MAGMA
General Insurance Limited

TRUTH MUST BE TOLD

ONEHEALTH - EXTRA COVER POLICY WORDINGS

www.magmainsurance.com

customercare@magmainsurance.com

MAGMA General Insurance Limited

OneHealth- Extra cover

OneHealth - Extra Cover Policy Schedule

Policyholder Details

Customer ID		
Policyholder Name		
Policyholder Address		
Phone number	Landline	Mobile
Email ID		

Policy Details

Branch Name		Branch Code	
Address			
Helpline Number			
Proposal Number			
Product Name	OneHealth - Extra cover		
Policy Number			
Policy Start Date and time	00.00 hrs on dd/mm/yyyy	Policy Expiry Date and time	23.59 hrs on dd/mm/yyyy
Policy Period	<1/ 2/ 3 years>		
Sum Insured		Cumulative Bonus	
Aggregate Deductible			
Policy Type	<Individual> <Family Floater 1A+1 kid> <....>		
Portability	<Yes/No>	Previous Policy No.	

Insured Person(s) Details

Name of Insured Person	1.	2.	3.	4.	5.	6.	7.
Date of Birth							
Age							
Gender							
Member ID							
Relationship with Policyholder							
Policy Inception Date							
Pre-Existing Disease							
Permanently excluded PED							
Optional Cover (Personal Accident Cover)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

Following Optional cover are also applicable to this Policy:

Optional Cover Name	Cover limits
Guaranteed Cumulative Bonus (GCB)	5% of SI, subject to a maximum of 50%
Worldwide Emergency Hospitalization Optional Cover	50% of SI, max Rs. 10 Lakhs; deductible Rs. 2 Lakhs
Non-Payable expense Cover	Covered
Waiting Period Reduction	24 Months

Name of Insured Person	Previous Policy No.	Portability SI	Waiting period waived off

We reserve the right to modify or amend the terms and the applicability of the Portability benefit in accordance with the provisions of the regulations and guidance issued by the IRDAI and as amended from time to time.

Nominee Details

Nominee Name		Relationship to Policyholder	
Date of Birth		Contact No.	

If Nominee is a minor,

Appointee Name			
Relationship to Nominee		Contact No.	

Agent Details

Agent Name			Agent Code	
Agent Contact Number				
Agent landline number				
Agent address				
Agent PAN and Aadhar No. in case of POSP	PAN Card No.		Aadhar Card No	

Premium Details

Premium excluding GST (Rs)	
Premium payment mode	
Loading (Rs)	
Discounts (applicable on Premium excluding GST)	
Discount (Name & Amount of Discount)	
GST	
Govt. implemented Cess	
Gross Premium	

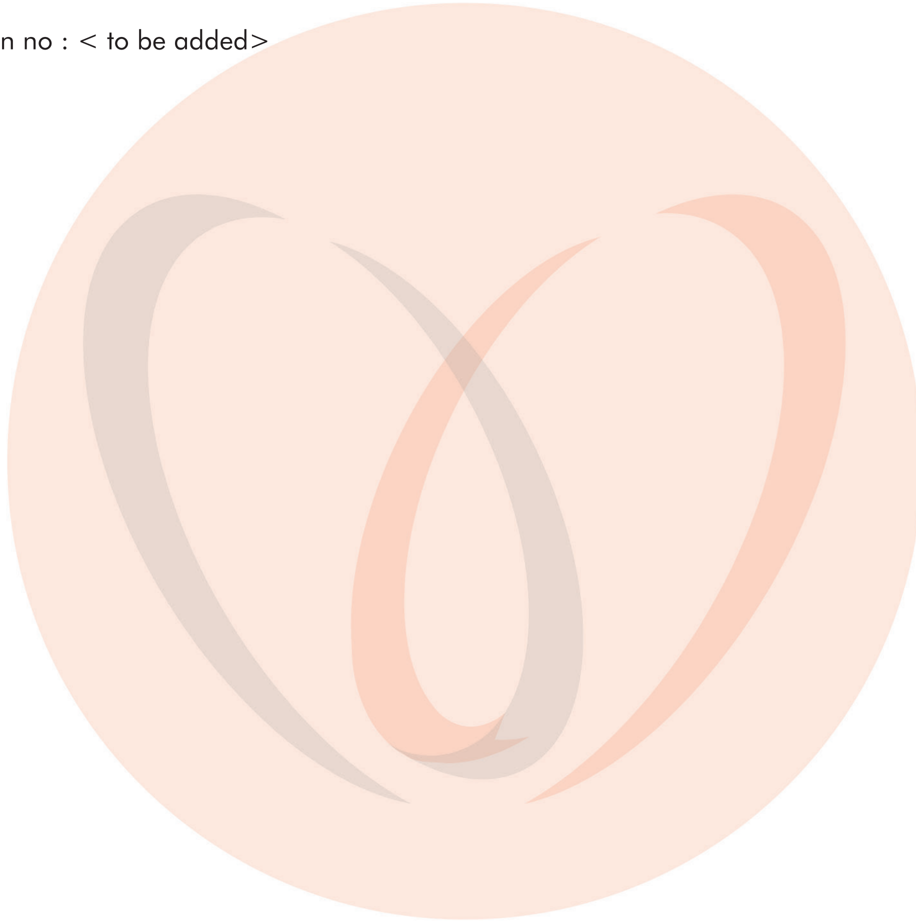
Stamp duty of Rs ______________________________/- paid

For and behalf of Magma General Insurance Limited

Location:

Date: Authorized Signatory

Service tax registration no : < to be added>



Premium Certificate
For the purpose of deduction under section 80D of Income Tax amendment act, 1961 and any amendments made thereafter

To,

____

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This is to certify that the Company has received the premium of Rs.<Gross premium> for health insurance coverage under the policy no. < policy no. > vide <mode of premium payment> dated <date of premium realization>

The premium paid under this product is eligible for deduction u/s 80D of the Income Tax act 1961 and any amendments made thereafter.

For Magma General Insurance Limited, IRDA Regn. No. 149

Authorized Signatory

Date: ________________

Place: ________________

Note: This certificate must be surrendered to the insurance Company in case of cancellation of policy. In the event of incorrect representation of this declaration, the liability shall be upon the policyholder.

Preamble

The insurance cover provided under this Policy up to the Sum Insured is and shall be subject to (a) the terms and conditions of this Policy, (b) the receipt of premium, and (c) Disclosure to information norm (including information and statements which the Policyholder has provided in the proposal form or Information Summary Sheet as applicable) for 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 any Insured Person.

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

Section 1. Definitions

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

1.1 Standard Definitions:

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

AYUSH treatment refers to the medical and / or hospitalization treatments given under Ayurveda,

Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

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 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.

AYUSH Hospitals referred above shall also obtain either pre-entry level certificate (or higher level of certificate) issued by National Accreditation Board for Hospitals and Healthcare Providers (NABH) or State Level Certificate (or higher level of certificate) under National Quality Assurance Standards (NQAS), issued by National Health Systems Resources Centre (NHSRC).

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. Mainitaining daily records of patient and making them accessible to the insurance company's authorized representative.

Any One Illness: Any one illness means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

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 is approved.

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

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

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.

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 claims amount. A co-payment does not reduce the Sum Insured.

Day Care Centre: A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner and must comply with all minimum criteria as under:-

i) has qualified nursing staff under its employment;

ii) has qualified medical practitioner/s in charge;

iii) has 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.

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 hospitalization of more than 24 hours.

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

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

Dental Treatment: Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

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.

Domiciliary Hospitalization: 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.

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.

Grace period means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.

Provided the insurers shall offer coverage during the grace period, if the premium is paid ininstalments during the policy period.

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

i) has qualified nursing staff under its employment round the clock;

ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;

iii) has qualified medical practitioner(s) in charge round the clock;

iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;

v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

Only for the purposes of any claim or treatment permitted to be made or taken outside India in accordance with relevant section (Treatment outside India), Hospital (outside India) means an institution (including nursing homes) established outside India for indoor medical care and treatment of Illness and/or Injuries which has been registered and licensed as such with the appropriate local or other authorities in the relevant area, wherever applicable, and is under the constant supervision of a medical practitioner. The term Hospital shall not include a clinic, rest home, or convalescent home for the addicted, detoxification centre, sanatorium, and old age home.

Hospitalization : Hospitalization means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

Illness: Illness means a 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, illness, or injury that has one or more of the following characteristics:

1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
2. it needs ongoing or long-term control or relief of symptoms
3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
4. it continues indefinitely
5. it recurs or is likely to recur

Injury: Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

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.

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.

ICU Charges: ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

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.

Migration means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.

Medical Advice: Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

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.

Medical Practitioner: Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy setup 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 licence.

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.

Network Provider: Network Provider means hospitals enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

New Born Baby: New born baby means baby born during the Policy Period and is aged up to 90 days.

Non-Network Provider: Non-Network means any hospital, day care centre or other provider that is not part of the network.

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.

OPD treatment: OPD treatment means the one in which the Insured visits a clinic/ hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

Portability means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.

Pre-Existing Disease: Pre-Existing Disease means any condition, ailment, injury or disease:

a) that is/are diagnosed by a physician not more than

36 months prior to the date of commencement of the policy issued by the insurer; or

b) for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

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 Hospitalization was required, and

ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

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 for the same condition for which the insured person's hospitalization was required, and

ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

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.

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.

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.

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

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*.

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.

Break in policy means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.

Specific waiting period means a period up to 36 months from the commencement of a health insurance policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break.

Complaint or Grievance means written expression (includes communication in the form of electronic mail or voice based electronic scripts) of dissatisfaction by a complainant with respect to solicitation or sale or purchase of an insurance policy or related services by insurer and /or by distribution channel.

Explanation: An inquiry or service request would not fall within the definition of the "complaint" or "grievance".

Complainant means a policyholder or prospect or nominee or assignee or any beneficiary of an insurance policy who has filed a complaint or grievance against an insurer and / or distribution channel.

Mis-selling includes sale or solicitation of policies by the insurer or through distribution channels, directly or indirectly by

a. exercising undue influence, use of dominant position or otherwise, or

b. making a false or misleading statement or misrepresenting the facts or benefits, or

c. concealing or omitting facts, features, benefits, exclusions with respect to products, or

d. not taking reasonable care to ensure suitability of the policy to the prospects/policyholders.

Proposal form means a form to be filled in by the prospect in physical or electronic form, for furnishing the information including material information, if any, as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages terms and conditions of the cover to be granted.

Prospectus means a document either in physical or electronic format issued by the insurer to sell or promote the insurance product.

1.2 Specific Definitions:

Age or Aged means age as on last birthday.

Aggregate policy deductible refers to a specified rupee amount the policyholder needs to pay against medical expenses on cumulative basis under the policy during a policy year before the liability of the Insurer arises. In other words, the policyholder will be treated as his/her self-insurer till the medical expenses incurred for one or several events of hospitalization on cumulative basis reaches the threshold deductible limit in specified rupee amount during the policy

year. Subsequently, the liability of the insurer arises for any medical expenses incurred that exceeds the specified rupee amount.

