

HEALTHPRIME CONNECT PROSPECTUS

INTRODUCTION

Policy offers a host of covers to take care of your hospitalization medical expenses during healthcare needs.

Note: The information provided herein is only indicative, we request you to refer the Policy document for better understanding of the covers, sum insured, exclusions, conditions and deductibles.

ELIGIBILITY

- Minimum Entry Age : 18 Years for Adults and 91 days for children
- Maximum Entry Age : 65 Years for Adults and 25 Years for children
- Renewability: Lifelong
- Policy Tenure: 1/2 Years
- Relationships covered: **Individual** - Self, Spouse, Children, Parents, Parents-in-laws, Siblings, Son-in-law, Daughter-in-law, Grand- children Grand-parents.
Family Floater - Self, Spouse, Dependent Children, Parents, Parents-in-laws (maximum 2 Adults & 3 children can be covered under one Policy)
- Child/children below 25 years of age can be covered provided either of the parents is insured under the policy.
The child/ children above 25 years of age can continue to be covered under the same policy if insured under Individual Sum Insured and continue under a separate Policy with all continuity benefits as per the Portability guidelines if insured under Family Floater.

KEY FEATURES

Key features enlisted below are available as per your selected plan and optional covers

1. **Flexi Policy term** - Option to choose policy term of 1 / 2 years
2. **Restoration of Sum Insured** –In case of exhaustion of Sum Insured, be worry-free, as our Policy offers restoration of Sum Insured to take care of all your future claims (coverage as per the plan chosen).
3. **Assured renewal for life** – There is no age restriction on renewal.

4. **Attractive renewal benefits** – Depending on the plan selected, We reward you with health check- up on cashless basis after 1 year / 2 years of continuous policy year renewal with Us irrespective of the claims made under the Policy.
5. **Higher Sum Insured** option up to 1 crore
6. **No Sub-limits** – Get the best treatment without worrying on room caps and sub-limits.
7. **No Co-Pay** – Relieves you from all financial stress as our Policy provides you the freedom from being made to share the Hospitalisation medical expenses by way of a ‘Co-Pay’.
8. **Second Opinion**–Get a second opinion absolutely free from our expert panel of doctors.
9. **Free Look Period** –After purchasing the Policy, in case you find it unsuitable to your needs, you can, within a free look period of 15 days, request for cancellation of the Policy.
10. **Cumulative Bonus benefits** - Avail auto increase in Sum Insured by 10% for every claim free year on the Basic Sum Insured up to a maximum of 100% of the Basic Sum Insured
11. **Stay Fit Perk** - Your two claim free Policy year renewals would provide you Rewards under ‘Stay Fit Perk’ which can be utilized against claim deduction made towards non-medical expenses which are the standard exclusions as otherwise
12. **Extension of Policy Tenure** – In case you are travelling out of the country, we will extend your HealthPrime Connect Policy tenure to the extent of number of days you were out of the country at no additional cost.
13. **Health 360°**- Earn Rewards and Burn it against array of our facilities which would help you to improve your overall Health.
14. **Tax Benefit** – Avail tax benefits under section 80D of Income Tax Act 1961 on the premium you pay towards your HealthPrime Policy.
15. **Cashless Facility** – Avail Cashless facility from our network hospitals and leave the rest to us.
16. **Cumulative Bonus Enhancer** – Get enhanced Cumulative Bonus by selecting this option. Total Cumulative Bonus of 25% of the Basic SI can be availed at every claim free year with us maximum upto 150%
17. **OPD cover** – Cover your Outpatient treatment expenses up to the limits mentioned
18. **Vaccination for animal bite** – Cover expenses incurred for Vaccination against animal bite up to the limits mentioned.
19. **Maternity and Child Care** – Cover expenses incurred for the delivery as well as expenses incurred for the new born baby with separate available limits,
20. **Baby’s Vaccinations** – Covered up to 3 years of age.
21. **Obesity Treatments** – Cover expenses incurred for procedures related obesity.
22. **Critical Illness & Personal Accident Cover** – Covers critical illness and Personal accident benefit as a single package with separate limits payable on lumpsum basis.
23. **Worldwide coverage option:** Covers emergency medical expense whilst you are in abroad

SCOPE OF COVER

The features and benefits available are as per the relevant plan opted by you.
For plan details, please refer the Benefit Schedule in the later part of the Prospectus.

1. Hospitalisation Expenses

A. In-Patient Hospitalization Expenses

Covers hospitalization expenses due to any Illness or Injury towards Room, Boarding expenses, Intensive Care Unit, bed charges, Doctor's fees, Nursing Expenses, Surgical Fees, Operation Theatre Charges, Anesthetist, Anesthesia, Blood, Oxygen and their administration, Physical Therapy, Prescribed Drugs and medicines consumed on the premises, Investigation Services such as Laboratory, X-Ray, Diagnostic tests, Dressing, Ordinary splints and plaster casts, Cost of Prosthetic & other devices that are used intra operatively during a Surgical Procedure, if recommended by the attending Medical Practitioner

B. Day Care Procedure/Treatment - Covers medical expenses for 405 day care procedures as available in this document which do not require 24 hours Hospitalisation due to technological advancement in medical science.

2. **Pre-Hospitalisation** – Covers medical expenses incurred for the number of days immediately before the hospitalization as specified under the Policy Schedule.
3. **Post-Hospitalisation** – Covers medical expenses incurred for the number of days immediately after the discharge from the Hospital as specified under the Policy Schedule.
4. **Domiciliary Hospitalisation Treatment** - Covers medical expenses incurred for treatment taken at home in India limited to 10% of the Basic Sum Insured for a policy year as the patient cannot be moved to a hospital, or the patient takes treatment at home on account of non-availability of room in a hospital. No payment will be made if the condition for which the Insured Person requires medical treatment is:
 - a. Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract
 - b. Infection including Laryngitis and Pharyngitis, Cough and
 - c. Cold, Influenza,
 - d. Arthritis, Gout and Rheumatism,
 - e. Chronic Nephritis and Nephritic Syndrome,
 - f. Diarrhoea and all type of Dysenteries including Gastroenteritis,
 - g. Diabetes Mellitus and Insipidus,
 - h. Epilepsy,
 - i. Hypertension,
 - j. Psychiatric or Psychosomatic Disorders of all kinds
 - k. Pyrexia of unknown Origin.
5. **Hospital Daily Cash Allowance** - Pays a Hospital Daily Cash allowance as stated in your Policy Schedule to take care of non-medical expenses incurred for each continuous and completed period of 24 hours of hospitalization for a maximum up to 10th day of continuous hospitalization. A deductible of first 48 hours of hospitalization is however applicable.
6. **Emergency Local Road Ambulance charges** - Covers expenses incurred in transferring you to nearest Hospital having adequate emergency facilities for the provision of health services following Accidental Bodily Injury/ illness / disease up to the limits specified in your Policy Schedule.

7. **Organ Donor Expenses** - Covers expenses incurred towards organ donor's screening & treatment up to limits given in your Policy Schedule for harvesting of the organ donated wherein the Insured member is an organ recipient.
8. **Second Opinion** - A second medical opinion service from our expert panel is available for seeking information that will give you the confidence in medical diagnosis and treatment plan for any hospitalization and / or listed Critical illnesses. This benefit can be availed once during the Policy Period.
9. **Nursing Allowance** – We will pay a daily allowance maximum up to the number of days as specified in the Benefit Schedule towards engaging the services of a qualified nurse either at the Hospital or at your residence provided such services are confirmed as being necessary by the attending Medical Practitioner to your treatment for which you were hospitalized and claimed from Us. A Deductible of 48 hours of hospitalization is applicable, except in case of hospitalization due to relapse of same Illness/injury within 45 days from the date of last consultation with the Hospital/Nursing Home where the treatment may have taken.
10. **Laser Eye Surgery** – Covers expenses up to the limits as stated in your Policy Schedule incurred for correction of refractive errors by using laser surgery in case of compound myopic astigmatism in both eyes to the level of (-)5D and above.
11. **Vaccination for Animal Bite** – Covers expenses up to the limits as stated in your Policy Schedule incurred for Vaccination against Animal Bite which are medically necessary and forming part of treatment recommended by the treating Doctor.
12. **AYUSH Treatment** – Covers medical expenses up to the limits as stated in your Policy Schedule incurred for the treatment taken under Ayurveda, Unani, Sidha and Homeopathy provided the that the hospitalization is not for evaluation and/or investigation purpose only and treatment is availed in India and provided the treatment has undergone in:
 - i) Government hospital or in any institute recognized by government and/or accredited by Quality Council of India or National Accreditation Board on Health;
 - ii) Teaching hospitals of AYUSH colleges recognized by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH);
 - iii) AYUSH Hospitals
13. **Restoration of Sum Insured** – In case Basic Sum Insured is exhausted due to claims made and paid during the Policy Period, then we will restore the entire Sum Insured once during the Policy Period. This restored amount can be used for future claims, not related to the Illness/Injury for which the claim has been made and paid during the same Policy year.
14. **Extended Policy Tenure** - In case you are going out of the country for a period of more than 15 days continuously and/or maximum up to 180 days, then you may extend your Policy for the number of days you are out of the country.

15. Obesity Treatment Cover – Covers medical expenses up to the limits as stated in your Policy Schedule incurred for treatment related to obesity, where the Body Mass Index is greater than 40 and with medical co-morbidities as mentioned below:

- i. Respiratory: Obstructive sleep apnea, Pickwickian syndrome (obesity hypoventilation syndrome)
- ii. Cardiovascular: Coronary artery disease, left ventricular hypertrophy, coronary pulmonale, obesity-associated cardiomyopathy, accelerated atherosclerosis, and pulmonary hypertension of obesity

16. Infertility Treatment Cover – Covers medical expenses up to the limits as stated in your Policy Schedule incurred for the treatment of Infertility as an In-patient hospitalizations or a Day care treatment. These expenses shall not be available for any subsequent Renewal once claimed in any Policy Year

17. Maternity and Child Care – The separate Sum Insured limit is available under this cover which is separate than the Basic Sum Insured mentioned in your Policy Schedule. This cover is available only to families covered under Family floater with a waiting period of (24) months from the date of issuance of the first policy with us, provided that the policy has been renewed continuously with us without break for you & your spouse insuring under this cover.

A. Maternity Care: Covers medical expenses for the delivery of a baby (including caesarean section) and/or expenses related to medically recommended and lawful termination of pregnancy, limited to maximum 2 deliveries or termination(s) or either, during the lifetime.

