Royal Sundaram General Insurance Co. Limited
(Formerly known as Royal Sundaram Alliance Insurance Company Limited)
Corp. Office : Vishranthi Melaram Towers, No. 2 /319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai - 600097. Regd. Office : 21, Patullos Road, Chennai - 600 002.

Policy Document

FAMILY PLUS

B Preamble

Terms & Conditions

The insurance cover provided under this Policy to the 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) for Yourself and on behalf of all persons to be insured. Please inform Us immediately of any change in the address, nature of job, state of health, or of any other changes affecting You or any Insured Person.

If any Claim arising as a result of an Illness or Injury that occurred during the Policy Period becomes payable, then We shall pay the Benefits in accordance with terms, conditions and exclusions of the Policy subject to availability of Sum Insured and Cumulative Bonus (if any).

C Definitions

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

C.1. Standard Definitions

C.1.1 Accident

An Accident means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

C.1.2 AYUSH Hospital:

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:

a) Central or State Government AYUSH Hospital; or
b) Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
c) 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 :

i. Having at least 5 in-patient beds;
ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

C.1.3 AYUSH Day Care Centre:

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:

i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

C.1.4 Cashless Facility

Cashless Facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the Network Provider by the insurer to the extent pre-authorization approved.

C.1.5 Condition Precedent

Condition Precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon

C.1.6 Congenital Anomaly

Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

a) **Internal Congenital Anomaly :**
Congenital Anomaly which is not in the visible and accessible parts of the body
b) **External Congenital Anomaly:**
Congenital Anomaly which is in the visible and accessible parts of the body

C.1.7 Critical Illness means the following:

1. CANCER OF SPECIFIED SEVERITY

I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

II. The following are excluded –

i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN 2 and CIN-3.

ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

iii. Malignant melanoma that has not caused invasion beyond the epidermis;

iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0

v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

vi. Chronic lymphocytic leukaemia less than RAI stage 3

vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,

viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

ix. All tumors in the presence of HIV infection.

2. MYOCARDIAL INFARCTION (First Heart Attack of specific severity)

I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)

ii. New characteristic electrocardiogram changes

iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

II. The following are excluded:

i. Other acute Coronary Syndromes

ii. Any type of angina pectoris

iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. OPEN CHEST CABG

I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

II. The following are excluded:

i. Angioplasty and/or any other intra-arterial procedures

4. OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

I. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

5. COMA OF SPECIFIED SEVERITY

I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

i. no response to external stimuli continuously for at least 96 hours;

ii. life support measures are necessary to sustain life; and

iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

6. KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

7. STROKE RESULTING IN PERMANENT SYMPTOMS

I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

II. The following are excluded:

i. Transient ischemic attacks (TIA)

ii. Traumatic injury of the brain

iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

8. MAJOR ORGAN /BONE MARROW TRANSPLANT

I. The actual undergoing of a transplant of:

i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or

ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

II. The following are excluded:

i. Other stem-cell transplants

ii. Where only islets of langerhans are transplanted

9. PERMANENT PARALYSIS OF LIMBS

I. Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

10. MOTOR NEURON DISEASE WITH PERMANENT SYMPTOMS

I. Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

11. MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and

ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

II. Other causes of neurological damage such as SLE and HIV are excluded.

C.1.8 Co-payment

Co-payment means a cost-sharing requirement under a health insurance policy that provides that the Policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.

C.1.9 Cumulative Bonus

Cumulative Bonus means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.

C.1.10 Day Care Center:

A day care centre means any institution established for Day Care Treatment of illness and/or injuries or a medical set-up within a Hospital and which has been registered within the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criteria as under:-

i. has Qualified Nursing staff under its employment;
ii. has qualified medical practitioner (s) in charge;
iii. had a fully equipped operation theatre of its own where surgical procedures are carried out;

iv. maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

C.1.11 Day Care Treatment

Day Care Treatment means medical treatment, and/or surgical procedure which is:

i. undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement and;
ii. which would have otherwise required a hospitalization of more than 24 hours.
Treatment normally taken on an OPD Treatment basis is not included in the scope of this definition.

C.1.12 Disclosure to Information Norm:

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

C.1.13 Domiciliary Hospitalisation:

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

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

C.1.14 Emergency Care

Emergency care means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.

C.1.15 Grace Period

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

C.1.16 Hospital

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

i. has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and atleast 15 inpatient beds in all other places;
ii. has Qualified Nursing staff under its employment round the clock;
iii. has qualified Medical Practitioner (s) in charge round the clock;
iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
v. maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

C.1.17 Hospitalization

Hospitalization means the admission in a Hospital for a minimum period of 24 consecutive Inpatient Care hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

C.1.18 Illness

Illness means sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

a) Acute condition- Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
b) Chronic condition- A chronic condition is defined as a disease, illnesss, or injury that has one or more of the following characteristics:-
    a. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests
    b. it needs ongoing or long-term control or relief of symptoms
    c. it requires your rehabilitation or for you to be specifically trained to cope with it
    d. it continues indefinitely
    e. it recurs or is likely to recur.

C.1.19 Injury:

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.

C.1.20 Inpatient Care

Inpatient care means treatment for which the Insured Person has to stay in a hospital for more than 24 hours for a covered event.

C.1.21 Intensive Care Unit

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.

C.1.22 Maternity Expenses

Maternity expenses means

a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization)

b) expenses towards lawful medical termination of pregnancy during the Policy Period

C.1.23 Medical Advice:

Medical advice means any **c**onsultation or advice from a Medical Practitioner including the issuance of any prescription or follow – up prescription.

C.1.24 Medical Expenses

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.

C.1.25 Medical Practitioner

Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or 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 its scope and jurisdiction of license.

The registered practitioner should not be the insured or close member of the family

C.1.26 Medically Necessary Treatment:

Medically necessary treatment means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:

i. is required for the medical management of the Illness or injury suffered by the insured;

ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
iii. must have been prescribed by a Medical Practitioner;
iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

C.1.27 Migration

Migration means, the right accorded to health insurance policy holders (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.

C.1.28 Network Provider

Network Provider means Hospitals or health care providers enlisted by an insurer ,TPA or jointly by an insurer and TPA to provide medical services to an insured on payment by a cashless facility.

C.1.29 New Born Baby

Newborn baby means baby born during the Policy Period and is aged upto 90 days.

C.1.30 Non-Network Provider

Non – Network Provider means any Hospital, Day Care Centre or other provider that is not part of the Network.

C.1.31 Notification of Claim

Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication

C.1.32 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.

C.1.33 Post-hospitalization Medical Expenses

Post-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:
i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required and;
ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

C.1.34 Pre-Existing Disease (PED):

Pre-existing disease means any condition, aliment, injury or disease

(a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement
(b) 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 issued by the insurer or its reinstatement.

C.1.35 Pre-hospitalization Medical Expenses

Pre-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:

I. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required and;
II. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

C.1.36 Qualified Nurse

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.

C.1.37 Reasonable and Customary Charges

Reasonable and Customary Charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness / injury involved.

C.1.38 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

C.1.39 Room rent

Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

C.1.40 Surgery or Surgical Procedure

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 from suffering and prolongation of life, performed in a Hospital or Day Care Centre by a Medical Practitioner.

C.1.41 Unproven/Experimental treatment

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.

C.2. Specific Definitions

C.2.1 **Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

C.2.2 **Alternative Treatments** are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

C.2.3 **Base Individual Sum Insured** means the amount specified as Sum Insured at the inception of a Policy Year and in the event the Policy is upgraded or downgraded on any continuous Renewal, then exclusive of Cumulative Bonus, if any, the Sum Insured for which premium is paid at the commencement of the Policy Year for which the prevalent upgrade or downgrade is sought.

C.2.4 Cumulative Sum Insured:

Cumulative Sum Insured means total of Individual Base sum Insured of all Insured Person and Floater Sum Insured. Sum shown in the Schedule of Insurance Certificate which represents Our maximum total and cumulative liability for any and all claims under the Policy during the Policy Year.

