only, Single Private Room with A.C. means an air conditioned Hospital room where a single patient is accommodated and which has an attached toilet (lavatory and bath). Such room shall be the most basic and the most economical of all accommodations available as a single room in that Hospital.

(ii) Intensive Care Unit Charges (ICU Charges):

- I. If the Insured Person is admitted in an ICU where the ICU charges incurred are higher than the ICU Charges specified in the Policy Certificate then the Policyholder/Insured Person shall bear the ratable proportion of the Variable Medical Expenses (including applicable surcharge and taxes thereon) in the proportion of the difference between the ICU charges actually incurred and the ICU Charges specified in the Policy Certificate.

The ICU Charges available under this Policy are as follows. The Policy Certificate will specify which ICU Charges are applicable for the Insured Person under the Policy:
 - II. ICU Charges Option 1 = 2% of the Benefit 1 Sum Insured as specified in the Schedule of Benefits per day of Hospitalization.
 - III. ICU Charges Option 2 = no limit.
- ### (iii) Expenses incurred on treatment for Named Ailments / Procedures
- I. The Company will indemnify the Insured Person for Expenses incurred in respect of the below mentioned Ailments / Procedures up to the amount specified against each and every Ailment / Procedure mentioned in the Policy Certificate in a Policy Year; provided that the treatment was taken on the advice of a Medical Practitioner.
 - i. Treatment of Cataract
 - ii. Treatment of Total Knee Replacement
 - iii. Surgery for treatment of all types of Hernia
 - iv. Hysterectomy
 - v. Surgeries for Benign Prostate Hypertrophy (BPH)
 - vi. Surgical treatment of stones of renal system
 - vii. Treatment of Cerebrovascular and Cardiovascular disorders
 - viii. Treatments/Surgeries for Cancer
 - ix. Treatment of other renal complications and Disorders
 - x. Treatment for breakage of bones

Claims under this Benefit must be made in accordance with the procedure and other requirements specified in Clause 6.2(a) and (b).

2.2 Benefit 2 : Consumable Allowance

- (a) The Company will pay the amount specified against this Benefit in the Schedule of Benefits for each continuous and completed period of 24 hours of Hospitalization of the Insured Person, provided that:
 - i. The Hospitalization is only for In-patient Care for the Insured Person; and
 - ii. The Company shall not be liable to make payment under this Benefit for the first 3 consecutive days of Hospitalization; and
 - iii. The Company shall not be liable to make payment under this Benefit for more than 7 consecutive days of Hospitalization for each period of Hospitalization arising from Any One Illness or Accident; and
- (b) Claims under this Benefit must be made in accordance with the procedure and other requirements specified in Clause 6.2(b).

2.3 Benefit 3 : Companion Benefit

- (a) The Company will pay the amount specified against this Benefit in the Schedule of Benefits if the Insured Person has been Hospitalized for at least 10 consecutive days for Any One Illness or Accident provided that:
 - i. The Hospitalization is only for In-patient Care for the Insured Person; and
 - ii. The Company shall not be liable to make payment under this Benefit more than once in a Policy Year.

2.4 Benefit 4 : Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses

- (a) The Company will indemnify the Medical Expenses up to the amount specified against this Benefit in the Schedule of Benefits provided that is incurred for the Insured Person:
 - i. As Pre-hospitalization Medical Expenses immediately prior to the date of the Insured Person's admission to the Hospital provided that the Company shall not be liable to make payment for any Pre-hospitalization Medical Expenses that were incurred before the Policy Start Date; and
 - ii. As Post-hospitalization Medical Expenses immediately following the date of the Insured Person's discharge from Hospital provided that the Company shall not be liable to make payment for any Post-hospitalization Medical Expenses that were incurred 30 days or more after the Policy End Date

Provided that the Medical Expenses relate to the Illness/Injury for which the Company has accepted the Insured Person's Claim.

- (b) If the provisions of Clause 6.6(d) is applicable to a Claim, then:
- i. The date of admission to Hospital for the purpose of this Benefit shall be the date of the first admission to the Hospital for the Illness deemed to be Any One Illness; and
 - ii. The date of discharge from Hospital for the purpose of this Benefit shall be the last date of discharge from the Hospital in relation to the Illness deemed to be Any One Illness.
 - iii. The date of admission to Hospital for the purpose of this Benefit shall be the date of the first admission to the Hospital for the Injury.
 - iv. The date of discharge from Hospital for the purpose of this Benefit shall be the last date of discharge from the Hospital in relation to the Injury.
- (c) Claims under this Benefit must be made in accordance with the procedure and other requirements specified in Clause 6.2(b).

2.5 Benefit 5 : Ambulance Cover

- (a) The Company will indemnify up to the amount specified against this Benefit in the Schedule of Benefits, for the Reasonable and Customary Charges necessarily incurred on availing Ambulance services offered by a Hospital or by an Ambulance service provider for the Insured Person's necessary transportation to the nearest Hospital following an Emergency provided that the necessity of the Ambulance transportation is certified by the treating Medical Practitioner.
- (b) Claims under this Benefit must be made in accordance with the procedure and other requirements specified in Clause 6.2(a) and (b).

2.6 Benefit 6 : Domiciliary Hospitalization

- (a) The Company will indemnify for the Medical Expenses incurred for Domiciliary Hospitalization of the Insured Person up to 10% of the Sum Insured, provided that:
- i. The Domiciliary Hospitalization continues for a period exceeding 3 consecutive days.
 - ii. The Medical Expenses are incurred during the Policy Year.
 - iii. The Medical Expenses are Reasonable and Customary Charges which are necessarily incurred.
 - iv. Any Medical Expenses incurred under Benefit 4 shall not be payable under this Benefit.
 - v. 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 Insipidus;
 - VI. Epilepsy;
 - VII. Hypertension;
 - VIII. Influenza, cough or cold;
 - IX. All Psychiatric or Psychosomatic Disorders;
 - X. Pyrexia of unknown origin;
 - XI. Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis;
 - XII. Arthritis, Gout and Rheumatism.
- (b) Claims under this Benefit must be made in accordance with the procedure and other requirements specified in Clause 6.2 (b).

2.7 Benefit 7 : Recharge of Sum Insured

- (a) If a Claim is payable under the Policy, then the Company agrees to automatically make the re-instatement of up to the Sum Insured for that Policy Year only provided that:
- i. The Recharge shall be utilized only after the Sum Insured has been completely exhausted in that Policy Year.
 - ii. A Claim will be admissible under the Recharge only if the Claim is admissible under the Benefit I.
 - iii. The Recharge shall be available only for all future Claims and not in relation to any Illness or Injury for which a Claim has already been admitted for that Insured Person during that Policy Year.
 - iv. The total amount of Recharge shall not exceed the Sum Insured for that Policy Year.

- v. Any unutilized Recharge cannot be carried forward to any subsequent Policy Year.
- vi. If the Policy is issued on a Floater basis, then the Recharge will also be available only on Floater basis.
- vii. For any single Claim during a Policy Year the maximum Claim amount payable shall be the Sum Insured or the per claim limit as per Clause 2.1(c)(v), whichever is lower.
- viii. During a Policy Year, the aggregate Claim amount payable, subject to admissibility of the Claim, shall not exceed the sum of:
 - I The Sum Insured
 - II Recharge of Sum Insured
- ix. The balance of the Recharge shall be available during the Policy Year till it is exhausted completely.
- x. In case of Portability, the credit for Sum Insured would be available only to the extent of the sum insured of the expiring policy, including the Recharge.
- xi. This Benefit is not applicable to Optional Covers.

- (b) Claims under this Benefit must be made in accordance with the procedure and other requirements specified in Clause 6.2(a) and (b).

2.8 Benefit 8 : Dialysis Cover

- (a) The Company will indemnify for the Medical Expenses incurred on dialysis up to the amount per sitting specified in the Schedule of Benefits provided that:
- i. The Medical Expenses are incurred during the Policy Year;
 - ii. We shall not be liable to make any payment in respect of Medical Expenses incurred on dialysis which relate to kidney disease which occurred and was diagnosed as a Chronic Condition prior to the Policy Start Date;
 - iii. We shall not be liable to make any payment under this Benefit for more than 24 consecutive months.
- (b) Claims under this Benefit must be made in accordance with the procedure and other requirements in Clause 6.2(a) and (b).

