



**MAGMA**  
General Insurance Limited

TRUTH **MUST** BE TOLD

# SAKSHAM HEALTH INSURANCE PROSPECTUS



[www.magmainurance.com](http://www.magmainurance.com)



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Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | [www.magmainurance.com](http://www.magmainurance.com) | E-mail: [customercare@magmainurance.com](mailto:customercare@magmainurance.com) | Toll Free: 1800 266 3202 | Registered Office: Development House, 24 Park Street, Kolkata – 700016, West Bengal. | CIN: U66000WB2009PLC136327 | IRDAI Reg. No. 149 | Saksham Health Insurance | Product UIN: MAGHLIP23189V012223 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789 (PROS.SAK.ver10.12.24)

## **Eligibility**

- This Policy can be offered as an Individual basis.
- Age eligibility for adults: 18 years to 65 years.
- Age eligibility for Children: Newborn to 17 years.
- 40% disability as certified by the competent authority as per the Disability Act 2016.
- Your employer can also be the Proposer (Policyholder).
- Lifetime renewability.
- The age considered is the completed number of years as on last birthday.

## **Policy Period**

The Policy will be issued for 1 year.

## **Sum Insured**

4lacs and 5 lacs

## **BASE COVER**

### **HOSPITALIZATION COVER**

#### **4.1 Inpatient Care**

The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy Year, up to the Base Sum Insured as specified in the Policy Schedule (other than any sub limits, co-pay, as specified in the policy), for:

- i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to 1% of the Sum Insured per day.
- ii. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up to 2% of Sum Insured per day.
- iii. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor/ surgeon or to the hospital.
- iv. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.

#### **Other expenses**

- i. Expenses incurred on treatment of cataract subject to the sub limits.
- ii. Dental treatment necessitated due to disease or injury (for inpatient care only).
- iii. Plastic surgery necessitated due to disease or injury.
- iv. All day care treatments.

## **Note:**

1. Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment.
2. The above-mentioned Medical Expenses shall be payable only after the first commencement of the Policy with the Company.

## **4.2 Ayush Treatment**

The Company shall indemnify medical expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to 100% of sum insured as specified in the policy schedule in any AYUSH Hospital.

## **4.3 Pre-Hospitalization Medical Expenses**

The Company shall indemnify Pre-Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient care, for a fixed period of 30 days prior to the date of admissible Hospitalization covered under the Policy during the Policy Period.

### **Conditions:**

- i. The claim is accepted under Section 4.1 (Inpatient Care) or Section 4.2 (AYUSH Treatment) or Section 4.7 (Modern Treatments) in respect of that Insured Person.
- ii. Pre-hospitalization Medical Expenses can be claimed under this Section on a Reimbursement basis only.

## **4.4 Post-Hospitalization Medical Expenses**

The Company shall indemnify Post Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient Care, for a fixed period of 60 days from the date of discharge from the Hospital, following an admissible hospitalization covered under the Policy.

### **Conditions:**

- i. The claim is accepted under Section 4.1 (Inpatient Care) or Section 4.2 (AYUSH Treatment) or Section 4.7 (Modern Treatments) in respect of that Insured Person.
- ii. Post-hospitalization Medical Expenses can be claimed under this Section on a Reimbursement basis only.

## **4.5 Emergency Ground Ambulance**

The Company will reimburse Reasonable and Customary Charges for expenses incurred towards ambulance charges for transportation of an Insured person, per hospitalization as per the limit mentioned in Policy Schedule.

### **Specific Conditions:**

The Company will reimburse payments under this Benefit

provided that.

- i. The medical condition of the Insured Person requires balance services from the place where the Insured Person is Injured or is suffering from an Illness to a Hospital where appropriate medical treatment can be obtained or from the existing Hospital to another Hospital as advised by the treating Medical Practitioner in writing for management of the current Hospitalization.
- ii. Expenses incurred on road Ambulance subject to a maximum of Rs. 2,000/- per hospitalisation.
- iii. The ambulance service is offered by a healthcare or Registered Ambulance Service Provider.
- iv. The original Ambulance bills and payment receipt is submitted to the Company.
- v. The Company has accepted a claim under Section 4.1 (Inpatient Care) above in respect of the same period of Hospitalization or Section 4.2 (AYUSH Treatment) or Section 4.7 (Modern Treatments).
- vi. Any payment under this Benefit will be excluded if the Insured Person is transferred to any Hospital or diagnostic center for evaluation purposes only.