B. Child Care: Covers Medical expenses for the new born baby provided that there is a valid claim payable under Maternity Care.

C. New Born Vaccinations: Covers medical expenses incurred for the new born baby's vaccinations up to 3 years of age, subject to a valid claim payable under Maternity Care.

D. New Born Screening Expenses: Covers medical expenses incurred for the new born baby's screening expenses done within the hospitalization period same as maternal hospitalization period, subject to a valid claim payable under Maternity Care.

If a newborn screening test comes back positive (abnormal), further Reasonable and customary testing expenses to determine whether the baby has a particular condition shall be covered within the limits as specified in the Policy Schedule against this cover.

E. Umbilical Cord Stem Cell Banking Allowance: Covers medical expenses incurred for the new born baby's umbilical cord stem cell banking limited for the first year banking allowance, subject to a valid claim payable under Maternity Care

18. Preventive Care - We will provide below additional benefits which would help in preventing and/or bettering current Health condition/s

The below services will be provided by Us/Our appointed service provider and can be availed anytime during the policy period and there are no restrictions on the number of times the facility can be utilized.

1. First Medical Opinion:

A First medical opinion service from our expert panel is available for seeking information that will give you the confidence in medical diagnosis and treatment plan. On request, we shall arrange for a First Opinion which is subject to the following:

- i. A First Medical Opinion service provides an unbiased opinion on simple medical queries that have not been taken to a medical expert as of yet.
- ii. This benefit can be availed only once during the policy year by each Insured Person covered on Individual or Family Floater policy.
- iii. You are free to choose whether or not to obtain the First Opinion, and if obtained, whether or not to act on the same.
- iv. We does not assume any liability for and shall not be responsible for any actual or alleged errors, omissions or representations made by any Medical Practitioner or in any First Opinion or for any consequences of actions taken or not taken in reliance thereon
- v. Any First Opinion provided under the Benefit shall not be valid for any medico-legal purposes.

2. Live Health Talk:

A unique offering where you can log in through your unique login ID on the Portal and schedule a live chat with a practicing doctor to discuss health problem.

3. Electronic Medical Record Management (EMRM):

Our Portal provides storage for all your medical documents and reports centrally in one location. With EMRM you may retrieve your medical documents at your convenience through the internet. This facility provides you easy accessibility of the documents anytime and anywhere in a secured way.

4. Fortnightly Newsletters:

Relevant and Crisp Fortnightly Publication on Health & Lifestyle Awareness would be available for you on the Portal.

19. Health 360°– We provide below listed benefits to ensure your Health & Wellness under this Policy by offering services & incentivizing rewards as mentioned below

A. **Delight Healthcare:** You can avail discounts on outpatient consultation, pharmaceuticals and Diagnostic tests through our empaneled Network Providers. The list of such Network Providers will be updated from time to time and can be obtained from Our website, mobile application or by calling Our call centre. We will assist in scheduling appointments for consultation and diagnostic tests at a time convenient to you. Alternatively you may also schedule the appointment by contacting the Network Provider or through the mobile application. You can avail these facilities as many number of times as wishes to avail.

In all cases the medical professional suggested by the Company shall act in a medical or legal capacity on behalf of You only. The Company assumes no responsibility for any medical advice given by the medical professional. You shall not have any recourse to the Company by reason of its suggestion of a medical professional or due to any legal or other determination resulting therefrom.

The services are on arrangement basis and utilizing these services from the Company's empaneled network provider would be at the discretion of the Insured member. You are responsible for the cost of services arranged by the Company on behalf of You or a covered Immediate Family member.

B. Concierge Healthcare: We offer integrated healthcare services inculcating the advancement in technology and with a member centric approach. You are provided individual access to our health portal which will be available at Our website and Mobile application where you can perform various healthcare activities

1. **Health Risk Assessment (HRA):** A pre-designed questionnaire will be available at Our website and Mobile application for doing your own Health Risk assessment. If the score depicts unhealthy status you will be guided with medical screening for improving your overall well-being.

The Health score will be driven basis the information provided in areas of Medical history, stress, diet and lifestyle which ranges from 1 to 100 enabling us to identify the need of Step 3 as mentioned hereunder.

2. **Disease Management Program-**

Those who get detected or get assessed as high risk in the HRA or are already suffering from chronic diseases, we offer variety of disease management programs. This service aims to help you to cope with disease and to show you ways of dealing with them in everyday life. The Disease management Program aim to improve your quality of life.

Following are the names of Disease Management programs.

- Asthma Management
- Pre-Diabetes / Diabetes Management
- Hypertension
- Heart Related Management
- Maternity Management
- Tropical Disease Management

Based on the Disease Management Program identified, we will assign a Health Coach for online Diet consultation & tracking mechanism, indulging you into physical activities, encouraging for meditation & breathing techniques at home or online counselling through our health portal/mobile

application. Post your complete profile building done on online portal, health coach will interact with you as per health requirements

3. Dedicated Health Professional-

We will offers 24/7 live Health Chat via online Health portal and telephonic call service to discuss health and other various lifestyle related issues from expert panel of empaneled doctors and health professionals. The below services may be availed anytime during the policy period and there are no restrictions on the number of times the facility can be utilized.

- Ask Doctor – for basic health related conditions and medications
- Ask Nutritionist – for diet and nutrition considerations depending on lifestyle
- Ask Counselor – confidential counseling by professionals, crisis intervention etc.

4. Wellness Rewards-

We have kept a provision to Earn & Burn Rewards by way of ‘Wellness Reward Program’. The Rewards can be earned by performing various activities as listed below ‘Table 1. Wellness Reward’ upto the maximum limits as specified under every category and Burn it against array of our facilities provided as mentioned hereunder which would help you to improve your overall Health status whilst using the Rewards earned by you as follow.

Table 1 Wellness Reward: Earn

Sr. No.	Activities for Earning Wellness Rewards		Rewards/ unit earned by Individual	Max Rewards earned by Individual Per Policy Year	
I	Solution to Sedentary Lifestyle	HRA outcome without any adverse report	Cover 2.5 to 3.5 lakhs steps in a month	100/month	500
		HRA Outcome of having Large waist size (> 40 inches)	Cover minimum 2 lakhs steps in a month	100/month	500
			Cover above 2 lakh steps in a month	150/month	1000
		Blood pressure for a known case of Hypertension	Blood Pressure is below or equal to - SBP:120-140 mm/Hg DBP: 80-90 mm/Hg	150/month	500

			SBP- Systolic Blood Pressure; DBP – Diastolic Blood Pressure		
		Blood sugar levels for a known case of Diabetes	HBA1C within normal limits ≤ 5.6	150/quarterly	500
		Lipid profile Level for a known case of Dyslipidemia	Lipid level are normal within range as applicable to the Laboratory	150/quarterly	500
		Body Mass Index (BMI) for a known case of High BMI Insured Person /s >=30 optimum BMI	BMI between 31 to 35 and reduce your BMI to the Optimum range	100/quarterly	200
			BMI between 35 to 39 and reduce your BMI to the optimum range	150/quarterly	300
			BMI between 40 to 42 and reduce your BMI to the optimum range	250/quarterly	500
II	Get active Rewards	Can be availed by providing attendance Register/letter/medal/trophies/BIB number (as applicable) from the respective facility provider.	Participate in professional sport events like Marathon/Cyclothon/Swimathon	100 /event	500
III	Online Screening	On completion of HRA on Health Portal/Mobile application	HRA Completion within a month from Policy Inception Date	200	200
	Prophylactic Screening	The Insured person (s) can earn wellness reward by undergoing the below listed medical tests at his own cost, irrespective of the results of screen tests performed.			
		Heart Related Monitoring	a. ECG	50/quarterly	100
			b. 2D echo/ TMT	100/quarterly	200
		Blood Sugar Monitoring	a. FBS & PPBS	50/quarterly	100
b. HbA1C	75/quarterly		200		

		Thyroid/Lipid Monitoring	a. TFT (Thyroid Function Test)	100/quarterly	200
			b. Lipid Profile	100/quarterly	200
		Tests for Female Insured Person	a. PAP Smear	200/quarterly	300
			b. USG Abdomen & Pelvis	150/quarterly	300
			c. Mammogram	250/quarterly	500
		Test For Male	a. Prostate Specific Antigen (PSA)	150/quarterly	300
b. Any other test as suggested in Health Screening by Us.	150/quarterly		300		
IV	Family Rewards	Fit Kid (Age: 5-18 years) applicable only for a family floater plan insuring child. The Rewards are available for a child participating in the Sports at multiple levels. Can be availed by providing Sports Certificate provided by the School/State/National Sports authorities.	a. School level	20/sport	50
			b. State level	50/sport	100
			c. National level	100/sport	200

You can Burn these accumulated Rewards whenever required against categories as mentioned in Table 2
 Wellness Reward: Burn.

Table 2 Wellness Reward: Burn

Sr. No	Categories to Burn the Rewards
a.	The Insured Person (s) may redeem the reward points (as available) while paying the applicable discounted rates to the Network Provider for the facilities as mentioned under 'Health 360°: Delight Healthcare'.
b.	Dental Care except cosmetic treatment
c.	Cost of Vaccinations
d.	Cost of Spectacle Lenses
e.	Laser surgery for correction of refractory errors

f.	Any Hospitalizations which is Non-admissible as per the Policy terms and conditions as specified under ‘ In-patient Hospitalization’
g.	You can also redeem your Rewards against Claim of yours/your Family member/s who are insured with Us under any retail Health Indemnity product applicable in case their Sum Insured is exhausted and/or against any Non admissible expenses.
h.	Discount on premium while renewing your Policy

20. Stay Fit Perks - The Policy provides additional perk equivalent to the amount specified in the Policy Schedule after every two claim free Policy year renewals. The accumulated Stay fit perk can be utilized from third continuous Policy year renewal against any non-medical expenses for your admissible claim under In-patient Hospitalization cover

21. Renewal Health Check Up – All members covered under the Policy above 18 years of age is/are entitled to a annual health check-up on cashless basis, at our empaneled diagnostic centers irrespective of the claims history on every yearly renewal of this Policy. This is available for the individuals who were insured with Us for the above specified period and continue to be insured in the subsequent Policy Year.