2.9 Benefit 9 : Annual Health Check-up

- (a) On the Insured Person's request, the Company will arrange for the Insured Person's Annual Health Check-up for the list of medical tests specified below at its Network Provider; provided that:
- i. This Benefit shall be available only to those Insured Persons who are Age 18 or above on the Policy Period Start Date; and
 - ii. If the Policy is a Floater policy then this Benefit shall not be available to any Insured Person who has been admitted under the Floater policy as a child of any other Insured Person; and
 - iii. This Benefit shall be available only once during a Policy Year.
- (b) Medical Tests covered in the Annual Health Check-up are as follows :-

Medical Tests
Complete Blood Count with ESR
Urine Routine
Blood Group
Fasting Blood Sugar
Lipid Profile
Kidney Function Test
ECG

- (c) Claims under this Benefit must be made in accordance with the procedure and other requirements specified in Clause 6.2(a).

The Policy provides the following Optional Covers. The Policy Certificate will specify the Optional Covers that are in force for the Insured Persons.

2.10 Optional Cover I – Good Health+

- (a) The Insured Person shall be entitled to avail up to 8 consultations with the Network Service Providers, up to the limit per consultation and the applicable Co-pay specified in the Policy Certificate.
- (b) The Insured Person shall be able to avail discounts at the pharmacies of the Network Service Providers and wellness centers empanelled with the Company. For an updated list of the Network Service Providers and wellness centres empanelled with the Company or the discounts available, please visit the Company's website.



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

2.11 Optional Cover 2 – Home Care

- (a) The Company will indemnify the Insured Person for the expenses incurred up to up to the limit of Rs. 1,000 per day towards the hiring of a Qualified Nurse with the purpose of providing necessary care and convenience to the Insured Person to perform his necessary daily activities, which facilitate his necessary activities of daily living and are recommended and certified by a Medical Practitioner to be necessary in writing, provided that:
 - i. The Company shall not be liable to make payment under this Benefit for the first day of hiring the Qualified Nurse in respect of an Illness/Injury;
 - ii. The Company shall not be liable to make payment under this Benefit for more than 7 consecutive days arising from Any One Illness or Injury; and
 - iii. The Company shall not be liable to make payment under this Benefit for more than 45 days per Policy Year.

2.12 Optional Cover 3 – Health Check+

- (a) Clause 2.9(b) of the Policy is deleted entirely and replaced with the following:
Medical Tests covered in the Annual Health Check-up are as follows if the Optional Cover is Diabetes Health Check – up in the Policy Certificate:-

Diabetes Health Check – up
Complete Blood Count with ESR
Urine RE
Blood Group
Fasting & PP Blood Sugar
TMT
Lipid Profile
Kidney Function test
Liver Function test
TSH
Medical Examination Report
Hb A 1 C
Urine for Micro Albuminuria
Hbs Ag

Medical Tests covered in the Annual Health Check-up are as follows if the Optional Cover is Cardiac Health Check – up in the Policy Certificate:-

Cardiac Health Check – up
Complete Blood Count with ESR
Urine RE
Blood Group
Fasting & PP Blood Sugar
TMT
Lipid Profile
Kidney Function test
Liver Function test
TSH
Medical Examination Report
Hbs Ag
Chest X Ray

3. Special Conditions

Special Conditions shall be applicable only if the Special Condition is specified to be applicable to the Insured Person in the Policy Certificate.

3.1 Special Condition 1 : Floater Cover

- (a) The Company's 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 Sum Insured.
- (b) Definition 1.62 is deleted entirely and replaced with the following:
Sum Insured: The amount specified in the Policy Certificate which represents the Company's maximum, total and cumulative liability for all Insured Persons for any and all Claims incurred during the Policy Year. If the Policy Period is more than 12 months, then it is clarified that the Sum Insured shall be applied separately for each Policy Year in the Policy Period.

3.2 Special Condition 2 : Co-payment

- (a) The Policyholder shall bear a Co-payment per Claim (as specified in the Policy Certificate) of the final amount admitted as payable by the Company in accordance with Clause 6.5 and the Company's liability shall be restricted to payment of the balance amount subject to the available Sum Insured.
- (b) The applicable Co-payment will increase by 10% per Claim in the Policy Year following the Insured Person (or eldest Insured Person in the case of a Floater cover) attaining Age 71. If an Insured Person (or eldest Insured Person in the case of a Floater cover) attains age 71 years during the Policy Period, additional 10% co payment will be applicable to the Policy only at the time of subsequent renewal.
- (c) However, if the age of the Insured Person or eldest Insured Person (in case of Floater) at the time of issue of the first Policy with the Company is 70 years or below, then the Insured Person has an option to waive the condition for the additional 10% Co-payment upon payment of extra premium in this regard.
- (d) The Co-payment shall be applicable to each and every Claim made, for each Insured Person.

4. Exclusions

4.1 Waiting Period:

- (a) 30-Day waiting period
 - (i) Claim for any Medical Expenses incurred for treatment of any Illness during the first 30 days from the Policy Period Start Date shall not be admissible, except those Medical Expenses incurred directly as a result of an Injury taking place within the Policy Period.
 - (ii) This exclusion shall not apply for subsequent Policy Years provided that there is no Break in Policy for that Insured Person and that the Policy has been renewed with the Company for that Insured Person within the Grace Period and for the same or lower Sum Insured.
- (b) Specific waiting period
 - (i) Any Claim for or arising out of any of the following Illnesses or Surgical Procedures shall not be admissible during the first 24 (twenty four) consecutive months of coverage of the Insured Person by the Company from the first Policy Period Start Date:
 - I Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism and Spinal Disorders, Joint Replacement Surgery;
 - II Surgical treatments for Benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to Adenoidectomy, Masteoidectomy, Tonsillectomy and Tympanoplasty), Nasal Septum Deviation, Sinusitis and related disorders;
 - III Benign Prostatic Hypertrophy;
 - IV Cataract;
 - V Dilatation and Curettage;
 - VI Fissure / Fistula in anus, Hemorrhoids / Piles, Pilonidal Sinus, Ulcers of Gastro Intestinal tract;
 - VII Surgery of Genito urinary system unless necessitated by malignancy;
 - VIII All types of Hernia, Hydrocele;
 - IX Hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy;
 - X Internal tumors, skin tumors, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant;
 - XI Kidney Stone / Ureteric Stone / Lithotripsy / Gall Bladder Stone;
 - XII Myomectomy for fibroids;

- XIII Varicose veins and varicose ulcers;
- XIV Pancreatitis;
- XV End stage liver disease;
- XVI Procedures for Retinal disorders;
- XVII Cerebrovascular accident;
- XVIII Renal Failure / End Stage Renal Disease;
- XIX Cardiomyopathies;
- XX Myocardial Infarction;
- XXI Heart Failure;
- XXII Arrhythmia / Heart blocks;
- XXIII All types of Cancer;
- XXIV Arthroscopic Knee Surgeries/ACL Reconstruction/Meniscal and Ligament Repair.

- (ii) If an Insured Person is suffering from any of the above Illnesses, conditions or Pre-existing Diseases at the time of commencement of first policy with the Company, any Claim in respect of that Illness, condition or Pre-existing Disease shall not be covered until the completion of 24 months of continuous insurance coverage with the Company from the first Policy Period Start Date.
- (c) Pre-existing Disease: Claims will not be admissible for any Medical Expenses incurred for Hospitalization in respect of diagnosis/treatment of any Pre-existing Disease until 24 months of continuous coverage has elapsed, since the inception of the first Policy with the Company.
- (d) If the Sum Insured is enhanced on any renewal of this Policy, the waiting periods as defined above in Clauses 4.1 (a), 4.1 (b), and 4.1 (c) shall be applicable afresh to the incremental amount of the Sum Insured only.
- (e) If the Sum Insured is reduced on any renewal of this Policy, the credit for waiting periods as defined above in Clauses 4.1 (a), 4.1 (b), and 4.1 (c) shall be restricted to the lowest Sum Insured under the previous Policy.
- (f) The Waiting Periods as defined in Clauses 4.1 (a), 4.1 (b), and 4.1 (c) shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.

4.2 Permanent Exclusions :

- (a) 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:
 - (i) Any condition or treatment as specified in Annexure – II.
 - (ii) The Company shall not admit any Claim in respect of an Insured Person which involves treatment/consultation in any of the hospitals as listed in Annexure – III.
 - (iii) Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human T-Cell Lymphotropic Virus Type III (HTLV–III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.
 - (iv) Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an Accident), childbirth, maternity (including caesarian section), abortion or complications of any of these. This exclusion will not apply to ectopic pregnancy.
 - (v) Any treatment arising from or traceable to any fertility, sterilization, birth control procedures, contraceptive supplies or services including complications arising due to supplying services or Assisted Reproductive Technology.
 - (vi) Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.
 - (vii) Charges incurred in connection with cost of routine eye and ear examinations, dentures, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment.
 - (viii) Unproven/Experimental or investigational treatments which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital. Any Illness or treatment which is a result or a consequence of undergoing such experimental or unproven treatment.
 - (ix) Expenses incurred on High Intensity Focused Ultra Sound, Balloon

Sinuplasty, Enhanced External Counter Pulsation Therapy and related therapies. Deep Brain Simulation, Hyperbaric Oxygen Therapy, Robotic Surgery, Holmium Laser Enucleation of Prostate, KTP Laser surgeries, Femto laser surgeries and such other similar therapies.