C.2.5 **Diagnostic Tests:** Investigations, such as X-Ray or blood tests, to find the cause of your symptoms and medical condition.

C.2.6 **Emergency** means a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.

C.2.7 **Family Floater Policy** means a Policy in terms of which, two or more persons of a Family are named in the Schedule of Insurance Certificate as Insured Persons. In a Family Floater Policy, Family means a unit comprising of upto any number of members who are related to each other in the following manner:

1. Self
2. Legally married spouse as long as he or she continues to be married to You
3. Son
4. Daughter-in-law
5. Daughter
6. Father
7. Mother
8. Father-in-law as long as Your spouse continues to be married to You
9. Mother-in-law as long as Your spouse continues to be married to You
10. Grandfather
11. Grandmother

12. Grandson
13. Granddaughter
14. Son-in-law
15. Brother
16. Sister
17. Sister-in-law
18. Brother-in-law
19. Nephew
20. Niece

There should be atleast two Insureds member at the time of inception of Policy.

Since availability of both Individual Base Sum Insured and Floater Sum Insured is one of the unique features of Family Plus and hence, as a key policy criteria, customer is required to opt for both Individual Base Sum Insured and Floater Sum Insured. All Insured Members will have same Individual Base Sum Insured and common Floater Sum Insured. This Product cannot be offered on Individual basis and can only be offered to two or more Individuals.

C.2.8 **Hospitalized** means the admission in a Hospital for a minimum period of 24 Inpatient Care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

C.2.9 **Information Summary Sheet** means the record and confirmation of information provided to Us or Our representatives over the telephone for the purposes of applying for this Policy.

C.2.10 **Inpatient** means the Insured Person's admission to for treatment in a Hospital for more than 24 hours for a covered event.

C.2.11 **Insured Person** means person named as insured in the Schedule of Insurance Certificate. Any Family member may be added as an Insured Person at the time of renewal if We have accepted his application for insurance and issued an endorsement confirming the addition of such person as an Insured Person.

C.2.12 **Policy** means these terms and conditions, any annexure thereto and the Schedule of Insurance Certificate (as amended from time to time), Your statements in the proposal form and the Information Summary Sheet and the policy wording (including endorsements, if any).

C.2.13 **Policy Period** means the period between the date of commencement and the expiry date specified shown in the Schedule of Insurance Certificate.

C.2.14 **Policy Year** means the period of one year commencing on the date of commencement specified in the Schedule of Insurance Certificate or any anniversary thereof.

C.2.15 **Product Benefits Table** means the Product Benefits Table issued by Us and accompanying this Policy and annexures thereto.

C.2.16 **Rehabilitation**: Treatment aimed at restoring health or mobility, or to allow a person to live an independent life, such as after a stroke.

C.2.17 **Re-load Sum Insured** means the restoration of hundred percent of the Individual Base Sum Insured in accordance with Section D.9 (Re-load of Sum Insured) of the Policy.

C.2.18 **Schedule of Insurance Certificate** means the schedule provided in the insurance certificate issued by Us, and, if more than one, then the latest in time.

C.2.19 **We/Our/Us** means Royal Sundaram General Insurance Co. Limited.

C.2.20 **You/Your/Policyholder** means the person named in the Schedule of Insurance Certificate who has concluded this Policy with Us.

Any reference to any statute shall be deemed to refer to any replacement or amendment to that statute.

D Benefits Covered Under the Policy

The Policy covers Reasonable and Customary Charges incurred towards medical treatment taken during the Policy Period for an Illness, Accident or condition described below if this is contracted or sustained by an Insured Person during the Policy Period and subject always to the Sum Insured, any subsidiary limit specified in the Product Benefits Table, the terms, conditions, limitations and exclusions mentioned in the Policy and eligibility as per the insurance plan opted for in the Product Benefits Table and as shown in the Schedule of Insurance Certificate :

D.1. Inpatient Care

We will cover Medical Expenses for:

(a) Medical Practitioners' fees;

(b) Room Rent, boarding expenses;

(c) Intensive Care Unit charges;

(d) Diagnostics Procedures charges;

(e) Medicines, drugs and consumables;

(f) Treatment Charges

(g) Nursing Charges;

(h) Intravenous fluids, blood transfusion, injection administration charges;

(i) Anesthesia, Blood, Oxygen, Operation theatre charges, surgical appliances;

(j) The cost of prosthetics and other devices or equipment if implanted internally during a Surgical Procedure.

(k) Modern Treatments: The following procedures will be covered (whichever medically indicated) either as in patient or as part of day care treatment in a hospital up to 50% of Sum Insured, specified in the policy schedule, during the policy period:

a. Uterine Artery Embolization and HIFU

b. Balloon Sinuplasty

c. Deep Brain stimulation

d. Oral chemotherapy

e. Immunotherapy- Monoclonal Antibody to be given as injection

f. Intra vitreal injections

g. Robotic surgeries

h. Stereotactic radio surgeries

i. Bronchical Thermoplasty

j. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)

k. IONM - (Intra Operative Neuro Monitoring)

l. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

Note: Medical Expenses related to Artificial life maintenance will be covered, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health under any circumstances unless in a vegetative state as certified by the treating medical practitioner.

D.2. Pre-hospitalization Medical Expenses

We will, on a reimbursement basis cover expenses for consultations, investigations and medicines of an Insured Person which are incurred due to an Accident, Injury or Illness immediately prior to the Insured Person's date of Hospitalization up to 60 days and will be part overall Sum Insured. the limits specified in the Product Benefits Table, provided that a claim has been admitted under Inpatient Care under Section D.1 above and is related to same illness/condition.

D.3. Post-hospitalization Medical Expenses

We will, on a reimbursement basis cover expenses for consultations, investigations and medicines of an Insured Person which are incurred due to an Accident, Injury or Illness immediately post discharge of the Insured Person's from the Hospital up to 90 days and will be part of overall Sum Insured. the limits specified in the Schedule, provided that a claim has been admitted under Inpatient Care under Section D.1 above and is related to same illness/condition.

D.4. Day Care Treatment

We will cover Medical Expenses of an Insured Person in case of Medically Necessary Day Care Treatment or Surgery that require less than 24 hours Hospitalization due to advancement in technology and which is undertaken in a Hospital/Day Care Center on the recommendation of a Medical Practitioner. Any OPD Treatment undertaken in a Hospital/Day Care Center will not be covered. Pre and Post Hospitalization Medical Expenses are also payable

under this benefit. Please refer Annexure IV for Indicative list of Day Care Procedures. However, we cover all day care procedures.

D.5. Ambulance Cover

We will cover Reasonable and Customary Charges for ambulance expenses up to Rs. 4000 incurred towards transportation of an Insured Person by surface transport following an Emergency to the nearest Hospital with adequate facilities. These charges are payable if:

(a) The ambulance service is offered by a healthcare or ambulance service provider; and

(b) We have accepted an Inpatient Care claim under the provisions of Section D.1 above.

D.6. Organ Donor Expenses

We will cover Inpatient Care Medical Expenses towards the donor for the harvesting of the organ donated provided that:

(a) the organ donor is any person in accordance with the Transplantation of Human Organs Act, 1994 and other applicable laws.

(b) the organ donated is for the use of the Insured Person who has been asked to undergo an organ transplantation on Medical Advise;

(c) We have admitted a claim under Section D.1 towards Inpatient Care.

We will not cover:

(a) Pre-hospitalization or Post-hospitalization Medical Expenses or screening expenses of the donor or any other Medical Expenses as a result of the harvesting from the donor;

(b) Costs directly or indirectly associated with the acquisition of the donor's organ;

(c) Any other medical treatment or complication in respect of donor, consequent to harvesting.

D.7. Domiciliary Hospitalization

We will cover Medical Expenses for medical treatment taken at home if this continues for an uninterrupted period of 3 days and the condition for which treatment is taken would otherwise have necessitated Hospitalization as long as either (i) the attending Medical Practitioner confirms that the Insured Person could not be transferred to a Hospital or (ii) the Insured Person satisfies Us that a Hospital bed was unavailable.