#### **4.6 Cataract Treatment**

The company shall indemnify medical expenses incurred for treatment of Cataract, subject to a limit of Rs. 40,000/- per each eye in one policy year.

#### **4.7 Modern Treatment**

The following procedures will be covered (wherever medically indicated) either as In patient or as part of Day Care Treatment in a Hospital up to 50% of Sum Insured, specified in the Policy Schedule, during the Policy Period.

- a. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- b. Balloon Sinuplasty
- c. Deep Brain stimulation
- d. Oral chemotherapy
- e. Immunotherapy- Monoclonal Antibody to be given as injection
- f. Intra Vitreal injections
- g. Robotic surgeries
- h. Stereotactic radio Surgeries
- i. Bronchial Thermoplasty
- j. Vapourisation of the prostate (Green laser treatment or holmium laser treatment)

k. IONM- (Intra Operative Neuro Monitoring)

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

### **5. WAITING PERIOD**

The Company is not liable to make any payment under the Policy in connection with or in respect of the following expenses till the expiry of the waiting period and any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or any way attributable to any of the following unless expressly stated to the contrary in this Policy.

#### **A. Waiting Periods**

##### **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 24 months for preexisting disability / 36 months for all preexisting conditions other than HIV/AIDS and disability (as mentioned in Policy Schedule) of continuous coverage after the date of inception of the first policy with insurer.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the policy after the expiry of number of months (as mentioned in Policy Schedule) for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

##### **2. 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. Specific Diseases/procedure 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 (as mentioned in Policy Schedule) of continuous coverage after the date of inception of

the first policy with the Us. This exclusion shall not be applicable for claims arising due to an accident.

- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

### **24 Months waiting period**

- 1. Benign ENT disorders
- 2. Tonsillectomy
- 3. Adenoidectomy
- 4. Mastoidectomy
- 5. Tympanoplasty
- 6. Hysterectomy
- 7. All internal and external benign tumors, cysts, polyps of any kind, including benign breast lumps.
- 8. Benign prostate hypertrophy
- 9. Cataract and age-related eye ailments
- 10. Gastric/ Duodenal Ulcer
- 11. Gout and Rheumatism
- 12. Hernia of all types
- 13. Hydrocele
- 14. Non-Infective Arthritis
- 15. Piles, Fissures and Fistula in anus
- 16. Pilonidal sinus, Sinusitis and related disorders
- 17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident
- 18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy
- 19. Varicose Veins and Varicose Ulcers
- 20. Internal Congenital Anomalies

### **6. SPECIFIC CONDITIONS APPLICABLE FOR PERSONS WITH DISABILITY**

The Company will indemnify reasonable and customary charges for medical expenses incurred towards Inpatient hospitalization arising due to the pre-existing disability covered, or condition as listed under The Rights of Persons With Disabilities Act, 2016 subject to the terms and limits mentioned below.

- i. Any treatment for the pre-existing disability covered, will have a waiting period of 24 months from the first policy inception date.
- ii. Any reconstructive / Cosmetic / prosthesis / external or internal device implanted/ used at home for the purpose of treatment of existing disability or used for activities of daily living are/is excluded from the policy.

### **7. SPECIFIC CONDITIONS APPLICABLE FOR PERSONS WITH HIV-AIDS**

The Company will indemnify the Reasonable and Customary Charges for any Medical Condition which requires Inpatient Hospitalization of the Insured Person, up to the sum insured opted as mentioned in the Policy Schedule, provided,

#### **Conditions**

- i This cover will exclude cost for any Anti-Retroviral Treatment.