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.

Family Floater Policy means a policy named as a Family Floater Policy in the Policy Schedule in terms of which, two or more persons of a family are named in the Policy Schedule as Insured Persons. In a Family Floater Policy, family means a unit comprising of up to seven members who are related to the Policyholder in the following manner:

1) Self (ie, the Policyholder); and/or
2) Legally married spouse as long as they continue to be married; and/or
3) Up-to three children (children who are up to 25 years of Age on the Policy Start Date shall be considered as dependent children, if Aged 26 and above, they shall be considered as adults in this Policy); and/or
4) Natural parents or parents that have legally adopted the Policyholder; or
5) Parents-in-law as long as the Policyholder continues to be legally married to the spouse referred above.
6) Grand children
7) Daughter-in-law and Son-in-law
8) Brother(s) and Sister(s)

All parents and parents-in-law referred above must be financially dependent on the Policyholder.

Individual Policy means a policy named as an Individual Policy in the Policy Schedule in terms of which only one person is named in the Policy Schedule as the Insured Person.

IRDAI means the Insurance Regulatory and Development Authority of India.

Insured Person/You/Your/Yours means the person(s) named in the Policy Schedule who are covered under this Policy and in respect of whom the appropriate premium has been received.

Policy means this Policy document, any annexures thereto and the Policy Schedule including endorsements, if any, and Your statements in the proposal form.

Policy Inception Date means the Policy Start Date of the first Policy with Us, as specified in the Policy Schedule, and renewed with Us continuously thereafter.

Policy Start Date means the start date of the Policy as specified in the Policy Schedule.

Policy Expiry Date means the date on which the Policy expires as specified in the Policy Schedule.

Policy Period means the period between the Policy Start Date and the Policy Expiry Date as shown in the Policy Schedule.

Policy Year means a period of twelve consecutive months commencing from the Policy Start Date as specified in the Policy Schedule or any anniversary thereof.

Policyholder means the person named in the Policy Schedule as the policyholder and who has concluded this Policy with Us. Policyholder can be related to Insured Person as:

a) Self
b) Spouse
c) Son/Daughter
d) Son-in law/ Daughter-in-law

Policy Schedule means the schedule issued by Us along with this Policy mentioning the details of the Policyholder and Insured person, period of Policy and other details. Any changes made to it shall be issued as Endorsement Schedule and shall be considered a part of this Policy.

Product Benefits Table means the Product Benefits Table issued by Us and accompanying the sales literatures, including the prospectus of this product.

Rehabilitation includes treatment aimed at restoring health or mobility, or to allow a person to live an independent life, such as after a stroke.

Sum Insured means:

i) For an Individual Policy, the sum shown in the Policy Schedule/ Product Benefits Table against an Insured Person which represents Our maximum, total and cumulative liability for any and all claims under the Policy during a Policy Year in respect of that Insured Person.
ii) For a Family Floater Policy, the sum shown in the Policy Schedule/ Product Benefits Table which represents Our maximum, total and cumulative liability for any and all claims under the Policy during a Policy Year in respect of any and all Insured Persons.

TPA or Third Party Administrator means a company registered with the Authority, and engaged by an insurer, for a fee, by whatever name called and as may be mentioned in the agreement, for providing health services.

We/Our/Us means Magma General Insurance Limited.

Section 2. Benefits

The Benefits under this Policy are subject always to the Sum Insured and Cumulative Bonus, if any, any subsidiary limit specified in the Policy Schedule/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 Policy Schedule:

Benefits covered under the policy

A. Base Covers:

2.A.1 Inpatient Care

We shall cover the Reasonable and Customary Charges for the following Medical Expenses incurred by You if during the Policy Period, You require Hospitalization on the written Medical Advice of a Medical Practitioner, for any Illness or Injury which is contracted or sustained by You during the Policy Period and is covered under this Policy:

a) Medical Practitioners' fees
b) Room Rent and other boarding charges

c) ICU Charges
d) Operation theatre charges
e) Diagnostic procedures' charges
f) Medicines, drugs and other consumables as prescribed by the Medical Practitioner
g) Qualified Nurses' charges
h) Intravenous fluids, blood transfusion, injection administration charges
i) Anaesthesia, Blood, Oxygen, operation theatre charges, surgical appliances
j) The cost of prosthetics and other devices or equipment if implanted internally during a Surgical Procedure

2.A.2 Pre-Hospitalisation Expenses

We shall cover your relevant pre-hospitalization medical expenses incurred in respect of an Injury or Illness that occurs during the policy period, immediately prior to Your date of Hospitalization and up to the limits specified in the policy schedule / product benefits table, provided that a claim has been admitted by Us under Inpatient Care under Section 2.A.1 above and is related to the same Illness/ Injury/condition.

2.A.3 Post-Hospitalisation Expenses

We shall cover your post-hospitalization medical expenses incurred in respect of an Injury or Illness that occurs during the policy period, immediately after Your discharge from the Hospital and up to the limits specified in the policy schedule / product benefits table, provided that a claim has been admitted by Us under Inpatient Care under Section 2.A.1 above and is related to the same Illness/Injury/condition.

2.A.4 Day Care Treatment

We will cover the medical expenses incurred on your day care treatment on the recommendation of a medical practitioner following an Illness or Injury which occurs during the policy period provided that the medical expenses incurred are for medically necessary treatment and up to the limits specified in the policy schedule / product benefits table. Any OPD treatment undertaken in a Hospital/Day Care Centre will not be covered under this Benefit. Pre-hospitalization Medical Expenses and Post- hospitalization Medical Expenses are not payable under this Benefit. Please refer to Annexure III for list of Day Care Treatments.

2.A.5 Ambulance Cover

We will cover the reasonable and customary charges up to the limit specified in the policy schedule / product benefits table that are incurred towards your transportation by road ambulance to the nearest hospital with adequate facilities in an Emergency following an Illness or Injury which occurs during the policy period provided that the ambulance service is offered by a registered healthcare or ambulance service provider and a claim has been admitted by Us under Inpatient Care under Section 2.A.1 above.

2.A.6 Domiciliary Hospitalisation

We will cover the medical expenses incurred for your domiciliary Hospitalization during the policy period following an illness or injury that occurs during the policy period provided that the domiciliary hospitalization continues for an uninterrupted period of at least 3 days and the condition for which treatment is taken would otherwise have necessitated hospitalization as long as either

a) the attending medical practitioner confirms in writing that you cannot be transferred to a hospital or
b) you satisfy us that a hospital bed was unavailable.

If a claim has been admitted by us under this Benefit, then claims for pre-hospitalization medical expenses and post-hospitalization medical expenses shall also be payable up to the limits as specified for this cover.

2.A.7 AYUSH Treatment

We will cover your medical expenses incurred for inpatient care during the policy period on treatment taken under AYUSH Treatment in:

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 accessibl to the insurance company's authorized representative.

Our maximum liability will be limited up to the amount provided in the Policy Schedule/Product Benefits Table.

Exclusion 3.2.1 does not apply to this Benefit.

2.A.8 Modern treatment Procedures:

The following procedures will be covered (wherever medically indicated) either as in-patient (Section 2.A.1) or as part of day care treatment in a hospital (Section 2.A.4), including pre & post Hospitalization expenses up to the limit as specified in the product benefit table / policy schedule, during the policy period:

- Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- Balloon Sinuplasty
- Deep Brain stimulation

- Oral chemotherapy
- Immunotherapy- Monoclonal Antibody to be given as injection
- Intra vitreal injections
- Robotic surgeries
- Stereotactic radio surgeries
- Bronchical Thermoplasty
- Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)
- IONM - (Intra Operative Neuro Monitoring)
- Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

2.A.9 Organ Donor Expenses

We will cover the medical expenses incurred towards in-patient Hospitalization of an organ donor for your organ transplant surgery during the Policy Year provided that:

a) The organ donor conforms to the provisions of The Transplantation of Human Organs Act, 1994 and other applicable laws.

b) The organ donated is for the use of the Insured Person provided that the Insured Person has undergone an organ transplantation on the basis of Medical Advice;

c) A claim has been admitted by us under inpatient care under Section 2.A.1 above.

Subject to the above, We will not cover:

a) Any Pre-hospitalization Medical Expenses, Post-hospitalization Medical Expenses, or screening expenses of the organ donor, or any other Medical Expenses as a result of the harvesting from the organ 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 the donor consequent to organ donation.

2.A.10 Room Rent Capping

There will not be any capping on the room rent and we will pay reasonable and necessary room rent and other boarding charges and qualified nurse's charges incurred at the Hospital for treatment of an Illness or Injury which is admissible and payable under the Policy.

2.A.11 Psychiatric treatment Cover

We shall cover medical expenses for in-patient treatment of the insured person during the policy period maximum up to the limit as mentioned in the policy schedule / product benefits table, provided the hospitalization is for medically necessary treatment and prescribed in writing by a registered mental health specialist or psychiatrist. We shall also cover pre & post hospitalization expenses related to such in-patient psychiatric hospitalization up to the no. of days as covered as per relevant sections.

2.A.12 HIV/ AIDS Cover

We will cover the in-patient Hospitalization, Day care treatment and Pre-post Hospitalization expenses incurred by Insured Person during the Policy Period as per the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017 and amendments thereafter due to condition caused by or associated with HIV / AIDS, provided that:

Such treatment is availed as per written prescription by a registered Medical Practitioner.

Pre Hospitalization and Post hospitalization days limit will be as applicable as per relevant sections of this policy.

2.A.13 Recharge of Sum Insured

In case of a situation where the Sum Insured and Guaranteed Cumulative Bonus (GCB) are exhausted due to claims made and paid during the Policy Year, and the Insured/Insured Persons have to, incur any hospitalization expenses due to any Accident/ Disease/ Illness / Injury for which a valid claim is admissible under the Policy, then the Sum Insured shall be recharged and called Recharge Sum Insured which is equal to 100% of SI for the particular policy year up to 5 times in a Policy Year, for all members in the Policy, provided that;

I. The Recharge Sum Insured will be enforceable only after the first claim during the policy year. The recharge benefit will be triggered upon partial or full utilization of Sum Insured. The Recharge Sum Insured can be used for claims made by the Insured / Insured Person in respect of the benefits stated in Section 2. A Base Cover. Hence making the total Sum Insured available as SI+GCB+Recharge – (minus) 1st Claim

II. The Recharge Sum Insured shall be available for any Accident / Disease / Illness / Injury or any related Accident / Disease / Illness/ Injury for which a Claim has already been admitted partially or fully for that Insured / Insured person during that Policy Year. Recharge will not trigger if such subsequent hospitalization/day care is for treatment which was considered to be required as part of overall treatment plan at the time of diagnosis of disease or at the time of precedent hospitalization claim; for e.g. Chemotherapy sessions for cancer, periodic dialysis for renal failure. Further, subject to above condition, where the claim is due to same or related illness to which a claim has already been paid, a waiting period of 45 days from the date of discharge from hospital for precedent claim of that illness or injury shall be applicable.