Plan	Sum Insured (in Lakhs)	List of Investigations
Essential	10, 15, 20, 25, 30, 50	Complete blood Count, Routine Urine Analysis, Blood group, ESR, Fasting Blood Sugar, S. Cholesterol, SGPT, Creatinine, ECG
Optimum	10, 15, 20, 25, 30, 50	Complete blood Count, Routine Urine Analysis, Blood group, ESR, Fasting Blood Sugar, S. Cholesterol, SGPT, Creatinine, ECG
Optimum Plus	75, 100	Complete blood Count, Routine Urine Analysis, Blood group, ESR, Fasting Blood Sugar, Lipid profile, Kidney Function Test, Medical Examination, ECG

- 22. Cumulative Bonus** - This Policy provides for auto increase in Basic Sum Insured by 10% of the Basic Sum Insured for every claim free Policy year up to a maximum of 100% of the Basic Sum Insured.
- 23. Change in Plan/Enhancement of Basic Sum Insured** – You may change your Plan or enhanced your Basic Sum Insured at the time of renewal of the Policy in case of no claim having been lodged/paid under the earlier policy and as per the board approved underwriting policy of the Company.. In all such case of increase in the Basic Sum Insured and/or Policy covers, waiting period will apply afresh in relation to the amount and/or covers by which the Basic Sum Insured has been enhanced and/or Policy Plan has been changed.
- 24. Emergency Assistance Services** - The below services will be available when the you are more than 150 kilometers away for the continuous no. of days not beyond 90 days, within Indian territory, from your residential address as provided in the Proposal Form. The services would be provided by us /through our appointed Service provider, with prior intimation and acceptance by us and can be availed anytime during the policy period on Cashless basis and there are no restrictions on the number of times the facility can be utilized. We/ our Service provider completely arranges and pays reasonable and customary expenses towards assistance services without limits on the covered cost
- i. **Medical Consultation, Evaluation and Referral**- In case of any emergency situation, We/our Service Provider will evaluate, troubleshoot and make immediate recommendations including referrals to qualified doctors and/or hospitals. The Company shall arrange the appointment with the medical consultant however, the consultation fees will be borne by the Insured Person.
 - ii. **Medical Monitoring and Case Management**- A team of doctors, nurses, and other medically trained personnel would be in regular communication with the attending physician and hospital, monitor appropriate levels of care and relay necessary and legally permissible information to the members of the Family / employer.
 - iii. **Emergency Medical Evacuation**- If you fall ill or been injured in an area where appropriate care is not available, We /via Service Provider at our expense will intervene and use available transportation equipment and personnel necessary to evacuate you safely to the nearest facility for a higher medical care . Such emergency medical evacuation would be done either by ground or air solely at the discretion of the Company.
Emergency Air Ambulance Charges: The Company will arrange Air Ambulance services on Cashless basis provided that:
 - a) The treating Medical practitioner certifies in writing that the severity or nature of the Insured Persons illness or injury warrants the Insured Persons requirement for Air Ambulance
 - b) The transportation expenses under this benefit include transportation from one Hospital to another Hospital for the purpose of providing a high standard of medical care to the Insured Person following a Medical Emergency.

- iv. **Compassionate Visit:** When you are travelling alone & hospitalized for more than seven (7) consecutive days, we will provide for a family member or a friend to travel to visit you, by providing economy, round-trip, common carrier or an appropriate means of transportation to the place of hospitalization.

OPTIONAL COVER(S)

The Optional covers shall be available only if the same is specifically mentioned your Policy Schedule and available on payment of additional premium as applicable.

1. **Cumulative Bonus Enhancer** - The Cumulative Bonus can be enhanced by 25% of the Basic Sum Insured at every claim free Policy Year renewal maximum upto 150% of the Basic Sum Insured.
2. **Out Patient Treatment (OPD) Cover** – Covers Out Patient treatment expenses incurred by you on Individual limit basis during the Policy Year and will be payable if you consult a specialist consultant/specialist medical practitioner on Outpatient basis for the illness/injury contracted during the policy period and if prescribed from the treating specialist consultant/specialist medical practitioner
3. **Critical illness & Personal Accident cover** – It allows you to select a package of Critical illness & Personal Accident cover on Individual Sum Insured basis. The Sum insured opted here is separate for both the covers and does not include to your Basic Sum Insured stated in your Policy Schedule.

Section 1. Critical Illness Cover: We will pay the Sum Insured on a lump sum basis on occurrence of below mentioned Illnesses/ procedures or medical events:

- i. Cancer of Specified Severity;
- ii. Kidney Failure requiring regular Dialysis
- iii. Multiple sclerosis with persisting symptoms
- iv. Major Organ / Bone Marrow Transplant;
- v. Open Heart Replacement or Repair of Heart Valves;
- vi. Open Chest CABG
- vii. Stroke Resulting in Permanent Symptoms;
- viii. Permanent Paralysis of Limbs;
- ix. Myocardial Infarction (First Heart Attack of Specified Severity)

Section 2.1 Personal Accident Cover: We will pay the Capital Sum Insured opted for this cover on occurrence of below mentioned events:

- i) **Accidental Death:** 100% of the Capital Sum Insured is payable if you met with an Accident during the policy period and this is the sole and direct cause of your death within 12 months of such accidental Bodily Injury sustained.

- ii) Permanent Total Disability: 100% of the Capital Sum Insured is payable if you met with an Accident during the policy period and this is the sole and direct cause of your Permanent Total Disability in one of the ways detailed in the table below, within 12 months of such accidental Bodily Injury sustained

Permanent Total Disability – Table of Benefits	
Loss of:	
Limbs (both hands or both feet or one hand and one foot)	
Loss of a limb and an eye	
Complete and irrecoverable loss of sight of both eyes	
Complete and irrecoverable loss of speech & hearing of both ears	

In this benefit

- a) Limb means a hand at or above the wrist or a foot above the ankle.
- b) Loss of Limb means physical separation of a limb above the wrist or ankle respectively

In case of physical severance of Limbs, waiting period of 180 days shall not be applicable and the claim would be payable immediately subject to admission of claim as per the Policy terms and conditions and submission of all necessary documents / information and any other additional information required for the settlement of the claim.

- iii) Permanent Partial Disablement: We will pay the percentage of the Capital Sum Insured if you met with an Accident during the Policy period and this is the sole and direct cause of your Permanent Partial Disability in one of the ways detailed in the table below, within 12 months of such accidental Bodily Injury sustained

Permanent Partial Disability - Table of Benefits	
Loss of	% of CSI
Each arm at shoulder	70%
Each arm to a point above elbow joint	65%
Each arm to a point below elbow joint	60%
Each hand at the wrist	55%
Each thumb	20%
Each index finger	10%
Each other finger	5%
Each leg above center of the femur	70%
Each leg up to a point below the femur	65%
Each leg to a point below the knee	50%
Each leg up to the center of tibia	45%
Each foot at the ankle	40%

Each big toe	5%
Each other toe	2%
Each eye	50%
Hearing in each ear	30%
Sense of smell	10%
Sense of taste	5%
Any other Permanent Partial Disability	% as assessed by Registered medical practitioner

The compensation under more than one event as stated above, for same period of disability shall not exceed the Capital Sum Insured stated under this cover.

In case of multiple claims under Permanent Partial Disability arising due to multiple events during the Policy period, the total claim payable amount shall not exceed the Capital Sum Insured stated under this cover.

Section 2.2 Adventure Sports Cover: If you met with an Accident while engaging in an adventure sport carried out in accordance with the guidelines, codes of good practice and recommendations for safe practices as laid down by a governing body or authority during the Policy Period and this is the sole and direct cause of your Death or Permanent total disability or Permanent partial disability in one of the ways then we will pay up to the Sub Limit specified in the Policy Schedule forming part of the Capital Sum Insured and shall be payable in accordance with the Table as mentioned above under Section 2.1. Personal Accident cover, provided that:

The following exclusions listed under Part IV. 35 General Exclusion will stand deleted for this Option:

Treatment/loss required arising from Insured Person's participation in scuba diving, engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parachuting, hang gliding, rock or mountain climbing, winter sports, mountaineering (where ropes or guides are customarily used), caving or potholing, hunting or equestrian, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), polo, snow and ice sports, professional sports.

Section 2.3. Risk Categorization

Risk Group I: Doctors, Lawyers, Accountants, Architects, Consulting engineers, Teachers, Bankers, Builders, Contractors, Engineers on site engaged in superintending functions only, Veterinary Doctors, business owners wherein the business is not dealing in hazardous goods or not involving manual labor, Persons engaged in clerical functions & administrative functions and such other persons engaged in occupations of similar hazard listed above.

Risk Group II: Professional Athletics & Sportsmen, Wood working Machinists, Workers, Mechanics, Drivers, Manual laborers (except those falling under Group III) & such other persons engaged in occupation of similar hazard listed above.

Risk Group III: Persons working in underground mines, explosives, magazines, workers involved in electrical installation with high tension supply, demolition workers, Jockeys, Circus personnel, Persons engaged in activities like racing on wheels or horseback, big game hunting, mountaineering, winter sports, skiing, ice hockey, ballooning, hand gliding, river rafting, polo, persons working as Air Crew and Ship Crew, and such other persons engaged in occupation of similar hazard listed above.

- 4. Worldwide coverage** – Covers emergency medical expenses incurred outside India, during the Policy Year, provided that.
- i. You are outside India for the purpose other than undergoing medical treatment/procedure
 - ii. Any illness, medical event or surgical procedure for which the Hospitalization has occurred, which was first diagnosed whilst you are outside India.
 - iii. The treatment is Medically Necessary and has been certified by a Medical Practitioner as an Emergency care which cannot be deferred till the date of your return to India.
 - iv. The Emergency Medical Expenses incurred during In-patient Hospitalization only shall be covered.
 - v. Any payments under this benefit will only be made in India, in Indian Rupees and on reimbursement basis.

EXCLUSIONS

1. **Waiting Period Exclusions:**

We shall not be liable to make any payment under this Policy directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following as set out below. All these Waiting Periods shall be applicable individually for each Insured person and Claims shall be assessed accordingly

a. 30 days Waiting Period Exclusion:

A waiting period of 30 days from the commencement date of the first Policy will apply to all disease/ illness contracted other than accidental bodily injury requiring hospitalization

b. First Year Waiting Period Exclusion:

During the first year of operation of this insurance cover, expenses on treatment of the following diseases are not payable: Cataract, Benign Prostatic Hypertrophy, Hernia, Hydrocele, Fistula in anus, piles, Sinusitis and related disorders, Fissure, Gastric and Duodenal ulcers, gout and rheumatism; internal tumors, cysts, nodules, polyps including breast lumps (each of any kind unless malignant); Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus, polycystic ovarian diseases; skin tumors unless malignant, benign ear, nose and throat (ENT) disorders and surgeries; dilatation and curettage (D&C); & Congenital Internal Diseases.

c. Two Year Waiting Period Exclusion:

During the first two years of the operation of this insurance cover, the expenses on treatment of following diseases are not payable: Calculus diseases of Gall bladder and Urogenital system, Joint Replacement due to Degenerative condition, Surgery for prolapsed inter vertebral disc unless

arising from accident, Age related Osteoarthritis and Osteoporosis, Spondylosis / Spondylitis, Surgery of varicose veins and varicose ulcers.