### **8. EXCLUSIONS**

#### **8.1 Standard Exclusions**

##### **1. 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.

##### **2. Rest Cure, Rehabilitation and respite Care (Code- Excl05)**

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

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

##### **3. Obesity/Weight Control (Code- Excl06)**

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

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);
  - a) greater than or equal to 40 or
  - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:

- i. Obesity-related cardiomyopathy
- ii. Coronary heart disease
- iii. Severe Sleep Apnea
- iv. Uncontrolled Type2 Diabetes

#### **4. Change of Gender treatment (Code- Excl07)**

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

#### **5. Cosmetic or Plastic Surgery (Code- Excl08)**

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

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

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

#### **7. Breach of law (Code- Excl10)**

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

#### **8. Excluded Providers (Code- Excl11)**

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

**9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.**

#### **(Code- Excl12)**

**10. Treatment received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.**

#### **(Code- Excl13)**

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

#### **12. Refractive Error (Code- Excl15)**

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

#### **13. Unproven treatments (Code- Excl16)**

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

#### **14. Sterility and Infertility (Code- Excl17)**

Expenses related to sterility and infertility. This includes:

- (i) Any type of contraception, sterilization
- (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- (iii) Gestational Surrogacy
- (iv) Reversal of sterilization

#### **15. Maternity 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.

#### **8.2) Specific Exclusions**

- 1. Any medical treatment taken outside India.
- 2. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.
- 3. Nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity from:
  - a. any nuclear fuel or from any nuclear waste; or
  - b. from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission);
  - c. nuclear weapons material;
  - d. nuclear equipment or any part of that equipment.
- 4. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.

5. Injury or Disease caused by or contributed to by nuclear weapons/materials.
6. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or as may be necessitated due to an accident.
7. Treatment with alternative medicines or Treatment, experimental or any other treatment such as acupuncture, acupressure, magnetic, osteopath, naturopathy, chiropractic, reflexology and aromatherapy.
8. Suicide, Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event/activity that is against law with a criminal intent.
9. Vaccination or inoculation except as post bite treatment for animal bite.
10. Convalescence, general debility, "Run-down" condition, rest cure, Congenital external illness/disease/defect.
11. Outpatient diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy and expenses related to Domiciliary hospitalization shall not be covered.
12. Dental treatment or Surgery of any kind unless requiring Hospitalisation as a result of accidental Bodily Injury.
13. Venereal/ Sexually Transmitted disease other than HIV/AIDS.
14. Stem cell storage.
15. Any kind of service charge, surcharge levied by the hospital.
16. Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.
17. Non-Payable items: The expenses that are not covered in this Policy are placed under List-I of Annexure-II.
18. Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner.

#### Discount/ Loading Factors:

Maximum up to 20% discount shall be offered based on following parameters.

1. Employee Discount: A discount of 15% is offered for employees of Magma General Insurance Limited and its parent group and its subsidiaries and other affiliated companies provided the Policy is purchased without any intermediary.

2. Cross sell discount: A discount of 5% will be offered if the proposer is a Policyholder with Magma General Insurance Limited on or prior to inception of this Policy.
3. Direct Sourcing Discount: A discount of 10% will be offered if the Policy is purchased through direct channel of distribution. This discount will not be offered if Employee discount is availed.

**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 disability / 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).

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

Loading for Instalment Option: If You want to opt for premium payment in instalments following loading shall be applicable.

| Instalment Option | Loading |
|-------------------|---------|
| Monthly           | 5%      |
| Quarterly         | 4%      |
| Semi Annual       | 3%      |

#### Pre Policy Medical Grid

- The Company will reimburse 50% of the cost of medical examination underwent by the Insured person(s) at the designated Hospital/ Diagnostic centre, if the proposal is accepted. The medical reports are valid for a period of 30 days from the date of pre-Policy check-up.
- The Company can call for additional medical test(s) based on declaration in proposal form or based on findings of first set of medical reports.

## 9. GENERAL TERMS AND CONDITIONS

### Section 9.1 Standard General Term and Clauses

#### I. Condition Precedent to the contract

##### 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 Insured Person.

## 2. Condition Precedent to admission of Liability

The Due observance and fulfillment of the terms and conditions of the Policy, by the Insured Person, shall be a condition precedent to any liability of the Company to make any payment for claim(s) arising under the Policy.