If a claim has been accepted under this Benefit, the claims for Pre-hospitalization and Post-Hospitalisation Medical Expenses shall be payable.

D.8. No Claim Bonus

We will increase Your Individual Base Sum Insured by 20% per Insured per Policy Year upto a maximum of 100% of Base Individual Sum Insured of renewed Policy if the Policy is renewed with Us provided that there are no claims paid/outstanding in the expiring Policy Year by any Insured Person:

- You understand and agree that the sub-limits applicable to various benefits will remain the same and shall not increase proportionately with the increase in total Sum Insured;
- Any earned No Claim Bonus will not be reduced for claims made in the future;
- You will not earn No Claim Bonus on Policy Renewal if any claim is made in expiring Policy Year by any of the Insured. However, if there is no claim made in subsequent Policy Year, You will earn No Claim Bonus on Renewal;
- No Claim Bonus which is accrued during the claim free year will be available to those Insured Persons who were insured in such claim free year and continued to be insured in the subsequent Policy Year;
- If the Base Sum Insured is increased/decreased, No Claim Bonus will be calculated on the basis of Base Sum Insured of the last completed Policy Year and will be capped to max No Claim Bonus allowed for renewed variant Base Sum Insured;
- No Claim Bonus shall be applicable on an annual basis subject to the continuation of the Policy;
- The entire No Claim Bonus will be forfeited if the Policy is not continued/renewed on or before Policy Period End Date or the expiry of the Grace Period whichever is later.

D.9. Re-load of Sum Insured

We will provide a Re-load equal to 100% of Individual Base Sum Insured of any one Insured Member once in a Policy Year, provided that:

a) the Base Sum Insured, No Claim Bonus (if any) and Floater Sum Insured is insufficient as a result of previous claims in that Policy Year; AND

b) The Re-load Sum Insured shall be activated in following conditions:

i. Re-load can get activated for same Insured Member in the same Policy year for different illness/injury other than the illness/injury for which claim has already been paid in the current Policy year and/or;

ii. Re-load can get activated for different Insured Member in the same Policy year.

iii) Re-load benefit once activated for any one of the Insured Member and can be used jointly or severally.

iv) Re-load once activated for any one of the Insured Member will not get activated again for another Insured Member in the same Policy Year. If the Re-load Sum Insured is not utilised in a Policy Year, it shall not be carried forward to any subsequent Policy Year.

For any single claim during a Policy Year the maximum Claim amount payable shall be sum of:

i. The Base Sum Insured
ii. No Claim Bonus
iii. Floater Sum Insured

During a Policy Year, the aggregate claim amount payable, subject to admissibility of the claim, shall not exceed the sum of:

i. The Sum Insured
ii. No Claim Bonus
iii. Floater Sum Insured
iv. Re-load Sum Insured

D.10. Ayush Treatment

We will reimburse the Medical Expenses incurred for Inpatient Care taken under Alternative Treatment in a a) Central or State Government AYUSH Hospital; or b) Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or

c) 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. Our maximum liability will be limited up to the amount provided in the Product Benefits Table.

Exclusion E.2.1 does not apply to this benefit

D.11. Vaccination in case of Animal Bite

We will cover Medical Expenses of OPD Treatment for vaccinations including inoculation and immunizations in case of post-bite treatment. Our maximum liability will be limited up to the amount provided in the Product Benefits Table. This benefit is available only on reimbursement basis.

D.12. Health Checkup

We will arrange for a health checkup as per Your plan eligibility as defined in the Product Benefits Table provided that You or any Insured Person has requested for the same. We will cover health check-ups arranged by Us through Our empanelled Network Provider, provided that:

i. This benefit shall be available only to those Insured Persons that are age 18 years or above on the Policy Period Start Date;

ii. This facility can be availed every policy year.

iii. This benefit is provided irrespective of any claim being made in the Policy Year.

iv. This benefit is over and above the Base Sum Insured.

D.13. Preventive Healthcare & Wellness

We will provide various Preventive Healthcare & Wellness related services that will help You to assess Your health status and aid in improving Your overall well being. Various Preventive Healthcare & Wellness services include Health related articles on Our website, access to various preferred health maintenance network etc.

D.14. Second Opinion for Critical Illness

We will provide You a second opinion from Network Provider or Medical Practitioner, if an Insured Person is diagnosed with the Critical Illness during the Policy Period. The expert opinion would be directly sent to the Insured Person.

You understand and agree that You can exercise the option to secure a second opinion, provided:

i. We have received a request from You to exercise this option;

ii. The second opinion will be based only on the information and documentation provided by the Insured Person that will be shared with the Medical Practitioner;

iii. This benefit can be availed once by an Insured Person during a Policy Year and once during the lifetime of an Insured Person for the same illness;

iv. This benefit shall be available only to those Insured Persons that are age 18 years or above on the Policy Period Start Date provided further that this benefit shall not be available to those Insured Person who is covered under the Policy as the Policyholder's child;

v. This benefit is only a value added service provided by Us and does not deem to substitute the Insured Person's visit or consultation to an independent Medical Practitioner;

vi. The Insured Person is free to choose whether or not to obtain the second opinion, and if obtained then whether or not to act on it;

vii. We shall not, in any event be responsible for any actual or alleged errors or representations made by any Medical Practitioner or in any second option or for any consequence of actions taken or not taken in reliance thereon;

viii. The second opinion under this Policy shall be limited to covered Critical Illnesses and not be valid for any medical legal purposes;

ix. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors,, omissions and representations made by Medical Practitioner;

x. For the purpose of this benefit covered Critical Illness shall include:

1. Cancer of Specified Severity
2. First Heart Attack of Specified Severity
3. Open Chest CABG
4. Open Heart Replacement or Repair of Heart Valves
5. Coma of Specified Severity
6. Kidney Failure requiring Regular Dialysis
7. Stroke resulting in Permanent Symptoms
8. Major Organ/Bone Marrow Transplant
9. Permanent paralysis of Limbs
10. Motor Neurone Disease with Permanent Symptoms
11. Multiple Sclerosis with Persisting Symptoms

D.15. Emergency Domestic Evacuation

We will reimburse You for Your reasonable & necessary transportation from one Hospital to another Hospital in case of life threatening emergency condition for treatment of an Illness or Injury which is admissible and payable under the Policy, subject to:

i. Certification by the treating Medical Practitioner of such life threatening emergency condition and confirming that current Hospital does not have suitable medical equipment & technology for the life threatening condition;

ii. Our maximum liability will be limited to Rs. 1 Lakh and will be part of overall sum Insured;

iii. You understand and agree that any expenses over and above the limits specified, You will have to make the payment directly to the service provider;

iv. It is hereby agreed and understood that service provided by the Service Provider under this benefit, We make no representation and/or give no guarantee and/or assume no responsibility for the appropriateness, quality or effectiveness of the service sought or provided. The Emergency Domestic Evacuation service shall be on best efforts basis;

v. This benefit can be availed once by an Insured Person during a Policy Year.

vi. This benefit is on per Insured Person basis.

D.16. Maternity Benefits

a. Maternity Benefits

1. We will cover Medical Expenses for the delivery of Insured Person's child subject to the following:
    a. This benefit is available for Insured Person covered under the policy along with atleast one adult Insured person at the time of inception under the same Family Floater Policy.;
    b. Our maximum liability per pregnancy Medical Expenses for the same will be subject to the specified subsidiary limit as shown in the Product Benefits Table.
2. We will cover Medical Expenses related to a Medically Necessary termination of pregnancy subject to the conditions mentioned above.
3. The benefits mentioned above shall be claimed maximum for two deliveries for each female member during lifetime of the Policy.
4. The following expenses are not covered under Maternity Benefit:
    a. Medical Expenses in respect of the harvesting and storage of stem cells when carried out as a preventive measure against possible future Illnesses;
    b. Medical Expenses for ectopic pregnancy which are covered under the In-patient benefit.
5. We will not cover any claim under Maternity Benefit during the first 24 months of the coverage of the Insured Person who has given birth to the child.
6. Pre and Post Hospitalisation expenses are not payable for this claim.
7. In case, customer is porting from any other policy providing maternity benefit, the respective waiting period served in that policy will be considered as waiting period waiver in Lifeline policy as per portability guideline.