Treatment for correction of eye sight (laser surgery) due to refractive error

Treatment related to Anxiety (F06,F40-41), Conduct & Mood disorders (F34,F38-39,F92-93,F98), Personality disorders (F60-61,F93) and stress (F43)*

If these diseases are pre-existing at the time of proposal or subsequently found to be pre-existing, exclusion below shall be applicable

d. Pre- Existing Condition Exclusion:

Pre-existing Conditions and any complications arising from the same will not be covered until 48 months or 36 months of continuous coverage have elapsed, as per the plan chosen, since inception of your first Policy with Us.

e. Four Year Waiting Period Exclusion:

Treatment of Bipolar (F31), Delirium (F05), Dementia (F00-F03), Depression (F30,F32,F33), Hyperkinetic (F90), Mental retardation (F70-79), Schizophrenia (F20-29), HIV, Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV including its complications will not be covered until 48 continuous months of this Policy with us. The Waiting Period shall apply unless expressly stated to the contrary elsewhere in this Policy.*

* The illnesses/diseases mentioned with the coding in the bracket such as F06, F40 are as per the 'International Classification of Diseases (ICD's). ICD defines the universe of diseases, disorders, injuries and other related health conditions, listed in a comprehensive, hierarchical fashion.

2. We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary elsewhere in this Policy:
 1. Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice & Trichomoniasis, , Human T Cell Lymphotropic Virus Type III (HTLV-III or IITLB-III) or Lymphadinopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.
 2. Any 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.
 3. Any treatment arising from or traceable to any fertility, infertility, sub fertility or assisted conception procedure or sterilization, birth control procedures, hormone replacement therapy, contraceptive supplies, or services including complications arising due to supplying services or Assisted Reproductive Technology.
 4. Any dental treatment or surgery unless requiring hospitalization arising out of an accident.
 5. 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.

6. Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, dentures, artificial teeth, routine eye and ear examinations, laser surgery for correction of refractory errors unless specifically mentioned in your policy schedule.
7. Experimental or unproven treatments. Any Illness or treatment which is a result or consequence of undergoing such experimental or unproven treatment.
8. Any expenses incurred on prosthesis, corrective devices, wheelchairs, walkers, belts, collars, caps, splints, braces, stockings, diabetic footwear, glucometer/thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.P.A.D) and oxygen concentrator or asthmatic condition, cost of cochlear implants.
9. Any weight management services, procedures and treatment, services and supplies including those related to treatment of conditions and complication arising out of obesity (including morbid obesity)
10. Any procedure, investigation, 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 (unless covered under the Policy), respite care, long term nursing care, custodial care or any treatment in an establishment that is not a Hospital.
11. External Congenital Anomaly.
12. Aesthetic treatment, cosmetic surgery/implants 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 or Burns.
13. Any treatment / surgery for change of sex or gender reassignments including any complication arising from these treatments.
14. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident
15. All preventive care, vaccination including inoculation and immunizations (except in case of post-bite treatment or when it is medically necessary and part of the treatment), vitamins and tonics.
16. Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health.
17. AYUSH treatment unless specifically mentioned in your policy schedule.
18. Any OPD treatment unless specifically mentioned in your policy schedule except pre and post – hospitalization as covered under Scope of the Policy.
19. Treatment received outside India unless specifically mentioned in your policy schedule.
20. 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 Inpatient Care/Day Care Treatment is required
21. War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defense, rebellion, revolution, insurrection, mutiny, military or usurped acts, seizure, capture, arrest, restraints and detainment of all kinds.
22. Any Illness or Injury arising from Insured Person committing any breach of law with criminal intent.
23. Act of self-destruction or self-inflicted, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs and alcohol or hallucinogens.

24. Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.
25. Charges related to TV (wherever specifically charged separately), 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 services.
26. Stem Cell implantation, harvesting, storage or any kind of treatment using stem cells
27. Expenses related to any kind of RMO charges, service charge, surcharge, admission fees, registration fees, night charges levied by the hospital under whatever head.
28. Any Hospitalisation primarily for investigation and / or diagnosis purpose unless it leads to medical or surgical treatment.
29. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
 - b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
 - c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and /or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or deathIn 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.
30. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants
31. Alopecia, wigs and/or toupee and all hair or hair fall treatment and products.
32. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, mentally disturbed and remodeling clinic.
33. Drugs or treatment and medical supplies not supported by a prescription from a Medical Practitioner.
34. Treatment/loss required arising from Insured Person's participation in scuba diving, engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parachuting, hang gliding, rock or mountain climbing, winter sports, mountaineering (where ropes or guides are customarily used), caving or potholing, hunting or equestrian, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), polo, snow and ice sports, professional sports.

3. Special Exclusions applicable to Optional Cover ' Personal Accident Cover'

In addition the General Exclusions listed above the Policy shall not cover following unless expressly stated to the contrary elsewhere in this Policy:

- i. Any claim in respect of accidental death or accidental injury caused by curative measures, radiation, infection, poisoning except where these arise from an accident.
- ii. In the event the Insured Person is a victim of culpable homicide, i.e. where he dies due to act committed against him, which act is committed with the intention of causing death or with the intention of causing accidental injury as is likely to cause death, or with the knowledge that such act is likely to cause death.
- iii. driving any vehicle without a valid driving licence
- iv. whilst engaging as a driver, co-driver or passenger of a vehicle engaging in speed contest or racing of any kind or participating in a trail run.

Premium on Installment Basis: This facility provides for paying the premium on installment basis either Monthly, Quarterly or Half Yearly installments as indicated in Table 1 given below on ECS/SI payment mode. The total premium applicable for a yearly or long term policy tenure shall be collected by us not later than first year of the policy.

Upon non-payment of any installment on its due date the Policy shall cease to operate from the time and date of the default in payment of the installment and no liability shall attach under the Policy for any claim occurring thereafter, nor shall any refund of premium become due under the Policy.

The Policy can be revived within the Relaxation Period (as indicated in Table 2) by payment of the Installment due subject however to the condition that no liability shall attach under this Policy for any claim occurring during the period when the Policy is deemed to have ceased to operate following default in payment of Installment premium due under the Policy.

Additionally, in the event of claim all the subsequent installments applicable to the respective Insured member/s shall immediately become due and payable. The Company may collect the balance premium installment amount from the payable claim amount in order to ensure seamless processing of the claim and in case the claim amount is less than the balance premium installment, no claim will be payable till the balance premium installment is recovered.

Table1

Installment Frequency	% of Annual Premium
Half Yearly	51%
Quarterly	26%
Monthly	8.75%

Table 2

Installment Frequency	Relaxation Period
Monthly	15 Days
Quarterly	15 Days
Half yearly	15 Days
Annual	Grace Period

Additionally, in the event of claim during the currency of this Policy from any cause whatsoever, all the subsequent installments applicable to the respective Insured member/s shall immediately become due and payable notwithstanding anything to the contrary hereinabove contained.

Relaxation period is a time immediately following the installment premium due date during which a payment can be made to 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 installment premium is received.

NOTE : IT IS NOT OBLIGATORY ON THE PART OF THE INSURERS TO GIVE ANY NOTICE TO THE INSURED FOR PAYMENT OF PREMIUM INSTALMENT

DISCOUNTS AND LOADINGS

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

Discounts:

1. Family Discount: A Family discount of 10% will be given if 2 or more family members are covered on Individual Sum Insured basis and is available to each member under the policy.
2. Multi-year Policy Discount: A discount of 7.5% will be given on selection of 2 year tenure policies.
Employee discount: A discount of 10% will be given if the Insured/ Insured person is an Employee on roll of the Company at start date of the Policy. Such discount is applicable to his/hers family members insured in the same policy on Individual / Family floater basis.

Above discounts are available at the time of first policy issuance as well as on renewal of this policy with Us.

Loadings:

We **may** apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed 100% per diagnosis / medical condition and an overall risk loading of over 200% per person. These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us or on the receipt of the request of increase in Sum Insured (for the increased Sum Insured).

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

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

Please note that We will issue Policy only after getting Your consent.

RENEWAL BENEFITS

1. **Lifelong** Policy Renewal without any exit Age
2. **Grace Period** - Grace Period of 30 days for renewing the Policy is provided under this Policy
3. **Waiting Period** - The waiting periods mentioned in the Policy wording will get reduced by 1 year on every continuous renewal of your Policy.
4. **Sum Insured Enhancement** - Sum insured can be enhanced only at the time of renewal subject to no claim have been lodged/ paid under the policy and approval by the Company
5. **Change in Plan/Optional Cover/ Installment Premium frequency:** Change in Plan or change in 'Optional Cover' can be done at Renewal subject to acceptance by the Company.
6. **Cumulative Bonus:** Auto increase in Sum Insured by 10% for every claim free year up to maximum of 100% if the Policy is renewed without any break..
Increased Cumulative Bonus up to 150% under 'Optional Cover' as opted specifically under the Policy.
7. **Health check** up on cashless basis on every renewal: facility for the member above 18 years of age is available irrespective of the claims history, as per the pre-defined Investigations package.
8. **Stay Fit Perk:** Your two claim free Policy year renewals would provide you Rewards under 'Stay Fit Perk' which can be utilized against claim deduction made towards non-medical expenses which are the standard exclusions as otherwise

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

CONTINUITY BENEFITS

1. **Portability:** If You are insured continuously and without interruption under any other Indian General Insurance and/ or Standalone Health Insurer's individual health insurance policy and you want to shift to us on renewal, the Company will consider such requests on proper evaluation allowed in terms of the Portability Guidelines issued by IRDA.

***Portability** means transfer by an individual health insurance policy holder (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.*

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

CANCELLATION/ TERMINATION

This Policy will terminate at the expiration of the period for which premium has been paid or on the Expiration Date shown in Policy Schedule.