## 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. ("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).
- (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.

## 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.

## 5. Multiple Policies

1. In case of multiple policies taken by an Insured Person during a period from the same or 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.
5. Under this product, no insured can take more than one policy from any or all insurers.
6. In case of this product the maximum liability of all policies put together from all insurers cannot exceed the maximum sum insured under this product.

## 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 mis-statement of or suppression of material fact are within the knowledge of the insurer.

## 7. 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.

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

## 8. Migration

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

- i. The waiting periods specified in Section 5 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
- ii. Migration benefit will be offered to the extent of sum of previous insured and accrued bonus (as part of the base sum insured), migration benefit shall not apply to any other additional increased Sum Insured.
- iii. Migration under this product shall be allowed only due to withdrawal of the product subject to IRDAI regulations.

For Detailed Guidelines on migration, kindly refer the link <https://www.irdai.gov.in/ADMINCMS/cms/whatsNewLayout.aspx?page=PageNo3987&flag=1>

## 9. Portability

The Insured Person will have the option to port the Policy to other insurers as per extant Guidelines related to portability, If such person is presently covered and has been continuously covered without any lapses under any health insurance plan with an Indian General/Health insurer as per Guidelines on portability, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as under:

- i. The waiting periods specified in Section 5 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.

- ii. Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the base sum insured), portability benefit shall not apply to any other additional increased Sum Insured.

For Detailed Guidelines on portability, kindly refer the link <https://www.irdai.gov.in/ADMINCMS/cms/whatsNewLayout.aspx?page=PageNo3987&flag=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.

The Company is not bound to give notice that it is due for renewal.

- a)
  - i. An Insurer shall not deny the renewal on the ground that the policyholder had made a claim (s) in the preceding policy years.
  - ii. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
  - iii. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period.
  - iv. If not renewed within Grace Period after due renewal date, the Policy shall terminate.

## 11. Premium Payment in Instalments (Wherever applicable)

If the insured person has opted for Payment of Premium on an instalments basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in Your 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 installment premium payment due date till the date of receipt of premium by Company.
- iii. The Benefits provided under — “Waiting Periods”, “Specific Waiting Periods” Sections shall continue in the event of payment of premium within the stipulated grace Period.
- iv. No interest will be charged If the installment premium is not paid on due date.
- v. In case of installment premium due not received within the grace Period, the Policy will get cancelled.



- vi In the event of a claim, all subsequent premium installments shall immediately become due and payable.
- vii The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

## 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.

## 13. 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.

## 14. 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.

## 15. Redressal of Grievance

In case of any grievance, the insured person including senior citizen may contact the Company through  
 Website: [www.magmainurance.com](http://www.magmainurance.com)  
 Toll free: 1800 266 3202  
 E –mail: [gro@magmainurance.com](mailto:gro@magmainurance.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.  
 E mail id : [gro@magmainurance.com](mailto:gro@magmainurance.com)

For details of grievance officer, kindly refer the link <http://ecoi.co.in/ombudsman.html>.

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

The contact details of the Insurance Ombudsman offices have been provided as Annexure-I.

Grievance may also be lodged at IRDAI Integrated Grievance management System: <https://bimabharosa.irdai.gov.in;>

## 16. 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.

## Section 9.2 Specific Conditions

### I. Condition Precedent to the contract

#### a. Arbitration clause

- i. If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independent of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties thereto, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two Arbitrators who shall act as the presiding arbitrator and Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996) as ded by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).
- ii. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as inbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.
- iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of expenses shall be first obtained.

#### b. Change of Sum Insured

Sum Insured can be changed (increase / decrease) only at the time of Renewal or at any time, subject to underwriting by the Company. For any increase in Sum Insured, the waiting period shall start afresh only for the enhance portion of the Sum Insured.

#### c. Material Change

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

#### d. Notice and Communication

- i. Any notice, direction, instruction, or any other communication related to the Policy should be made in writing.
- ii. Such communication shall be sent to the address of the

Company or through any other electronic modes specified in the Policy Schedule.

