

GROUP HOSPITAL CASH POLICY

POLICY WORDINGS

1. PREAMBLE:

The insurance cover provided under this Policy to the Insured / Insured Person up to the Sum Insured is and shall be subject to (a) the terms and conditions of this Policy and (b) the receipt of premium and (c) Disclosure to Information Norm (including by way of the Proposal or Information Summary Sheet) and (d) Policy Schedule/ Certificate of Insurance.

2. OPERATIVE CLAUSE

If during the policy period insured person is required to be hospitalized for treatment of an Illness or Injury at a Hospital/ Day Care Centre following Medical Advice of a duly qualified Medical Practitioner, the Company shall pay per day cash benefit as mentioned in the Policy Schedule / Certificate of Insurance.

Provided further that, this amount payable under the policy shall be subject to the terms of coverage (including any co-pay, sub limits), exclusions, conditions and definitions contained herein. Maximum liability of the Company under all such Claims during each Policy Year shall be the Sum Insured opted and specified in the Schedule.

3. DEFINITIONS

Any word or expression, to which a specific meaning has been assigned in any part of this Policy Wording or the Policy Schedule/ Certificate of Insurance, shall bear the same meaning wherever it appears. For purposes of this Policy, the terms specified below shall have the meaning as set forth herein below:

1. **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Age** means age of the Insured person on last birthday as on date of commencement of the Policy.
3. **Any One Illness** means continuous period of illness and it includes relapse within forty five days from the date of last consultation with the hospital where treatment has been taken.
4. **AYUSH Treatment** refers to hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
5. An **AYUSH Hospital** is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
 - Central or State Government AYUSH Hospital or
 - Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
 - AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - a. Having at least 5 in-patient beds;
 - b. Having qualified AYUSH Medical Practitioner in charge round the clock;
 - c. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

- d. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
6. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:
- Having qualified registered AYUSH Medical Practitioner(s) in charge;
 - Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
7. **Break in Policy** means the period of gap that occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof
8. **Condition Precedent** means a Policy term or condition upon which the Company's liability under the Policy is conditional upon.
9. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
- Internal Congenital Anomaly**
Congenital anomaly which is not in the visible and accessible parts of the body.
 - External Congenital Anomaly**
Congenital anomaly which is in the visible and accessible parts of the body.
10. **Day Care Centre** means any institution established for day care treatment of disease/ injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:
- has qualified nursing staff under its employment;
 - has qualified medical practitioner (s) in charge;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out
 - maintains daily records of patients and shall make these accessible to the Company's authorized personnel.
11. **Day Care Treatment** means medical treatment, and/or surgical procedure which is:
- undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
 - which would have otherwise required hospitalization of more than 24 hours.
- Treatment normally taken on an out-patient basis is not included in the scope of this definition.
12. **Deductible** means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
13. **Dental Treatment** means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery.
14. **Disclosure to information norm:** The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.
15. **Family** means, the Family that consists of the proposer and any one or more of the family members as mentioned below:
- Legally wedded spouse.
 - Parents and Parents-in-law.
 - Dependent Children (i.e. natural or legally adopted) between the age 1 Day to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals.
16. **Grace Period** means specified period of time immediately following the premium due date during which a payment can be made to renew or continue the Policy in force without loss of

continuity benefits such as waiting period and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

17. **Home Care Treatment** means treatment availed by the Insured Person at home for Covid 19 on positive diagnosis of Covid 19 in a Government authorized diagnostic Centre, which in normal course would require care and treatment at a hospital but is taken at home provided that: The Medical practitioner advises the Insured person to undergo treatment at home. There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment.
18. **Hospital** means any institution established for in-patient care and day care treatment of disease/ injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under Schedule of Section 56(1) of the said Act, OR complies with all minimum criteria as under:
 - a. has qualified nursing staff under its employment round the clock;
 - b. has at least ten inpatient beds, in those towns having a population of less than ten lakhs and fifteen inpatient beds in all other places;
 - c. has qualified medical practitioner (s) in charge round the clock;
 - d. has a fully equipped operation theatre of its own where surgical procedures are carried out
 - e. maintains daily records of patients and shall make these accessible to the Company's authorized personnel.
19. **Hospitalization** means admission in a hospital for a minimum period of twenty four (24) consecutive 'In-patient care' hours except for specified procedures/ treatments, where such admission could be for a period of less than twenty four (24) consecutive hours.
20. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
Acute Condition means a disease, illness or injury that is likely to response quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.
Chronic Condition means a disease, illness, or injury that has one or more of the following characteristics
 1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 2. it needs ongoing or long-term control or relief of symptoms
 3. it requires rehabilitation for the patient or for the patient to be special trained to cope with it
 4. it continues indefinitely
 5. it recurs or is likely to recur
21. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a medical practitioner.
22. **In-Patient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
23. **Insured Person** means person(s) named in the schedule of the Policy.
24. **Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
25. **ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses on a per day basis which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
26. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.
27. **Medical Expenses** means those expenses that an insured person has necessarily and actually incurred for medical treatment on account of illness or accident on the advice of a medical practitioner, as long as these are no more than would have been payable if the insured person

- had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
28. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of the license.
 29. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
 - a. is required for the medical management of illness or injury suffered by the insured;
 - b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - c. must have been prescribed by a medical practitioner;
 - d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
 30. **Migration** means, the right accorded to health insurance policyholders (including all members under family cover and members of group Health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.
 31. **Notification of Claim** means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.
 32. **Pre-Existing Disease (PED):** Pre-existing disease means any condition, ailment, injury or disease that is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.
 33. **Policy** means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured person, what is excluded from the cover and the terms & conditions on which the Policy is issued to The Insured person
 34. **Policy period** means period of one policy year as mentioned in the schedule for which the Policy is issued
 35. **Policy Schedule** means the Policy Schedule attached to and forming part of Policy
 36. **Policy year means** a period of twelve months beginning from the date of commencement of the policy period and ending on the last day of such twelve-month period. For the purpose of subsequent years, policy year shall mean a period of twelve months commencing from the end of the previous policy year and lapsing on the last day of such twelve-month period, till the policy period, as mentioned in the schedule
 37. **Portability** means the right accorded to an individual health insurance policyholder (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.
 38. **Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
 39. **Renewal:** Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
 40. **Sub-limit** means a cost sharing requirement under a health insurance policy in which an insurer would not be liable to pay any amount in excess of the pre-defined limit
 41. **Sum Insured** means the pre-defined limit specified in the Policy Schedule. Sum Insured and Cumulative Bonus represents the maximum, total and cumulative liability for any and all claims made under the Policy, in respect of that Insured Person (on Individual basis) or all Insured Persons (on Floater basis) during the Policy Year.
 42. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
 43. **Third Party Administrator (TPA)** means a Company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services.