8. Miscarriage will not be payable as a part of Maternity Benefit Claim.

   Miscarriage can occur as a result of:

   i. Accident

   ii. Internal Injury/Sickness/stress

   If Miscarriage happens due to an internal injury/sickness/stress, it is not payable. However, it is payable when Miscarriage happens due to an accident.

b. New Born Cover

If we have accepted a Maternity Benefits claim as mentioned above, then We will cover:

a. Medical Expenses towards the medical treatment of the Insured Person's new born baby while the Insured Person is Hospitalized as an In-patient for delivery.

b. Cover the new born baby as an Insured Person until the expiry date of the Policy Year without the payment of any additional premium.

c. Maximum Sum Insured available to the new born shall be equal to Base Sum Insured of his/her mother.

c. Vaccination for New Born Baby – We will cover Reasonable and Customary Charges for vaccination expenses of the New Born Baby for the vaccinations shown in the Product Benefits Table until the new born baby completes one year. If the Policy Period ends before the New Born Baby has completed one year, then, We will only cover such vaccinations until the baby completes one year, provided that We have accepted the baby as an Insured Person at the time of renewal of the Policy.

D.17. Nutrition allowance for mother post discharge

a. We will provide Nutrition allowance for mother post-delivery of the child. This benefit is payable after two months of discharge from the hospital.

b. This benefit is available in the form a fixed benefit and maximum liability under this section have been mentioned under Product Benefit table.

c. This benefit is payable only if we accept the claim made under the Maternity Benefit. At the time of settlement of Maternity Claim, we shall issue a post-dated cheque of Rs. 10,000 towards Nutritional allowance.

E Exclusions

We shall not be liable under this Policy for any claim in connection with or in respect of the following:

E.1. Standard Exclusions

E.1.1 Pre-Existing Diseases - Code- Excl01

a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.
b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
d) Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

E.1.2 Specified disease/procedure waiting period- Code- Excl02

a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
f) List of specific diseases/procedures is as under:
    a) Cataract
    b) Stones in biliary and urinary systems
    c) Hernia / Hydrocele
    d) Hysterectomy for any benign disorder
    e) Lumps / cysts / nodules / polyps / internal tumours
    f) Gastric and Duodenal Ulcers

g) Surgery on tonsils / adenoids
h) Osteoarthrosis / Arthritis / Gout / Rheumatism / Spondylosis / Spondylitis / Intervertebral Disc Prolapse
i) Fissure / Fistula / Haemorrhoid
j) Sinusitis / Deviated Nasal Septum / Tympanoplasty / Chronic Suppurative Otitis Media
k) Benign Prostatic Hypertrophy
l) Knee/Hip Joint replacement
m) Dilatation and Curettage
n) Varicose veins
o) Dysfunctional Uterine Bleeding / Fibroids / Prolapse Uterus / Endometriosis
p) Chronic Renal Failure or end stage Renal Failure

E.1.3 30-day waiting period- Code- Excl03

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

E.1.4 Investigation & Evaluation- Code- Excl04

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

E.1.5 Rest Cure, rehabilitation and respite care- Code- Excl05

a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
   i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
   ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

E.1.6 Obesity/ Weight Control: Code- Excl06

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
1) Surgery to be conducted is upon the advice of the Doctor

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

E.1.7 Change-of-Gender treatments: Code- Excl07

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

E.1.8 Cosmetic or plastic Surgery: Code- Excl08

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

E.1.9 Hazardous or Adventure sports: Code- Excl09

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

E.1.10 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.

E.1.11 Excluded Providers: Code- Excl11

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

E.1.12 Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12

E.1.13 Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code- Excl13

E.1.14 Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. Code- Excl14

E.1.15 Refractive Error: Code- Excl15

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

E.1.16 Unproven Treatments: Code- Excl16

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

E.1.17 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

E.1.18 **Existing Disease which can be permanently Excluded**: 1n 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. The disease which can be excluded under this section are as under:

Sr. No.	Disease	ICD Code
1	Sarcoidosis	D86.0-D86.9

2	Malignant Neoplasms	C00-C14 Malignant neoplasms of lip, oral cavity and pharynx, • C15-C26 Malignant neoplasms of digestive organs, • C30-C39 Malignant neoplasms of respiratory and intrathoracic organs• C40-C41 Malignant neoplasms of bone and articular cartilage• C43-C44 Melanoma and other malignant neoplasms of skin • C45-C49 Malignant neoplasms of mesothelial and soft tissue • C50-C50 Malignant neoplasms of breast • C51-C58 Malignant neoplasms of female genital organs • C60-C63 Malignant neoplasms of male genital organs • C64-C68 Malignant neoplasms of urinary tract • C69-C72 Malignant neoplasms of eye, brain and other parts of central nervous system • C73-C75 Malignant neoplasms of thyroid and other endocrine glands • C76-C80 Malignant neoplasms of ill-defined, other secondary and unspecified sites • C7A-C7A Malignant neuroendocrine tumours • C7B-C7B Secondary neuroendocrine tumours • C81-C96 Malignant neoplasms of lymphoid, hematopoietic and related tissue• D00-D09 In situ neoplasms • D10-D36 Benign neoplasms, except benign neuroendocrine tumours • D37-D48 Neoplasms of uncertain behaviour, polycythaemia vera and myelodysplastic syndromes • D3A-D3A Benign neuroendocrine tumours • D49-D49 Neoplasms of unspecified behavior
3	Epilepsy	G40 Epilepsy
4	Heart Ailment Congenital heart disease and valvular heart disease	I49 Other cardiac arrhythmias, (I20-I25)Ischemic heart diseases, I50 Heart failure, I42Cardiomyopathy; I05-I09 - Chronic rheumaticheart diseases. • Q20 Congenital malformations of cardiac chambers and connections • Q21 Congenital malformations of cardiac septa • Q22

		Congenital malformations of pulmonary and tricuspid valves • Q23 Congenital malformations of aortic and mitral valves • Q24 Other congenital malformations of heart • Q25 Congenital malformations of great arteries • Q26 Congenital malformations of great veins • Q27 Other congenital malformations of peripheral vascular system• Q28 Other congenital malformations of circulatory system • I00-I02 Acute rheumatic fever • I05-I09 • Chronic rheumatic heart diseases Nonrheumatic mitral valve disorders mitral (valve): • disease (I05.9) • failure (I05.8) • stenosis (I05.0). When of unspecified cause but with mention of: • diseases of aortic valve (I08.0), • mitral stenosis or obstruction (I05.0) when specified as congenital (Q23.2, Q23.3) when specified as rheumatic (I05), I34.0Mitral (valve) insufficiency • Mitral (valve): incompetence / regurgitation - • NOS or of specified cause, except rheumatic, I 34.1to I34.9 - Valvular heart disease.
5	Cerebrovascular disease (Stroke)	I67 Other cerebrovascular diseases, (I60-I69) Cerebrovascular diseases
6	Inflammatory Bowel Diseases	K 50.0 to K 50.9 (including Crohn's and Ulcerative colitis) K50.0 - Crohn's disease of small intestine; K50.1 -Crohn's disease of large intestine; K50.8 - Other Crohn's disease; K50.9 - Crohn's disease, unspecified. K51.0 - Ulcerative (chronic) enterocolitis; K51.8 -Other ulcerative colitis; K51.9 - Ulcerative colitis, unspecified.
7	Chronic Liver diseases	K70.0 To K74.6 Fibrosis and cirrhosis of liver; K71.7 - Toxic liver disease with fibrosis and cirrhosis of liver; K70.3 - Alcoholic cirrhosis of liver; I98.2 - K70.-Alcoholic liver disease; Oesophageal varices in diseases classified elsewhere. K 70 to K 74.6 (Fibrosis, cirrhosis, alcoholic liver disease, CLD)
8	Pancreatic diseases	K85-Acute pancreatitis; (Q 45.0 to Q 45.1)