- iii. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule/certificate of insurance.

#### e. Records to be Maintained

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

#### f. Territorial Jurisdiction

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

#### g. Eligibility Criteria

All Persons with Disability who have at least one of the disabilities as defined under Specified Disability under The Rights Of Persons With Disabilities Act, 2016 with valid disability certificate are eligible to enroll this product.

### II. Conditions applicable during the contract

#### a. Alterations in the Policy

The Proposal Form, Policy Schedule constitute the complete contract of insurance. This Policy constitutes the complete contract of insurance between the Policyholder and the Company. 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 Company. All endorsement requests will be made by the Insured Person only. This Policy cannot be changed by anyone (including an insurance agent or broker) except the Company.

#### b. Revision and Modification of the Policy Product

- i. Any revision or modification will be done with the approval of the Authority. We shall notify You about revision /modification in the Policy including premium payable thereunder. Such information shall be given to You at least ninety (90) days prior to the effective date of modification or revision coming into effect.

- ii. Existing Policy will continue to remain in force till its expiry, and revision will be applicable only from the date of next renewal. Credit of continuity/waiting periods for all the previous policy years would be extended in the new policy on Renewal with Us.

**c. Terms and conditions of the Policy**

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

**10. Claim Procedure**

**10.1 Procedure for Cashless claims:**

- i. Treatment may be taken in a network provider and is subject to preauthorization by the Company or its authorized TPA.
- ii. Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.
- iii. The Company/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification.
- iv. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non medical and inadmissible expenses.
- v. The Company / TPA reserves the right to deny pre authorization in case the insured person is unable to provide the relevant medical details.
- vi. In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor’s advice and submit the claim documents to the Company / TPA for reimbursement.

**10.2 Procedure for reimbursement of claims:**

For reimbursement of claims the insured person may submit the necessary documents to Company within the prescribed time limit as specified hereunder.

| Sr. No. | Type of Claim  | Prescribed Time limit                                      |
|---------|--|--|
| 1.      | Reimbursement of hospitalization, day care and prehospitalization expenses | Within thirty days of date of discharge from hospital      |
| 2.      | Reimbursement of post hospitalization expenses                             | Within fifteen days from of post hospitalization treatment |

**10.3 Notification of Claim:**

Notice with full particulars shall be sent to the Company/ TPA (if applicable) as under:

- i. Within 24 hours from the date of emergency hospitalization required or before the Insured Person’s discharge from Hospital, whichever is earlier.
- ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

**10.4 Documents to be submitted:**

The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

- i. Duly Completed claim form.
- ii. Photo Identity proof of the patient.
- iii. Medical practitioner’s prescription advising admission.
- iv. Original bills with itemized break-up.
- v. Payment receipts.
- vi. Discharge summary including complete medical history of the patient along with other details.
- vii. Investigation/ Diagnostic test reports etc. supported by the prescription from attending medical practitioner.
- viii. OT notes or Surgeon’s certificate giving details of the operation performed (for surgical cases).
- ix. Sticker/invoices of the Implants, wherever applicable.
- x. MLR (Medico Legal Report copy if carried out and FIR (First information report) if registered, wherever applicable.
- xi. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque.
- xii. KYC (Identity proof and Address proof) of the proposer, where there is claim.
- xiii. Legal heir/succession certificate, wherever applicable.

xiv. Any other relevant document required by Company TPA for assessment of the claim.

1. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted.

2. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company.

3. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person.

4. In case of lumpsum payment for HIV/AIDS, Insured will need to submit the below mentioned documents for the processing of Claim:

- a. Identity proof of the claimant
- b. Dully filled Claim form
- c. Copy of Hospital summary/Discharge card treatment advise / medical reference
- d. Copy of Medical reports/records
- e. Copy of Investigation reports
- f. Medical Practitioner's certificate
- g. Any other relevant document as requested by the Insurer.
- h. On receipt of claim documents from Insured Insurer shall assess the admissibility of claim as per

Policy terms and conditions. Upon satisfactory completion of assessment and admission of claim, the Insurer will make the payment of benefit as per the contract. In case if the claim is repudiated Insurer will inform the Insured about the same in writing with reason for repudiation.