III. The Recharge Sum Insured will only be allowed up to 5 times during a policy year;

IV. Recharge of Sum Insured is not applicable for optional benefits.

V. If the Recharge Sum Insured is not utilized in a Policy Year, it shall not be carried forward to any subsequent Policy Year.

New Business:-

Sample Illustration 1

Claim No	Sum Insured Available	GCB Available	Claim admissible amount	Recharge Sum Insured	Total Sum Insured Available	Payable Amount	Balance Sum Insured
1	300000	NA	250000	NA	300000	250000	50000
2	50000	NA	250000	300000	50000 - Main Sum Insured 300000 - Recharge Sum Insured	250000	100000

Sample Illustration 2

Claim No	Sum Insured Available	GCB Available	Claim admissible amount	Recharge Sum Insured	Total Sum Insured Available	Payable Amount	Balance Sum Insured
1	500000	NA	250000	NA	500000	250000	250000
2	250000	NA	1000000	500000	250000 - Main Sum Insured 500000 - Recharge Sum Insured	750000	0

Renewal Business:-

Sample Illustration 3

Year	Claim No	Sum Insured Available	GCB Available	Claim admissible amount	Recharge Sum Insured	Total Sum Insured Available	Payable Amount	Balance Sum Insured
1	1	No Claim	NA	NA	NA	500000	NA	NA
2	1	500000	100000	500000	NA	500000 - Main Sum Insured 100000 - GCB	500000	100000
	2	0	100000	300000	500000	0 - Main Sum Insured 100000 - GCB 500000 - Recharge Sum Insured	300000	300000

Sample Illustration 4

Year	Claim No	Sum Insured Available	GCB Available	Claim admissible amount	Recharge Sum Insured	Total Sum Insured Available	Payable Amount	Balance Sum Insured
1	No Claim	500000	NA	NA	NA	500000	NA	NA
2	1	500000	100000	500000	NA	500000 - Main Sum Insured100000 - GCB	500000	100000
	2	0	100000	300000	500000	0 - Main Sum Insured 100000 - GCB 500000 - Recharge Sum Insured	300000	300000
3	1	500000	200000	500000	NA	500000 - Main Sum Insured 200000 - GCB	500000	200000
	2	0	200000	300000	500000	0 - Main Sum Insured 200000 - GCB 500000 - Recharge Sum Insured	300000	400000

B. Optional Covers:

2.B.1 Guaranteed Cumulative Bonus (GCB)

If this optional cover is opted by paying extra premium, we will increase the Sum Insured by 5% every policy year up to a maximum of 50% of Sum Insured provided that the Policy is renewed with us without a break for and claim free year.

- Cumulative bonus will be calculated on sum insured excluding any bonus.
- No cumulative bonus will be added if the Policy is not renewed with us by the end of the Grace Period.
- The cumulative bonus will not be accumulated in excess of 50% of the Sum Insured under the current Policy with us under any circumstances.
- Any cumulative bonus that has accrued for a policy year will be credited at the end of that policy year if the policy is renewed with us within grace period and will be available for any claims made in the subsequent policy year.
- Merging of policies: If the insured persons in the expiring policy are covered under multiple policies and such expiring policy has been renewed with us on a family floater basis then the cumulative bonus to be carried forward for credit in such renewed policy shall be the lowest percentage of cumulative bonus applicable on the lowest sum insured of the last policy year amongst all the expiring polices being merged.
- Splitting of policies: If the insured persons in the expiring policy are covered on a family floater basis and such insured persons renew their expiring policy with Us by splitting the sum insured in to two or more family floater / individual policies then the cumulative bonus shall be apportioned to such renewed policies in the proportion of the sum insured of each renewed policy.
- If the Sum Insured is increased or decreased, Cumulative Bonus shall be calculated on the basis of the Sum Insured of the last completed Policy Year and shall be capped to the maximum amount of Cumulative Bonus on the Sum Insured as permitted under the plan.
- This clause does not alter our right to decline a renewal or cancellation of the Policy for reasons as mentioned under relevant section.
- The sub-limits applicable to various Benefits will remain the same and shall not increase proportionately with accrual of Cumulative Bonus.
- Recharge of Sum Insured shall not be considered for calculating Cumulative Bonus.
- If a Cumulative Bonus has been applied and a claim is made in any Policy Year, then in the subsequent Policy Year We shall not decrease the accrued Cumulative Bonus except if, and to the extent, it is utilized as claim payout.
- Cumulative Bonus shall be applicable on an annual basis subject to the Renewal of the Policy.
- The entire Cumulative Bonus shall be forfeited if the Policy is not continued/Renewed before expiry of the Grace Period.
- The Cumulative Bonus shall be available for any claims under sections 2.A only, subject always to any sub-limits mentioned therein.
- The accrued bonus will not be reduced in case of claim.

Illustration: Let us assume that an individual has opted for a Sum Insured of INR 500,000 and has continuously renewed the policy for next 4 years. The Guaranteed cumulative bonus is as illustrated below:

Year	Sum Insured Available	Cumulative Bonus Available (5% of Sum Insured)	Total Sum Insured Available (Base + GCB)	Claim / No Claim
Year 0	500000	NA	Year 0	No Claim
Year 1	500000	25000	525000	No Claim
Year 2	500000	50000 (25000 + 25000)	550000	Claim
Year 3	500000	50000 (25000 + 25000 +0)	550000	Claim
Year 4	500000	50000 (25000 + 25000 +0 +0)	550000	

2.B.2 Non-payable expense Cover:

If this optional cover is opted by paying extra premium, as specified in your policy schedule, we shall also cover the expenses as listed under "List I – Item for which coverage in not available in the policy" of annexure of this Policy under section inpatient care and day care treatment.

2.B.3 Personal Accident Cover

If this optional cover is opted by paying extra premium, as specified in your policy schedule and if at any time during the Policy Period, the Insured Person sustains an Injury resulting solely and directly due to an accident anywhere in the world, and causes any of the following events, then We shall pay the Insured Person or his/her nominee as the case may be, the amount(s) hereinafter set forth.

Events covered:

a) Accidental Death

If such Injury results in the death of the Insured Person within twelve calendar months from the date of the Accident, then We will pay the Sum Insured stated in the Policy Schedule/Product Benefits Table.

b) Permanent Total Disablement

1. If such Injury, within twelve calendar months from the date of the Accident, results in any of the following, then as per the table below, We shall pay a lump sum amount equal to the percentage of limit as mentioned for Personal Accident Benefit in the Product Benefits Table /Policy Schedule,

Nature of Disablement	Percentage of Limit for Personal Accident Cover payable
Total and irrecoverable loss of sight of both eyes	100%
Actual loss by physical separation of two entire hands	100%
Actual loss by physical separation of two entire feet	100%
Actual loss by physical separation of one entire hand and one entire foot	100%
Total & irrecoverable loss of sight of one eye	50%
Actual loss by physical separation of one entire hand or of one entire foot	50%
Total and irrecoverable loss of use of a hand or a foot without physical separation	50%
If such Injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured Person from engaging in any employment or occupation of any description	100%

For the purpose of Clause 1. above, physical separation of a hand means separation at or above the wrist and of the foot means separation at or above the ankle.

If a claim becomes admissible under this Benefit where the claim paid is 100% of the limit under this Optional cover, then this Optional Cover shall not be available for that Insured Person at the time of Renewal.

2.B.4 Worldwide Hospitalization Cover

If this optional cover is opted by paying extra premium, as specified in your policy schedule, we will cover the Emergency Medical Expenses incurred outside India in relation to Insured person subject to deductible opted, up to the limits specified in the Policy Schedule/Product Benefits Table, provided that:

a) Such Medical Expenses are incurred with respect to Medically Necessary Treatment, where such treatment has been certified as an Emergency by a Medical Practitioner and cannot be postponed until You have returned to India and is payable as per Section 2.A of the Policy;

b) The Medical Expenses payable shall be limited to Inpatient Care only;

c) Any payment under this Benefit shall be on a cashless basis or reimbursed only in Indian rupees;

d) The payment of any claim under this Benefit shall be based on the rate of exchange as on the date of payment to the Hospital published by the Reserve Bank of India (RBI) and shall be used for conversion of foreign currency into Indian rupees for payment of claim. Where, on the date of discharge, if RBI rates are not published, the exchange rate next published by the RBI shall be considered for conversion;

e) Each admissible claim shall be subject to a Deductible of as specified in Product Benefit Table/ Policy Schedule;

f) Pre Existing diseases shall be excluded;

g) This Benefit is available on a worldwide basis; We shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit herein under to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose us to any sanction, prohibition or restriction under United Nations resolutions or trade or economic sanctions, laws or regulations of European Union, United Kingdom or United States of America.

h) Recharge of Sum Insured shall not be available for this Benefit;

i) The cover is available for a maximum period of 180 consecutive days;

j) This Benefit is available as Cashless facility through pre-authorization by Our service provider as well as on a re-imbursement basis through Us. Process for Cashless facility through pre-authorization by Our service provider is as mentioned below:

   i) In the event of an Emergency, You shall call Our service provider immediately, maximum within 24 hours of such hospitalization, on the helpline number specified in the Policy Schedule, requesting for a pre-authorization for the medical treatment required;

   ii) Our service provider will evaluate the request and Your eligibility under the Policy and call for more information or details, if required;

   iii) Our service provider will communicate within 24 hours of receiving the complete information, directly to the Hospital as to whether the request for pre-authorization has been approved or denied;

   iv) If the pre-authorization request is approved, Our service provider will directly settle the claim with the Hospital. Any additional costs or expenses incurred by You beyond the limits pre-authorized by the service provider shall be borne by You;

v) We shall not cover any costs or expenses incurred in relation to any persons accompanying You during the period of Hospitalization, even if such persons are also Insured Persons.

Exclusion 3.2.25 & 3.2.26 do not apply to this Benefit.

2.B.5 Reduction of Pre existing disease waiting period

This optional benefit allows the Insured / Insured Person to opt for 24 months of waiting Period instead of 36 months.

Section 3. Exclusions

3.1 Standard Exclusions

3.1.1) 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. The waiting period would be reduced to 24 months if the same is opted and mentioned in policy schedule; of continuous coverage after the date of inception of the first policy with us.

b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.

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

3.1.2) Specific Diseases Waiting Period (Code- Excl02)

a) Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage, as may be the case after the date of inception of the first policy with the Insurer. This exclusion shall not be applicable for claims arising due to an accident.

b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.

d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

e) If the Insured Person is continuously covered without any break 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.