44. **Waiting Period** means a period from the inception of this Policy during which specified diseases/treatments are not covered. On completion of the period, diseases/treatments shall be covered provided the Policy has been continuously renewed without any break.
45. **Unproven/Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

4. BASE COVERAGE

Note: It is mandatory that the Insured Person shall choose at-least one of the following benefits.

Choosing at least one cover 4.1. Hospital Cash Due to Sickness, 4.2. Hospital Cash Due to Accident Only and 4.3. Hospital Cash Due to Accident & Sickness out of 3 covers is compulsory.

4.1. Hospital Cash Due to Sickness

The company will pay to the Insured Person(s) in case of Hospitalization including ICU hospitalization for a Medically Necessary treatment due to any sickness sustained or contracted within the Policy Period, for a continuous period of more than 24 hours. A daily Hospital cash benefit shall be payable for every completed 24 hours of Hospitalization up to the limit subject to Deductible as specified in the Policy Schedule / Certificate of Insurance.

4.2. Hospital Cash Due to Accident Only

The company will pay to the Insured Person(s) in case of Hospitalization including ICU hospitalization for a continuous period of more than 24 hours for a Medically Necessary treatment due to any accidental bodily Injury sustained or contracted within the Policy Period. A daily Hospital cash benefit shall be payable for every completed 24 hours of Hospitalization up to the limit subject to Deductible as specified in the Policy Schedule / Certificate of Insurance.

4.3. Hospital Cash Due to Accident & Sickness

The company will pay to the Insured Person(s) in case of Hospitalization including ICU hospitalization for a Medically Necessary treatment due to any Accident and/or sickness sustained or contracted within the Policy Period, for a continuous period of more than 24 hours. A daily Hospital cash benefit shall be payable for every completed 24 hours of Hospitalization up to the limit subject to Deductible as specified in the Policy Schedule / Certificate of Insurance.

5. OPTIONAL COVERAGE

5.1. Hospital Daily Cash Extension

The Company will extend the Coverage up to the limit specified in the Policy Schedule / Certificate of Insurance in case an inpatient Insured person once exhausts the limit towards maximum number of days as mentioned in the Policy Schedule / Certificate of Insurance and the Medical Practitioner further require Insured person to continue as an in-patient,. Provided there is an admissible claim under any of the Cover from Section 4. Base Cover

Special Condition - The cover can be opted only when any of the Base Cover 4.1. Hospital Cash Due to Sickness and/or 4.2. Hospital Cash Due to Accident Only or 4.3. Hospital Cash due to Accident & Sickness are taken under the Policy.

5.2. ICU Hospital Cash Benefit

The company will pay to the Insured Person(s) in case of ICU Hospitalization for a Medically Necessary treatment due to any sickness or accident sustained or contracted within the Policy Period, for a continuous period of more than 24 hours. A daily Hospital cash benefit shall be payable for every completed 24 hours of Hospitalization up to the limit specified in the Policy Schedule / Certificate of Insurance.

Special Condition - The cover can be opted only when any of the Base Cover 4.1. Hospital Cash Due to Sickness and/or 4.2. Hospital Cash Due to Accident Only or 4.3. Hospital Cash due to Accident & Sickness are taken under the Policy.

5.3. Double Benefit

The company will pay Double Sum Insured to the Insured Person(s) in case of Hospitalization for a Medically Necessary treatment due to Accident sustained within the Policy Period, for a continuous period of more than 24 hours. A daily Hospital cash benefit shall be payable double the base Sum Insured for every completed 24 hours of Hospitalization.

Special Condition –

- The cover can be opted only when any of the Base Cover 4.2. Hospital Cash Due to Accident Only or 4.3. Hospital Cash due to Accident & Sickness are taken under the Policy.
- The maximum Sum Insured payable under the Policy would be 200% of Base SI

5.4. Thirty (30) Days Waiting Period Modification

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, 30 days waiting period applicable for any claims in relation to a Hospitalization of the Insured Person including any Medical Expenses incurred thereof:

- a) Is waived off
- Or,
- b) Is modified to 15 days.

The Insured will have the choice of choosing between **5.4.(a)** or **5.4.(b)**

5.5. Pre-Existing Disease Waiting Period Modification

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, waiting period applicable to all Pre-Existing Diseases for each Insured Person before benefits are payable under the Policy is modified to;

- a) Is waived off
- Or,
- b) Is modified to 36 months
- Or,
- c) Is modified to 24 months
- Or
- d) Is modified to 12 months

The Insured will have the choice of choosing between **5.5.(a)** or **5.5.(b)** or **5.5.(c)** or **5.5.(d)**

Please Note: Waiting period is specifically shown in the Policy Schedule / Certificate of Insurance

5.6. Companion Benefit Cover

The Company will pay the fixed benefit towards expenses incurred on attendant of the Insured Person(s), accompanying at the Hospital during hospitalization of Insured Person up to the Sum Insured within Policy Period.

Condition:

1. Claim for Hospitalisation in respect of the Insured Person has been accepted;
2. Insured Person's attendant should be his/her Family.

5.7. Recovery Benefit:

We will additionally pay a lumpsum amount per insured, incase Insured person is hospitalized for a minimum period as specified in the Policy Schedule / Certificate of Insurance. This benefit is payable only once to an Insured Person during Policy Year.

5.8. Maternity (Excl 18) Modification Benefit :

We will pay daily fixed benefit amount as specified in the Policy Schedule/ Certificate of Insurance for every completed 24 hours of Hospitalization , in case an Insured Person is hospitalized for delivery of a child / Medically Necessary Treatment during pregnancy/ lawful medical termination of pregnancy. Policy is restricted to pay for first 2 deliveries only.

- This benefit is subject to maternity waiting period of 3 Years and deductibles as specified in the Policy Schedule/Certificate of Insurance.
- We will not cover ectopic pregnancy under this benefit (although it shall be covered under base cover)
- We will not pay for Daily Cash benefit under Base cover above, if the claim is admissible under this Section.

Insured Person have an option to choose the reduction/waiver of waiting period as mentioned below.

Option 1. Exclusion removal with 9 months waiting period –

On availing this option, 9 month waiting period for Maternity Hospital Cash will be applicable. We are not liable to make any payment in respect of Maternity Expenses within 9 months from the date of Inception of the first Policy. We will reduce waiting period for Maternity Hospital Cash benefit from 3 years to 9 months

Option 2. Exclusion removal without any maternity waiting period –

On availing this option, daily cash benefit for hospitalization in case of maternity will be covered without any waiting period.

- Standard Exclusion (Excl-18) - Maternity stands modified/deleted.

5.9. Worldwide Hospital Cash:

The company will pay an Insured Person in case of Hospitalisation for medically necessary treatment taken outside India due to Sickness or Accident within the Policy Period. a daily Hospital cash benefit shall be payable for every completed 24 hours of Hospitalization up to the limit subject to Deductible as specified in the Policy Schedule / Certificate of Insurance.