- (x) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer/thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for asthmatic condition, cost of cochlear implants and related surgery.
- (xi) Any treatment related to sleep disorder or sleep apnea syndrome, general debility convalescence, cure, rest cure, health hydros, nature cure clinics, sanatorium treatment, Rehabilitation measures, private duty nursing, respite care, long-term nursing care, custodial care or any treatment in an establishment that is not a Hospital.
- (xii) Treatment of any genetic disorder or Congenital Anomaly or Illness or defects or anomalies or treatment relating to birth defects.
- (xiii) Treatment of mental illness, stress or psychological disorders.
- (xiv) Aesthetic treatment, cosmetic surgery or plastic surgery or related treatment of any description, including any complication arising from these treatments, other than as may be necessitated due to an Injury, cancer or burns.
- (xv) Any treatment/surgery for change of sex or gender reassignments including any complication arising from these treatments.
- (xvi) Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
- (xvii) All preventive care, vaccination, including inoculation and immunizations (except in case of post-bite treatment), vitamins and tonics.
- (xviii) Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health.
- (xix) All expenses related to donor treatment, including surgery to remove organs from the donor; in case of transplant surgery.
- (xx) Non-allopathic treatment.
- (xxi) Any OPD Treatment.
- (xxii) Treatment received outside India.
- (xxiii) Charges incurred at Hospital primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, for which In-patient Care/ Day Care Treatment is required.
- (xxiv) War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
- (xxv) Any Illness or Injury directly or indirectly resulting or arising from or occurring during commission of any breach of any law by the Insured Person with any criminal intent.
- (xxvi) Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs and alcohol or hallucinogens.
- (xxvii) Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.
- (xxviii) Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs (except patient's diet), cosmetics, hygiene articles, body or baby care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.
- (xxix) Expenses related to any kind of RMO charges, service charge, surcharge, night charges levied by the Hospital under whatever head.
- (xxx) Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:

I Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.



- II Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
- III Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above shall also be excluded.

- (xxxix) Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants.
- (xxxix) Alopecia, wigs and/or toupee and all hair or hair fall treatment and products.
- (xxxix) Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, mentally disturbed, remodeling clinic or similar institutions.
- (xxxix) Multifocal lens implantation for cataract.
- (xxxix) Remicade, Avastin or similar injectable treatment.
- (xxxix) Oral Chemotherapy.
- (xxxix) Any claim related to Hazardous Activities.
- (xxxix) If the Insured Person is suffering from or has been diagnosed with or has been treated for any of the following disorders prior to the first Policy Start Date, then costs of treatment related to or arising from the disorder whether directly or indirectly will be permanently excluded from coverage under the Policy:-
 - I Chronic Bronchitis;
 - II Esophageal Stricture or stenosis;
 - III Unoperated Varicose Veins;
 - IV Deep Vein Thrombosis (DVT);
 - V Spondyloarthropathies (Spondylosis/Spondylitis/Spondylolisthesis);
 - VI Residual Poliomyelitis;
 - VII Avascular Necrosis, Idiopathic;
 - VIII Unoperated Hyperthyroidism;
 - IX Renal/Ureteric/Bladder Calculi;
 - X DUB/Endometriosis;
 - XI Unoperated Fibroid Uterus;
 - XII Retinal Detachment;
 - XIII Otosclerosis;
 - XIV Deafness;
 - XV Blindness;
 - XVI Any implant in the body;

5. Portability

In case Portability has been granted to the Policyholder and/or Insured Person under this Policy then:-

- (a) 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 registered with the IRDA or any similar group indemnity health insurance policy from the Company; and
- (b) The Waiting Periods as defined in Clauses 4.1(a), 4.1(b) and 4.1(c) 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.
- (c) The Waiting Periods under Clauses 4.1(a), 4.1(b) and 4.1(c) 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.
- (d) The Waiting Periods as defined in Clauses 4.1(a), 4.1(b) and 4.1(c) shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.

- (e) Credit for the sum insured of the expiring policy shall additionally be available as under:
 - (i) If the Insured Person was covered on a Floater basis under the expiring policy and is proposed to be covered on a Floater basis with the Company, then the sum insured to be carried forward for credit under this Policy would also be applied on a Floater basis only.
 - (ii) In all other cases the sum insured to be carried forward for credit in this Policy would be applied on an individual basis only.
- (f) In case the Policyholder has 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:
 - (i) The Company may at the request of the Policyholder, extend the Policy for a period not less than 1 month at an additional premium to be paid on a pro-rated basis.
 - (ii) In case any Claim is reported during the extended Policy Period, the Policyholder shall first pay the premium so as to make the Policy Period part of full Policy as applicable. The Company's liability for the payment of the Claim shall commence only once such premium is received. Alternately, the Company may deduct the premium payable by the Policyholder and pay the balance Claim amount, if any and issue Policy for the balance Policy Period.

6. Claims Intimation, Assessment and Management

6.1 Claims Intimation

- (a) Upon the occurrence of any Illness or Injury that may give rise to a Claim under this Policy, then as a Condition Precedent to the Company's 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 may result in a Claim under the Policy, the Company shall be notified with full particulars within 48 hours from the date of occurrence of event either at the Company's call center or in writing.
 - (ii) Claim must be filed within 15 days from the date of discharge from the hospital.

Note: 6.1 (a) (i) and 6.1 (a) (ii) are precedent to admission of liability under the policy.
 - (iii) The following details are to be given to the Company at the time of intimation of Claim:
 - I Policy Number;
 - II Name of the Policyholder;
 - III Name of the Insured Person in respect of whom the Claim is being made;
 - IV Nature of Illness or Injury;
 - V Name and address of the attending Medical Practitioner and Hospital;
 - VI Date of admission to Hospital or proposed date of admission to Hospital for planned Hospitalization;
 - VII Any other necessary information, documentation or details requested by the Company.
 - (iv) In case of an Emergency Hospitalization, the Company shall be notified either at the Company's 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.

However, the Company will examine and relax the time limit mentioned in the above conditions depending upon the merits of case.

6.2 Claims Procedure

- (a) Cashless

For availing the Cashless Facility at a Network Provider, the following shall be carried out:-

 - (i) Submit a pre-authorization form to the Company for approval. Only upon due approval from the Company, Cashless Facility can be availed at any Network Hospital.
 - (ii) Present the health card provided by the Company under this Policy along with a valid photo identification document (Voter ID card / Driving License / Passport / PAN Card or any other identification documentation as approved by the Company).
 - (iii) The Company will confirm in writing authorization or rejection of the request to avail Cashless Facility for the Insured Person's Hospitalization.
 - (iv) If the request for availing Cashless Facility is authorized by the Company, then payment for the Medical Expenses incurred in respect of the Insured Person 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 the Company for availing Cashless Facility. All original bills and evidence of treatment for the Medical Expenses incurred in respect of the Hospitalization of the Insured Person and all other information and documentation specified at Clause 6.4 shall be submitted to the Network Provider immediately and in any event before the Insured Person's discharge from Hospital.

- (v) If the Company does not authorize the Cashless Facility due to insufficient Sum Insured or if insufficient information is provided to the Company to determine the admissibility of the Claim, payment for the treatment will have to be made by the Policyholder or Insured Person to the Network Provider, following which a Claim for reimbursement may be made to the Company and the same will be considered by the Company subject to the Policy.
 - (vi) It is agreed and understood that the Company may, in its sole discretion, modify or add to 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, the Policyholder or Insured Person may refer to the list of Network Providers available on the Company's website or at the call centre.
- (b) Re-imburement
- It is agreed and understood that in all cases where intimation of a Claim has been provided under this clause, all the information and documentation specified in Clause 6.4 below shall be submitted (at the Policyholder or Insured Person's expense) to the Company immediately and in any event within 15 days of Insured Person's discharge from Hospital. However the Company may examine and relax the time limits mentioned upon the merits of the case.

6.3 Policy holder's or Insured Person's duty at the time of Claim

- (a) It is agreed and understood that as a Condition Precedent for a Claim to be considered under this Policy:
 - (i) The Policyholder or Insured Person 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) The Insured Person shall follow the directions, advice or guidance provided by a Medical Practitioner and the Company shall not be obliged to make payment that is brought about or contributed to by the Insured Person failing to follow such directions, advice or guidance.
 - (iv) 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 of the Policy.
 - (v) The Insured Person will, at the request of the Company, submit himself for a medical examination by the Company's nominated Medical Practitioner as often as the Company considers reasonable and necessary. The cost of such examination will be borne by the Company.
 - (vi) The Company's Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Person's medical and Hospitalization records and to investigate the facts and examine the Insured Person.
 - (vii) The Company shall be provided with complete necessary documentation and information which the Company has requested to establish its liability for the Claim, its circumstances and its quantum.