List of these diseases is:

1. Cataract
2. Stones in biliary and urinary systems
3. Hernia / Hydrocele
4. Hysterectomy for any benign disorder
5. Lumps / cysts / nodules / polyps / internal tumours
6. Gastric and Duodenal Ulcers
7. Surgery on tonsils / adenoids
8. Osteoarthrosis / Arthritis / Gout / Rheumatism / Spondylosis / Spondylitis / Intervertebral Disc Prolapse
9. Fissure / Fistula / Haemorrhoid
10. Sinusitis / Deviated Nasal Septum / Tympanoplasty / Chronic Suppurative Otitis Media
11. Benign Prostatic Hypertrophy
12. Knee/Hip Joint replacement and any ligament, tendon or muscle tear
13. Dilatation and Curettage
14. Varicose veins
15. Dysfunctional Uterine Bleeding / Fibroids / Prolapse Uterus / Endometriosis
16. Chronic Renal Failure or end stage Renal Failure
17. Internal congenital anomalies/diseases/defects except for newborns and infants

3.1.3) First Thirty Days Waiting Period (Code- Excl03)

i. 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.

ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

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

3.1.4) 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.

3.1.5) Rest Cure, Rehabilitation and respite Care (Code- Excl05)

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

i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily

living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

3.1.6) Change of Gender treatment (Code- Excl07)

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

3.1.7) 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.

3.1.8) 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.

3.1.9) 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.

3.1.10) 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.

List of these have been provided on Our website.

3.1.11) Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.**(Code- Excl12)**

3.1.12) Treatment 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)**

3.1.13) 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)**

3.1.14) Refractive Error (Code- Excl15)

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

3.1.15) 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.

3.1.16) 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

3.1.17) Maternity expenses (Code- Excl18)

i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

3.1.18) 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

3.2) Specific Exclusions:

3.2.1) Any Alternative Treatment except for the Benefits under AYUSH Treatment

3.2.2) Charges related to a Hospital stay not expressly mentioned as being covered. Service charges levied by the Hospital under whatever head. Complete list of these excluded expenses are mentioned in Annexure II of this Policy. The list is available on our website www.magmainsurance.com.

3.2.3) 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 Illness or Injury.

3.2.4) Circumcision unless necessary for the treatment of an Illness or disease or necessitated by an Accident.

3.2.5) Treatment for any Illness or Injury resulting from nuclear or chemical contamination, war, riot, revolution or acts of terrorism (other than natural disaster or calamity).

3.2.6) Treatment for any External Congenital Anomaly.

3.2.7) Dental Treatment including Surgical Procedures for the treatment of bone disease when related to gum disease or damage, or treatment for, or treatment arising from, disorders of the temporomandibular joint.

EXCEPTION: We will pay for a Surgical Procedure wherein the Insured Person Hospitalized as a result of an Accident and which is undertaken for Inpatient Care in a Hospital and carried out by a Medical Practitioner.

3.2.8) Any drugs or Surgical dressings that are provided or prescribed in the case of OPD treatment, or for the Insured Person to take home on leaving the Hospital, for any condition, except as included in Post-hospitalization.

3.2.9) We will not pay for routine eye examinations, contact lenses spectacles, hearing aids, dentures and artificial teeth.

3.2.10) Any treatment arising from and/or taken for Crohn's Disease ,Ulcerative colitis, Cystic kidneys, Neurofibromatosis, Factor V Leiden Thrombophilia, Familial Hypercholesterolemia, Haemophilia, Hereditary Fructose Intolerance, Hereditary Hemochromatosis, Hereditary Spherocytosis.

3.2.11) Private nursing/attendant's charges incurred during pre-hospitalization or post-hospitalization.

3.2.12) Drugs or treatment not supported by prescription.

3.2.13) Issue of fitness certificate and fitness examinations.

3.2.14) Any charges incurred to procure any treatment/ Illness related documents pertaining to any period of Hospitalization/Illness.

3.2.15) External and/ or durable medical/non-medical equipment used for diagnosis and/ or treatment.

3.2.16) Ambulatory devices, walkers, crutches, belts, collars, caps, splints, slings, braces, stockings of any kind, diabetic foot wear, glucometer/ thermometer and also any medical equipment which is subsequently used at home.

3.2.17) OPD treatment is not covered.

3.2.18) All preventive care, vaccination including inoculation and immunisations.

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

3.2.20) Treatment of any sexual problem including impotence (irrespective of the cause) or erectile dysfunction.

3.2.21) Treatment for any sexually transmitted disease except HIV / AIDS, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis.

3.2.22) Treatment for sleep apnea, snoring, or any other sleep-related breathing problem.

3.2.23) Any treatment received outside India. This exclusion does not apply for Worldwide Hospitalization Cover.

3.2.24) Treatment provided by a Medical Practitioner who is not recognized by the Medical Council of India.

3.2.25) Treatment provided by anyone with the same residence as the Insured Person or who is a member of the Insured Person's immediate family.

3.2.26) X-Ray or laboratory examinations or other diagnostic studies, not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, whether or not requiring Hospitalization.

Section 4. General Terms and Clauses

4.1) Standard General Term and Clauses

4.1.1) Disclosure to 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.

(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

4.1.2) 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.

4.1.3) Claim Settlement (Provision for penal interest)

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

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

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

(iv) In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the Policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: “Bank Rate” means Bank rate fixed by the Reserve Bank of India (RBI) which is prevalent as on 1st day of the financial year in which the claim has fallen due.)

4.1.4) Complete Discharge

Any payment to the 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.

4.1.5) Multiple Policies

1. 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. In 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.
2. 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 this Policy.
3. If 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.
4. 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.

4.1.6) Fraud

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

4.1.7) Cancellation/ Termination (other than Free Look cancellation)

(i) The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Insurer shall

a. Refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.

b. Refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

(ii) The Company may cancel the policy at any time on grounds of established fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation.

4.1.8) 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. If 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.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

4.1.9) 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. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian 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.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

4.1.10) Renewal of Policy

A health insurance policy shall be renewable provided the product is not withdrawn, except in case of established fraud or non-disclosure or misrepresentation by the Insured.

a) The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.

b) An Insurer shall not deny the renewal on the ground that the policyholder had made a claim (s) in the preceding policy years.

c) Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.

d) At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits with Break in Policy. Coverage is not available during the grace period.

e) An Insurer shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the policyholder, the Insurer may underwrite only to the extent of increased sum insured.

4.1.11) Withdrawal of the 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.

4.1.12) Moratorium Period:

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

4.1.13) Premium Payment in Instalments (Wherever applicable)

If the Insured Person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the Policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

i. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.

ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.

iii. The insured person will get the accrued continuity benefits in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of

payment of premium within the stipulated grace Period.

iv. No interest will be charged If the instalment premium is not paid on due date.

v. In case of instalment premium due not received within the grace period, the policy will get cancelled.

vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.

vii. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

4.1.14) Possibility of Revision of Terms of the Policy including the Premium Rates

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

4.1.15) Free Look Provision

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 shall be allowed a free look provision of thirty 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.

If 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.

4.1.16) Redressal of Grievance

In case of any grievance, the insured person may contact the Company through

Website: www.magmainsurance.com
Toll free: 1800 266 3202
E –mail: gro@magmainsurance.com
Fax: 91 033 4401 7471
Courier: Any of Our branch offices or corporate office during business hours

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

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

Magma General Insurance Limited,
Equinox Business Park, Tower 3,
2nd Floor, Unit no. 1A and 1B, LBS Marg,
Kurla West, Mumbai, Maharashtra 400070.
Email id : gro@magmainsurance.com

For updated details of grievance officer, kindly refer the link https://www.magmainsurance.com/grievance-redressal.

If Insured Person is not satisfied with the redressal of grievance through above methods, insured person may may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules, 2017. The contact details of the Insurance Ombudsman offices have been provided as Annexure-I. Detailed process along with list of Ombudsman offices are available at council of Insurance Ombudsman https://www.cioins.co.in/

Grievance may also be lodged at IRDAI Integrated Grievance management System: https://igms.irda.gov.in/

4.1.17) Nomination

The Policyholder is required at the Policy Inception Date to make a nomination for the purpose of payment of claims under the Policy in the event of death of the Policyholder.

Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in 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.

4.2) Specific Terms and Clauses

4.2.1) Alteration to the Policy

This Policy constitutes the complete contract of insurance. Subject to the provisions of applicable law, 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.

4.2.2) 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 original Policyholder's immediate family. The Renewed Policy shall be treated as having been Renewed without break.

The Policyholder may be changed upon request in situations like Policyholder's demise, moving out of India or in case of divorce.

4.2.3) 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.

4.2.4) Limitation of Liability

If a claim is rejected or partially settled and is not the subject of any pending suit or other proceeding or arbitration, as the case may be, within twelve months from the date of such rejection or settlement the claim shall be deemed to have been abandoned and Our liability shall be extinguished and shall not be recoverable thereafter.

4.2.5) Records to be maintained

The Policyholder or the Insured Person, as the case may be shall keep an accurate record containing all relevant and accurate medical records like in-patient records, Discharge summary, medical certificates, medical prescriptions, diagnostic reports and reports confirming the need for treatment (if any) and shall allow Us or our representative(s) to inspect such records. The Policyholder or the Insured Person as the case may be, shall furnish such information as may be required by Us under this Policy at any time during the Policy Period or until final adjustment (if any) and resolution of all claims under this Policy.

4.2.6) Geographical Scope

The geographical scope of this Policy applies to events within India other than for Worldwide.

Emergency Hospitalization Cover and for Personal Accident Optional Covers. However, all admitted or payable claims shall be settled in India in Indian rupees other than for Worldwide Emergency Hospitalization.

4.2.7) 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.

4.2.8) Material Change

It is a Condition Precedent to the Our 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 the nature of occupation or business at his/her own expense. We may, in Our discretion, adjust the scope of cover and/or the premium payable, accordingly. The Policyholder/You must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement or reinstatement of the Policy. The Policy terms and conditions shall not be altered.

4.2.9) Communications & Notices

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

a) To Us, at the address as specified in Policy Schedule

b) The Policyholder's, at the address as specified in Policy Schedule

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

d) 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.

Section 5) Other Terms and Conditions:

5.1) Loading

We shall apply a risk loading on the premium payable 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 Policy Schedule. The maximum risk loading applicable shall not exceed 100% per diagnosis / medical condition and an overall risk loading of 150%. These loadings are applied from the Policy Inception Date 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).

We will inform the Policyholder about the applicable risk loading through post/courier/email/phone. The Policyholder shall revert to Us with his/her written consent and additional premium (if any), within 15 days of the issuance of such counter offer. In case, the Policyholder neither accepts the counter offer nor reverts to Us within 15 days, We shall cancel his/her application and refund the premium paid within the next 15 days.

No loading shall be applied at the time of Renewal on the basis of individual claim experience.

5.2) Endorsements

We may allow the following endorsements. You/the Policyholder should request for any endorsement in writing. Any endorsement that is accepted by Us shall be effective from the date of the request as received from You/the Policyholder, or the date of receipt of premium, whichever is later.

(i) Non-Financial Endorsements – which do not affect the premium.