Cancellation by Insurer:

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 in the proposal form, statement, declaration, claim form and connected documents or any material information having been withheld or a Claim being fraudulent or any fraudulent means or devices being used by insured to gain benefit under the policy. In such event of policy cancellation no premium shall be refunded to the insured.

The Company may, in the event of non-cooperation of the Insured/Insured person/s cancel this Policy, by giving 15 days notice in writing by Registered Post Acknowledgment due to the Insured/ Insured Person/s at his / their last known address in which case the Company shall be liable to repay a rateable proportion of the premium for the unexpired term from the date of the cancellation subject to there being no claim made/ reported under the Policy.

Cancellation by Insured/Insured Person:

The Insured may elect to cancel the Policy by giving 15 days’ notice in writing to the Company. If no claim has been made under the Policy then the Company shall from the date of receipt of notice cancel the Policy and refund the premium for the balance Policy period as per the Table below;

Cancellation period	Full premium		Installment premium					
	Policy Period: 1 Year	Policy Period : 2 Years	Policy Period: 1 Year			Policy Period: 2 Years		
			Monthly	Quarterly	Half-Yearly	Monthly	Quarterly	Half-Yearly
Up to 1 Month	75%	87.50%	NIL	NIL	20%	NIL	NIL	25.00%
Up to 3 Months	50%	75.00%	NIL	NIL	NIL	NIL	NIL	25.00%
Up to 6 Months	25%	62.50%	NIL	NIL	NIL	10.00%	10.00%	10.00%
Up to 9 Months	NIL	50.00%	NIL	NIL	NIL	20.00%	25.00%	30.00%
Up to 12 Months	NIL	42.00%	NIL	NIL	NIL	35.00%	40.00%	40.00%
Up to 15 Months	NIL	25.00%	NIL	NIL	NIL	NIL	NIL	NIL
Up to 18 Months	NIL	12.50%	NIL	NIL	NIL	NIL	NIL	NIL
Up to 24 Months	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL

In the event of the death of the Insured Person/s during the currency of the Policy, due to any reason and subject to there being no claim reported under the Policy, the Policy would cease to operate and the nominee/legal heir would be entitled to a refund in premium from the date of death to the expiry

of policy and such refund would be governed by the provisions relating to the Cancellation by Insured / Insured Person/s as specified above. In case of a family floater, upon the death of the Policy holder, this Policy shall continue till the end of the Policy Period. If the other Insured Person/s wish to continue with the same Policy, the Company will renew the Policy subject to the appointment of an Insured.

WITHDRAWAL OF PRODUCT

In case the product is found to be financially unviable or is deficient in any manner, the Company shall, in terms of IRDAI (Health Insurance) Regulations 2016, have the option to withdraw this product from the market subject to prior approval of such withdrawal from the Regulatory Authority. Any withdrawal of the product would be duly intimated to existing customers, who on expiry of the existing Policy, will have an option to obtain Renewal under similar product/s available with Us. The Company shall allow the benefit of Portability in all such cases.

PRE-POLICY HEALTH CHECK UP (PPC)

The PPC tests grid as mentioned below is based on the Sum Insured and age band of the member to be insured under the Policy. The grid may be subject to change based on the Company policy in future. The result of these tests will be valid for a period of 3 months from the date of tests.

The Pre-Policy Check Up will be carried out at our network list of diagnostic centres as available on our website.

The Company reserves its right to require any individual to undergo such medical tests or any further additional tests, at the sole discretion of the Company to determine the acceptance of a Proposal.

If the proposal is accepted we shall refund 50% of the health check-up cost (on our pre agreed rates with the network provider).

Age(Yrs)/Sum Insured	10 to 25 Lakhs	30 to 100 Lakhs	Cost borne
18 – 35	Nil	Pack 2-ME, CBC, HbA1c, ECG, Sr. Cholesterol, Triglycerides	50% borne by Us for accepted cases.
36-45	Pack 1-ME, CBC, FBS, ECG, RUA, Sr. Cholesterol, Triglycerides	Pack 3-ME, CBC, HbA1c, Sr. Cholesterol, Triglycerides, Sr. Creat, TMT	50% borne by Us for accepted cases.
46-55	Pack 3-ME, CBC, HbA1c, Sr. Cholesterol, Triglycerides, Sr. Creat, TMT	Pack 4-ME, CBC, HbA1c, Sr. Cholesterol, Triglycerides, Sr. Creat, TMT, PSA (males), USG abd (females),	50% Borne by Us for accepted cases
56-60	Pack 3-ME, CBC, HbA1c, Sr. Cholesterol, Triglycerides, Sr. Creat, TMT	Pack 5-ME, CBC, HbA1c, Sr. Cholesterol, Triglycerides, Sr. Creat, TMT, PSA (males), USG abd	50% Borne by Us for accepted cases

>61	Pack 4-ME, CBC, HbA1c, Sr. Cholesterol, Triglycerides, Sr. Creat, TMT, PSA (males), USG abd (females)	(females), Mammogram (female), PAP smear (female), RUA	50% Borne by Us for accepted cases
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ME= Medical Examination (report), CBC=Complete Blood Count, ECG=Electro Cardio Gram, FBS=Fasting Blood Sugar, RUA=Routine Urine Analysis, Sr. Cholesterol= Serum Cholesterol, Sr. Creat=Serum Creatinine, HbA1c= Glycosated Haemoglobin, TMT=Tread Mill Test, PSA=Prostate Specific Antigen, USG=Ultra Sono Gram

Wherever any pre-existing disease or any other adverse medical history is declared for any member, we may ask such member to undergo specific tests, as we may deem fit to evaluate such member, irrespective of the member's age.

CLAIM PROCESS AND MANAGEMENT

a) Notification of Claim:

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

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

Provisional TPA Details as given below. In case of any change in TPA details, the company shall intimate you in writing with the latest information.

TPA Name: Vipul Med Corp TPA. Pvt. Ltd.

Contact No/Toll Free No: 18001204767

E-mail Address: For Cashless - cashless@vipulmedcorp.com / For other - info@vipulmedcorp.com

Address: 515 Udyog Vihar, Phase V, GURGAON, HARYANA - 122016. Contact no. 01244833900/01244699600

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

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

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

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

b) Claim Procedure

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

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

- i. The company may provide Cashless facility for Hospitalization expenses either directly or through the TPA if treatment is undergone at a Network Hospital by issuing Pre-Authorization letter to the health care service provider.
- ii. For the purpose of considering Pre-Authorization and Cashless facility, the Insured Person/s shall submit to the TPA complete information of the disease, requiring treatment along with necessary certification from the Hospital/Medical Practitioner. If the claim for treatment appears admissible, the Company either directly or through the TPA shall issue Pre-Authorization to the Hospital concerned for cashless facility whereby hospitalization expenses shall be paid directly by the Company/ through the TPA as confirmed in the Pre-Authorization.
- iii. Cashless facility will not be available in Non-network Hospital and may be declined even for treatment at a network hospital where the information available does not conclusively establish that a claim in respect of the treatment would be admissible. In such cases, the Insured Person/s shall bear such expenses and claim reimbursement immediately after discharge from the Hospital.
- iv. The list of Network hospitals where we are having cash less arrangement would be made available to the Policy holder and subsequent amendments to the same would also be duly communicated by us/ the TPA service provider.

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

- i. Claim form duly completed in all respects
- ii. Original Bills, Receipt and Discharge certificate / card from the Hospital.
- iii. Original Cash Memos from Hospital(s)/Chemist(s), supported by proper prescriptions.
- iv. Original Receipt and Pathological test reports from a Pathologist supported by the note from the attending Medical Practitioner / Surgeon demanding such Pathological tests.
- v. Surgeon's certificate stating nature of operation performed and Surgeons' original bill and receipt.

- vi. Attending Doctor's / Consultant's / Specialist's / - Anesthetist's original bill and receipt, and certificate regarding diagnosis.
- vii. Medical Case History / Summary.
- viii. Original bills & receipts for claiming Ambulance Charges
- ix. Any additional documents or information, as relevant to the claim as may be deemed necessary by the Company or TPA to ascertain the admissibility of the claim.

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

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

Applicable Taxes prevailing at the time of claim will be considered as part of the Claim Amount and the aggregate liability of the Company, including any payment towards such Taxes shall in no case exceed the Basic Sum Insured opted.

No person other than the Insured /Insured Person(s) and/ or nominees named in the proposal can claim or sue us under this Policy.

c) INDICATIVE CHECK LIST OF ENCLOSURES FOR SUBMISSION OF CLAIM

➤ In-patient Treatment /Day Care Procedures

1. Duly filled and signed Claim Form.
2. Photocopy of ID card / Photocopy of current year policy.
3. Original Detailed Discharge Summary / Day care summary from the hospital.
4. Original consolidated hospital bill with bill no and break up of each Item, duly signed by the insured.
5. Original payment Receipt of the hospital bill with receipt number
6. First Consultation letter and subsequent Prescriptions.
7. Original bills, original payment receipts and Reports for investigation supported by the note from Attending Medical Practitioner / Surgeon demanding such test.
8. Copy of Indoor cases papers and other medical records as applicable for claim
9. Surgeons certificate stating nature of Operation performed and Surgeons Bills and Receipts
10. Attending Doctors/ Consultants/ Specialist's/ Anesthetist Bill and receipt and certificate regarding same
11. Original medicine bills and receipts with corresponding Prescriptions.
12. Original invoice/bills for Implants (viz. Stent /PHS Mesh/ IOL etc.) with original payment receipts.
13. Hospital Registration Number and PAN details from the Hospital
14. Doctors registration Number and Qualification from the doctor

15. Photo ID and Address proof of policy holder and patient
16. Original cancelled cheque with payee name printed on the cheque. If the name of the payee is not printed on the cheque please provide copy of first page of bank passbook
17. C-KYC form for claims above 1 lac

➤ **OPD Treatment**

1. Duly filled and signed Claim Form
2. Photocopy of ID card / Photocopy of current year policy
3. Consultation letter and subsequent Prescriptions.
4. Original bills, original payment receipts
5. In case of a Claim towards Physiotherapy, need to be supported by a prescription from the treating specialist consultant/specialist medical practitioner as a medically necessary treatment

➤ **Road Traffic Accident**

In addition to the In-patient Treatment documents:

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

➤ **For Death Cases**

In addition to the In-patient Treatment documents:

1. Original Death Summary from the hospital.
2. Copy of the Death certificate from treating doctor or the hospital authority.
3. Copy of the Legal heir certificate, if the claim is for the death of the principle insured.