6.4 Claim Documents

- (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 completed and signed Claim form, in original;
 - (ii) Medical Practitioner's referral letter advising Hospitalization;
 - (iii) Medical Practitioner's prescription advising drugs/diagnostic tests/consultation;
 - (iv) Original bills, receipts and discharge card from the Hospital/Medical Practitioner;
 - (v) Original bills from pharmacy/chemists;
 - (vi) Original pathological/diagnostic test reports/radiology reports and payment receipts;
 - (vii) Indoor case papers;
 - (viii) Original investigation test reports and payment receipts;

- (ix) Ambulance Receipt;
- (x) Any other document as required by the Company to assess the Claim.

- (b) The Company will only accept bills/invoices which are made in the Insured Person's name.

6.5 Claim Assessment

- (a) All admissible Claims under this Policy shall be assessed by the Company in the following progressive order:
 - (i) If the provisions of the Contribution Clause in Clause 7.7 are applicable, the Company's liability to make payment under that Claims shall first be apportioned accordingly.
 - (ii) If a room/ICU accommodation has been opted for where the Room Rent or Room Category or ICU Charges is higher than the eligible limit as applicable for that Insured Person as specified in the Policy Certificate, then, the Variable Medical Expenses payable shall be pro-rated as per the applicable limits in accordance with Clause 2.1 (c) (i) or (ii).
 - (iii) The Deductible shall be applied to the aggregate of all Claims that are either paid or payable under this Policy. The Company's liability to make payment shall commence only once the aggregate amount of all Claims payable or paid exceed the Deductible.
 - (iv) Co-payment shall then be applicable on the amount payable by the Company.
 - (v) The balance amount, if any, subject to the applicability of sub-limits on Expenses in accordance with Clause 2.1 © (iii), the Company's liability to make payment shall be limited to such extent as applicable and shall be the Claim payable.
- (b) The Claim amount assessed in Clause 6.5(a) above would be deducted from the following amounts in the following progressive order:
 - (i) Sum Insured;
 - (ii) Recharge of Sum Insured (if applicable).

6.6 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) The Company shall have no liability to make payment of a Claim under the Policy in respect of an Insured Person during the Policy Period, once the Sum of Sum Insured and Recharge of Sum Insured for that Insured Person is exhausted.
- © The Company 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 the Company. The Company shall provide the Policyholder an offer of settlement of Claim and upon acceptance of such offer by the Policyholder the Company shall make payment within 7 days from the date of receipt of such acceptance. In case there is delay in the payment beyond the stipulated timelines, the Company 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.
- (d) If the Policyholder or Insured Person suffers a relapse within 45 days of the date of discharge from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim.
- (e) If any Claim is made which extends in to two Policy Periods then such Claim shall be paid taking into consideration the available Sum Insured in these Policy Periods including the deductible for each Policy Period. Such eligible Claim amount will be paid to the Policyholder/Insured after deducting the extent of premium to be received for the renewal/due date of premium of the policy, if not received earlier.
- (f) For Claims for Cashless Facility, the payment shall be made to the Network Provider whose discharge would be complete and final.
- (g) For Claims for reimbursement, the Company will pay the Policyholder. In the event of death of the Policyholder, the Company will pay the nominee (as named in the Policy Certificate) 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 its liability under the Policy.



7. General Terms and Conditions

7.1 Disclosure to Information Norm

If any untrue or incorrect statements are made or there has been a 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 the Policyholder or the Insured Person or any one acting on his/their behalf, the Company shall have no liability to make payment of any Claims and the premium paid shall be forfeited ab initio to the Company.

7.2 Observance of Terms and Conditions

The due observance and fulfilment of the terms and conditions of this Policy (including the realization of premium by their respective due dates and compliance with the specified procedure on all Claims) in so far as they relate to anything to be done or complied with by the Policyholder or any Insured Person, shall be Condition Precedent to the Company's liability under the Policy.

7.3 Reasonable Care

Insured Persons shall take all reasonable steps to safeguard against any Illness or Injury that may give rise to a Claim.

7.4 No constructive Notice

Any knowledge or information of any circumstance or condition in relation to the Policyholder or Insured Person which is in possession of the Company other than that information expressly disclosed in the Proposal Form or otherwise in writing to the Company, shall not be held to be binding or prejudicially affect the Company.

7.5 Complete discharge

Payment made by the Company to the Policyholder or Insured Person or the nominee of the Policyholder or the legal representative of the Policyholder or to the Hospital, as the case may be, of any Medical Expenses or compensation or benefit under the Policy shall in all cases be complete and construed as an effectual discharge in favor of the Company.

7.6 Subrogation

The Policyholder and Insured Person shall at his own expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by the Company for the purpose of enforcing and/or securing any rights and remedies or obtaining relief or indemnity from any other party to which the Company is or would become entitled upon the Company paying for a Claim under this Policy, whether such acts or things shall be or become necessary or required before or after its payment. Neither the Policyholder nor any Insured Person shall prejudice these subrogation rights in any manner and shall at his own expense provide the Company with whatever assistance or cooperation is required to enforce such rights. Any recovery the Company makes pursuant to this clause shall first be applied to the amounts paid or payable by the Company under this Policy and any costs and expenses incurred by the Company of effecting a recovery, where after the Company shall pay any balance remaining to the Policyholder. This clause shall not apply to any Benefit offered on a fixed benefit basis.

7.7 Contribution

- (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 Company, 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. In such cases, the settlement shall be done as under:
 - (i) If at the time when any Claim arises under this Policy, there is any other insurance which covers (or would have covered but for the existence of this Policy), the same Claim (in whole or in part), then the Company shall not be liable to pay or contribute more than its ratable proportion of any Claim.
 - (ii) This clause shall not apply to any Benefit offered on a fixed benefit basis.

7.8 Policy Disputes

Any and all disputes or differences under or in relation to the validity, construction, interpretation and effect to this Policy shall be determined by the Indian Courts and in accordance with Indian law.

7.9 Free Look Period

- (a) The Policyholder may, within 15 days from the receipt of the Policy document, return the Policy stating reasons for his objection, if the Policyholder disagrees with any Policy terms and conditions.
- (b) If no Claim has been made under the Policy, the Company 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.

7.10 Renewal Terms

- (a) This Policy will automatically terminate on the Policy Period End Date. All renewal applications should reach the Company on or before the Policy Period End Date.
- (b) The premium payable on renewal shall be paid to the Company 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 the Company and the Company shall not be liable for any Claims incurred during such period.
- (d) The Company will ordinarily not refuse to renew the Policy except on ground of fraud, moral hazard or misrepresentation or non-co-operation by the Insured.
- (e) The Company may carry out underwriting in accordance with its Board approved underwriting policy in relation to any request for change in Sum Insured or Deductible at the time of renewal of the Policy.
- (f) This product may be withdrawn / modified by the Company after due approval from the IRDA. In case this product is withdrawn / modified by the Company, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDA. The Company shall duly intimate the Policyholder at least three months prior to the date of such modification / withdrawal of this product and the options available to the Policyholder at the time of Renewal of this Policy.
- (g) The Company 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. The Insured Person shall be given an option to port this Policy into any other health insurance product of the Company 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.

7.11 Cancellation / Termination

- (a) The Company may at any time, cancel this Policy on grounds as specified in Clause 7.1 by giving 15 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to the Policyholder at his last known address and the Company shall have no liability to make payment of any Claims and the premium paid shall be forfeited to the Company.
- (b) The Policyholder may also give 15 days' notice in writing, to the Company, for the cancellation of this Policy, in which case the Company 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

Cancellation date from Policy Period Start Date	Policy Tenure 1 Year	Policy Tenure 2 Years	Policy Tenure 3 Years
Up to 1 month	75.0%	87.0%	91.0%
1 month to 3 months	50.0%	74.0%	82.0%
3 months to 6 months	25.0%	61.5%	73.5%
6 months to 12 months	0.0%	48.5%	64.5%
12 months to 15 months	N.A.	24.5%	47.0%
15 months to 18 months	N.A.	12.0%	38.5%
18 months to 24 months	N.A.	0.0%	30.0%
24 months to 30 months	N.A.	N.A.	8.0%
Beyond 30 months	N.A.	N.A.	0.0%

- (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, the Company will renew the Policy subject to the appointment of a policyholder provided that:
 - I. Written notice in this regard is given to the Company before the Policy Period End Date; and
 - II. A person over Age 18 who satisfies the Company's criteria applies to become the Policyholder.