(1) Minor rectification/correction in name of the Policyholder/ Insured Person

(2) Rectification in gender

(3) Rectification in relationship of the Insured Person with the Policyholder

(4) Rectification of date of birth of the Insured Person (if this does not impact the premium)

(5) Change in the address of the Policyholder

(6) Change/Updation in the contact details

(7) Change in Nominee Details

(ii) Financial Endorsements – which result in alteration in premium

(1) Addition of any Insured Person

(2) Deletion of Insured Person

(3) Change in Age/Date of Birth (if this impacts the premium)

(4) Change in plan and/or Sum Insured

(5) Addition/removal of Optional Cover(s)

Financial endorsements (1), as mentioned above, can be allowed during the term of Policy, all other financial endorsements are allowed at the time of renewal only.

We reserve the rights to do underwriting in case of any such endorsement requests.

Fresh waiting period shall be applicable with respect to the Insured person added after Policy Inception Date. Where the Policy is Renewed for enhanced Sum Insured, all waiting periods would start and apply afresh for increase in Sum Insured.

5.3) Claim Procedure

Provided that due adherence/observance and fulfilment 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 You and / or any Insured Person be a Condition Precedent to admission of Our liability under this Policy.

On the occurrence or the discovery of any Illness or Injury that may give rise to a claim under this Policy, then as a Condition Precedent to Our liability under the Policy, the following procedure shall be complied with:

1. a) **For Availing Cashless Facility (Procedure for Domestic Claims)**

Cashless facility can be availed only at Our Network Providers. The complete list of Network Providers is available on Our website and at Our branches and can also be obtained by contacting Us over the telephone. The updated list of TPA containing complete details is available on Our website www.magmainsurance.com.

Cashless facility will be availed through the TPA. The TPA will be contacted on its helpline and must be provided with the membership number, Policy Number and the name of the Insured Person at least 72 hours before admission to the Hospital for planned Hospitalization and within 24 hours of admission to the Hospital in case of Emergency Hospitalization. The TPA will also, by fax or e-mail, be provided with details of Hospitalization like diagnosis, name of the Hospital, duration of stay in the Hospital, estimated expenses of Hospitalization etc. in the prescribed form available with the insurance help desk at the Hospital. Any additional information as may be required by the medical panel of the TPA must also be furnished. 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. The authorization shall be issued to the Network Provider within 24 hours of receiving the complete information.

b) **For Availing cashless facility (Procedure for Worldwide Hospitalization Cover)**

Please follow the procedure as mentioned in relevant section to avail Cashless facility in case of Hospitalization outside India.

2. **For admission in Non-Network Provider or into Network Provider if Cashless facility is not availed (Re-imbursement Claims) (For Domestic Claims as well as Worldwide Hospitalization Cover)**

a. **Intimation of claim:** Preliminary intimation 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, must be provided to Us at least 72 hours before admission to the Hospital in case of planned Hospitalization, and within 24 hours of admission in the Hospital, in case of Emergency Hospitalization.

b. **Submission of claim:** The claim form along with the attending Medical Practitioner's certificate duly filled and signed in all respects with the following claim documents will be submitted to Us not later

than 30 days from the date of discharge from the Hospital.

Mandatory documents

a. Duly completed claim form.

b. Test reports and prescriptions relating to first / previous consultations for the same or related illness.

c. Case history / admission-discharge summary describing the nature of the complaints and its duration, treatment given, advice on discharge etc. issued by the Hospital.

d. Death summary in case of death of the Insured Person at the Hospital.

e. Post Mortem Report, if applicable & if conducted.

f. Hospital receipts / bills / cash memos in original (including advance and final Hospital settlement receipts).

g. All test reports for X-rays, ECG, Scan, MRI, Pathology etc., including the Medical Practitioner's prescription advising such tests/investigations (CDs of angiogram, surgery etc. need not be sent unless specifically sought).

h. Medical Practitioner's prescriptions with cash bills for medicines purchased from outside the Hospital.

i. F.I.R/MLC in the case of Accidental Injury and English translation of the same, if in any other language.

j. Legal heir certificate in the absence of nomination under the Policy, in case of death of the Insured Person. In the absence of legal heir certificate, evidence establishing legal heirship may be provided as required by Us.

k. For **a)** maternity claims, discharge summary mentioning LMP, EDD & Gravida **b)** Cataract claims - IOL sticker **c)** PTCA claims - Stent sticker.

l. Copies of health insurance policies held with any other insurer covering the Insured Person(s).

m. 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.

n. For Domiciliary Hospitalization claims, a certificate from the attending Medical Practitioner confirming that the condition of the Insured Person is such that he/she is not in a condition to be removed to a Hospital.

o. Additional documents for Worldwide Hospitalization Cover – the Insured Person's passport, visa, tickets and boarding passes.

Documents to be submitted if specifically sought:

a. Copy of indoor case records (including Qualified Nurse's notes, OT notes and anaesthetists' notes, vitals chart).

b. Copy of extract of inpatient register.

c. Attendance records of employer/educational institution.

d. Complete medical records (including indoor case records and OP records) of past Hospitalization/ treatment, if any.

e. Attending Medical Practitioner's certificate clarifying.

   i. reason for Hospitalization and duration of Hospitalization

   ii. history of any self-inflicted Injury

   iii. history of alcoholism, smoking

   iv. history of associated medical conditions, if any

f. Previous master health check-up records/pre-employment medical records, if any.

g. Any other document necessary in support of the claim on case to case basis.

For AYUSH Claims:

- AYUSH claims would be payable as per the guidelines determined by Ministry of AYUSH, Government of India or any such committee of experts constituted to determine in-patient admissibility of claims, treatment modalities and corresponding treatment cost for providing AYUSH Coverage as defined from time to time.
- In-patient admissibility of AYUSH claims would be determined in line with reasonable admissibility and its reasonable claim cost, as under allopathy or modern medicine for the same ailment or medical condition.

The claim documents should be sent to the address mentioned in Claim form.

4. Payment of Claim

a) No liability under the Policy will be admitted, if the claim is fraudulent or supported by fraudulent means.

b) The Insured Person or any person acting on behalf of the Insured Person, as the case may be, must provide at his/her expense, all the information asked by Us in relation to the claim and he/she must provide all reasonable cooperation and assistance to Us as may be required.

c) If required, the Insured Person or any person acting on behalf of the Insured Person, as the case may be, must give consent to obtain medical reports from the Medical Practitioner at Our expense.

d) If requested by Us, the Insured Person must agree to be examined by a Medical Practitioner of Our choice and at Our expense.

e) All claims under this Policy shall be payable in Indian Currency.

f) Claims under this Policy shall be settled or rejected, as the case may be, within 30 days of the receipt of the last necessary document.

Trade Logo disclaimer:

Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license.

Annexure I

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

Jurisdiction	Contact Details	Office of the Ombudsman
Gujarat , UT of Dadra and Nagar Haveli, Daman and Diu.	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	AHMEDABAD
Karnataka.	Office of the Insurance Ombudsman, Jeevan SoudhaBuilding,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	BENGALURU
Madhya Pradesh and Chhattisgarh.	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 Email: bimalokpal.bhopal@cioins.co.in	BHOPAL
Odisha.	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	BHUBANESHWAR
Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, UT of Jammu and Kashmir, Ladakh & 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 Email: bimalokpal.chandigarh@cioins.co.in	CHANDIGARH
Tamil Nadu, Puducherry Town and Karaikal (which are part of UT of Puducherry)+C8.	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in	CHENNAI
Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.	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

Jurisdiction	Contact Details	Office of the Ombudsman
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	Office of the Insurance Ombudsman, JeevanNivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	GUWAHATI
Andhra Pradesh, Telangana, Yanam and part of the UT of Puducherry.	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 - 67504123 / 23312122 Email: bimalokpal.hyderabad@cioins.co.in	HYDERABAD
Rajasthan.	Office of the Insurance Ombudsman, JeevanNidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	JAIPUR
Kerala, Lakshadweep, Mahe – a part of UT of Puducherry.	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	ERNAKULAM
West Bengal, UT of Andaman and Nicobar Islands.	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in	KOLKATA
Districts of Uttar Pradesh: Laitpur, 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.	Office of the Insurance Ombudsman, 6th Floor, JeevanBhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in	LUCKNOW
Goa, Mumbai Metropolitan Region. (Excluding Navi Mumbai & Thane).	Office of the Insurance Ombudsman, 3rd Floor, JeevanSevaAnnexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038821/23/24/25/26/27/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.in	MUMBAI

Jurisdiction	Contact Details	Office of the Ombudsman
State of Uttarakhand 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.	Office of the Insurance Ombudsman, BhagwanSahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: GautamBuddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	NOIDA
Bihar, Jharkhand.	Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	PATNA
Maharashtra, Area of Navi Mumbai and Thane. (Excluding Mumbai Metropolitan Region).	Office of the Insurance Ombudsman, JeevanDarshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 - 41312555 Email: bimalokpal.pune@cioins.co.in	PUNE

Annexure II

List I – Item for which coverage in not available in the policy

Sl No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY

Sl No	Item
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

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

Sl No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

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

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

Sl No.	Item
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

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

Sl No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	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\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG

Annexure III

List of Day Care Surgeries

Sl No.	Item
	CARDIOLOGY RELATED
1	CORONARY ANGIOGRAPHY
	CRITICAL CARE RELATED
2	INSERT NON- TUNNEL CV CATH
3	INSERT PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)
4	REPLACE PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)
5	INSERTION CATHETER, INTRA ANTERIOR
6	INSERTION OF PORTACATH
	DENTAL RELATED
7	SPLINTING OF AVULSED TEETH
8	SUTURING LACERATED LIP
9	SUTURING ORAL MUCOSA
10	ORAL BIOPSY IN CASE OF ABNORMAL TISSUE PRESENTATION
11	FNAC
12	SMEAR FROM ORAL CAVITY
13	MYRINGOTOMY WITH GROMMET INSERTION
14	TYMPANO PLASTY (CLOSURE OF ANE ARDRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES)
15	REMOVAL OF A TYMPANIC DRAIN
16	KERATOSIS REMOVAL UNDER GA
17	OPERATIONS ON THE TURBINATES (NASAL CONCHA)
18	TYMPANO PLASTY (CLOSURE OF ANEARDRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES)
19	REMOVAL OF KERATOSIS OBTURANS
20	STAPEDOTOMY TO TREAT VARIOUS LESIONS IN MIDDLE EAR
21	REVISION OF A STAPEDECTOMY
22	OTHER OPERATIONS ON THE AUDITORY OSSICLES
23	MYRINGOPLASTY (POST-AURA/ENDAURAL APPROACH AS WELL AS SIMPLE TYPE -I TYMPANOPLASTY)