		Congenital conditions of pancreas, K 86.1 to K 86.8 - Chronic pancreatitis
9	Chronic Kidney disease	N17-N19) Renal failure; I12.0 - Hypertensive renal disease with renal failure; I12.9 Hypertensive renal disease without renal failure; I13.1 - Hypertensive heart and renal disease with renal failure; I13.2 - Hypertensive heart and renal disease with both (congestive) heart failure and renal failure; N99.0 - Post procedural renal failure; O08.4 - Renal failure following abortion and ectopic and molar pregnancy; O90.4 - Postpartum acute renal failure; P96.0 - Congenital renal failure. Congenital malformations of the urinary system (Q 60 to Q64), diabetic nephropathy E14.2, N.083
10	Hepatitis B	B16.0 - Acute hepatitis B with delta-agent (coinfection) with hepatic coma; B16.1 – Acute hepatitis B with delta-agent (coinfection) without hepatic coma; B16.2 - Acute hepatitis B without delta-agent with hepatic coma; B16.9 –Acute hepatitis B without delta-agent and without hepatic coma; B17.0 –Acute delta-(super)infection of hepatitis B carrier; B18.0 -Chronic viral hepatitis B with delta-agent; B18.1 -Chronic viral hepatitis B without delta-agent;
11	Alzheimer's Disease, Parkinson's Disease -	G30.9 - Alzheimer's disease, unspecified; F00.9 - G30.9Dementia in Alzheimer's disease, unspecified, G20 - Parkinson's disease.
12	Demyelinating disease	G.35 to G 37

13	Loss of Hearing	H90.0 - Conductive hearing loss, bilateral; H90.1 - Conductive hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.2 - Conductive hearing loss, unspecified; H90.3 - Sensorineural hearing loss, bilateral; H90.4 - Sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.6 - Mixed conductive and sensorineural hearing loss, bilateral; H90.7 - Mixed conductive and sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.8 - Mixed conductive and sensorineural hearing loss, unspecified; H91.0 - Ototoxic hearing loss; H91.9 - Hearing loss, unspecified
14.	Papulosquamous disorder of the skin	L40 - L45 Papulosquamous disorder of the skin including psoriasis lichen planus
15	Avascular necrosis (osteonecrosis)	M 87 to M 87.9

E.2. Specific Exclusions

E.2.1 Alternative treatment:

Any Alternative Treatment except for the benefits under Section D.10 (Ayush Treatment)

E.2.2 Ancillary Hospital Charges

Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, night charges, registration, documentation and filing, surcharges. Service charges levied by the Hospital under whatever head.

E.2.3 Charges for medical papers

Any charges incurred to procure any medical certificate, medical records, treatment or Illness/Injury related documents pertaining to any period of Hospitalization/Day Care Treatment undertaken for any Accident, Illness or Injury.

E.2.4 Circumcision

Circumcision unless necessary for the treatment of a disease or necessitated by an Accident.

E.2.5 Conflict and disaster

Treatment for any illness or injury resulting from nuclear or chemical contamination, war, riot, revolution, acts of terrorism or any similar event (other than natural disaster or calamity), if one or more of the following conditions apply:

a. The Insured Person put himself in danger by entering a known area of conflict where active fighting or insurrections are taking place

b. The Insured Person was an active participant in the above mentioned acts or events of a similar nature.

c. The Insured Person displayed a blatant disregard for personal safety

E.2.6 Congenital conditions

Treatment for any External Congenital Anomaly.

E.2.7 Convalescence and Rehabilitation

Hospital accommodation when it is used solely or primarily for any of the following purposes:

a. Convalescence, rehabilitation, supervision or any other purpose other than for receiving eligible treatment of a type that normally requires a stay in Hospital.

b. receiving general nursing care or any other services that do not require the Insured Person to be in Hospital and could be provided in another establishment that is not a Hospital

c. receiving services from a therapist or complementary medical practitioner or a practitioner of Alternative Treatment.

E.2.8 Drugs and dressings for OPD Treatment or take-home use

Any drugs or surgical dressings that are provided or prescribed in the case of OPD Treatment, or for an Insured Person to take home on leaving Hospital, for any condition, except as included in Post-hospitalization expenses under Section D.3 above.

E.2.9 Items of personal comfort and convenience, including but not limited to:

A. Telephone, television, diet charges, (unless included in room rent) personal attendant or barber or beauty services, baby food, cosmetics, napkins, toiletry items, guest services and similar incidental expenses or services.
B. Private nursing/attendant's charges incurred during Pre-hospitalization or Post-hospitalization.
C. Drugs or treatment not supported by prescription.

D. Issue of medical certificate and examinations as to suitability for employment or travel or any other such purpose.
E. Any charges incurred to procure any treatment/Illness related documents pertaining to any period of Hospitalization/Illness.
F. External and or durable medical/non medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Infusion pump etc.
G. Ambulatory devices such as walkers, crutches, belts, collars, caps, splints, slings, braces, stockings of any kind, diabetic foot wear, glucometer/thermometer and similar items and also any medical equipment which is subsequently used at home.
H. Nurses hired in addition to the Hospital's own staff.

E.2.10 OPD Treatment Code

OPD Treatment is not covered.

However, this exclusion does not apply for:

a. Vaccination in case of Animal Bite (Section D.11)

b. Vaccination for New Born Baby (Section D.16.c)

E.2.11 Preventive Care Code

All preventive care, vaccination including inoculation and immunisations except in case of

a. Vaccination in case of Animal Bite (Section D.11)

c. Vaccination for New Born Baby (Section D.16.c)

E.2.12 Self-inflicted injuries Code

Treatment for, or arising from, an injury that is intentionally self-inflicted, including attempted suicide.

E.2.13 Treatment for Alopecia

Any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.

E.2.14 Treatment received outside India

Any treatment received outside India.

E.2.15 Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:

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

E.2.16 The expenses that are not covered in this policy are placed under List-I of Annexure-II.

F General Terms and Clauses

F.1. Standard General Terms and Clauses

F.1.1 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 policyholder.

F.1.2 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.

F.1.3 Claim Settlement (provision for Penal lnterest)

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. ln 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 2o/o 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- ln such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

iv. ln 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.

F.1.4 Complete Discharge

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

F.1.5 Multiple Policies

i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. ln all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

ii. insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.

iii. lf the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.

iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

F.1.6 Fraud

lf 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 and the premium paid shall be forfeited. Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer. For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured

person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, 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 claim and / or forfeit the policy benefits 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.

F.1.7 Cancellation

i. The policyholder may cancel this policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below

Cancellation date upto (x months) from the Policy Period Start Date	**Refund of Premium (basis Policy Period)**		
	1 Year	**2 Year**	**3 Year**
Upto 1 month	75%	87%	91%
Upto 3 months	50%	74%	82%
Upto 6 months	25%	61.5%	73.5%
Upto 12 months	0%	48.5%	64.5%
Upto 15 months	NA	24.5%	47%
Upto 18 months	NA	12%	38.5%
Upto 24 months	NA	0%	30%

Upto 30 months	NA	NA	8%
Beyond 30 months	NA	NA	0%

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

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

(i) For half- yearly payment mode

Upto 90 days- 50% Refund

Post 90 days- Nil

(ii) For Quarterly payment mode

Upto 30 days- 50%

After 30 days- Nil

(iii) For Monthly payment Mode

Cancellation- No refund

F.1.8 Migration

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. lf such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link:

https://www.royalsundaram.in/html/files/Modification-guidelines-on-standardization-in-health-insurance-Migration.pdf

F.1.9 Portability

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. lf such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an lndian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link:

https://www.royalsundaram.in/html/files/Modification-guidelines-on-standardization-in-health-insurance-Portability.pdf

F.1.10 Renewal of Policy

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 45 days in case of one year and 15 days in case of monthly, quarterly and half- yearly payments to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
v. No loading shall apply on renewals based on individual claims experience

F.1.11 Withdrawal of Policy

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

F.1.12 Moratorium Period

After completion of eight continuous years under this policy no look back would be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the Sum Insured of the first policy and subsequently completion of eight continuous years would be applicable from the date of enhancement of sum insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments as per the policy.