➤ **Pre and Post-hospitalization expenses**

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

➤ **Ambulance Benefit**

1. Duly filled and signed Claim Form.
2. Photocopy of ID card / Photocopy of current year policy.
3. Original Bill with Original Payment Receipt.
4. Treating Doctor's consultation prescription indicating Emergency Hospitalization.

➤ **Reimbursement of Organ Donor Expenses**

In addition to the documents of general hospitalization

1. Organ Function test / blood test proving organ failure.
2. Treatment Certificate issued by the Transplant Surgeon of the hospital concerned.

➤ **Hospital Cash Allowance**

Same as In-patient Hospitalization treatment

➤ **Restoration/Reinstatement of the Sum Insured**

Same as In-patient Hospitalization treatment

➤ **Nursing Allowance**

In addition to the In-patient Treatment documents:

1. Duly signed prescription for Private Nursing requirement and its necessity from the treating Medical Practitioner
2. Original Bill with Original Payment Receipt of Nursing charges from the utilized Nursing Burrow/Private Nurse

➤ **Maternity benefit**

In addition to the In-patient Treatment documents:

1. ANC records of Patient
2. Obstetric history of patient

➤ **Critical Illness Benefit**

1. Duly filled and signed claim form
2. Photocopy of current year policy
3. Copy of Discharge summary if any
4. Medical certificate for the duration of illness
5. A medical certificate confirming the diagnosis of critical illness from a doctor not qualified less than MD / MS
6. Investigation reports / other related documents reflecting the critical illness diagnosis
7. First consultation letter and subsequent prescription
8. Original cancelled cheque with payee name printed on the cheque. If the name of the payee is not printed on the cheque please provide copy of first page of bank passbook

➤ **Personal Accident Benefit**

Death

1. Duly Completed Personal Accident Insurance Policy Claim Form signed by Nominee.
2. Copy of address proof (Ration card or electricity bill copy).
3. Attested copy of Death Certificate.
4. Burial Certificate (wherever applicable)
5. Attested copy of Statement of Witness, if any lodged with police authorities.
6. Attested copy of FIR / Panchanama / Inquest Panchanama.

7. Attested copy of Post Mortem Report (only if conducted).
8. Attested copy of Viscera report if any(Only if Post Mortem is conducted).
9. Claim form with NEFT details
10. Original cancelled cheque with payee name printed on the cheque. If the name of the payee is not printed on the cheque please provide copy of first page of bank passbook
11. Original Policy copy

Permanent Partial /Total Disablement /Temporary Total Disability

1. Duly Completed Personal Accident Insurance Policy Claim Form signed by insured.
2. Attested copy of disability certificate from Civil Surgeon of Government Hospital stating percentage of disability.
3. Attested copy of FIR.
4. All X-Ray / Investigation reports and films supporting to disablement.
5. Claim form with NEFT details
6. Original cancelled cheque with payee name printed on the cheque. If the name of the payee is not printed on the cheque please provide copy of first page of bank passbook
7. Original Policy copy.

➤ **Extended Policy Tenure**

1. Proof of travel outside the Country specifying a period more than 15 days consecutively.

We may call for additional documents/ information as relevant to the claim.

Applicable to all claims under the Policy:

- a. In the event of the original documents being provided to any other Insurance Company or to a reimbursement provider, We shall accept verified photocopies of such documents attested by such other Insurance Company/ reimbursement provider.
- b. If required, the Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at Our expense.
- c. If required, the Insured person must agree to be examined by a medical practitioner of our choice at Our expenses.
- d. The Policy - excludes the Standard List of excluded items - attached in the Policy document.
- e. We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions or reject the claim as per the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim. However, where the circumstances of a claim warrant an investigation in the opinion of the insurer, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, Insurer shall settle the claim within 45 days from the date of receipt of last necessary document.
- f. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Regulation), 2017. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under IRDA (Protection of Policyholders Regulation), 2017, we shall pay interest at a rate which is 2%

above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us For the purpose of this clause, 'bank rate' means "Bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due"

- g. No person other than the Insured /Insured Person(s) and/ or nominees named in the proposal can claim or sue us under this Policy

FREE LOOK CANCELLATION

A period of 15 days from the date of receipt of Policy document is available to review the terms, conditions and exclusions of the Policy. The Insured has the option of cancelling the Policy stating the reasons for cancellation if he has any objections to any of the terms, conditions and exclusions. The company shall refund the premium paid after adjusting the amounts spent on medical examination of the Insured person/s, Stamp Duty Charges and proportionate risk premium in case the risk has already commenced. Cancellation will be allowed only if there are no claims reported under the Policy. All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy. Free look provision is available only at the time of inception of the first Policy contract with us and not at the time of Renewal of the Policy.

Statutory Warning: Prohibition of Rebates as per Section 41 of the Insurance Act 1938 (4 of 1938) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer'. Violations of Section 41 of the Insurance Act 1938, as amended, shall be - Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs.

Benefit Schedule	
HEALTHPRIME CONNECT	
Age Group	Minimum Age at Entry (Adult) - 18 Years
	Maximum Age at Entry (Adult) - 65 Years
	Children between 91 days and 25 years can be insured provided either parent is getting insured under the Policy
Renewal	Lifelong
Tenure	1 / 2 Years
Option	Individual/ Family Floater Sum Insured basis
Family Discount	10% if more than 2 family members are covered on Individual Sum Insured basis
Relationship Covered	Individual SI: Self, Spouse, Children, Parents, Parents-in-laws, Siblings, Son-in- law, Daughter-in-law, Grand- children, Grand- parents.
	Family Floater: Self, Spouse, Dependent Children, Parents, Parents-in-laws (maximum 2 Adults & 3 children can be covered under one Policy)

Basic Sum Insured (BSI) in Lakhs		Applicable Per Year and Per Insured member in an Individual Sum Insured Policy and for all Insured members combined in a Family Floater Policy.	10, 15, 20, 25, 30, 50	10, 15, 20, 25, 30, 50	75, 100
Sr.no	Benefits	Description	Essential	Optimum	Optimum Plus
1	Hospitalisation Expenses				
A	In-Patient Treatment Expenses	Minimum 24 Hrs hospitalisation as an In-patient	✓	✓	✓
B	Day Care Treatment	Medical treatment, and/or surgical procedure undertaken in a hospital/day care centre in less than 24 hours due to Technological advancement.	✓	✓	✓
2	Pre-hospitalisation Expenses	Medical expenses incurred prior to the covered Hospitalization up to the specified days	60 Days	90 days	90 days
3	Post-hospitalisation Expenses	Medical expenses incurred after the covered Hospitalization up to the specified days	90 Days	120 days	180 days
4	Domiciliary Hospitalisation Treatment	Home hospitalisation due to non- availability of hospital bed or because the patient is not in a condition to be moved to a hospital covered up to the specified limit	10% of SI	10% of SI	10% of SI
5	Hospital daily Cash Allowance	Daily cash Per day of hospitalization max up to 10th day of continuous hospitalization. A deductible of first 48 hours of hospitalization is applicable.	₹ 1000/day	₹ 2000/day	₹ 4000/day
6	Emergency Local Road Ambulance Charges	Ambulance expenses incurred while transfer the Insured Person to the nearest Hospital. Covered up to the mentioned limits per hospitalization as part of Basic SI	₹ 2500	₹ 5000	₹ 8000

7	Organ Donor Expenses	Organ donor's screening charges & the medical expenses for an organ donor's treatment for harvesting of the organ (Included within the Basic SI)	upto Basic SI	upto Basic SI	upto Basic SI
8	Second Opinion	Medical second opinion to augment confidence in the medical diagnosis and treatment plan available once during the Policy period.	✓	✓	✓
9	Nursing Allowance	Daily allowance up to 30 days per Policy Year, towards engaging the services of a qualified nurse either at the Hospital or at the Insured Person's residence	×	₹ 2000/day	₹ 4000/day
10	Laser Eye Surgery	Laser surgery expenses payable for refractive index of +/- 5 or more covered up to the mentioned limit for both eyes (Included within the Basic SI)	×	Up to ₹ 50000	Up to ₹ 50000
11	Vaccination for Animal Bite	Vaccination against animal bite payable up to the limits mentioned per Policy Year	×	₹ 4000	₹ 7000
12	AYUSH Treatment	AYUSH treatment taken in a specified hospital is payable up to the stated limits as part of Basic SI.	×	Upto 10% of SI	Upto 10% of SI
Additional Inbuilt Features					
13	Restoration of Sum Insured	100% restoration of basic SI on occurrence of another unrelated event	✓	✓	✓
14	Extended policy tenure	Extended policy tenure when out of country for a continuous period of more than 15 days	✓	✓	✓
15	Obesity treatment cover	Procedure related to or for obesity is covered up to the limits mentioned as part of Basic SI in case the BMI>40 and with medical co-morbidities as specified under the Policy	×	₹ 300,000	₹ 500,000

16	Infertility Treatment	Indemnify the expenses incurred towards Infertility treatment covered post waiting Period of 36 Months up to the limits mentioned as part of Basic SI	×	₹ 50000	₹ 100000
17	Maternity & Child Care (Separate limits under each cover ,only available in Family floater policies)	Maternity Care (Normal & C-Section Delivery for max up to 2 children)	×	₹ 100000	₹ 150000
		Maternity waiting period	×	2 Years	2 Years
		Antenatal & Post natal charges (separate limit)	×	₹ 10000	₹ 15000
		Child Care: Coverage for new born baby subject to claim admissible under maternity benefit mentioned above (Separate limit)	×	₹ 10000	₹ 20000
		New born Vaccinations: Covers vaccinations for new born child max. up to 3 years of child's age (Separate limit)	×	₹ 8000	₹10000
		New Born Screening Expenses (Separate limit)	×	₹ 3000	₹ 6000
18	Preventive Care	Umbilical Cord Stem Cell Banking Allowance payable upto the specified limits for the 1st Yr Banking expenses (Separate limit)	×	₹ 10000	₹ 10000
		The additional benefits which would help in preventing and/or bettering current Health condition/s 1. First Medical Opinion 2. Live Health Talk 3. Electronic Medical Record Management (EMRM) 4. Fortnightly Newsletters	✓	✓	✓
19	Health 360°	Earn Rewards and Burn it against array of our facilities which would help you to improve your overall Health.	✓	✓	✓
20	Emergency Assistance Services	This program immediately connects you to doctors, hospitals, pharmacies, Air and ground ambulance and other services if you experience a medical emergency while traveling 150 kilometres away from your permanent residence within India.	✓	✓	✓
Renewal Inbuilt Features					