Sl No.	Item
24	FENESTRATION OF THE INNER EAR
25	REVISION OF A FENESTRATION OF THE INNER EAR
26	PALATOPLASTY
27	TRANSORAL INCISION AND DRAINAGE OF A PHARYNGEAL ABSCESS
28	TONSILLECTOMY WITHOUT ADENOIDECTOMY
29	TONSILLECTOMY WITH ADENOIDECTOMY
30	EXCISION AND DESTRUCTION OF A LINGUAL TONSIL
31	REVISION OF A TYMPANOPLASTY
32	OTHER MICROSURGICAL OPERATIONS ON THE MIDDLE EAR
33	INCISION OF THE MASTOID PROCESS AND MIDDLE EAR
34	MASTOIDECTOMY
35	RECONSTRUCTION OF THE MIDDLE EAR
36	OTHER EXCISIONS OF THE MIDDLE AND INNER EAR
37	INCISION (OPENING) AND DESTRUCTION (ELIMINATION) OF THE INNER EAR
38	OTHER OPERATIONS ON THE MIDDLE AND INNER EAR
39	EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE NOSE
40	OTHER OPERATIONS ON THE NOSE
41	NASAL SINUS ASPIRATION
42	FOREIGN BODY REMOVAL FROM NOSE
43	OTHER OPERATIONS ON THE TONSILS AND ADENOIDS
44	ADENOIDECTOMY
45	LABYRINTHECTOMY FOR SEVERE VERTIGO
46	STAPEDECTOMY UNDER GA
47	STAPEDECTOMY UNDER LA
48	TYMPANOPLASTY (TYPE IV)
49	ENDOLYMPHATIC SAC SURGERY FOR MENIERE'S DISEASE
50	TURBINECTOMY

Sl No.	Item
51	ENDOSCOPIC STAPEDECTOMY
52	INCISION AND DRAINAGE OF PERICHONDRITIS
53	SEPTOPLASTY
54	VESTIBULAR NERVE SECTION
55	THYROPLASTY TYPE I
56	PSEUDOCYST OF THE PINNA - EXCISION
57	INCISION AND DRAINAGE - HAEMATOMA AURICLE
58	TYMPANOPLASTY (TYPE II)
59	REDUCTION OF FRACTURE OF NASAL BONE
60	THYROPLASTY TYPE II
61	TRACHEOSTOMY
62	EXCISION OF ANGIOMA SEPTUM
63	TURBINOPLASTY
64	INCISION & DRAINAGE OF RETRO PHARYNGEAL ABSCESS
65	UVULO PALATO PHARYNGO PLASTY
66	ADENOIDECTOMY WITH GROMMET INSERTION
67	ADENOIDECTOMY WITHOUT GROMMET INSERTION
68	VOCAL CORD LATERALISATION PROCEDURE
69	INCISION & DRAINAGE OF PARA PHARYNGEAL ABSCESS
70	TRACHEOPLASTY
	GASTROENTEROLOGY RELATED
71	CHOLECYSTECTOMY AND CHOLEDOCHO-JEJUNOSTOMY/ DUODENOSTOMY/ GASTROSTOMY/EXPLORATION COMMON BILE DUCT
72	ESOPHAGOSCOPY, GASTROSCOPY, DUODENOSCOPY WITH POLYPECTOMY/ REMOVAL OF FOREIGN BODY/DIATHERMY OF BLEEDING LESIONS
73	PANCREATIC PSEUDOCYST EUS & DRAINAGE
74	RF ABLATION FOR BARRETT'S OESOPHAGUS
75	ERCP AND PAPILLOTOMY
76	ESOPHAGOSCOPE AND SCLEROSANT INJECTION

Sl No.	Item
77	EUS + SUBMUCOSAL RESECTION
78	CONSTRUCTION OF GASTROSTOMY TUBE
79	EUS + ASPIRATION PANCREATIC CYST
80	SMALL BOWEL ENDOSCOPY (THERAPEUTIC)
81	COLONOSCOPY, LESION REMOVAL
82	ERCP
83	COLONSCOPY STENTING OF STRICTURE
84	PERCUTANEOUS ENDOSCOPIC GASTROSTOMY
85	EUS AND PANCREATIC PSEUDO CYST DRAINAGE
86	ERCP AND CHOLEDOCHOSCOPY
87	PROCTOSIGMOIDOSCOPY VOLVULUS DETORSION
88	ERCP AND SPHINCTEROTOMY
89	ESOPHAGEAL STENT PLACEMENT
90	ERCP + PLACEMENT OF BILIARY STENTS
91	SIGMOIDOSCOPY W / STENT
92	EUS + COELIAC NODE BIOPSY
93	UGI SCOPY AND INJECTION OF ADRENALINE, SCLEROSANTS BLEEDING ULCERS
GENERAL SURGERY RELATED	
94	INCISION OF A PILONIDAL SINUS / ABSCESS
95	FISSURE IN ANO SPHINCTEROTOMY
96	SURGICAL TREATMENT OF A VARICOCELE AND A HYDROCELE OF THE SPERMATIC CORD
97	ORCHIDOPEXY
98	ABDOMINAL EXPLORATION IN CRYPTORCHIDISM
99	SURGICAL TREATMENT OF ANAL FISTULAS
100	DIVISION OF THE ANAL SPHINCTER (SPHINCTEROTOMY)
101	EPIDIDYMECTOMY
102	INCISION OF THE BREAST ABSCESS
103	OPERATIONS ON THE NIPPLE
104	EXCISION OF SINGLE BREAST LUMP

Sl No.	Item
105	INCISION AND EXCISION OF TISSUE IN THE PERIANAL REGION
106	SURGICAL TREATMENT OF HEMORRHOIDS
107	OTHER OPERATIONS ON THE ANUS
108	ULTRASOUND GUIDED ASPIRATIONS
109	SCLEROTHERAPY, ETC.
110	LAPAROTO MY FOR GRADINGLY MPHOMA WITH SPLENECTOMY/LIVER/LYMPH NODE BIOPSY
111	THERAPEUTIC LAPAROSCOPY WITH LASER
112	APPENDICECTOMY WITH/WITHOUT DRAINAGE
113	INFECTED KELOID EXCISION
114	AXILLARY LYMPHADENECTOMY
115	WOUND DEBRIDEMENT AND COVER
116	ABSCESS-DECOMPRESSION
117	CERVICAL LYMPHADENECTOMY
118	INFECTED SEBACEOUS CYST
119	INGUINAL LYMPHADENECTOMY
120	INCISION AND DRAINAGE OF ABSCESS
121	SUTURING OF LACERATIONS
122	SCALP SUTURING
123	INFECTED LIPOMA EXCISION
124	MAXIMAL ANAL DILATATION
125	PILES
126	A) INJECTION SCLEROTHERAPY
127	B) PILES BANDING
128	LIVER ABSCESS- CATHETER DRAINAGE
129	FISSURE IN ANO- FISSURECTOMY
130	FIBROADENOMA BREAST EXCISION
131	OESOPHAGEAL VARICES SCLEROTHERAPY
132	ERCP - PANCREATIC DUCT STONE REMOVAL
133	PERIANAL ABSCESS I&D
134	PERIANAL HEMATOMA EVACUATION
135	UGI SCOPY AND POLYPECTOMY OESOPHAGUS
136	BREAST ABSCESS I& D

Sl No.	Item
137	FEEDING GASTROSTOMY
138	OESOPHAGOSCOPY AND BIOPSY OF GROWTH OESOPHAGUS
139	ERCP - BILE DUCT STONE REMOVAL
140	ILEOSTOMY CLOSURE
141	COLONOSCOPY
142	POLYPECTOMY COLON
143	SPLENIC ABSCESSES LAPAROSCOPIC DRAINAGE
144	UGI SCOPY AND POLYPECTOMY STOMACH
145	RIGID OESOPHAGOSCOPY FOR FB REMOVAL
146	FEEDING JEJUNOSTOMY
147	COLOSTOMY
148	ILEOSTOMY
149	COLOSTOMY CLOSURE
150	SUBMANDIBULAR SALIVARY DUCT STONE REMOVAL
151	PNEUMATIC REDUCTION OF INTUSSUSCEPTION
152	VARICOSE VEINS LEGS - INJECTION SCLEROTHERAPY
153	RIGID OESOPHAGOSCOPY FOR PLUMMER VINSON SYNDROME
154	PANCREATIC PSEUDOCYSTS ENDOSCOPIC DRAINAGE
155	ZADEK’S NAIL BED EXCISION
156	SUBCUTANEOUS MASTECTOMY
157	EXCISION OF RANULA UNDER GA
158	RIGID OESOPHAGOSCOPY FOR DILATION OF BENIGN STRICTURES
159	EVERSION OF SAC
160	UNILATERAL
161	ILATERAL
162	LORD’S PLICATION
163	JABOULAY’S PROCEDURE
164	SCROTOPLASTY
165	CIRCUMCISION FOR TRAUMA

Sl No.	Item
166	MEATOPLASTY
167	INTERSPHINCTERIC ABSCESS INCISION AND DRAINAGE
168	PSOAS ABSCESS INCISION AND DRAINAGE
169	THYROID ABSCESS INCISION AND DRAINAGE
170	TIPS PROCEDURE FOR PORTAL HYPERTENSION
171	ESOPHAGEAL GROWTH STENT
172	PAIR PROCEDURE OF HYDATID CYST LIVER
173	TRU CUT LIVER BIOPSY
174	PHOTODYNAMIC THERAPY OR ESOPHAGEAL TUMOUR AND LUNG TUMOUR
175	EXCISION OF CERVICAL RIB
176	LAPAROSCOPIC REDUCTION OF INTUSSUSCEPTION
177	MICRODOCHECTOMY BREAST
178	SURGERY FOR FRACTURE PENIS
179	SENTINEL NODE BIOPSY
180	PARASTOMAL HERNIA
181	REVISION COLOSTOMY
182	PROLAPSED COLOSTOMY- CORRECTION
183	TESTICULAR BIOPSY
184	LAPAROSCOPIC CARDIOMYOTOMY(HELLERS)
185	SENTINEL NODE BIOPSY MALIGNANT MELANOMA
186	LAPAROSCOPIC PYLOROMYOTOMY(RAMSTEDT)
GYNAECOLOGY RELATED	
187	OPERATIONS ON BARTHOLIN’S GLANDS (CYST)
188	INCISION OF THE OVARY
189	INSUFFLATIONS OF THE FALLOPIAN TUBES
190	OTHER OPERATIONS ON THE FALLOPIAN TUBE
191	DILATATION OF THE CERVICAL CANAL
192	CONISATION OF THE UTERINE CERVIX
193	THERAPEUTIC CURETTAGE WITH COLPOSCOPY / BIOPSY / DIATHERMY / CRYOSURGERY
194	LASER THERAPY OF CERVIX FOR VARIOUS LESIONS OF UTERUS