F.1.13 Premium Payment in Instalment

It the insured person has opted for Payment of' Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in Policy Schedule/Certificate of insurance, the following Conditions shall apply (not withstanding any terms contrary elsewhere in the Policy)

i. Grace Period of 15 days (in case of monthly mode grace period is allowed and would be available two times and in case of quarterly and half-yearly- grace period will be available only once) would be given to pay the instalment premium due for the policy.
ii. During such grace period, Coverage will not be available from the instalment premium payment due date till die 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" Sections shall continue in the event of payment of premium within the stipulated grace Period.
iv. No interest will be charged lf 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. ln the event of a claim, all subsequent premium instalments shall immediately become due and payable. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

F.1.14 Possibility of Revision of Terms of the Policy including the Premium Rates

The Company, with prior approval of lRDAl, 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 effected.

F.1.15 Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

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

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

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

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

F.1.16 Redressal of Grievance

ln case of any grievance the insured person may contact the company through

i. Website: https://www.royalsundaram.in/customer-request
ii. Toll free: 1860 258 0000, 1860 425 0000
iii. E-mail: customer.services@royalsundaram.in
iv. Sr. Citizen can email us at : seniorcitizengrievances@royalsundaram.in
v. Fax : 91-44-7113 7114
vi. Courier:

Grievance Redressal Unit

Royal Sundaram General Insurance Co. Limited

Vishranthi Melaram Towers,

No.2/319, Rajiv Gandhi Salai (OMR)

Karapakkam, Chennai – 600097

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance

lf Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at

Mr. T M Shyamsunder
Grievance Redressal Officer
Royal Sundaram General Insurance Co. Limited

Vishranthi Melaram Towers,

No.2/319, Rajiv Gandhi Salai (OMR)

Karapakkam, Chennai – 600097

For updated details of grievance officer, kindly refer the link http://www.royalsundaram.in

lf Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per lnsurance Ombudsman Rules 2017.

Insurance Ombudsman addresses given in Annexure I.

Grievance may also be lodged at IRDAI Integrated Grievance Management System - https:/ligms. irda.qov. in

F.1.17 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. ln 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.

F.2. Specific Terms and Clauses

F.2.1 Material Change

It is a Condition Precedent to the Our's liability under the Policy that the Policyholder shall immediately notify Us in writing of any material change in the risk on account of change in nature of occupation or business at his own expense (refer Annexure III). We may, in its discretion, adjust the scope of cover and/or the premium paid or payable, accordingly. You must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement or reinstatement of the contract.

F.2.2 Alteration to the Policy

This Policy constitutes the complete contract of insurance. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement signed and stamped by Us. No one except Us can change or vary this Policy.

F.2.3 Change of Policyholder

The policyholder may be changed only at the time of Renewal of the Policy. The new Policyholder must be a member of the Insured Person's immediate family. The renewed Policy shall be treated as having been renewed without break. However, all the relationships covered under the Policy will continue to be in relation to Proposer.

The Policyholder may be changed upon request in case of his demise.

F.2.4 No Constructive Notice

Any knowledge or information of any circumstances or condition in relation to the Policyholder/Insured Person which is in Our possession and not specifically informed by the Policyholder/Insured Person shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

F.2.5 Territorial Jurisdiction

The geographical scope of this Policy applies to events within India and all admitted or payable claims shall be settled in India in Indian rupees.

F.2.6 Policy Disputes

Any and all disputes or differences under or in relation to this Policy herein shall be determined by Indian law and shall be subject to the jurisdiction of the Indian Courts.

F.2.7 Loading/Co-payment

We shall apply a risk loading on the premium payable or Co-payment for certain specific conditions as per Our board approved underwriting policy (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance), which shall be mentioned specifically in the Schedule of Insurance Certificate. The maximum risk loading applicable shall not exceed 150% per diagnosis / medical condition and an overall risk loading of 200%. These loadings are applied from the inception of the initial Policy including subsequent Renewal(s) with Us or on the receipt of a request for increase in Sum Insured (for which the loading shall be applied on the increased Sum Insured). The maximum risk Co-payment shall not exceed 20% per diagnosis/medical condition and an overall risk co-payment of 20%. We will apply either Disease Specific Loading or Co-payment on your application and will not be applied simultaneously.

We will inform You about the applicable risk loading or Co-payment through post/courier/email/phone. You shall revert to Us with your written consent and additional premium (if any), within 15 days of the issuance of such counter offer. 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 the next 15 days.

F.2.8 Renewal Conditions

i. This Policy will automatically terminate at the end of the Policy Period. This Policy is ordinarily renewable on mutual consent for life, subject to application of Renewal and realization of Renewal premium. All Renewal application should reach Us on or before the Policy Period End Date.

ii. We may in Our sole discretion, revise the Renewal premium payable under the Policy provided that revision to the Renewal premium are in accordance with the IRDAI rules and regulations as applicable from time to time. Renewal premiums will not alter based on individual claims experience. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.

iii. The premium payable on renewal shall be paid to Us on or before the Policy Period End Date and in any event before the expiry of the Grace Period. For the purpose of this provision, Grace Period means a period of 45 days in case of one year and 15 days in case of monthly, quarterly and half- yearly payments immediately following the Policy Period End Date during which a payment can be made to renew this 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 premium is not received by Us and We shall not be liable for any Claims incurred during such period. The provision of Section 64VB of the Insurance Act shall be applicable.

iv. Renewal of the Policy will not ordinarily be denied other than on grounds of moral hazard, misrepresentation or fraud or non-cooperation by You.

v. We reserve the right to carry out underwriting in relation to any alterations like increase/decrease in Sum Insured, change in variant/coverage, addition/deletion of members, addition/deletion of Medical Conditions, request at the time of Renewal of the Policy. Any request for acceptance of changes on renewal will be subject to underwriting.The terms and conditions of the existing Policy will not be altered.

vi. This product may be withdrawn by Us after due approval from the IRDAI. In case this product is withdrawn by Us, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDAI. We shall duly intimate You regarding the withdrawal of this product and the options available to You at the time of Renewal of this Policy.

F.2.9 Communications & Notices

Any communication or notice or instruction under this Policy shall be in writing and will be sent to:

i. To Us, at the address as specified in Schedule of Insurance Certificate

ii. The Policyholder's, at the address as specified in Schedule of Insurance Certificate

iii. No insurance agents, brokers, other person or entity is authorized to received any notice on behalf of Us unless explicitly stated in writing by Us

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

F.2.10 In case of non-disclosure of a condition which is other than list of Permanent exclusions under 4E, we can incorporate additional waiting period of not exceeding 48 months for the said undisclosed disease or

condition from the date the un-disclosed condition was detected and continue with the policy subject to obtaining prior consent from you or Insured Person.

F.2.11 Where the non-disclosed condition allows us to continue the coverage by levying extra premium or loading based on the objective criteria laid down in the Board approved underwriting policy, we shall levy the same prospectively from the date of noticing the non-disclosed condition. However, in respect of policy contracts for a duration exceeding one year, If the un-disclosed condition is surfaced before the expiry of the policy term, we may charge the extra premium or loading retrospectively from the first year of issuance of the policy or renewal, whichever is later.