Specific Condition:

- Emergency Hospitalisation are not covered
- Prior written approval of the Company will be required before leaving the country for treatment purpose.

- The Company shall require the following additional documents supporting the claim under this benefit:
- a) Proof of diagnosis in India
- b) Insured's Passport and Visa
- c) Medical practitioner's Advice/Prescription

6. WAITING PERIOD

This section lists the Waiting Period under this Policy.

1. Pre-Existing Diseases (Excl-01)

- a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with us.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.

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

2. Specific Waiting Period (Excl-02)

- a) Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 24/48 months of continuous coverage, as may be the case after the date of inception of the first policy with the insurer. This exclusion shall not be applicable for claims arising due to an accident.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break under the policy, then waiting period for the same would be reduced to the extent of prior coverage.

i **24 Months waiting period**

1. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps
2. Benign ear, nose, throat disorders
3. Benign prostate hypertrophy
4. Cataract and age related eye ailments
5. Gastric/ Duodenal Ulcer
6. Gout and Rheumatism
7. Hernia of all types
8. Hydrocele
9. Non Infective Arthritis
10. Piles, Fissures and Fistula in anus
11. Pilonidal sinus, Sinusitis and related disorders
12. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident
13. Skin Disorders

14. Stone in Gall Bladder and Bile duct, excluding malignancy
15. Stones in Urinary system
16. Treatment for Menorrhagia/Fibromyoma, Myoma and Prolapsed uterus
17. Varicose Veins and Varicose Ulcers
18. Renal Failure
19. Puberty and Menopause related Disorders
20. Behavioural and Neuro-Develop
20. HIV Disorders:
 - a. Disorders of adult personality
 - b. Disorders of speech and language including stammering, dyslexia

ii 48 Months waiting period

1. Joint Replacement due to Degenerative Condition
2. Age-related Osteoarthritis & Osteoporosis
3. Treatment of HIV illness, stress or psychological disorders and neurodegenerative disorders.
4. Age Related Macular Degeneration (ARMD)
5. Genetic diseases or disorders

3. First Thirty (30) Days Waiting Period

- i Expenses related to the treatment of any illness within Thirty 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- ii This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

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

4. Maternity Waiting period (applicable only if optional cover "Maternity Hospital Cash Benefit" is opted):

36 months waiting period applicable in case an Insured Person is hospitalized for delivery of a child / Medically Necessary Treatment during pregnancy/ lawful medical termination of pregnancy.

7. EXCLUSIONS

The Company shall not be liable for Hospital Cash Amount under this policy if the hospitalization is directly or indirectly for;

1. Investigation & Evaluation(Code- Excl04)

- a. Expenses related to any admission primarily for diagnostics and evaluation purposes.
- b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment

2. Rest Cure, Rehabilitation and Respite Care (Code- Excl05)

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

- i Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- ii Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

3. Obesity/ Weight Control (Code- Excl06)

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

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

4. Change-of-Gender Treatments: (Code- Excl07)

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

5. Cosmetic or plastic Surgery: (Code- Excl08)

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

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

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

7. Breach of law: (Code- Excl10)

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

8. Excluded Providers: (Code-Excl11)

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

9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **(Code- Excl12)**
10. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **(Code- Excl13)**
11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure **(Code- Excl14)**
12. **Refractive Error:(Code- Excl15)**
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.
13. **Unproven Treatments:(Code- Excl16)**
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
14. **Sterility and Infertility: (Code- Excl17)**
Expenses related to sterility and infertility. This includes:
- (i) Any type of contraception, sterilization
 - (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - (iii) Gestational Surrogacy
 - (iv) Reversal of sterilization
15. **Maternity – (Excl-18)**
- i Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - ii expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
16. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
17. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
- a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.
 - b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
 - c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or' biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

18. Any expenses incurred on OPD treatment.
19. Treatment taken outside the geographical limits of India.
20. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes.

8. GENERAL CONDITIONS

1. Disclosure of Information

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

2. Condition Precedent to Admission of Liability

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

To Contract: Master policy would be issued for a period of 1 year however the duration of certificate of insurance would be from 1 year to 5 years (In case of Credit linked). Details of the policy term applicable to individual certificate of insurance would be clearly stated in Your certificate of insurance.

Effective date:

- i. For Master Policy The Policy will start on the date specified on Policy Schedule and would be subject to group health insurance guidelines as issued by IRDAI from time to time.
- ii. For Certificate of Insurance The cover shall begin as per the certificate start date mentioned in the certificate of insurance.

Expiration and Cancellation Clause: Master policy would expire on the date of expiry as mentioned on the policy schedule. However, certificate of insurance would expire on the date of expiry as mentioned on the certificate of insurance.

Termination

- a. We may cancel each Certificate of Insurance at any time on grounds of misrepresentation, non-disclosure of material facts or non-cooperation of the insured by giving you 15 Days written notice delivered to You, or mailed to Your last address as shown by Our records, stating when such cancellation shall be effective.
- b. Each Certificate of Insurance will get cancelled on the earliest of the following dates: i. The date You or We cancel the Certificate of Insurance ii. The member opts out of the scheme iii. Foreclosure/closure of loan availed (wherever applicable)
- c. In the event of cancellation for misrepresentation, fraud, non-disclosure of material facts, the policy shall stand cancelled ab-initio and there will be no refund of premium.
- d. In the event the policy is cancelled for non-cooperation of the insured or if you cancel the Policy, the premium shall be computed in accordance with Our short period rate table for the period the Policy has been in force, provided no claim has occurred up to the date of cancellation.

Cancellation Table

if no claim has been made under the Policy/Certificate of Insurance, then We will refund premium in accordance with the short rate table below:

Length of time policy in force/Policy Term year	Refund of Premium applicable on				
	1	2	3	4	5
Upto 1 Month	75.00%	87.50%	40%	50%	56%
>1	50.00%	75.00%	40%	50%	56%
>3	25.00%	62.50%	40%	50%	56%
>6	Nil	50.00%	40%	50%	56%
>12	Not	25.00%	22%	36%	44%
>15	Not	12.50%	22%	36%	44%
>18	Not	Nil	22%	36%	44%
>24	Not	Not	22%	22%	33%
>30	Not	Not	Nil	22%	22%
>36 months & Upto 42 months	Not Applicable	Not Applicable	Not Applicable	Nil	12.5%
Exceeding 42 months	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable

e.(For Credit Linked)In event of part prepayment of the Loan, no refunds of premium shall be made under this Policy.

f. No refunds of premium will be made under the Policy during the last year of the Policy Period.

g. In event of prepayment of the entire Loan and upon making any refund of premium under this Policy in accordance with the terms and conditions hereof in respect of the Insured, the cover in respect of the Insured shall forthwith terminate and the Company shall not be liable hereunder.

h. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of the Insured where any claim has been admitted by the Company or has been lodged with the Company.