Sl No.	Item
195	OTHER OPERATIONS ON THE UTERINE CERVIX
196	INCISION OF THE UTERUS (HYSTERECTOMY)
197	LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE VAGINA AND THE POUCH OF DOUGLAS
198	INCISION OF VAGINA
199	INCISION OF VULVA
200	CULDOTOMY
201	SALPINGO-OOPHORECTOMY VIA LAPAROTOMY
202	ENDOSCOPIC POLYPECTOMY
203	HYSTEROSCOPIC REMOVAL OF MYOMA
204	D&C
205	HYSTEROSCOPIC RESECTION OF SEPTUM
206	THERMAL CAUTERISATION OF CERVIX
207	MIRENA INSERTION
208	HYSTEROSCOPIC ADHESIOLYSIS
209	LEEP
210	CRYOCAUTERISATION OF CERVIX
211	POLYPECTOMY ENDOMETRIUM
212	HYSTEROSCOPIC RESECTION OF FIBROID
213	LLETZ
214	CONIZATION
215	POLYPECTOMY CERVIX
216	HYSTEROSCOPIC RESECTION OF ENDOMETRIAL POLYP
217	VULVAL WART EXCISION
218	LAPAROSCOPIC PARAOVARIAN CYST EXCISION
219	UTERINE ARTERY EMBOLIZATION
220	LAPAROSCOPIC CYSTECTOMY
221	HYMENECTOMY(IMPERFORATE HYMEN)
222	ENDOMETRIAL ABLATION
223	VAGINAL WALL CYST EXCISION
224	VULVAL CYST EXCISION
225	LAPAROSCOPIC PARATUBAL CYST EXCISION
226	REPAIR OF VAGINA (VAGINAL ATRESIA)

Sl No.	Item
227	HYSTEROSCOPY, REMOVAL OF MYOMA
228	TURBT
229	URETEROCOELE REPAIR - CONGENITAL INTERNAL
230	VAGINAL MESH FOR POP
231	LAPAROSCOPIC MYOMECTOMY
232	SURGERY FOR SUI
233	REPAIR RECTO- VAGINA FISTULA
234	PELVIC FLOOR REPAIR(EXCLUDING FISTULA REPAIR)
235	URS + LL
236	LAPAROSCOPIC OOPHORECTOMY
237	NORMAL VAGINAL DELIVERY AND VARIANTS
	NEUROLOGY RELATED
238	FACIAL NERVE PHYSIOTHERAPY
239	NERVE BIOPSY
240	MUSCLE BIOPSY
241	EPIDURAL STEROID INJECTION
242	GLYCEROL RHIZOTOMY
243	SPINAL CORD STIMULATION
244	MOTOR CORTEX STIMULATION
245	STEREOTACTIC RADIOSURGERY
246	PERCUTANEOUS CORDOTOMY
247	INTRATHECAL BACLOFEN THERAPY
248	ENTRAPMENT NEUROPATHY RELEASE
249	DIAGNOSTIC CEREBRAL ANGIOGRAPHY
250	VP SHUNT
251	VENTRICULOATRIAL SHUNT
252	RADIOTHERAPY FOR CANCER
253	CANCER CHEMOTHERAPY
254	IV PUSH CHEMOTHERAPY
255	HBI-HEMIBODY RADIOTHERAPY
256	INFUSIONAL TARGETED THERAPY
257	SRT-STEREOTACTIC ARC THERAPY

Sl No.	Item
258	SC ADMINISTRATION OF GROWTH FACTORS
259	CONTINUOUS INFUSIONAL CHEMOTHERAPY
260	INFUSIONAL CHEMOTHERAPY
261	CCRT-CONCURRENT CHEMO + RT
262	2D RADIOTHERAPY
263	3D CONFORMAL RADIOTHERAPY
264	IGRT- IMAGE GUIDED RADIOTHERAPY
265	IMRT- STEP & SHOOT
266	INFUSIONAL BISPHOSPHONATES
267	IMRT- DMLC
268	ROTATIONAL ARC THERAPY
269	TELE GAMMA THERAPY
270	FSRT-FRACTIONATED SRT
271	VMAT-VOLUMETRIC MODULATED ARC THERAPY
272	SBRT-STEREOTACTIC BODY RADIOTHERAPY
273	HELICAL TOMOTHERAPY
274	SRS-STEREOTACTIC RADIOSURGERY
275	X-KNIFE SRS
276	GAMMAKNIFE SRS
277	TBI- TOTAL BODY RADIOTHERAPY
278	INTRALUMINAL BRACHYTHERAPY
279	ELECTRON THERAPY
280	TSET-TOTAL ELECTRON SKIN THERAPY
281	EXTRACORPOREAL IRRADIATION OF BLOOD PRODUCTS
282	TELECOBALT THERAPY
283	TELECESIUM THERAPY
284	EXTERNAL MOULD BRACHYTHERAPY
285	INTERSTITIAL BRACHYTHERAPY
286	INTRACAVITY BRACHYTHERAPY
287	3D BRACHYTHERAPY
288	IMPLANT BRACHYTHERAPY
289	INTRAVESICAL BRACHYTHERAPY
290	ADJUVANT RADIOTHERAPY
291	AFTERLOADING CATHETER BRACHYTHERAPY
292	CONDITIONING RADIOTHEARPY FOR BMT
293	EXTRACORPOREAL IRRADIATION TO THE HOMOLOGOUS BONE GRAFTS
294	RADICAL CHEMOTHERAPY
295	NEOADJUVANT RADIOTHERAPY
296	LDR BRACHYTHERAPY
297	PALLIATIVE RADIOTHERAPY
298	RADICAL RADIOTHERAPY
299	PALLIATIVE CHEMOTHERAPY
300	TEMPLATE BRACHYTHERAPY
301	NEOADJUVANT CHEMOTHERAPY
302	ADJUVANT CHEMOTHERAPY
303	INDUCTION CHEMOTHERAPY
304	CONSOLIDATION CHEMOTHERAPY
305	MAINTENANCE CHEMOTHERAPY
306	HDR BRACHYTHERAPY
OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS	
307	INCISION AND LANCING OF A SALIVARY GLAND AND A SALIVARY DUCT
308	EXCISION OF DISEASED TISSUE OF A SALIVARY GLAND AND A SALIVARY DUCT
309	RESECTION OF A SALIVARY GLAND
310	RECONSTRUCTION OF A SALIVARY GLAND AND A SALIVARY DUCT
311	OTHER OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS
OPERATIONS ON THE SKIN & SUBCUTANEOUS TISSUE	
312	OTHER INCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
313	SURGICAL WOUND TOILET (WOUND DEBRIDEMENT) AND REMOVAL OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
314	LOCAL EXCISION OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES

Sl No.	Item
315	OTHER EXCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
316	SIMPLE RESTORATION OF SURFACE CONTINUITY OF THE SKIN AND SUBCUTANEOUS TISSUES
317	FREE SKIN TRANSPLANTATION, DONOR SITE
318	FREE SKIN TRANSPLANTATION, RECIPIENT SITE
319	REVISION OF SKIN PLASTY
320	OTHER RESTORATION AND RECONSTRUCTION OF THE SKIN AND SUBCUTANEOUS TISSUES.
321	CHEMOSURGERY TO THE SKIN.
322	DESTRUCTION OF DISEASED TISSUE IN THE SKIN AND SUBCUTANEOUS TISSUES
323	RECONSTRUCTION OF DEFORMITY/DEFECT IN NAIL BED
324	EXCISION OF BURSIRTIS
325	TENNIS ELBOW RELEASE
OPERATIONS ON THE TONGUE	
326	INCISION, EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TONGUE
327	PARTIAL GLOSSECTOMY
328	GLOSSECTOMY
329	RECONSTRUCTION OF THE TONGUE
330	OTHER OPERATIONS ON THE TONGUE
OPTHALMOLOGY RELATED	
331	SURGERY FOR CATARACT
332	INCISION OF TEAR GLANDS
333	OTHER OPERATIONS ON THE TEAR DUCTS
334	INCISION OF DISEASED EYELIDS
335	EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE EYELID
336	OPERATIONS ON THE CANTHUS AND EPICANTHUS
337	CORRECTIVE SURGERY FOR ENTROPION AND ECTROPION
338	CORRECTIVE SURGERY FOR BLEPHAROPTOSIS
339	REMOVAL OF A FOREIGN BODY FROM THE CONJUNCTIVA

Sl No.	Item
340	REMOVAL OF A FOREIGN BODY FROM THE CORNEA
341	INCISION OF THE CORNEA
342	OPERATIONS FOR PTERYGIUM
343	OTHER OPERATIONS ON THE CORNEA
344	REMOVAL OF A FOREIGN BODY FROM THE LENS OF THE EYE
345	REMOVAL OF A FOREIGN BODY FROM THE POSTERIOR CHAMBER OF THE EYE
346	REMOVAL OF A FOREIGN BODY FROM THE ORBIT AND EYEBALL
347	CORRECTION OF EYELID PTOSIS BY LEVATOR PALPEBRAE SUPERIORIS RESECTION (BILATERAL)
348	CORRECTION OF EYELID PTOSIS BY FASCIA LATA GRAFT (BILATERAL)
349	DIATHERMY/CRYOTHERAPY TO TREAT RETINAL TEAR
350	ANTERIOR CHAMBER PARACENTESIS / CYCLODIATHERMY / CYCLOCRYOTHERAPY / GONIOTOMY / TRABECULOTOMY AND FILTERING AND ALLIED OPERATIONS TO TREAT GLAUCOMA
351	ENUCLEATION OF EYE WITHOUT IMPLANT
352	DACRYOCYSTORHINOSTOMY FOR VARIOUS LESIONS OF LACRIMAL GLAND
353	LASER PHOTOCOAGULATION TO TREAT RATINAL TEAR
354	BIOPSY OF TEAR GLAND
355	TREATMENT OF RETINAL LESION
ORTHOPAEDICS RELATED	
356	SURGERY FOR MENISCUS TEAR
357	INCISION ON BONE, SEPTIC AND ASEPTIC
358	CLOSED REDUCTION ON FRACTURE, LUXATION OR EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
359	SUTURE AND OTHER OPERATIONS ON TENDONS AND TENDON SHEATH
360	REDUCTION OF DISLOCATION UNDER GA
361	ARTHROSCOPIC KNEE ASPIRATION
362	SURGERY FOR LIGAMENT TEAR

Sl No.	Item
363	SURGERY FOR HEMOARTHROSIS/ PYOARTHROSIS
364	REMOVAL OF FRACTURE PINS/NAILS
365	REMOVAL OF METAL WIRE
366	CLOSED REDUCTION ON FRACTURE, LUXATION
367	REDUCTION OF DISLOCATION UNDER GA
368	EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
369	EXCISION OF VARIOUS LESIONS IN COCCYX
370	ARTHROSCOPIC REPAIR OF ACL TEAR KNEE
371	CLOSED REDUCTION OF MINOR FRACTURES
372	ARTHROSCOPIC REPAIR OF PCL TEAR KNEE
373	TENDON SHORTENING
374	ARTHROSCOPIC MENISCECTOMY - KNEE
375	TREATMENT OF CLAVICLE DISLOCATION
376	HAEMARTHROSIS KNEE- LAVAGE
377	ABSCESS KNEE JOINT DRAINAGE
378	CARPAL TUNNEL RELEASE
379	CLOSED REDUCTION OF MINOR DISLOCATION
380	REPAIR OF KNEE CAP TENDON
381	ORIF WITH K WIRE FIXATION- SMALL BONES
382	RELEASE OF MIDFOOT JOINT
383	ORIF WITH PLATING- SMALL LONG BONES
384	IMPLANT REMOVAL MINOR
385	K WIRE REMOVAL
386	POP APPLICATION
387	CLOSED REDUCTION AND EXTERNAL FIXATION
388	ARTHROTOMY HIP JOINT
389	SYME’S AMPUTATION
390	ARTHROPLASTY
391	PARTIAL REMOVAL OF RIB
392	TREATMENT OF SESAMOID BONE FRACTURE
393	SHOULDER ARTHROSCOPY / SURGERY
394	ELBOW ARTHROSCOPY
395	AMPUTATION OF METACARPAL BONE
396	RELEASE OF THUMB CONTRACTURE