G Other Terms and Conditions

G.1. Claim Procedure

Provided that the due adherence/observance and fulfillment of the terms and conditions of this Policy (conditions and all Endorsements hereon are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by the Insured and / or Insured person be a condition precedent to any liability of the Company under this Policy. Cashless Claims will be settled through TPA and Re-imbursement Claims will be settled by Us. The Claims Procedure is as follows:

a) For admission in Network Hospital (Cashless Claims)

Insured Person shall call the TPA helpline and furnish Membership Number, Policy Number and the Name of the Patient within 72 hours before admission to hospital for planned hospitalization and not later than 48 hours of admission in case of emergency hospitalization. The insured shall also provide to the TPA by fax or e-mail, the details of hospitalization like diagnosis, name of hospital, duration of stay in hospital, estimated expenses of hospitalization etc. in the prescribed form available with the Insurance help desk at the Hospital. The Insured shall also provide any additional information or medical record as may be required by the medical panel of the TPA. After establishing the admissibility of the claim under the policy, the TPA shall provide a pre-authorisation to the hospital guaranteeing payment of the hospitalization expenses subject to the sum insured, terms conditions and limitations of the policy.

b) For admission in Non-Network Hospital or into Network Hospital if cashless facility is not availed (Re-imbursement Claims)

- **Notice of claim:** Preliminary notice of claim with particulars relating to Policy number, Name of the Insured Person in respect of whom claim is made, nature of illness/injury and name and address of the attending hospital, should be given to the Insurer within 72 hours before admission incase of planned hospitalization, and not later than 48 hours or before discharge, in case of emergency hospitalization.

- **Submission of claim:** The insured shall submit the claim form along with attending physician's certificate duly filled and signed in all respects with the following claim documents not later than 30 days from the date of discharge.

Mandatory documents (if available)

1. Test reports and prescriptions relating to First / Previous consultations for the same or related illness.
2. Case history / Admission-discharge summary describing the nature of the complaints and its duration, treatment given, advice on discharge etc issued by the Hospital.
3. Death summary in case of death of the insured person at the hospital.
4. Hospital Receipts / bills / cash memos in Original (including advance and final hospital settlement receipts).
5. All test reports for X-rays, ECG, Scan, MRI, Pathology etc., including doctor's prescription advising such tests/investigations (CDs of angiogram, surgery etc need not be sent unless specifically sought).
6. Doctor's prescriptions with cash bills for medicines purchased from outside the hospital.
7. F.I.R(First Information Report)/M.L.C.(Medical Legal Certificate). in the case of accidental injury and English translation of the same, if in any other language.
8. Detailed self-description stating the date, time, circumstances and nature of injury/accident in case of claims arising out of injury.
9. Legal heir certificate in the absence of nomination under the policy, in case of death of the proposer. In the absence of legal heir certificate, evidence establishing legal heirship may be provided as required by Us.
10. For a) maternity claims, Discharge Summary mentioning Last Menstrual Period (LMP), Estimated Date of Delivery (EDD) & Gravida b)Cataract claims - (Intraocular Lens Implant) IOL sticker c) Percutaneous Transluminal Coronary Angioplasty (PTCA) claims - Stent sticker.
11. Copies of health insurance policies held with any other insurer covering the insured persons.
12. If a claim is partially settled by any other insurer, a certificate from the other insurer confirming the final claim amount settled by them and that Original claim documents are retained at their end.
13. For domiciliary hospitalization claims, a certificate from the attending doctor confirming that the condition of the patient is such that he/she is not in a condition to be removed to a hospital.

14. Additional documents for Emergency Domestic Evacuation:

    a. Certification by the treating Medical Practitioner of such life threatening emergency condition and confirming that current Hospital does not have suitable medical equipment & technology for the life threatening condition.

    b. Bills/Receipts of transportation agency/ambulance company/air ambulance receipts.

Documents to be submitted if specifically sought: (if available)

1. Copy of indoor case records (including nurse's notes, OT notes and anesthetists' notes, vitals chart).
2. Copy of extract of Inpatient Register.
3. Attendance records of employer/educational institution.
4. Complete medical records (including indoor case records and OP records) of past hospitalization/treatment, if any.
5. Attending Physician’s certificate clarifying.
    - reason for hospitalization and duration of hospitalization
    - history of any self-inflicted injury
    - history of alcoholism, smoking
    - history of associated medical conditions, if any
6. Previous master health check-up records/pre-employment medical records, if any.
7. Any other document necessary in support of the claim on case to case basis.

The claim documents should be sent to:

Health Claims Department

Royal Sundaram General Insurance Co. Limited

Vishranthi Melaram Towers,

No.2/319, Rajiv Gandhi Salai (OMR)

Karapakkam, Chennai - 600097

Royal Sundaram General Insurance Co. Limited
(Formerly known as Royal Sundaram Alliance Insurance Company Limited)
Corp. Office : Vishranthi Melaram Towers, No. 2 /319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai - 600097. Regd. Office : 21, Patullos Road, Chennai - 600 002

Payment of Claim

- No liability under the Policy will be admitted, if the claim is fraudulent or supported by fraudulent means.
- Insured must give at his expense, all the information asked by Us about the claim and he must help to take legal action against anyone if required.
- If required the Insured / Insured Person must give consent to obtain Medical Report from Medical Practitioner at Our expense.
- All claims under this Policy shall be payable in Indian Currency. All medical treatments for the purpose of this insurance will have to be taken in India only.
- Benefits payable under this policy will be paid within 30 days of the receipt of last necessary document.
- All claims are to be notified to Us within a timeline as per Section G.1.(b). In case where the delay in intimation is proved to be genuine and for reasons beyond the control of the Insured Person or Nominee specified in the Schedule of Insurance Certificate, We may condone such delay and process the claim. Please note that the waiver of the time limit for notice of claim and submission of claim is at Our evaluation.
- We shall be liable to pay interest at 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed, for sums paid or payable under this Policy, upon acceptance of an offer of settlement by the insured but there is a delay in payment beyond 7 days the date of acceptance.
- At the time of claim settlement, We may insist on KYC documents of the Proposer as per the relevant AML guidelines in force.

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

Annexure I

Office Details	Jurisdiction of Office Union Territory,District)	Date Of Taking Charge
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.	03/10/2019
BENGALURU - Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist 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.	11/09/2019

Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in		
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	Punjab, Haryana(excluding Gurugram, Faridabad, Sonepat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.	
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	Tamil Nadu, Tamil Nadu PuducherryTown and Karaikal (which are part of Puducherry).	
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	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.	12/09/2019
GUWAHATI - Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor,	Assam, Meghalaya, Manipur,	

Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Mizoram, Arunachal Pradesh, Nagaland and Tripura.	
HYDERABAD - Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.	
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	Rajasthan.	
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	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.	07/11/2018
KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072.	West Bengal, Sikkim, Andaman & Nicobar Islands.	30/09/2019

Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in		
LUCKNOW -Shri Justice Anil Kumar Srivastava 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	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, 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.	11/09/2019
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	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.	

Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in		
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.	17/09/2019
PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.	09/10/2019
PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor,	Maharashtra, Area of Navi Mumbai and Thane	03/12/2019

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	excluding Mumbai Metropolitan Region.	

Royal Sundaram General Insurance Co. Limited
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Corp. Office : Vishranthi Melaram Towers, No. 2 /319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai - 600097. Regd. Office : 21, Patullos Road, Chennai - 600 002.

Policy Document

OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL

EXECUTIVE COUNCIL OF INSURERS,
3rd Floor, Jeevan Seva Annexe,
S. V. Road, Santacruz (W), Mumbai - 400 054.
Tel.: 022 - 26106889 / 671 / 980
Fax: 022 - 26106949 Email: inscoun@ecoi.co.in

Shri M.M.L. Verma, Secretary General
Smt Moushumi Mukherji, Secretary

Royal Sundaram General Insurance Co. Limited
(Formerly known as Royal Sundaram Alliance Insurance Company Limited)
Corp. Office : Vishranthi Melaram Towers, No. 2 /319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai - 600097. Regd. Office : 21, Patullos Road, Chennai - 600 002.