21	Stay Fit Perks	Additional perks on every block of two claim free Policy renewals with Us. This will be accumulated in your Policy automatically and may be utilized after the 2nd claim free Policy renewal against any non-medical expenses which are the standard exclusions as otherwise	Lump sum amount of ₹ 10000 per block of 2 claim free Policy year renewals		
22	Renewal Health Check Up	Health Check up on cashless basis on Policy renewal with Us (irrespective of Claims History)	Available at every Policy Year renewal.		
23	Cumulative Bonus	Auto increase in Sum Insured for every claim free year up to max. of 100% of Basic Sum Insured	10% of Basic Sum Insured		
24	Change in Plan/Enhancement of Sum Insured	Change in Plan and/or enhancement in Sum Insured at Policy renewal	✓	✓	✓
Optional Covers					
1	Cumulative Bonus Enhancer	Cumulative Bonus gets enhanced by selecting this Option	×	Auto increase in Sum Insured by 25% on Basic sum insured for every claim free year up to max. of 150%.	
2	OPD cover	OPD expenses are payable upto the selected limits (Separate SI) OPD Limit from ₹10000, 15000, 20000, 30000	×	✓	✓
3	Critical Illness & Personal Accident Cover	Critical Illness: Coverage of named critical illnesses upto the stated limits (Separate SI)	×	Sum Insured 10, 15 & 20 lakh: Critical illness limit upto ₹ 2 lakh	₹ 5 Lakh/ ₹ 10 Lakh
		Personal Accident Cover upto 100% & 150% of SI (Capital Sum Insured)	×	Sum Insured 25, 30 & 50 lakh: Critical illness limit upto ₹ 5 lakh	

		Adventurous Sports: covered upto 10% of PA Capital Sum Insured	×	✓	✓
4	Worldwide coverage	Coverage for emergency care Medical Expenses incurred outside India limited upto 50% of Basic Sum Insured	×	✓	✓
Waiting Period					
1	30 days	Waiting period of 30 days from the inception Date of the Policy	✓	✓	✓
2	1 Year	Waiting period of 1 Year applicable for the specified diseases/illnesses from the inception Date of the Policy	✓	✓	✓
3	2 Years	Waiting period of 2 Years applicable for the specified diseases/illnesses from the inception Date of the Policy	✓	✓	✓
4	Pre- existing Diseases (PED)	Waiting period applied for PED's for the specified number of months from inception Date of the Policy	4 Years	3 Years	3 Years

PREMIUM RATE CHART

As annexed.

PREMIUM CALCULATION STEPS

HEALTHPRIME CONENCT- Premium calculation 3 Variants

All Values in INR

	Sample 1	Sample 2	Sample 3
No. of Members	1	1	1
Plan Opted	Essential	Optimum	Optimum Plus
Sum Insured	20 Lakhs	50 Lakhs	1cr
Policy Tenure	1 year	1 year	1 year
Policy Type	Individual	Individual	Individual
Age of Member	40 years	40 years	40 years
Payment Frequency	Single Premium	Single Premium	Single Premium

Coverage Details	Premium			Premium			Premium		
Rate chart Premium	12,205			21,162			25,538		
Family Floater Discount	NA		-	NA		-	NA		-
Optional Covers	Y/N/NA		Premium	Y/N/NA		Premium	Y/N/NA		Premium
CI & PA Cover	NA			Yes	500000 with PA @100%	2,641	Yes	1000000 with PA @100%	5,282
Worldwide Cover	NA			Yes		1,830	Yes		2,084
OPD Cover	NA			Yes	OPD Cover Benefit =30,000	13,158	Yes	OPD Cover (Benefit = 30,000)	13,158
Cumulative Bonus Enhancer	NA			Yes	5%	1149.60	Yes	5%	1381.10
Base Premium (In Rs)			12,205			39,941			47,443
Discounts									
Family Discount	No	0%	-	NA	0%	-	NA	0%	-
Employee Discount	Yes	10%	(1,220.47)	No	0%	-	No	0%	-
Long Term Policy Discount	No	0%	-	No	0%	-	NA	0.0%	-
Total Discount (In Rs)			(1,220)			-			-
Loadings									
Sub Standard Risk Loading		0%	0.00		0%	0		0%	0
Total Premium Payable Without GST			10,984			39,941			47,443

LIST OF DAY CARE PROCEDURES/TREATMENTS

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

ENT

1 Stapedotomy
 2 Myringoplasty (Type I Tympanoplasty)

3 Revision stapedectomy
 4 Labyrinthectomy for severe Vertigo
 5 Stapedectomy under GA

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

Ophthalmology

- 43 Incision of tear glands
- 44 Other operation on the tear ducts

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

Oncology

- 61 IV Push Chemotherapy
- 62 HBI-Hemibody Radiotherapy
- 63 Infusional Targeted therapy
- 64 SRT-Stereotactic Arc Therapy
- 65 SC administration of Growth Factors
- 66 Continuous Infusional Chemotherapy
- 67 Infusional Chemotherapy
- 68 CCRT-Concurrent Chemo + RT
- 69 2D Radiotherapy
- 70 3D Conformal Radiotherapy
- 71 IGRT- Image Guided Radiotherapy
- 72 IMRT- Step & Shoot
- 73 Infusional Bisphosphonates
- 74 IMRT- DMLC
- 75 Rotational Arc Therapy
- 76 Tele gamma therapy
- 77 FSRT-Fractionated SRT
- 78 VMAT-Volumetric Modulated Arc Therapy
- 79 SBRT-Stereotactic Body Radiotherapy
- 80 Helical Tomotherapy
- 81 SRS-Stereotactic Radiosurgery
- 82 X-Knife SRS

- 83 Gammaknife SRS
- 84 TBI- Total Body Radiotherapy
- 85 intraluminal Brachytherapy
- 86 Electron Therapy
- 87 TSET-Total Electron Skin Therapy
- 88 Extracorporeal Irradiation of Blood Products
- 89 Telecobalt Therapy
- 90 Telecesium Therapy
- 91 External mould Brachytherapy
- 92 Interstitial Brachytherapy
- 93 Intracavity Brachytherapy
- 94 3D Brachytherapy
- 95 Implant Brachytherapy
- 96 Intravesical Brachytherapy
- 97 Adjuvant Radiotherapy
- 98 Afterloading Catheter Brachytherapy
- 99 Conditioning Radiotherapy for BMT
- 100 Extracorporeal Irradiation to the Homologous Bone grafts
- 101 Radical chemotherapy
- 102 Neoadjuvant radiotherapy
- 103 LDR Brachytherapy
- 104 Palliative Radiotherapy
- 105 Radical Radiotherapy
- 106 Palliative chemotherapy
- 107 Template Brachytherapy
- 108 Neoadjuvant chemotherapy
- 109 Adjuvant chemotherapy
- 110 Induction chemotherapy
- 111 Consolidation chemotherapy
- 112 Maintenance chemotherapy
- 113 HDR Brachytherapy

Plastic Surgery

- 114 Construction skin pedicle flap
- 115 Gluteal pressure ulcer-Excision
- 116 Muscle-skin graft, leg
- 117 Removal of bone for graft
- 118 Muscle-skin graft duct fistula
- 119 Removal cartilage graft
- 120 Myocutaneous flap
- 121 Fibro myocutaneous flap
- 122 Breast reconstruction surgery after mastectomy
- 123 Sling operation for facial palsy

- 124 Split Skin Grafting under RA
- 125 Wolfe skin graft
- 126 Plastic surgery to the floor of the mouth under GA

Urology

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

Neurology

- 162 Facial nerve physiotherapy
- 163 Nerve biopsy

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

Thoracic surgery

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

Gastroenterology

- 184 Pancreatic pseudocyst EUS & drainage
- 185 RF ablation for barrett's Oesophagus
- 186 ERCP and papillotomy
- 187 Esophagoscope and sclerosant injection
- 188 EUS + submucosal resection
- 189 Construction of gastrostomy tube
- 190 EUS + aspiration pancreatic cyst
- 191 Small bowel endoscopy (therapeutic)
- 192 Colonoscopy ,lesion removal
- 193 ERCP
- 194 Colonoscopy stenting of stricture
- 195 Percutaneous Endoscopic Gastrostomy
- 196 EUS and pancreatic pseudo cyst drainage
- 197 ERCP and choledochoscopy
- 198 Proctosigmoidoscopy volvulus detorsion
- 199 ERCP and sphincterotomy
- 200 Esophageal stent placement
- 201 ERCP + placement of biliary stents
- 202 Sigmoidoscopy w / stent
- 203 EUS + coeliac node biopsy

General Surgery

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

- 243 Pneumatic reduction of intussusception
- 244 Varicose veins legs - Injection sclerotherapy
- 245 Rigid Oesophagoscopy for Plummer vinson syndrome
- 246 Pancreatic Pseudocysts Endoscopic Drainage
- 247 ZADEK's Nail bed excision
- 248 Subcutaneous mastectomy
- 249 Excision of Ranula under GA
- 250 Rigid Oesophagoscopy for dilation of benign Strictures
- 251 Eversion of Sac
 - a) Unilateral
 - b) Bilateral
- 252 Lord's plication
- 253 Jaboulay's Procedure
- 254 Scrotoplasty
- 255 Surgical treatment of varicocele
- 256 Epididymectomy
- 257 Circumcision for Trauma
- 258 Meatoplasty
- 259 Intersphincteric abscess incision and drainage
- 260 Psoas Abscess Incision and Drainage
- 261 Thyroid abscess Incision and Drainage
- 262 TIPS procedure for portal hypertension
- 263 Esophageal Growth stent
- 264 PAIR Procedure of Hydatid Cyst liver
- 265 Tru cut liver biopsy
- 266 Photodynamic therapy or esophageal tumour and Lung tumour
- 267 Excision of Cervical RIB
- 268 laparoscopic reduction of intussusception
- 269 Microdochoectomy breast
- 270 Surgery for fracture Penis
- 271 Sentinel node biopsy
- 272 Parastomal hernia
- 273 Revision colostomy
- 274 Prolapsed colostomy- Correction
- 275 Testicular biopsy
- 276 laparoscopic cardiomyotomy(Hellers)
- 277 Sentinel node biopsy malignant melanoma
- 278 laparoscopic pyloromyotomy(Ramstedt)
- 279 Arthroscopic Repair of ACL tear knee
- 280 Closed reduction of minor Fractures
- 281 Arthroscopic repair of PCL tear knee
- 282 Tendon shortening
- 283 Arthroscopic Meniscectomy - Knee
- 284 Treatment of clavicle dislocation
- 285 Arthroscopic meniscus repair
- 286 Haemarthrosis knee- lavage
- 287 Abscess knee joint drainage
- 288 Carpal tunnel release
- 289 Closed reduction of minor dislocation
- 290 Repair of knee cap tendon
- 291 ORIF with K wire fixation- small bones
- 292 Release of midfoot joint
- 293 ORIF with plating- Small long bones
- 294 Implant removal minor
- 295 K wire removal
- 296 POP application
- 297 Closed reduction and external fixation
- 298 Arthrotomy Hip joint
- 299 Syme's amputation
- 300 Arthroplasty
- 301 Partial removal of rib
- 302 Treatment of sesamoid bone fracture
- 303 Shoulder arthroscopy / surgery
- 304 Elbow arthroscopy
- 305 Amputation of metacarpal bone
- 306 Release of thumb contracture
- 307 Incision of foot fascia
- 308 calcaneum spur hydrocort injection
- 309 Ganglion wrist hyalase injection
- 310 Partial removal of metatarsal
- 311 Repair / graft of foot tendon
- 312 Revision/Removal of Knee cap
- 313 Amputation follow-up surgery
- 314 Exploration of ankle joint
- 315 Remove/graft leg bone lesion
- 316 Repair/graft achilles tendon
- 317 Remove of tissue expander
- 318 Biopsy elbow joint lining
- 319 Removal of wrist prosthesis
- 320 Biopsy finger joint lining
- 321 Tendon lengthening
- 322 Treatment of shoulder dislocation
- 323 Lengthening of hand tendon