3. Records to be maintained

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy.

4. Complete Discharge

Any payment to the Insured Person or his/ her nominees or his/ her legal representative or to the Hospital/Nursing Home, as the case may be, for any benefit under the Policy shall in all cases be a full, valid and an effectual discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

5. Fraud

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

Any amount already paid against claims made which are found fraudulent later shall be repaid by all person(s) named in the policy schedule, who shall be jointly and severally liable for such repayment.

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

- a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
- b) the active concealment of a fact by the insured person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

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

6. Migration:

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per extant Guidelines related to Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, as per Guidelines on migration, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as per below:

- i The waiting periods shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
- ii Migration benefit will be offered to the extent of sum of previous sum insured and accrued bonus/multiplier benefit (as part of the base sum insured), migration benefit shall not apply to any other additional increased Sum insured.

For Detailed Guidelines on Migration, kindly refer the link www.universalsompo.com

7. Renewal of Policy

This Policy may be renewed by mutual consent at the end of Policy Period and in such event, the Renewal premium shall be paid to the Company on or before the date of expiry of the Policy. However, the Company shall not be bound to give notice that such Renewal premium is due. Also, Company may exercise option of not renewing the Policy on grounds of fraud, misrepresentation, or suppression of any Material Fact either at the time of taking the Policy or any time during the currency of the Policy.

A Grace Period of thirty (30) days is allowed for Renewal of the policy. This will be counted from the next day following the expiry date, during which a payment can be made to renew the Group Health Policy without loss of continuity benefits such as waiting periods and coverage of Pre-Existing Diseases. Coverage is not available for the period for which no premium is received and Insurer has no liability for the claims arising during this period.

8. Premium Payment in Instalments

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

- i. Grace Period of 15 days would be given to pay the instalment premium due for the policy.
- ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
- iii. The insured person will get the accrued continuity benefit in respect of the “Waiting Periods”, “Specific Waiting Periods” in the event of payment of premium within the stipulated grace Period.
- iv. No interest will be charged If the instalment premium is not paid on due date.
- v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
- vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- vii. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

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

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

10. Nomination:

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

11. Terms and conditions of the Policy

The terms and conditions contained herein and in the Policy Schedule/ Certificate of Insurance shall be deemed to form part of the Policy and shall be read together as one document.

12. Material Change

The Insured shall notify the Company in writing of any material change in the risk in relation to the declaration made in the proposal form or medical examination report at each Renewal and the Company may, adjust the scope of cover and / or premium, if necessary, accordingly.

13. Notice & Communication

- i Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- ii Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.
- iii The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule.

14. Territorial Limit

All medical treatment for the purpose of this insurance will have to be taken in India only

15. Territorial Jurisdiction

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

16. Arbitration

The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this policy.

Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

(This clause does not apply to Group policies where premium is paid by members)

17. Group and Membership

Eligibility for a 'Group' and for 'Membership' thereof [Policy-holder and Beneficiary in Employer-Employee cases and Policy-holder and Insured-Beneficiary in Non-Employer-Employee cases] shall be basis the IRDAI Circular Ref: 015/IRDA/Life/Circular/GI Guidelines/2005 dated 14-July-2005 as amended from time to time. "Group" shall mean a group of Members who assemble together with a purpose of engaging in a common economic activity and not formed with the main purpose of availing insurance cover.

18. Claims Procedures

1. Method of Assessment and Payment of claim For a Policy with Policy Period greater than one year, the Sum Insured considered for assessment of claim shall be the Sum Insured mentioned against the Policy Year of the occurrence of Hospitalisation In the event that a claim becomes payable under the terms of the Policy, We shall make such payment by way of cheque or electronic fund transfer or demand draft at Our option.

2. Limitation Period We shall not be liable for any loss or damage after expiry of 12 months from happening of the medical contingency unless claim is subject of pending action of court or arbitration.

3. The steps for lodging the claim shall be as under:

- i. Notify Us immediately on occurrence of a claim and in any case within 7 days giving full description of the medical treatment undertaken and the cause

ii. Submit the completed and signed claim form, provide all the relevant documents as mentioned below in support of Your claim not later than 30 days from the date of intimation
Claim Documents

a. Photo copy of bills, receipt and discharge certificate/card from the Hospital.

b. Photocopy of F.I.R. copy in case of an accident.

c. Complete set of Hospital/medical records

4. Position after claim We shall have no liability under this Policy, once the Maximum Limit of Liability (Sum Insured) as stated in the Policy Schedule with respect to any of the Sections, is exhausted by You or Your Insured Family Member.

5. Claim Payment: All admissible claims under this Policy shall be paid by Us within 7 working days from date of acceptance of such a claim.

6. Claim Settlement (provision for Penal Interest)

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

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

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

iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim. (Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due) . The Clause shall be suitably modified by the insurer based on the amendment(s), if any to the relevant provisions of Protection of Policyholder's Interests Regulations, 2017)

19. MEDICAL EXPENSES INCURRED UNDER TWO POLICY PERIODS:

If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available Sum Insured of the expiring Policy only. Sum Insured of the Renewed Policy will not be available for the Hospitalisation (including Pre & Post Hospitalisation Expenses), which has commenced in the expiring Policy. Claim shall be settled on per event basis.

20. REDRESSAL OF GRIEVANCE

Grievance—In case of any grievance relating to servicing the Policy, the insured person may submit in writing to the Policy issuing office or regional office for redressal.

For details of grievance officer, kindly refer the link www.universalsompo.com

Or can write to us on:

Universal Sompo General Insurance Co. Ltd.

Express IT Park, Plot No. EL - 94, T.T.C. Industrial Area, M.I.D.C., Mahape,
Navi Mumbai-400710

Toll Free Numbers: 1800-200-5142

Landline Numbers: (022)-39635200 (Chargeable)

E-mail Address: contactus@universalsompo.com

IRDAI Integrated Grievance Management System – <https://igms.irda.gov.in/>

Insurance Ombudsman —The insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure-B.

Annexure-A
List I — Items for which coverage is not available in the policy

Sl No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED

22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER

47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

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

Sl No	Item
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1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET

26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

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

Sl No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER

12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

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

Sl No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALIZATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP— COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES – DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH

12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer& Strips
18	URINE BAG

Annexure-B

The contact details of the Insurance Ombudsman offices are as below-

Office Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL - Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR - Shri Suresh Chandra Panda	Orissa.