Sl No.	Item
397	INCISION OF FOOT FASCIA
398	CALCANEUM SPUR HYDROCORT INJECTION
399	GANGLION WRIST HYALASE INJECTION
400	PARTIAL REMOVAL OF METATARSAL
401	REPAIR / GRAFT OF FOOT TENDON
402	REVISION/REMOVAL OF KNEE CAP
403	AMPUTATION FOLLOW-UP SURGERY
404	EXPLORATION OF ANKLE JOINT
405	REMOVE/GRAFT LEG BONE LESION
406	REPAIR/GRAFT ACHILLES TENDON
407	REMOVE OF TISSUE EXPANDER
408	BIOPSY ELBOW JOINT LINING
409	REMOVAL OF WRIST PROSTHESIS
410	BIOPSY FINGER JOINT LINING
411	TENDON LENGTHENING
412	TREATMENT OF SHOULDER DISLOCATION
413	LENGTHENING OF HAND TENDON
414	REMOVAL OF ELBOW BURSA
415	FIXATION OF KNEE JOINT
416	TREATMENT OF FOOT DISLOCATION
417	SURGERY OF BUNION
418	INTRA ARTICULAR STEROID INJECTION
419	TENDON TRANSFER PROCEDURE
420	REMOVAL OF KNEE CAP BURSA
421	TREATMENT OF FRACTURE OF ULNA
422	TREATMENT OF SCAPULA FRACTURE
423	REMOVAL OF TUMOR OF ARM/ ELBOW UNDER RA/GA
424	REPAIR OF RUPTURED TENDON
425	DECOMPRESS FOREARM SPACE
426	REVISION OF NECK MUSCLE (TORTICOLLIS RELEASE)
427	LENGTHENING OF THIGH TENDONS
428	TREATMENT FRACTURE OF RADIUS & ULNA
429	REPAIR OF KNEE JOINT

Sl No.	Item
OTHER OPERATIONS ON THE MOUTH & FACE	
430	EXTERNAL INCISION AND DRAINAGE IN THE REGION OF THE MOUTH, JAW AND FACE
431	INCISION OF THE HARD AND SOFT PALATE
432	EXCISION AND DESTRUCTION OF DISEASED HARD AND SOFT PALATE
433	INCISION, EXCISION AND DESTRUCTION IN THE MOUTH
434	OTHER OPERATIONS IN THE MOUTH
PAEDIATRIC SURGERY RELATED	
435	EXCISION OF FISTULA-IN-ANO
436	EXCISION JUVENILE POLYPS RECTUM
437	VAGINOPLASTY
438	DILATATION OF ACCIDENTAL C AUSTIC STRICTURE OESOPHAGEAL
439	PRESACRAL TERATOMAS EXCISION
440	REMOVAL OF VESICAL STONE
441	EXCISION SIGMOID POLYP
442	STERNOMASTOID TENOTOMY
443	INFANTILE HYPERTROPHIC PYLORIC STENOSIS PYLOROMYOTOMY
444	EXCISION OF SOFT TISSUE RHABDOMYOSARCOMA
445	MEDIASTINAL LYMPH NODE BIOPSY
446	HIGH ORCHIDECTOMY FOR TESTIS TUMOURS
447	EXCISION OF CERVICAL TERATOMA
448	RECTAL-MYOMECTOMY
449	RECTAL PROLAPSE (DELORME'S PROCEDURE)
450	DETORSION OF TORSION TESTIS
451	EUA + BIOPSY MULTIPLE FISTULA IN ANO
452	CYSTIC HYGROMA - INJECTION TREATMENT
PLASTIC SURGERY RELATED	
453	CONSTRUCTION SKIN PEDICLE FLAP
454	GLUTEAL PRESSURE ULCER-EXCISION
455	MUSCLE-SKIN GRAFT, LEG
456	REMOVAL OF BONE FOR GRAFT
457	MUSCLE-SKIN GRAFT DUCT FISTULA
458	REMOVAL CARTILAGE GRAFT
459	MYOCUTANEOUS FLAP
460	FIBRO MYOCUTANEOUS FLAP
461	BREAST RECONSTRUCTION SURGERY AFTER MASTECTOMY
462	SLING OPERATION FOR FACIAL PALSY
463	SPLIT SKIN GRAFTING UNDER RA
464	WOLFE SKIN GRAFT
465	PLASTIC SURGERY TO THE FLOOR OF THE MOUTH UNDER GA
THORACIC SURGERY RELATED	
466	THORACOSCOPY AND LUNG BIOPSY
467	EXCISION OF CERVICAL SYMPATHETIC CHAIN THORACOSCOPIC
468	LASER ABLATION OF BARRETT'S OESOPHAGUS
469	PLEURODESIS
470	THORACOSCOPY AND PLEURAL BIOPSY
471	EBUS + BIOPSY
472	THORACOSCOPY LIGATION THORACIC DUCT
473	THORACOSCOPY ASSISTED EMPYAEMA DRAINAGE
UROLOGY RELATED	
474	HAEMODIALYSIS
475	LITHOTRIPSY/NEPHROLITHOTOMY FOR RENAL CALCULUS
476	EXCISION OF RENAL CYST
477	DRAINAGE OF PYONEPHROSIS/PERINEPHRIC ABSCESS
478	INCISION OF THE PROSTATE
479	TRANSURETHRAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
480	TRANSURETHRAL AND PERCUTANEOUS DESTRUCTION OF PROSTATE TISSUE
481	OPEN SURGICAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE

Sl No.	Item
482	RADICAL PROSTATOVESICULECTOMY
483	OTHER EXCISION AND DESTRUCTION OF PROSTATE TISSUE
484	OPERATIONS ON THE SEMINAL VESICLES
485	INCISION AND EXCISION OF PERIPROSTATIC TISSUE
486	OTHER OPERATIONS ON THE PROSTATE
487	INCISION OF THE SCROTUM AND TUNICA VAGINALIS TESTIS
488	OPERATION ON A TESTICULAR HYDROCELE
489	EXCISION AND DESTRUCTION OF DISEASED SCROTAL TISSUE
490	OTHER OPERATIONS ON THE SCROTUM AND TUNICA VAGINALIS TESTIS
491	INCISION OF THE TESTES
492	EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TESTES
493	UNILATERAL ORCHIDECTOMY
494	BILATERAL ORCHIDECTOMY
495	SURGICAL REPOSITIONING OF AN ABDOMINAL TESTIS
496	RECONSTRUCTION OF THE TESTIS
497	IMPLANTATION, EXCHANGE AND REMOVAL OF A TESTICULAR PROSTHESIS
498	OTHER OPERATIONS ON THE TESTIS
499	EXCISION IN THE AREA OF THE EPIDIDYMIS
500	OPERATIONS ON THE FORESKIN
501	LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE PENIS
502	AMPUTATION OF THE PENIS
503	OTHER OPERATIONS ON THE PENIS
504	CYSTOSCOPICAL REMOVAL OF STONES
505	CATHETERISATION OF BLADDER
506	LITHOTRIPSY
507	BIOPSY OFTEMPORAL ARTERY FOR VARIOUS LESIONS
508	EXTERNAL ARTERIO-VENOUS SHUNT
509	AV FISTULA – WRIST

Sl No.	Item
510	URSL WITH STENTING
511	URSL WITH LITHOTRIPSY
512	CYSTOSCOPIC LITHOLAPAXY
513	ESWL
514	BLADDER NECK INCISION
515	CYSTOSCOPY & BIOPSY
516	CYSTOSCOPY AND REMOVAL OF POLYP
517	SUPRAPUBIC CYSTOSTOMY
518	PERCUTANEOUS NEPHROSTOMY
519	CYSTOSCOPY AND "SLING" PROCEDURE.
520	TUNA- PROSTATE
521	EXCISION OF URETHRAL DIVERTICULUM
522	REMOVAL OF URETHRAL STONE
523	EXCISION OF URETHRAL PROLAPSE
524	MEGA-URETER RECONSTRUCTION
525	KIDNEY RENOSCOPY AND BIOPSY
526	URETER ENDOSCOPY AND TREATMENT
527	VESICO URETERIC REFLUX CORRECTION
528	SURGERY FOR PELVI URETERIC JUNCTION OBSTRUCTION
529	ANDERSON HYNES OPERATION
530	KIDNEY ENDOSCOPY AND BIOPSY
531	PARAPHIMOSIS SURGERY
532	INJURY PREPUCE- CIRCUMCISION
533	FRENULAR TEAR REPAIR
534	MEATOTOMY FOR MEATAL STENOSIS
535	SURGERY FOR FOURNIER'S GANGRENE SCROTUM
536	SURGERY FILARIAL SCROTUM
537	SURGERY FOR WATERING CAN PERINEUM
538	REPAIR OF PENILE TORSION
539	DRAINAGE OF PROSTATE ABSCESS
540	ORCHIECTOMY
541	CYSTOSCOPY AND REMOVAL OF FB

Annexure III

Schedule of benefits

Sum Insured	(I - 5L, 7.5L, 10L, 15L) (II - 20L, 25L, 30L, 50L, 75L, 100L)
Deductible	(I - 2L, 3L, 4L,5L, 7.5L) (II - 5L, 7.5L, 10L, 15L, 20L)
Inbuilt Benefits	
Inpatient Care	Covered
Pre-Hospitalisation Expenses	60 Days
Post-Hospitalisation Expenses	90 Days
Day Care Treatment	Covered
AYUSH Treatment	Covered
Ambulance Cover	2000 per hospitalization
Organ Donor Cover	Covered
Room Rent Capping	No Capping
Modern treatment Procedures	Covered
Psychiatric treatment Cover	Covered
HIV/ AIDS Cover	Covered
Domiciliary Hospitalisation	Covered
Recharge SI	Five times per policy year, related illness and on partial utilization of claim

Optional Benefit	
Worldwide Hospitalization Cover	Covered
Personal Accident Cover	Equal to SI or Rs. 25,00,000 whichever is lower – As per policy schedule
Non-payable expense Cover	Covered
Guaranteed Cumulative Bonus (GCB)	5% of SI, subject to a maximum of 50%
Reduction of Pre existing disease waiting period	24 months

Waiting Period	
Pre-Existing Disease Waiting Cover	36 months
Specific Diseases Waiting Period	24 months
Initial Waiting Period	30 Days