Orthopedics

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

Paediatric surgery

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

Gynaecology

- 360 Hysteroscopic removal of myoma
- 361 D&C

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

Critical care

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

Dental

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

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

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

STANDARD LIST OF EXCLUDED ITEMS

S.No	NAME OF THE NON MEDICAL ITEM	PAYABLE/NOT PAYABLE
TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
1	ANNE FRENCH CHARGES	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BOTTLE	Not Payable
8	BRUSH	Not Payable
9	COSY TOWEL	Not Payable
10	HAND WASH	Not Payable
11	MOISTURISER PASTE BRUSH	Not Payable
12	POWDER	Not Payable
13	RAZOR	Payable
14	TOWEL	Not Payable
15	SHOE COVER	Not Payable
16	BEAUTY SERVICES	Not Payable
17	BELTS/ BRACES	Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine.
18	BUDS	Not Payable
19	BARBER CHARGES	Not Payable
20	CAPS	Not Payable
21	COLD PACK/HOT PACK	Not Payable
22	CARRY BAGS	Not Payable
23	CRADLE CHARGES	Not Payable
24	COMB	Not Payable

25	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
26	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
27	EYE PAD	Not Payable
28	EYE SHEILD	Not Payable
29	EMAIL / INTERNET CHARGES	Not Payable
30	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
31	FOOT COVER	Not Payable
32	GOWN	Not Payable
33	LEGGINGS	Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable.
34	LAUNDRY CHARGES	Not Payable
35	MINERAL WATER	Not Payable
36	OIL CHARGES	Not Payable
37	SANITARY PAD	Not Payable
38	SLIPPERS	Not Payable
39	TELEPHONE CHARGES	Not Payable
40	TISSUE PAPER	Not Payable
41	TOOTH PASTE	Not Payable
42	TOOTH BRUSH	Not Payable
43	GUEST SERVICES	Not Payable
44	BED PAN	Not Payable
45	BED UNDER PAD CHARGES	Not Payable
46	CAMERA COVER	Not Payable
47	CARE FREE	Not Payable
48	CLINIPLAST	Not Payable
49	CREPE BANDAGE	Not Payable
50	CURAPORE	Not Payable
51	DIAPER OF ANY TYPE	Not Payable
52	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
53	EYELET COLLAR	Not Payable
54	FACE MASK	Not Payable
55	FLEXI MASK	Not Payable
56	GAUSE SOFT	Not Payable

57	GAUZE	Not Payable
58	HAND HOLDER	Not Payable
59	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
60	LACTOGEN/ INFANT FOOD	Not Payable
61	SLINGS	Reasonable costs for one sling in case of upper arm fractures may be considered ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
62	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified
63	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Not Payable
64	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Not Payable
65	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified
66	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified
67	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified
68	OBESITY (INCLUDING MORBID OBESITY) TREATMENT	Exclusion in policy unless otherwise specified
69	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified
70	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
71	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
72	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
73	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
74	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
75	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
76	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS	Not Payable - Exclusion in policy unless otherwise specified

	DETECTED/ DIRECTLY OR INDIRECTLY	
77	STEM CELL IMPLANTATION/ SURGERY	Not Payable except Bone Marrow Transplantation where covered by policy
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS		
78	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
79	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
80	MICROSCOPE COVER	Payable under OT Charges, not separately
81	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not separately
82	SURGICAL DRILL	Payable under OT Charges, not separately
83	EYE KIT	Payable under OT Charges, not separately
84	EYE DRAPE	Payable under OT Charges, not separately
85	X-RAY FILM	Payable under Radiology Charges, not as consumable
86	SPUTUM CUP	Payable under Investigation Charges, not as consumable
87	BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
88	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
89	SAVLON Not	Payable-Part of Dressing Charges
90	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
91	COTTON	Not Payable-Part of Dressing Charges
92	COTTON BANDAGE	Not Payable- Part of Dressing Charges
93	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
94	BLADE	Not Payable
95	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
96	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)

97	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
98	URINE CONTAINER	Not Payable
ELEMENTS OF ROOM CHARGE		
99	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
100	HVAC	Part of room charge not payable separately
101	HOUSE KEEPING CHARGES	Part of room charge not payable separately
102	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
103	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
104	SURCHARGES	Part of Room Charge, Not payable separately
105	ATTENDANT CHARGES	Not Payable - Part of Room Charges
106	IM IV INJECTION CHARGES	Part of nursing charges, not payable
107	CLEAN SHEET	Part of Laundry/Housekeeping not payable separately
108	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
109	BLANKET/WARMER BLANKET	Not Payable- part of room charges
ADMINISTRATIVE OR NON-MEDICAL CHARGES		
110	ADMISSION KIT	Not Payable
111	BIRTH CERTIFICATE	Not Payable
112	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
113	CERTIFICATE CHARGES	Not Payable
114	COURIER CHARGES	Not Payable
115	CONVENYANCE CHARGES	Not Payable
116	DIABETIC CHART CHARGES	Not Payable
117	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
118	DISCHARGE PROCEDURE CHARGES	Not Payable
119	DAILY CHART CHARGES	Not Payable
120	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
121	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
122	FILE OPENING CHARGES	Not Payable

123	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
124	MEDICAL CERTIFICATE	Not Payable
125	MAINTAINANCE CHARGES	Not Payable
126	MEDICAL RECORDS	Not Payable
127	PREPARATION CHARGES	Not Payable
128	PHOTOCOPIES CHARGES	Not Payable
129	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
130	WASHING CHARGES	Not Payable
131	MEDICINE BOX	Not Payable
132	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
133	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
	EXTERNAL DURABLE DEVICES	
134	WALKING AIDS CHARGES	Not Payable
135	BIPAP MACHINE	Not Payable
136	COMMODOE	Not Payable
137	CPAP/ CAPD EQUIPMENTS	Device not payable
138	INFUSION PUMP - COST	Device not payable
139	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
140	PULSEOXYMETER CHARGES	Device not payable
141	SPACER	Not Payable
142	SPIROMETRE	Device not payable
143	SPO2 PROBE	Not Payable
144	NEBULIZER KIT	Not Payable
145	STEAM INHALER	Not Payable
146	ARMSLING	Not Payable
147	THERMOMETER	Not Payable (paid by patient)
148	CERVICAL COLLAR	Not Payable
149	SPLINT	Not Payable
150	DIABETIC FOOT WEAR	Not Payable
151	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
152	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
153	LUMBO SACRAL BELT	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.

154	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadruplegia for any reason and at reasonable cost of approximately Rs 200/ day
155	AMBULANCE COLLAR	Not Payable
156	AMBULANCE EQUIPMENT	Not Payable
157	MICROSHEILD	Not Payable
158	ABDOMINAL BINDER	Essential and should be paid at least in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
159	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\\DETTOL \SAVLON\ DISINFECTANTS ETC	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
160	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
161	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES / DIET CHARGES	Patient Diet provided by hospital is payable
162	ALEX SUGAR FREE	Payable -Sugar free variants of admissible medicines are not excluded
163	CREAMS POWDERS LOTIONS (Toileteries are not payable, only prescribed medical pharmaceuticals payable)	Payable when prescribed
164	DIGENE GEL/ ANTACID GEL	Payable when prescribed
165	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
166	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
167	HIV KIT	Payable - payable Pre operative screening
168	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
169	LOZENGES	Payable when prescribed
170	MOUTH PAINT	Payable when prescribed
171	NEBULISATION KIT	If used during hospitalization is payable reasonably
172	NEOSPRIN	Payable when prescribed
173	NOVARAPID	Payable when prescribed
174	17 VOLINI GEL/ ANALGESIC GEL	Payable when prescribed

175	ZYTEE GEL	Payable when prescribed
176	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
177	AHD	Not Payable - Part of Hospital's internal Cost
178	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
179	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
OTHERS		
180	VACCINE CHARGES FOR BABY	Not Payable
181	AESTHETIC TREATMENT / SURGERY	Not Payable
182	TPA CHARGES	Not Payable
183	VISCO BELT CHARGES	Not Payable
184	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
185	EXAMINATION GLOVES	Not Payable
186	KIDNEY TRAY	Not Payable
187	MASK	Not Payable
188	OUNCE GLASS	Not Payable
189	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
190	OXYGEN MASK	Not Payable
191	PAPER GLOVES	Not Payable
192	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused
193	REFERAL DOCTOR'S FEES	Not Payable
194	ACCU CHECK (Glucometry/ Strips)	Not payable pre hospitalisation or post hospitalisation / Reports and Charts required/ Device not payable
195	PAN CAN	Not Payable
196	SOFNET	Not Payable
197	TROLLY COVER	Not Payable
198	UROMETER, URINE JUG	Not Payable
199	AMBULANCE	Payable-Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable

200	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
201	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
202	SOFTOVAC	Not Payable
203	STOCKINGS	Essential for case like CABG etc. where it should be paid.