7.12 Limitation of Liability

Any Claim under this Policy for which the notification or intimation of Claim is received 12 calendar months after the event or occurrence giving rise to the Claim shall not be admissible, unless the Policyholder proves to the Company's satisfaction that the delay in reporting of the Claim was for reasons beyond his control.

7.13 Communication

- (a) Any communication meant for the Company must be in writing and be delivered to its address shown in the Policy Certificate. Any communication meant for the Policyholder will be sent by the Company to his last known address or the address as shown in the Policy Certificate.
- (b) All notifications and declarations for the Company must be in writing and sent to the address specified in the Policy Certificate. Agents are not authorized to receive notices and declarations on the Company's behalf.

Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

7.14 Alterations in the Policy

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by a written endorsement signed and stamped by the Company. However, change or alteration with respect to increase/decrease of the Sum Insured shall be permissible only at the time of renewal of the Policy.

7.15 Overriding effect of Policy Certificate

In case of any inconsistency in the terms and conditions in this Policy vis-a-vis the information contained in the Policy Certificate, the information contained in the Policy Certificate shall prevail.

7.16 Electronic Transactions

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

7.17 Grievances

7.17.1 The Company has developed proper procedures and effective mechanism to address complaints by the customers. The Company is committed to comply with the Regulations, standards which have been set forth in the Regulations, Circulars issued by the Authority (IRDAI) from time to time in this regard.

7.17.2 If the Policyholder/Insured Person has a grievance that the Policyholder/Insured Person wishes the Company to redress, the Policyholder/Insured Person may contact the Company with the details of the grievance through:

Website: www.religarehealthinsurance.com

Email: customerfirst@religarehealthinsurance.com

Contact No.: 1800-200-4488

Fax: 1800-200-6677

Courier: Any of Our Branch Office or corporate office

The Policyholder/Insured Person may also approach the grievance cell at any of the Company's branches with the details of his/her grievance during the Company's working hours from Monday to Friday.

7.17.3 If the Policyholder/Insured Person is not satisfied with the Company's redressal of the Policyholder's/Insured Person's grievance through one of the above methods, the Policyholder/Insured Person may contact the Company's Head of Customer Service at:

Head – Customer Services,

Religare Health Insurance Company Limited,

Vipul Tech Square, Tower C, 3rd Floor,

Golf Course Road, Sec-43,

Gurgaon-122009 (Haryana)

7.17.4 If the Policyholder / Insured Person is not satisfied with the Company's redressal of the Policyholder's / Insured Person's grievance through one of the above methods, the Policyholder / Insured Person may approach the nearest Insurance Ombudsman for resolution of the grievance. The contact details of Ombudsmen offices are mentioned below:



Office of the Ombudsman	Name of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD		Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor; Ambica House, 5, Navyug Colony, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. Tel : 079-2754544 / 27546139 , Fax : 079-27546142 E-mail : bimalokpal.ahmedabad@gbic.co.in	Gujarat , Dadra & Nagar Haveli, Daman and Diu
BENGALURU		Insurance Ombudsman, Office of the Insurance Ombudsman, 24th Main Road, Jeevan Soudha Bldg., JP Nagar, 1st Phase, BENGALURU - 560 025. Tel No: 080-22222049/22222048 Email: bimalokpal.bengaluru @gbic.co.in	Karnataka
BHOPAL		Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor; 6, Malviya Nagar; Opp. Airtel, Near New Market, BHOPAL (M.P.)-462 023. Tel : 0755-2769201/9202 , Fax : 0755-2769203 E-mail : bimalokpal.bhopal@gbic.co.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Shri B.N. Mishra	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel : 0674-2596455/2596003 , Fax : 0674-2596429 E-mail: bimalokpal.bhubaneswar@gbic.co.	Orissa
CHANDIGARH		Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH-160 017. Tel : 0172-2706468/2705861 , Fax : 0172-2708274 E-mail: bimalokpal.chandigarh@gbic.co.	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI		Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor; 453, Anna Salai, Teynampet, CHENNAI-600 018. Tel : 044-24333668 / 24335284, Fax : 044-24333664 E-mail : bimalokpal.chennai@gbic.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)
DELHI	Smt. Sandhya Baliga	Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel : 011-23237539/23232481 , Fax : 011-23230858 E-mail : bimalokpal.delhi@gbic.co.in	Delhi
GUWAHATI		Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor; Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel : 0361-2132204/5, Fax : 0361-2732937 E-mail : bimalokpal.guwahati@gbic.co.in	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD		Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor; Moin Court, Lane Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel : 040-65504123/23312122 , Fax : 040-23376599 E-mail : bimalokpal.hyderabad@gbic.co.in	Andhra Pradesh, Telangana and Yanam – a part of Territory of Pondicherry
JAIPUR	Shri. Ashok K. Jain	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor; Bhawani Singh Marg, Jaipur - 302 005. Tel : 0141-2740363 Email : bimalokpal.jaipur@gbic.co.in	Rajasthan
ERNAKULAM		Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor; Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759/2359338, Fax : 0484-2359336 E-mail : bimalokpal.ernakulam@gbic.co.in	Kerala, Lakshadweep, Mahe – a part of Pondicherry
KOLKATA	Shri K.B. Saha	Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor; Hindustan Bldg. Annexe, 4, C.R.Avenue, Kolkata – 700 072. Tel : 033-2212439/22124340, Fax : 033-22124341 E-mail : bimalokpal.kolkata@gbic.co.in	West Bengal, Andaman & Nicobar Islands, Sikkim



Office of the Ombudsman	Name of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
LUCKNOW	Shri N.P. Bhagat	Insurance Ombudsman, Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-2, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331/2231330, Fax : 0522-2231310 E-mail : bimalokpal.lucknow@gbic.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur; Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur; Basti, Ambedkarnagar; Sultanpur; Maharajganj, Santkabirnagar; Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI		Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@gbic.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
NOIDA	Shri. Ajesh Kumar	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@gbic.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Orayya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PATNA	Shri. Sadasiv Mishra	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@gbic.co.in	Bihar, Jharkhand
PUNE	Shri. A. K. Sahoo	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 2nd Floor, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel: 020-32341320 Email: bimalokpal.pune@gbic.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

The updated details of Insurance Ombudsman are available on website of IRDAI: www.irda.gov.in, on the website of General Insurance Council: www.gicouncil.org.in, on the Company's website www.religarehealthinsurance.com or from any of the Company's offices. Address and contact number of Governing Body of Insurance Council -

Office of the 'Governing Body of Insurance Council'

Secretary General/Secretary,
3rd Floor, Jeevan Seva Annexe,
S.V. Road, Santacruz(W),
Mumbai - 400 054.
Tel: 022-26106245/889/671
Fax: 022-26106949
Email - inscoun@gbic.co.in