<p>Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in</p>	
<p>CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in</p>	<p>Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.</p>
<p>CHENNAI - Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in</p>	<p>Tamil Nadu, Tamil Nadu PuducherryTown and Karaikal (which are part of Puducherry).</p>
<p>DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in</p>	<p>Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.</p>
<p>GUWAHATI - Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD - Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace,</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>

<p>A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in</p>	
<p>JAIPUR - Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in</p>	<p>Rajasthan.</p>
<p>ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.</p>
<p>KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
<p>LUCKNOW -Shri Justice Anil Kumar Srivastava</p>	<p>Districts of Uttar Pradesh :</p>

Office of the Insurance Ombudsman,
6th Floor, Jeevan Bhawan, Phase-II,
Nawal Kishore Road, Hazratganj,
Lucknow - 226 001.
Tel.: 0522 - 2231330 / 2231331
Fax: 0522 - 2231310
Email: bimalokpal.lucknow@cioins.co.in

Lalitpur, Jhansi, Mahoba,
Hamirpur, Banda,
Chitrakoot, Allahabad,
Mirzapur, Sonbhadra,
Fatehpur, Pratapgarh,
Jaunpur, Varanasi, Gazipur,
Jalaun, Kanpur, Lucknow,
Unnao, Sitapur, Lakhimpur,
Bahraich, Barabanki,
Raebareli, Sravasti, Gonda,
Faizabad, Amethi,
Kaushambi, Balrampur,
Basti, Ambedkarnagar,
Sultanpur, Maharajgang,
Santkabirnagar, Azamgarh,
Kushinagar, Gorkhpur,
Deoria, Mau, Ghazipur,
Chandauli, Ballia,
Sidharathnagar.

MUMBAI -

Office of the Insurance Ombudsman,
3rd Floor, Jeevan Seva Annexe,
S. V. Road, Santacruz (W),
Mumbai - 400 054.
Tel.:
69038821/23/24/25/26/27/28/28/29/30/31
Fax: 022 - 26106052

Email: bimalokpal.mumbai@cioins.co.in

Goa,
Mumbai Metropolitan
Region
excluding Navi Mumbai &
Thane.

NOIDA - Shri Chandra Shekhar Prasad

Office of the Insurance Ombudsman,
Bhagwan Sahai Palace
4th Floor, Main Road,
Naya Bans, Sector 15,
Distt: Gautam Buddh Nagar,
U.P.-201301.
Tel.: 0120-2514252 / 2514253
Email: bimalokpal.noida@cioins.co.in

State of Uttaranchal and
the following Districts of
Uttar Pradesh:

Agra, Aligarh, Bagpat,
Bareilly, Bijnor, Budaun,
Bulandshehar, Etah, Kanooj,
Mainpuri, Mathura, Meerut,
Moradabad,
Muzaffarnagar, Oraiyya,
Pilibhit, Etawah,
Farrukhabad, Firozbad,
Gautambodhanagar,
Ghaziabad, Hardoi,
Shahjahanpur, Hapur,
Shamli, Rampur, Kashganj,
Sambhal, Amroha, Hathras,
Kanshiramnagar,
Saharanpur.

<p>PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</p>	<p>Bihar, Jharkhand.</p>
<p>PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in</p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>

Day Care Procedures Annexure I

In case more than 24 hours hospitalisation is medically necessary then the same will be covered as per base product terms and condition.

A. Cardiology:

- Coronary Angiography

B. Critical Care:

- Insert Non - Tunnel CV Cath

- Insert PICC CATH (Peripherally Inserted Central Catheter)
- Replace PICC CATH (Peripherally Inserted Central Catheter)
- Insertion Catheter, Intra Anterior
- Insertion of Portacath

C. Dental :

- Suturing Lacerated Lip
- Suturing Oral Mucosa
- Oral Biopsy In Case Of Abnormal Tissue Presentation
- FNAC

D. ENT :

- Bronchical Thermoplasty for Asthma
- Myringotomy With Grommet Insertion
- Tympanoplasty (closure Of An Eardrum Perforation reconstruction Of The Auditory Ossicles)
- Removal Of A Tympanic Drain
- Keratosis Removal Under GA
- Operations On The Turbinates (nasal Concha)
- Removal Of Keratosis Obturans
- Stapedotomy To Treat Various Lesions In Middle Ear
- Revision Of A Stapedectomy
- Other Operations On The Auditory Ossicles
- Myringoplasty (post-aura/endaural Approach As Well As Simple Type-I Tympanoplasty)
- Fenestration Of The Inner Ear
- Revision Of A Fenestration Of The Inner Ear
- Palatoplasty
- Transoral Incision And Drainage Of A Pharyngeal Abscess
- Tonsillectomy Without Adenoidectomy
- Tonsillectomy With Adenoidectomy
- Excision And Destruction Of A Lingual Tonsil
- Revision Of A Tympanoplasty
- Other Microsurgical Operations On The Middle Ear
- Incision Of The Mastoid Process And Middle Ear
- Mastoidectomy Reconstruction Of The Middle Ear
- Other Excisions Of The Middle And Inner Ear
- Incision (opening) And Destruction (elimination) Of The Inner Ear
- Other Operations On The Middle And Inner Ear
- Excision And Destruction Of Diseased Tissue Of The Nose
- Other Operations On The Nose
- Nasal Sinus Aspiration
- Foreign Body Removal From Nose
- Other Operations On The Tonsils And Adenoids
- Adenoidectomy
- Labyrinthectomy For Severe Vertigo
- Stapedectomy Under GA

- Stapedectomy Under LA
- Tympanoplasty (type IV)
- Endolymphatic Sac Surgery For Meniere's Disease
- Turbinectomy
- Endoscopic Stapedectomy
- Incision And Drainage Of Perichondritis
- Septoplasty
- Vestibular Nerve Section
- Thyroplasty Type I
- Pseudocyst Of The Pinna - Excision
- Incision And Drainage - Haematoma Auricle
- Tympanoplasty (Type II)
- Reduction Of Fracture Of Nasal Bone
- Thyroplasty Type II
- Tracheostomy
- Excision Of Angioma Septum
- Turbinoplasty
- Incision & Drainage Of Retro Pharyngeal Abscess
- Uvulo Palato Pharyngo Plasty
- Adenoidectomy With Grommet Insertion
- Adenoidectomy Without Grommet Insertion
- Vocal Cord Lateralisation Procedure
- Incision & Drainage Of Para Pharyngeal Abscess
- Tracheoplasty
- Total excision of Pinna
- Middle ear polypectomy
- Nasal septum cauterisation (and bilateral)
- Excision of lesion of Internal nose
- Balloon Sinuplasty

E. Gastroenterology :

- Cholecystectomy And Choledocho-jejunosotomy/Duodenostomy / Gastrostomy / Exploration Common Bile Duct
- Esophagoscopy, Gastroscopy, Duodenoscopy With Polypectomy/Removal Of Foreign Body/diathermy Of Bleeding Lesions
- Pancreatic Pseudocyst Eus & Drainage
- RF Ablation For Barrett's Oesophagus
- ERCP And Papillotomy
- Esophagoscope And Sclerosant Injection
- EUS + Submucosal Resection
- Construction Of Gastrostomy Tube
- EUS + Aspiration Pancreatic Cyst
- Small Bowel Endoscopy (therapeutic)
- Colonoscopy, Lesion Removal
- ERCP