Policy Document

Annexure II

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

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

21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
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

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

SI No	Item
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	FLEX I 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	BLANKETS/VARMER 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

SI 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

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

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Annexure III

Format to be filled up by the proposer for change in occupation of the Insured

Policy No	Name of the Insured	Date of birth / Age	Relationship with Proposer	City of residence	Previous Occupation or Nature of Work	New Occupation or Nature of Work

Place: _____ Proposer's Signature_____

Date: _____ Name:_____

(DD/MM/YYYY)

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Annexure IV – Indicative list of Day Care Procedures

Kindly note that the procedures mentioned below are just illustrative and not exhaustive. We will cover All Day Care Procedures which is decided by medical counsel as Day Care Procedure

Sr. No	List of Day Care Procedures
1	Operations on retinal membrane
2	Photocoagulation of retina fordetachment
3	Destruction of lesion of retina
4	Fixation of retina
5	Evaluation of retina
6	Destruction of subretinal lesion
7	Operations on posterior segment of eye
8	Operations on thyroglossal tissue
9	Excision of parathyroid gland
10	Excision of external ear lesions
11	Extirpation of lesion of external ear
12	Exenteration of mastoid air cells
13	Attachment of bone anchored hearing prosthesis
14	Repair of eardrum
15	Drainage of middle ear
16	Reconstruction of ossicular chain
17	Stapedectomy
18	Extirpation of lesion of middle ear
19	Rhinoplasty for traumatic injuries
20	Therapeutic operations on septum of nose
21	Therapeutic operations on turbinate of nose
22	Surgical arrest of bleeding from internal nose
23	Operations on unspecified nasal sinus
24	Caldwell luc surgery
25	Operations on adenoid
26	Therapeutic endoscopic operations on pharynx
27	Microtherapeutic endoscopic operations on larynx
28	Petrous Apicectomy
29	Therapeutic fibreoptic endoscopic operations on lower respiratory tract
30	Partial excision of lip

31	Extirpation of lesion of lip
32	Dental operations as a result of accidents
33	Excision o fdental lesion of jaw
34	Extirpation of lesion of tongue
35	Lingualfrenotomy/frenoplasty
36	Extirpation of lesion of palate
37	Palatoplasty for pure palatal defects
38	Excision of tonsil
39	Excision of salivary gland
40	Extirpation of lesion of salivary gland
41	Open extraction of calculus from salivary duct
42	Fibreoptic endoscopic extirpation of lesion of oesophagus
43	Therapeutic Drainage of spinal canal
44	Operations on spinal nerve root
45	Excision ofperipheral nerve
46	Destruction ofperipheral nerve
47	Extirpation of lesion of peripheral nerve
48	Microsurgical repair of peripheral nerve
49	Carpal tunnel release
50	Canal of guyon release
51	Cubital tunnel release
52	Neurostimulation of peripheral nerve
53	Excision of sympathetic nerve
54	Chemical destruction of sympathetic nerve
55	Radiofrequency controlled thermal destruction of sympathetic Nerve
56	Extirpation of lesion of orbit
57	Therapeutic operations on eyebrow
58	Therapeutic operations on canthus
59	Extirpation of lesion of eyelid
60	Excision of redundant skin of eyelid
61	Reconstruction of eyelid
62	Correction of deformity of eyelid
63	Correction of ptosis of eyelid
64	Incision of eyelid
65	Operations on lacrimal gland
66	Connection between lacrimal apparatus and nose

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67	Operations on nasolacrimal duct
68	Operations on muscles of eye
69	Extirpation of lesion of conjunctiva
70	Repair of conjunctiva
71	Extirpation of lesion of cornea
72	Closure of cornea
73	Incision of cornea
74	Excision of sclera
75	Buckling operations for attachment of retina
76	Excision of iris
77	Filtering operations on iris
78	Incision of iris
79	Extirpation of ciliary body
80	Extracapsular extraction of lens
81	Incision of capsule of lens
82	Insertion of Prosthesis of lens
83	Operations on vitreous body
84	Operations on varicocele
85	Extirpation of lesion of penis
86	Dialysis
87	Operations on Bartholin gland
88	Extirpation of lesion of vulva
89	Extirpation of lesion of female perineum
90	Excision of band of vagina
91	Culdotomy
92	Extirpation of lesion of vagina
93	Operations on pouch of Douglas
94	Excision of cervix uteri
95	Destruction of lesion of cervix uteri
96	Abdominal excision of uterus
97	Dilatation and Curettage of uterus
98	Therapeutic endoscopic operations on uterus
99	Therapeutic endoscopic operations on ovary
100	Operations on broadligament ofuterus
101	Incision of breast
102	Microscopically controlled excision of lesion of skin

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103	Photodynamic therapy of skin
104	Curettage of lesion of skin
105	Photodestruction of lesion of skin
106	Flap operations to relax contracture of skin
107	Split autograft of skin
108	Suture of skin of head or neck
109	Extirpation of nail bed
110	Excision of nail
111	Fascial release
112	Partial excision of chest wall
113	Puncture of pleura
114	Closed reduction of fracture of bone and internal fixation
115	Excision of ganglion
116	Re-excision of ganglion
117	Operations on bursa
118	Transposition of tendon
119	Excision of tendon
120	Primary repair of tendon
121	Secondary repair of tendon
122	Tendon release
123	Adjustment to length of tendon
124	Excision of sheath of tendon
125	Excision of muscle
126	Fibreoptic endoscopic extirpation of lesion of upper gastrointestinal tract
127	Therapeutic endoscopic operations on duodenum
128	Artificial opening in to jejunum
129	Therapeutic endoscopic operations on jejunum
130	Endoscopic extirpation of lesion of colon
131	Endoscopic extirpation of lesion of lower bowel using fibreoptic sigmoidoscope
132	Endoscopic extirpation of lesion of sigmoid colon using rigid sigmoidoscope
133	Manipulation of rectum
134	Excision of lesion of anus
135	Destruction of lesion of anus
136	Excision of haemorrhoid

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137	Destruction of haemorrhoid
138	Dilation of anal sphincter
139	Drainage through perineal region
140	Excision of pilonidal sinus
141	Arteriovenous shunt
142	Combined operations on varicose vein of leg
143	Ligation of varicose vein of leg
144	Injection in to varicose vein of leg
145	Transluminal operations on varicose vein of leg
146	Therapeutic transluminal operations on vein
147	Therapeutic endoscopic operations on calculus of kidney
148	Percutaneous puncture of kidney
149	Extracorporeal fragmentation of calculus of kidney
150	Therapeutic ureteroscopic operations on ureter
151	Extracorporeal fragmentation of calculus of ureter
152	Operations on ureteric orifice
153	Percutaneous ureteric stent procedures
154	Open drainage of bladder
155	Endoscopic extirpation of lesion of bladder
156	Endoscopic operations to increase capacity of bladder
157	Urethral catheterisation of bladder
158	Vaginal operations to support outlet of female bladder
159	Therapeutic endoscopic operations on outlet of female bladder
160	Endoscopic resection of outlet of male bladder
161	Repair of urethra
162	Therapeutic endoscopic operations on urethra
163	Urethral meatal surgery
164	Extirpation of lesion of scrotum
165	Extirpation of lesion of testis
166	Operations on hydrocele sac
167	Operations on epididymis
168	Repair of Muscle
169	Release of contracture of muscle
170	Facial bone fracture fixation
171	Excision of mandible
172	Fixation of mandible

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173	Decompression of fracture of spine
174	Denervation of spinal facet joint of vertebra
175	Manipulation of spine
176	Joint manipulation
177	Extirpation of lesion of bone
178	Angulation periarticular division of bone
179	Primary open reduction of fracture of bone and intramedullary fixation
180	Primary open reduction of fracture of bone and extramedullary fixation
181	Secondary open reduction of fracture of bone
182	Fixation of epiphysis
183	Skeletal traction of bone
184	Therapeutic puncture of bone
185	Excision reconstruction of joint
186	Fusion of joint of toe
187	Primary open reduction of traumatic dislocation of joint
188	Primary closed reduction of traumatic dislocation of joint under GA
189	Open operations on synovial membrane of joint
190	Open operations on semilunar cartilage
191	Stabilising operations on joint
192	Release of contracture of joint
193	Soft tissue operations on joint of toe
194	Debridement and irrigation of joint
195	Therapeutic endoscopic operations on semilunar cartilage
196	Therapeutic endoscopic operations on cavity of knee joint
197	Amputation of toe
198	Radiotherapy delivery
199	Delivery of chemotherapy for neoplasm
200	Delivery of oral chemotherapy for neoplasm