Annexure I - List of Day Care Surgeries

- 1. Microsurgical operations on the middle ear**
 1. Stapedotomy to treat various lesions in middle ear
 2. Revision of a stapedectomy
 3. Other operations on the auditory ossicles
 4. Myringoplasty (post-aura/endaural approach as well as simple Type - I Tympanoplasty)
 5. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
 6. Revision of a tympanoplasty
 7. Other microsurgical operations on the middle ear
- 2. Other operations on the middle & internal ear**
 8. Myringotomy
 9. Removal of a tympanic drain
 10. Incision of the mastoid process and middle ear
 11. Mastoidectomy
 12. Reconstruction of the middle ear
 13. Other excisions of the middle and inner ear
 14. Fenestration of the inner ear
 15. Revision of a fenestration of the inner ear
 16. Incision (opening) and destruction (elimination) of the inner ear
 17. Other operations on the middle and inner ear
 18. Removal of Keratosis Obturans
- 3. Operations on the nose & the nasal sinuses**
 19. Excision and destruction of diseased tissue of the nose
 20. Operations on the turbinates (nasal concha)
 21. Other operations on the nose
 22. Nasal sinus aspiration Foreign body removal from nose
- 4. Operations on the eyes**
 23. Incision of tear glands
 24. Other operations on the tear ducts
 25. Incision of diseased eyelids
 26. Correction of Eyelid Ptosis by Levator Palpebrae Superioris Resection (bilateral)
 27. Correction of Eyelid Ptosis by Fascia Lata Graft (bilateral)
 28. Excision and destruction of diseased tissue of the eyelid
 29. Operations on the canthus and epicanthus
 30. Corrective surgery for entropion and ectropion
 31. Corrective surgery for blepharoptosis
 32. Removal of a foreign body from the conjunctiva
 33. Removal of a foreign body from the cornea
 34. Incision of the cornea
 35. Operations for pterygium
 36. Other operations on the cornea
 37. Removal of a foreign body from the lens of the eye
 38. Removal of a foreign body from the posterior chamber of the eye
 39. Removal of a foreign body from the orbit and eyeball
 40. Operation of cataract
 41. Diathermy/Cryotherapy to treat retinal tear
 42. Anterior chamber Paracentesis/Cyclodiathermy/Cyclocryotherapy/Goniotomy/Trabeculotomy and Filtering and Allied Operations to treat glaucoma
 43. Enucleation of Eye without Implant
 44. Dacryocystorhinostomy for various lesions of Lacrimal Gland
 45. Laser Photocoagulation to treat Retinal Tear
- 5. Operations on the skin & subcutaneous tissues**
 46. Incision of a pilonidal sinus
 47. Other incisions of the skin and subcutaneous tissues
 48. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
 49. Local excision of diseased tissue of the skin and subcutaneous tissues
 50. Other excisions of the skin and subcutaneous tissues
 51. Simple restoration of surface continuity of the skin and subcutaneous tissues
 52. Free skin transplantation, donor site
 53. Free skin transplantation, recipient site
 54. Revision of skin plasty
 55. Other restoration and reconstruction of the skin and subcutaneous tissues.
 56. Chemosurgery to the skin.
 57. Destruction of diseased tissue in the skin and subcutaneous tissues
 58. Reconstruction of Deformity/Defect in Nail Bed
- 6. Operations on the tongue**
 59. Incision, excision and destruction of diseased tissue of the tongue
 60. Partial glossectomy
 61. Glossectomy
 62. Reconstruction of the tongue
 63. Other operations on the tongue
- 7. Operations on the salivary glands & salivary ducts**
 64. Incision and lancing of a salivary gland and a salivary duct
 65. Excision of diseased tissue of a salivary gland and a salivary duct
 66. Resection of a salivary gland
 67. Reconstruction of a salivary gland and a salivary duct
 68. Other operations on the salivary glands and salivary ducts
- 8. Other operations on the mouth & face**
 69. External incision and drainage in the region of the mouth, jaw and face
 70. Incision of the hard and soft palate
 71. Excision and destruction of diseased hard and soft palate
 72. Incision, excision and destruction in the mouth
 73. Palatoplasty
 74. Other operations in the mouth
- 9. Operations on tonsils and adenoids**
 75. Transoral incision and drainage of a pharyngeal abscess
 76. Tonsillectomy without adenoidectomy
 77. Tonsillectomy with adenoidectomy
 78. Excision and destruction of a lingual tonsil
 79. Other operations on the tonsils and adenoids
 80. Trauma surgery and orthopaedics
 81. Incision on bone, septic and aseptic
 82. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
 83. Suture and other operations on tendons and tendon sheath
 84. Reduction of dislocation under GA
 85. Adenoidectomy
- 10. Operations on the breast**
 86. Incision of the breast abscess
 87. Operations on the nipple
 88. Excision of single breast lump



11. Operations on the digestive tract, Kidney and Bladder

- 89. Incision and excision of tissue in the perianal region
- 90. Surgical treatment of anal fistulas
- 91. Surgical treatment of hemorrhoids
- 92. Division of the anal sphincter (sphincterotomy)
- 93. Other operations on the anus
- 94. Ultrasound guided aspirations
- 95. Sclerotherapy, etc.
- 96. Laparotomy for grading Lymphoma with Splenectomy/Liver/Lymph Node Biopsy
- 97. Therapeutic Laparoscopy with Laser
- 98. Cholecystectomy and Choledocho-Jejunostomy/Duodenostomy/Gastrostomy/Exploration Common Bile Duct
- 99. Esophagoscopy, gastroscopy, duodenoscopy with polypectomy/removal of foreign body/diathermy of bleeding lesions
- 100. Lithotripsy/Nephrolithotomy for renal calculus
- 101. Excision of renal cyst
- 102. Drainage of Pyonephrosis/Perinephric Abscess
- 103. Appendectomy with/without Drainage

12. Operations on the female sexual organs

- 104. Incision of the ovary
- 105. Insufflations of the Fallopian tubes
- 106. Other operations on the Fallopian tube
- 107. Dilatation of the cervical canal
- 108. Conisation of the uterine cervix
- 109. Therapeutic curettage with Colposcopy/Biopsy/Diathermy/Cryosurgery/
- 110. Laser Therapy of Cervix for Various lesions of Uterus
- 111. Other operations on the uterine cervix
- 112. Incision of the uterus (hysterectomy)
- 113. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
- 114. Incision of vagina
- 115. Incision of vulva
- 116. Culdotomy
- 117. Operations on Bartholin's glands (cyst)
- 118. Salpingo-Oophorectomy via Laparotomy

13. Operations on the prostate & seminal vesicles

- 119. Incision of the prostate
- 120. Transurethral excision and destruction of prostate tissue
- 121. Transurethral and percutaneous destruction of prostate tissue
- 122. Open surgical excision and destruction of prostate tissue
- 123. Radical prostatovesiculectomy
- 124. Other excision and destruction of prostate tissue
- 125. Operations on the seminal vesicles
- 126. Incision and excision of periprostatic tissue
- 127. Other operations on the prostate

14. Operations on the scrotum & tunica vaginalis testis

- 128. Incision of the scrotum and tunica vaginalis testis
- 129. Operation on a testicular hydrocele
- 130. Excision and destruction of diseased scrotal tissue
- 131. Other operations on the scrotum and tunica vaginalis testis

15. Operations on the testes

- 132. Incision of the testes

- 133. Excision and destruction of diseased tissue of the testes
- 134. Unilateral orchidectomy
- 135. Bilateral orchidectomy
- 136. Orchidopexy
- 137. Abdominal exploration in cryptorchidism
- 138. Surgical repositioning of an abdominal testis
- 139. Reconstruction of the testis
- 140. Implantation, exchange and removal of a testicular prosthesis
- 141. Other operations on the testis

16. Operations on the spermatic cord, epididymis and ductus deferens

- 142. Surgical treatment of a varicocele and a hydrocele of the spermatic cord
- 143. Excision in the area of the epididymis
- 144. Epididymectomy

17. Operations on the penis

- 145. Operations on the foreskin
- 146. Local excision and destruction of diseased tissue of the penis
- 147. Amputation of the penis
- 148. Other operations on the penis

18. Operations on the urinary system

- 149. Cystoscopic removal of stones
- 150. Catheterisation of Bladder

19. Other Operations

- 151. Lithotripsy
- 152. Coronary angiography
- 153. Biopsy of Temporal Artery for Various Lesions
- 154. External Arterio-venous Shunt
- 155. Haemodialysis
- 156. Radiotherapy for Cancer
- 157. Cancer Chemotherapy
- 158. Endoscopic polypectomy

20. Operations of bones and joints

- 159. Surgery for ligament tear
- 160. Surgery for meniscus tear
- 161. Surgery for hemoarthrosis/pyoarthrosis
- 162. Removal of fracture pins/nails
- 163. Removal of metal wire
- 164. Closed reduction on fracture, luxation
- 165. Reduction of dislocation under GA
- 166. Epiphyseolysis with osteosynthesis
- 167. Excision of Bursitis
- 168. Tennis Elbow Release
- 169. Excision of Various Lesions in Coccyx
- 170. Arthroscopic knee aspiration

Note – This list is not exhaustive, only illustrative. Due to Technological advancement any treatment considered by the Indian Medical Council as Day Care Procedure / Surgery such treatments would also be considered for Day care procedures / surgery.

Hence it is requested to verify Company's website for detailed list of updated days care procedures / surgery for easy understanding purposes.