- Colonscopy Stenting Of Stricture
- Percutaneous Endoscopic Gastrostomy
- EUS And Pancreatic Pseudo Cyst Drainage
- ERCP And Choledochoscopy
- Proctosigmoidoscopy Volvulus Detorsion
- ERCP And Sphincterotomy
- Esophageal Stent Placement
- ERCP + Placement Of Biliary Stents
- Sigmoidoscopy W / Stent
- EUS + Coeliac Node Biopsy
- UGI Scopy And Injection Of Adrenaline, Sclerosants Bleeding Ulcers

F. General Surgery:

- Robotic surgeries
- Incision Of A Pilonidal Sinus / Abscess
- Fissure In Ano Sphincterotomy
- Surgical Treatment Of A Varicocele And A Hydrocele Of the Spermatic Cord
- Orchidopexy
- Abdominal Exploration In Cryptorchidism
- Surgical Treatment Of Anal Fistulas
- Division Of The Anal Sphincter (sphincterotomy)
- Epididymectomy
- Incision Of The Breast Abscess
- Operations On The Nipple
- Excision Of Single Breast Lump
- Incision And Excision Of Tissue In The Perianal Region
- Surgical Treatment Of Hemorrhoids
- Other Operations On The Anus
- Ultrasound Guided Aspirations
- Sclerotherapy, Etc.
- Laparotomy For Grading Lymphoma With Splenectomy / liver/ lymph Node Biopsy
- Therapeutic Laparoscopy With Laser
- Appendicectomy With/without Drainage
- Infected Keloid Excision
- Axillary Lymphadenectomy
- Wound Debridement And Cover
- Abscess-decompression
- Cervical Lymphadenectomy
- Infected Sebaceous Cyst
- Inguinal Lymphadenectomy
- Incision And Drainage Of Abscess
- Suturing Of Lacerations
- Scalp Suturing
- Infected Lipoma Excision
- Maximal Anal Dilatation

- Piles a. Injection Sclerotherapy b. Piles Banding
- Liver Abscess- Catheter Drainage
- Fissure In Ano-Fissurectomy
- Fibroadenoma Breast Excision
- Oesophageal Varices Sclerotherapy
- ERCP - Pancreatic Duct Stone Removal
- Perianal Abscess I&d
- Perianal Hematoma Evacuation
- UGI Scopy And Polypectomy Oesophagus
- Breast Abscess I& D
- Feeding Gastrostomy
- Oesophagoscopy And Biopsy Of Growth Oesophagus
- ERCP - Bile Duct Stone Removal
- Ileostomy Closure
- Colonoscopy
- Polypectomy Colon
- Splenic Abscesses Laparoscopic Drainage
- UGI Scopy And Polypectomy Stomach
- Rigid Oesophagoscopy For FB Removal
- Feeding Jejunostomy
- Colostomy
- Ileostomy
- Colostomy Closure
- Submandibular Salivary Duct Stone Removal
- Pneumatic Reduction Of Intussusception
- Varicose Veins Legs - Injection Sclerotherapy
- Rigid Oesophagoscopy For Plummer Vinson Syndrome
- Pancreatic Pseudocysts Endoscopic Drainage
- Zadek's Nail Bed Excision
- Subcutaneous Mastectomy
- Excision Of Ranula Under GA
- Rigid Oesophagoscopy For Dilation Of Benign Strictures
- Eversion Of Sac -unilateral -bilateral
- Lord's Plication
- Jaboulay's Procedure
- Scrotoplasty
- Circumcision For Trauma
- Meatoplasty
- Intersphincteric Abscess Incision And Drainage
- PSOAS Abscess Incision And Drainage
- Thyroid Abscess Incision And Drainage
- Tips Procedure For Portal Hypertension
- Esophageal Growth Stent
- Pair Procedure Of Hydatid Cyst Liver
- Tru Cut Liver Biopsy

- Photodynamic Therapy Or Esophageal Tumour And Lung Tumour
- Excision Of Cervical Rib
- Laparoscopic Reduction Of Intussusception
- Microdocheotomy Breast
- Surgery For Fracture Penis
- Sentinel Node Biopsy
- Parastomal Hernia
- Revision Colostomy
- Prolapsed Colostomy- Correction
- Testicular Biopsy
- Laparoscopic Cardiomyotomy(Hellers)
- Sentinel Node Biopsy Malignant Melanoma
- Laparoscopic Pyloromyotomy(Ramstedt)

G. Gynecology:

- Operations On Bartholin's Glands (cyst)
- Incision Of The Ovary
- Insufflations Of The Fallopian Tubes
- Other Operations On The Fallopian Tube
- Dilatation Of The Cervical Canal
- Conisation Of The Uterine Cervix
- Therapeutic Curettage With Colposcopy / Biopsy /Diathermy / Cryosurgery
- Laser Therapy Of Cervix For Various Lesions Of Uterus
- Other Operations On The Uterine Cervix
- Incision Of The Uterus (hysterectomy)
- Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas
- Incision Of Vagina
- Incision Of Vulva
- Culdotomy
- Salpingo-oophorectomy Via Laparotomy
- Endoscopic Polypectomy
- Hysteroscopic Removal Of Myoma
- D&c
- Hysteroscopic Resection Of Septum
- Thermal Cauterisation Of Cervix
- Mirena Insertion
- Hysteroscopic Adhesiolysis
- Leep
- Cryocauterisation Of Cervix
- Polypectomy Endometrium
- Hysteroscopic Resection Of Fibroid
- LLETZ
- Conization
- Polypectomy Cervix
- Hysteroscopic Resection Of Endometrial Polyp

- Vulval Wart Excision
- Laparoscopic Paraovarian Cyst Excision
- Uterine Artery Embolization
- Laparoscopic Cystectomy
- Hymenectomy(Imperforate Hymen)
- Endometrial Ablation
- Vaginal Wall Cyst Excision
- Vulval Cyst Excision
- Laparoscopic Paratubal Cyst Excision
- Repair Of Vagina (Vaginal Atresia)
- Hysteroscopy, Removal Of Myoma
- TURBT
- Ureterocoele Repair - Congenital Internal
- Vaginal Mesh For POP
- Laparoscopic Myomectomy
- Surgery For SUI
- Repair Recto- Vagina Fistula
- Pelvic Floor Repair(Excluding Fistula Repair)
- URS + LL
- Laparoscopic Oophorectomy
- Normal Vaginal Delivery And Variants
- Excision of lesion of vulva
- Amputation of cervix uteri

H. Neurology :

- IONM – (Intra Operative Neuro Monitoring)
- Facial Nerve Glycerol Rhizotomy
- Spinal Cord Stimulation
- Motor Cortex Stimulation
- Stereotactic Radiosurgery
- Percutaneous Cordotomy
- Intrathecal Baclofen Therapy
- Entrapment Neuropathy Release
- Diagnostic Cerebral Angiography
- VP Shunt
- Ventriculoatrial Shunt
- Deep Brain stimulation

I. Oncology :

- Radiotherapy For Cancer
- Cancer Chemotherapy
- IV Push Chemotherapy
- HBI-hemibody Radiotherapy
- Infusional Targeted Therapy
- SRT-stereotactic ARC Therapy

- SC Administration Of Growth Factors
- Continuous Infusional Chemotherapy
- Infusional Chemotherapy
- CCRT-concurrent Chemo + RT
- D Radiotherapy
- D Conformal Radiotherapy
- IGRT- Image Guided Radiotherapy
- IMRT- Step & Shoot
- Infusional Bisphosphonates
- IMRT- DMLC
- Rotational Arc Therapy
- Tele Gamma Therapy
- FSRT-fractionated SRT
- VMAT-volumetric Modulated Arc Therapy
- SBRT-stereotactic Body Radiotherapy
- Helical Tomotherapy
- SRS-stereotactic Radiosurgery
- X-knife SRS
- Gammaknife SRS
- TBI- Total Body Radiotherapy
- Intraluminal Brachytherapy
- Electron Therapy
- TSET-total Electron Skin Therapy
- Extracorporeal Irradiation Of Blood Products
- Telecobalt Therapy
- Telecesium Therapy
- External Mould Brachytherapy
- Interstitial Brachytherapy
- Intracavity Brachytherapy
- D Brachytherapy
- Implant Brachytherapy
- Intravesical Brachytherapy
- Adjuvant Radiotherapy
- Afterloading Catheter Brachytherapy
- Conditioning Radiotherapy For BMT
- Nerve Biopsy
- Muscle Biopsy
- Epidural Steroid Injection
- Extracorporeal Irradiation To The Homologous Bone Grafts
- Radical Chemotherapy
- Neoadjuvant Radiotherapy
- LDR Brachytherapy
- Palliative Radiotherapy
- Radical Radiotherapy
- Palliative Chemotherapy

- Template Brachytherapy
- Neoadjuvant Chemotherapy
- Adjuvant Chemotherapy
- Induction Chemotherapy
- Consolidation Chemotherapy
- Maintenance Chemotherapy
- HDR Brachytherapy
- Immunotherapy - Monoclonal Antibody to be given as injection
- Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for hematological conditions

J. Salivary Glands & Salivary Ducts:

- Incision And Lancing Of A Salivary Gland And A Salivary Duct
- Excision Of Diseased Tissue Of A Salivary Gland And A Salivary Duct
- Resection Of A Salivary Gland
- Reconstruction Of A Salivary Gland And A Salivary Duct
- Other Operations On The Salivary Glands And Salivary Ducts
- Open extraction of calculus from parotid duct

K. Skin & Subcutaneous Tissues:

- Other Incisions Of The Skin And Subcutaneous Tissues
- Surgical Wound Toilet (wound Debridement) And Removal Of Diseased Tissue Of The Skin And Subcutaneous Tissues
- Local Excision Of Diseased Tissue Of The Skin And Subcutaneous Tissues
- Other Excisions Of The Skin And Subcutaneous Tissues
- Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues
- Free Skin Transplantation, Donor Site
- Free Skin Transplantation, Recipient Site
- Revision Of Skin Plasty
- Other Restoration And Reconstruction Of The Skin And Subcutaneous Tissues.
- Chemosurgery To The Skin.
- Destruction Of Diseased Tissue In The Skin And Subcutaneous Tissues
- Reconstruction Of Deformity/defect In Nail Bed
- Excision Of Bursitis
- Tennis Elbow Release

L. Tongue:

- Incision, Excision And Destruction Of Diseased Tissue Of The Tongue
- Partial Glossectomy
- Glossectomy
- Reconstruction Of The Tongue
- Other Operations On The Tongue

M. Ophthalmology :

- Surgery For Cataract
- Incision Of Tear Glands
- Other Operations On The Tear Ducts
- Incision Of Diseased Eyelids
- Excision And Destruction Of Diseased Tissue Of The Eyelid
- Operations On The Canthus And Epicanthus
- Corrective Surgery For Entropion And Ectropion
- Corrective Surgery For Blepharoptosis
- Removal Of A Foreign Body From The Conjunctiva
- Removal Of A Foreign Body From The Cornea
- Incision Of The Cornea
- Operations For Pterygium
- Other Operations On The Cornea
- Removal Of A Foreign Body From The Lens Of The Eye
- Removal Of A Foreign Body From The Posterior Chamber Of The Eye
- Removal Of A Foreign Body From The Orbit And Eyeball
- Correction Of Eyelid Ptosis By Levator Palpebrae Superioris Resection (bilateral)
- Correction Of Eyelid Ptosis By Fascia Lata Graft (bilateral)
- Diathermy/cryotherapy To Treat Retinal Tear
- Anterior Chamber Paracentesis / Cyclodiathermy /Cyclocryotherapy / Goniotomy
Trabeculotomy And Filtering And Allied Operations To Treat Glaucoma
- Enucleation Of Eye Without Implant
- Dacryocystorhinostomy For Various Lesions Of Lacrimal Gland
- Laser Photocoagulation To Treat Retinal Tear
- Biopsy Of Tear Gland
- Treatment Of Retinal Lesion
- Curettage/cryotherapy of lesion of eyelid
- Intra vitreal injections

N. Orthopedics :

- Surgery For Meniscus Tear
- Incision On Bone, Septic And Aseptic
- Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis
- Suture And Other Operations On Tendons And Tendon Sheath
- Reduction Of Dislocation Under GA
- Arthroscopic Knee Aspiration
- Surgery For Ligament Tear
- Surgery For Hemoarthrosis/pyoarthrosis
- Removal Of Fracture Pins/nails
- Removal Of Metal Wire
- Closed Reduction On Fracture, Luxation
- Reduction Of Dislocation Under GA
- Epiphyseolysis With Osteosynthesis
- Excision Of Various Lesions In Coccyx
- Arthroscopic Repair Of Acl Tear Knee