Annexure II - List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy

S. No.	List of expenses generally excluded ("Non-medical") in hospital indemnity policy	S. No.	List of expenses generally excluded ("Non-medical") in hospital indemnity policy
	<i>TOILETRIES/COSMETICS/PERSONAL COMFORT OR CONVENIENCE ITEMS</i>		<i>TOILETRIES/COSMETICS/PERSONAL COMFORT OR CONVENIENCE ITEMS</i>
1	Hair removal cream	54	Hansaplast/Adhesive bandages
2	Baby charges (unless specified/indicated)	55	Lactogen/Infant food
3	Baby food	56	Slings
4	Baby utilities charges	Items specifically excluded in the policies	
5	Baby set	57	Weight control programs/supplies/services
6	Baby bottles	58	Cost of spectacles/contact lenses/hearing aids, etc.
7	Brush	59	Dental treatment expenses that do not require hospitalisation
8	Cosy towel	60	Hormone replacement therapy
9	Hand wash	61	Home visit charges
10	Moisturizer/paste brush	62	Infertility/subfertility/assisted conception procedure
11	Powder	63	Obesity (including morbid obesity) treatment
12	Shoe cover	64	Psychiatric & psychosomatic disorders
13	Beauty services	65	Corrective surgery for refractive error
14	Belts/braces	66	Treatment of sexually transmitted diseases
15	Buds	67	Donor screening charges
16	Barber charges	68	Admission/registration charges
17	Caps	69	Hospitalisation for evaluation/diagnostic purpose
18	Cold pack/Hot pack	70	Expenses for investigation/treatment irrelevant to the disease for which admitted or diagnosed
19	Carry bags	71	Any expenses when the patient is diagnosed with retro virus + or suffering from/HIV/AIDS etc is detected/directly or indirectly
20	Cradle charges		
21	Comb		
22	Eau-de-cologne/Room fresheners	72	Stem cell implantation/surgery and storage
23	Eye pad	items which form part of hospital services where separate consumables are not payable but the service is	
24	Eye shield	73	Ward and Theatre booking charges
25	Email/Internet charges	74	Arthroscopy & Endoscopy instruments
26	Food charges (other than patient's diet provided by Hospital)	75	Microscope cover
27	Foot cover	76	Surgical blades, Harmonic scalpel, shaver
28	Gown	77	Surgical drill
29	Leggings	78	Eye kit
30	Laundry charges	79	Eye drape
31	Mineral water	80	X-ray film
32	Oil charges	81	Sputum cup
33	Sanitary pad	82	Boyles apparatus charges
34	Slippers	83	Blood grouping and cross matching of donors samples
35	Telephone charges	84	Savlon
36	Tissue paper	85	Band aids, bandages, sterile injections, needles, syringes
37	Tooth paste	86	Cotton
38	Tooth brush	87	Cotton bandage
39	Guest services	88	Micropore/Surgical tape
40	Bed Pan	89	Blade
41	Bed under pad charges	90	Apron
42	Camera cover	91	Torniquet
43	Cliniplast	92	Orthobundle, Gynaec bundle
44	Crepe bandage	93	Urine container
45	Curapore	Elements of room charge	
46	Diaper of any type	94	Luxury tax
47	DVD, CD charges	95	HVAC
48	Eyelet collar	96	House keeping charges
49	Face mask	97	Service charges where nursing charge also charged
50	Flexi mask	98	Television & Air conditioner charges
51	Gause soft	99	Surcharges
52	Gause	100	Attendant charges
53	Hand holder		

S. No.	List of expenses generally excluded ("Non-medical")in hospital indemnity policy	S. No.	List of expenses generally excluded ("Non-medical")in hospital indemnity policy
I01	Im Iv Injection charges	152	Microsheild
I02	Clean sheet	153	Abdominal binder
I03	Extra diet of patient (other than that which forms part of bed charge)	Items payable if supported by a prescription	
I04	Blanket/Warmer blanket	154	Betadine\Hydrogen peroxide\Spirit\Disinfectants etc.
Administrative or Non-medical charges		155	Private nurses charges- Special nursing charges
I05	Admission kit	156	Nutrition planning charges - Dietician charges - Diet charges
I06	Birth certificate	157	Sugar free tablets
I07	Blood reservation charges and Ante-natal booking charges	158	Creams, powders, lotions (toileteries are not payable, only prescribed medical pharmaceuticals payable)
I08	Certificate charges		
I09	Courier charges	159	Digestion gels
I10	Conveyance charges	160	Ecg electrodes
I11	Diabetic chart charges	161	Gloves
I12	Documentation charges/Administrative expenses	162	HIV kit
I13	Discharge Procedure charges	163	Listerine/Antiseptic mouthwash
I14	Daily chart charges	164	Lozenges
I15	Entrance pass/Visitors pass charges	165	Mouth paint
I16	Expenses related to prescription on discharge	166	Nebulisation kit
I17	File opening charges	167	Novarapid
I18	Incidental expenses/Misc. charges (not explained)	168	Volini gel/Analgesic gel
I19	Medical certificate	169	Zytee gel
I20	Maintenance charges	170	Vaccination charges
I21	Medical records	Part of hospital's own costs and not payable	
I22	Preparation charges	171	AHD
I23	Photocopies charges	172	Alcohol swabes
I24	Patient identification band/Name tag	173	Scrub solution/Sterillium others
I25	Washing charges	174	Vaccine charges for baby
I26	Medicine box	175	Aesthetic treatment/Surgery
I27	Mortuary charges	176	TPA charges
I28	Medico legal case charges (MLC charges)	177	Visco belt charges
External durable devices		178	Any kit with no details mentioned, Delivery kit, Orthokit, Recovery kit, etc.
I29	Walking aids charges	179	Examination gloves
I30	BIPAP machine	180	Kidney tray
I31	Commode	181	Mask
I32	CPAP/CAPD equipments	182	Ounce glass
I33	Infusion pump - cost	183	Outstation consultant's/Surgeon's fees
I34	Oxygen cylinder (for usage outside the hospital)	184	Oxygen mask
I35	Pulseoxymeter charges	185	Paper gloves
I36	Spacer	186	Pelvic traction belt
I37	Spirometre	187	Referral doctor's fees
I38	SpO2 Probe	188	Accu check (glucometry/strips)
I39	Nebulizer Kit	189	Pan can
I40	Steam Inhaler	190	Sofnet
I41	Arm sling	191	Trolley cover
I42	Thermometer	192	Urometer, Urine jug
I43	Cervical collar	193	Ambulance
I44	Splint	194	Tegaderm/Vasofix safety
I45	Diabetic foot wear	195	Urine bag
I46	Knee braces (long/short/hinged)	196	Softovac
I47	Knee immobilizer/Shoulder immobilizer	197	Stockings
I48	Lumbo sacral belt		
I49	Nimbus bed or water or air bed charges		
I50	Ambulance collar		
I51	Ambulance equipment		