- Closed Reduction Of Minor Fractures
- Arthroscopic Repair Of PCL Tear Knee
- Tendon Shortening
- Arthroscopic Meniscectomy - Knee
- Treatment Of Clavicle Dislocation
- Haemarthrosis Knee- Lavage
- Abscess Knee Joint Drainage
- Carpal Tunnel Release
- Closed Reduction Of Minor Dislocation
- Repair Of Knee Cap Tendon
- ORIF With K Wire Fixation- Small Bones
- Release Of Midfoot Joint
- ORIF With Plating- Small Long Bones
- Implant Removal Minor
- K Wire Removal
- Closed Reduction And External Fixation
- Arthrotomy Hip Joint
- Syme's Amputation
- Arthroplasty
- Partial Removal Of Rib
- Treatment Of Sesamoid Bone Fracture
- Shoulder Arthroscopy / Surgery
- Elbow Arthroscopy Amputation Of Metacarpal Bone
- Release Of Thumb Contracture
- Incision Of Foot Fascia
- Partial Removal Of Metatarsal
- Repair / Graft Of Foot Tendon
- Revision/removal Of Knee Cap
- Amputation Follow-up Surgery
- Exploration Of Ankle Joint
- Remove/graft Leg Bone Lesion
- Repair/graft Achilles Tendon
- Remove Of Tissue Expander
- Biopsy Elbow Joint Lining
- Removal Of Wrist Prosthesis
- Biopsy Finger Joint Lining
- Tendon Lengthening
- Treatment Of Shoulder Dislocation
- Lengthening Of Hand Tendon
- Removal Of Elbow Bursa
- Fixation Of Knee Joint
- Treatment Of Foot Dislocation
- Surgery Of Bunion
- Tendon Transfer Procedure
- Removal Of Knee Cap Bursa

- Treatment Of Fracture Of Ulna
- Treatment Of Scapula Fracture
- Removal Of Tumor Of Arm/ Elbow Under RA/GA
- Repair Of Ruptured Tendon
- Decompress Forearm Space
- Revision Of Neck Muscle (torticollis Release)
- Lengthening Of Thigh Tendons
- Treatment Fracture Of Radius & Ulna
- Repair Of Knee Joint

O. Mouth & Face:

- External Incision And Drainage In The Region Of The Mouth, Jaw And Face
- Incision Of The Hard And Soft Palate
- Excision And Destruction Of Diseased Hard And Soft Palate
- Incision, Excision And Destruction In The Mouth
- Other Operations In The Mouth
- Operations on uvula

P. Pediatric Surgery :

- Excision Of Fistula-in-ano
- Excision Juvenile Polyps Rectum
- Vaginoplasty
- Dilatation Of Accidenta L Caustic Stricture Oesophageal
- Presacral Teratomas Excision
- Removal Of Vesical Stone
- Excision Sigmoid Polyp
- Sternomastoid Tenotomy
- Infantile Hypertrophic Pyloric Stenosis Pyloromyotomy
- Excision Of Soft Tissue Rhabdomyosarcoma
- Mediastinal Lymph Node Biopsy
- High Orchidectomy For Testis Tumours
- Excision Of Cervical Teratoma
- Rectal-myomectomy
- Rectal Prolapse (delorme's Procedure)
- Detorsion Of Torsion Testis
- EUA + Biopsy Multiple Fistula In Ano

Q. Plastic Surgery (due to an Accident, Burn(s) or Cancer or as part of medically necessary treatment):

- Construction Skin Pedicle Flap
- Gluteal Pressure Ulcer-excision
- Muscle-skin Graft, Leg
- Removal Of Bone For Graft
- Muscle-skin Graft Duct Fistula

- Removal Cartilage Graft
- Myocutaneous Flap
- Fibro Myocutaneous Flap
- Breast Reconstruction Surgery After Mastectomy
- Sling Operation For Facial Palsy
- Split Skin Grafting Under RA
- Wolfe Skin Graft
- Plastic Surgery To The Floor Of The Mouth Under GA

R. Thoracic Surgery :

- Thoracoscopy And Lung Biopsy
- Excision Of Cervical Sympathetic Chain Thoracoscopic
- Laser Ablation Of Barrett's Oesophagus
- Pleurodesis
- Thoracoscopy And Pleural Biopsy
- EBUS + Biopsy
- Thoracoscopy Ligation Thoracic Duct
- Thoracoscopy Assisted Empyema Drainage
- Operations for drainage of pleural cavity

S. Urology :

- Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- Haemodialysis
- Lithotripsy/nephrolithotomy For Renal Calculus
- Excision Of Renal Cyst
- Drainage Of Pyonephrosis/perinephric Abscess
- Incision Of The Prostate
- Transurethral Excision And Destruction Of Prostate Tissue
- Transurethral And Percutaneous Destruction Of Prostate Tissue
- Open Surgical Excision And Destruction Of Prostate Tissue
- Radical Prostatovesiculectomy
- Other Excision And Destruction Of Prostate Tissue
- Operations On The Seminal Vesicles
- Incision And Excision Of Periprostatic Tissue
- Other Operations On The Prostate
- Incision Of The Scrotum And Tunica Vaginalis Testis
- Operation On A Testicular Hydrocele
- Excision And Destruction Of Diseased Scrotal Tissue
- Other Operations On The Scrotum And Tunica Vaginalis Testis
- Incision Of The Testes
- Excision And Destruction Of Diseased Tissue Of The Testes
- Unilateral Orchiectomy
- Bilateral Orchiectomy
- Surgical Repositioning Of An Abdominal Testis
- Reconstruction Of The Testis

- Implantation, Exchange And Removal Of A Testicular Prosthesis
- Other Operations On The Testis
- Excision In The Area Of The Epididymis
- Operations On The Foreskin
- Local Excision And Destruction Of Diseased Tissue Of The Penis
- Amputation Of The Penis
- Other Operations On The Penis
- Cystoscopic Removal Of Stones
- Lithotripsy
- Biopsy Of Temporal Artery For Various Lesions
- External Arterio-venous Shunt
- AV Fistula - Wrist
- URSL With Stenting
- URSL With Lithotripsy
- Cystoscopic Litholapaxy
- ESWL
- Bladder Neck Incision
- Cystoscopy & Biopsy
- Cystoscopy And Removal Of Polyp
- Suprapubic Cystostomy
- Percutaneous Nephrostomy
- Cystoscopy And "SLING" Procedure.
- TUNA- Prostate
- Excision Of Urethral Diverticulum
- Removal Of Urethral Stone
- Excision Of Urethral Prolapse
- Mega-ureter Reconstruction
- Kidney Renoscopy And Biopsy
- Ureter Endoscopy And Treatment
- Vesico Ureteric Reflux Correction
- Surgery For Pelvi Ureteric Junction Obstruction
- Anderson Hynes Operation
- Kidney Endoscopy And Biopsy
- Paraphimosis Surgery
- Injury Prepuce- Circumcision
- Frenular Tear Repair
- Meatotomy For Meatal Stenosis
- Surgery For Fournier's Gangrene Scrotum
- Surgery Filarial Scrotum
- Surgery For Watering Can Perineum
- Repair Of Penile Torsion
- Drainage Of Prostate Abscess
- Orchiectomy
- Cystoscopy And Removal Of FB
- Endoscopic anti-reflux procedure (and bilateral)

- Excision of urethral caruncle
- Dilatation of urethra (including cystoscopy)