Annexure III - List of Hospitals where Claim will not be admitted

S. No.	HOSPITAL NAME	ADDRESS	ZONE
1	Nulife Hospital and Maternity Centre	1616 Outram Lines, Kingsway Camp, Guru Teg Bahadur Nagar, New Delhi, Delhi	North
2	Taneja Hospital	Q-Block, South City-2, Sohna Road, Main Sector-47, Preet Vihar, New Delhi, Delhi	North
3	Shri Komal Hospital & Dr. Saxena's Nursing Home	Silver Plaza Complex, Opposite Rupali Cinema, Rander Road, Rewari, Haryana	North
4	Sona Devi Memorial Hospital & Trauma Centre	Sohna Road, Badshahpur, Badshahpur, Gurgaon, Haryana	North
5	Amar Hospital	Sector-70, S.A.S. Nagar, Mohali, Sector 70, Mohali, Punjab	North
6	Brij Medical Centre	Sec-6, Jain Narayan Vyas Colony, Kavi Nagar Industrial Area Sector 17, Ghaziabad, U.P.	North
7	Famliy Medicare	A-55, Sector 61, Rajat Vihar Sector 62, Noida, U.P.	North
8	Jeevan Jyoti Hospital	162, Lowther Road, Bai Ka Bagh, Allahabad, U.P.	North
9	City Hospital & Trauma Centre	C-1, Cinder Dump Complex, Opposite Krishna Cinema Hall, Kanpur Road, Alambagh, Lucknow, U.P.	North
10	Dayal Maternity & Nursing Home	No.953/23, D.C.F.Chowk, DLF Colony, Rohtak, Haryana	North
11	Metas Adventist Hospital	No.24, Ring-Road, Athwalines, Surat, Gujarat	West
12	Surgicare Medical Centre	Sai Dwar Oberoi Complex, S.A.B.T.V. Lane Road, Lokhandwala, Andheri, Mumbai, Maharashtra	West
13	Paramount General Hospital & I.C.C.U.	42-1, Chettipalayam Road, Palladam, Andheri, Mumbai, Maharashtra	West
14	Gokul Hospital	Battan Lal Road, District Fatehgarh Sahib, Kandivali East, Mumbai, Maharashtra	West
15	Shree Sai Hospital	Gokul Nagri I, Thankur Complex, Western Express Highway, Kandivali East, Mumbai, Maharashtra	West
16	Shreedevi Hospital	Akash Arcade, Bhanu Nagar, Dr. Deepak Shetty Road, Kalyan D.C., Thane, Maharashtra	West
17	Saykhedkar Hospital And Research Centre Pvt. Ltd.	Trimurthy Chowk, Kamatwada Road, Cidco Colony, Nashik, Maharashtra	West
18	Arpan Hospital And Research Centre	No.151/2, Imli Bazar, Near Rajwada, Imli Bazar, Indore, Madhya Pradesh	West
19	Ramkrishna Care Hospital	Aurobindo Enclave, Pachpedhi Naka, Dhamtri Road, National Highway No 43, Raipur, Chhattisgarh	East
20	Gupta Multispeciality Hospital	Mezzanine Floor, Shakuntal B, Near Sanghvi Tower, Gujrat, Gas Circle, Adajan Road, Vivek Vihar, Delhi	North
21	R.K.Hospital	3C/59, BP, Near Metro Cinema, New Industrial Township I, Faridabad, Haryana	North
22	Prakash Hospital	D -12, I2A, I2B, Noida, Sector 33, Noida, Uttar Pradesh	North
23	Aryan Hospital Pvt. Ltd.	Old Railway Road, Near New Colony, New Colony, Gurgaon, Haryana	North
24	Medilink Hospital Research Centre Pvt. Ltd.	Near Shyamal Char Rasta, 132, Ring Road, Satellite, Ahmedabad, Gujarat	West
25	Mohit Hospital	Khoya B-Wing, Near National Park, Borivali(E), Kandivali West, Mumbai, Maharashtra	West
26	Scope Hospital	628, Niti Khand-I, Indirapuram, Indirapuram, Ghaziabad, Uttar Pradesh	North
27	Agarwal Medical Centre	E-234, -, Greater Kailash I, New Delhi	North
28	Oxygen Hospital	Bhiwani Stand, Durga Bhawan, Rohtak, Haryana	North
29	Prayag Hospital & Research Centre Pvt. Ltd.	J-206 A/1, Sector 41, Noida, Uttar Pradesh	North
30	Karnavati Superspeciality Hospital	Opposite Sajpur Tower, Naroda Road, Naroda Road, Ahmedabad, Gujarat	West
31	Palwal Hospital	Old G.T. Road, Near New Sohna Mod, Palwal, Haryana	North
32	B.K.S. Hospital	No.18, 1st Cross, Gandhi Nagar, Adyar, Bellary, Karnataka	South
33	East West Medical Centre	No.711, Sector 14, Sector 14, Gurgaon, Haryana	North
34	Jagtap Hospital	Anand Nagar, Singhgood Road, Anandnagar, Pune, Maharashtra	West
35	Dr. Malwankar's Romeen Nursing Home	No 14, Cunningham Road, Sheriffs Chamber, Vikhroli East, Mumbai, Maharashtra	West
36	Noble Medical Centre	C.K. Emerald No., N.S. Palya, Kaveriappa Industrial Area, Borivali West, Mumbai, Maharashtra	West
37	Rama Hospital	Sonepat Road, Bahalgarh, Bahalgarh, Sonapat, Haryana	North
38	S.B.Nursing Home & ICU	Lake Bloom 16 to 18 Opp. Solaris Estate, L.T. Gate No.6, Tunga Gaon, Powai, Mumbai, Maharashtra	West
39	Saraswati Hospital	103-106, Vrurel Appt., Opp. Navjivan Post Office, Ajwa Road, Malad West, Mumbai, Maharashtra	West
40	Shakuntla Hospital	3-B Tashkant Marg, Near St. Joseph Collage, Allahabad, Uttar Pradesh	North
41	Mahaveer Hospital & Trauma Centre	Plot No-25, B/H Old Mount Carmel School, Near Lokmat Square, Panki, Kanpur, Uttar Pradesh	North
42	Eashwar Lakshmi Hospital	Plot No. 9, Near Sub Registrar Office, Gandhi Nagar, Hyderabad, Andhra Pradesh	South
43	Amrapali Hospital	Plot No. NH-34, P-2, Omega - I, Greater Noida, Noida, Uttar Pradesh	North
44	Hardik Hospital	29C, Budh Bazar, Vikas Nagar, New Delhi, Delhi	North
45	Jabalpur Hospital & Research Centre Pvt. Ltd.	Russel Crossing, Naptier Town, Jabalpur, Madhya Pradesh	West
46	Panvel Hospital	Plot No. 260A, Uran Naka, Old Panvel, Navi Mumbai, Maharashtra	West
47	Santosh Hospital	L-629/63 I, Hapur Road, Shastri Nagar, Meerut, Uttar Pradesh	North
48	Sona Medical Centre	5/58, Near Police Station, Vikas Nagar, Lucknow, Uttar Pradesh	North
49	City Super Speciality Hospital	Near Mohan Petrol Pump, Gohana Road, Rohtak, Haryana	North
50	Navjeevan Hospital & Maternity Centre	753/21, Madanpuri Road, Near Pataudi Chowk, Gurgaon, Haryana	North
51	Abhishek Hospital	C-12, New Azad Nagar, Kanpur, Uttar Pradesh	North
52	Raj Nursing Home	23-A, Park Road, Allahabad, Uttar Pradesh	North
53	Sparsh Medicare and Trauma Centre	Shakti Khand - III/54, Indirapuram, Ghaziabad, Uttar Pradesh	North
54	Saras Healthcare Pvt. Ltd.	K-112, SEC-12, Pratap Vihar, Ghaziabad, Uttar Pradesh	North
55	Getwell Soon Multispeciality Institute Pvt. Ltd.	S-19, Shalimar Garden Extn., Near Dayanand Park, Sahibabad, Ghaziabad, Uttar Pradesh	North
56	Shivalik Medical Centre Pvt. Ltd.	A-93, Sector 34, Noida, Uttar Pradesh	North

S. No.	HOSPITAL NAME	ADDRESS	ZONE
57	Aakanksha Hospital	126, Aaradhnagar Soc., B/H. Bhulkabhavan School, Aanand-Mahal Rd., Adajan, Surat, Gujarat	West
58	Abhinav Hospital	Harsh Apartment, Nr Jamna Nagar Bus Stop, God Dod Road, Surat, Gujarat	West
59	Adhar Ortho Hospital	Dawer Chambers, Nr. Sub Jail, Ring Rd., Surat, Gujarat	West
60	Aris Care Hospital	A 223-224, Mansarovar Soc, 60 Feet , Godadara Road, Surat, Gujarat	West
61	Arzoo Hospital	Opp. L.B. Cinema, Bhatar Rd., Surat, Gujarat	West
62	Auc Hospital	B-44 Gujarat Housing Board ,Nandeshara, Surat, Gujarat	West
63	Dharamjivan General Hospital & Trauma Centre	Karmayogi - I, Plot No. 20/21, Near Piyush Point, Pandesara, Surat, Gujarat	West
64	Dr. Santosh Basotia Hospital	Bhatar Road, Surat, Gujarat	West
65	God Father Hospital	344, Nandvan Soc., B/H. Matrushakti Soc., Puna Gam, Surat, Gujarat	West
66	Govind-Prabha Arogya Sankool	Opp. Ratna-Sagar Vidhyalaya, Kaji Medan, Gopipura, Surat, Gujarat	West
67	Hari Milan Hospital	L H Road, Surat, Gujarat	West
68	Jaldhi Ano-Rectal Hospital	103, Payal Apt., Nxt To Rander Zone Office, Tadwadi, Surat, Gujarat	West
69	Jeevan Path Gen. Hospital	2nd Floor; Dwarkesh Nagri, Nr. Laxmi Farsan, Sayan, Surat, Gujarat	West
70	Kalrav Children Hospital	Yashkamal Complex, Nr. Jivan Jyot, Udhna, Surat, Gujarat	West
71	Kanchan General Surgical Hospital	Plot No. 380, Ishwarnagar Soc, Bhamroli-Bhatar, Pandesara, Surat, Gujarat	West
72	Krishnavati General Hospital	Bamroli Road, Surat, Gujarat	West
73	Niramayam Hosptial & Prasutigruah	Shraddha Raw House, Near Natures Park, Surat, Gujarat	West
74	Patna Hospital	25, Ashapuri Soc - 2, Bamroli Road, Surat, Surat, Gujarat	West
75	Poshia Children Hospital	Harekrishan Shoping Complex 1 St Floor; Varachha Road, Surat, Gujarat	West
76	R.D. Janseva Hospital	120 Feet Bamroli Road, Pandesara, Surat, Gujarat	West
77	Radha Hospital & Maternity Home	239/240 Bhagunagar Society, Opp Hans Society, L H Road, Varachha Road, Surat, Gujarat	West
78	Santosh Hospital	L H Road, Surat, Gujarat	West
79	Sparsh Multy Specality Hospital & Trauma Care Center	G.I.D.C Road, Nr Udhana Citizan Co-Op.Bank, Surat, Gujarat	West

Notes:

1. For an updated list of Hospitals, please visit the Company's website.
2. Only in case of a medical emergency, Claims would be payable if admitted in the above Hospitals on a reimbursement basis.