### **10.5 Co-Payment**

Each and Every payment under the policy shall be subject to a Co-payment of 20% applicable to claim amount admissible and payable as per the terms and conditions of the policy. The amount payable shall be after deduction of the co-payment. This deduction can be waived off by paying an additional premium (optional).

### **10.6 Services Offered by TPA**

Servicing of claims, i.e., claim admissions and assessments, under this Policy by way of preauthorization of cashless treatment or processing of claims other than cashless claims or both, as per the underlying terms and conditions of the policy.

The services offered by a TPA shall not include:

- i. Claim settlement and claim rejection.
- ii Any services directly to any insured person or to any other person unless such service is in accordance with the terms and conditions of the Agreement entered into with the Company.

### **10.7 Payment of Claim**

All claims under this policy shall be payable in Indian Currency only.

## 11. TABLE OF BENEFITS

| Name  | Saksham Health Insurance, Magma General Insurance Limited  |
|---|--|
| Coverage Basis                                | Individual basis only  |
| Category of Cover                             | Indemnity  |
| Sum insured                                   | On Individual basis — SI shall apply to each individual member   |
| Sum insured available (in INR)                | 4lacs and 5 lacs   |
| Policy Period                                 | 1 Year   |
| Eligibility                                   | Policy can be availed by availed on Individual basis. Age eligibility for adults: 18 years to 65 years. Age eligibility for Children: Newborn to 17 years  |
| Grace Period                                  | 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.   |
| Hospitalisation Expenses                      | Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. Time limit of 24 hrs shall not apply when the treatment is undergone in a Day Care Centre.  |
| Pre-Hospitalisation                           | For 30 days prior to the date of hospitalization   |
| Post Hospitalisation                          | For 60 days from the date of discharge from the hospital   |
| Sublimit for Room/ Medical Practitioner's fee | 1. Room Rent, Boarding, Nursing Expenses all-inclusive as provided by the Hospital Nursing Home up to 1% of the sum insured per day.<br>2. Intensive Care Unit (ICU) charges/ Intensive Cardiac Care Unit (ICCU) charges all-inclusive as provided by the Hospital / Nursing Home up to 2% of the sum insured per day. |
| Cataract Treatment                            | Upto Rs. 40,000/- per each eye, in one policy year.  |
| Modern Treatment                              | Covered for listed procedures up to 50% of sum insured available for Inpatient Hospitalization Care  |
| Emergency Ground Ambulance                    | Expenses covered up to Rs. 2000 per hospitalization  |
| AYUSH   | Expenses incurred for Inpatient Care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines shall be covered up to 100% of sum insured, during each Policy year as specified in the policy schedule.  |
| Pre-Existing Disease                          | Only PEDs declared in the Proposal Form and accepted for coverage by the company shall be covered.   |
| Initial Waiting period                        | 30 days for all claims except resulting from Accident  |
| PED waiting period                            | 36 months (For pre-existing diseases other than the pre-existing Disability and HIV/ AIDS)   |
| Specific Disease/ illness waiting period      | 24 months  |
| Co-pay  | 20% on all claims made under the policy unless waiver for copay is opted and premium is paid for the same.   |

## ANNEXURE I - LIST OF OMBUDSMAN DETAILS

The updated details of Insurance Ombudsman are available on -

IRDAI website: [www.irdai.gov.in](http://www.irdai.gov.in),

on the website of Office of Executive Council of Insurers: <https://www.cioins.co.in> and

our website [www.magmainsurance.com](http://www.magmainsurance.com) or from any of our offices.

| Jurisdiction  | Contact Details  | Office of the Ombudsman |
|---|--|-------------------------|
| Gujarat, UT of Dadra and Nagar Haveli, Daman and Diu.   | Office of the Insurance Ombudsman,<br>Jeevan Prakash Building, 6th floor, Tilak Marg,<br>Relief Road, Ahmedabad - 380 001.<br>Tel.: 079 - 25501201/02/05/06<br>Email: <a href="mailto:bimalokpal.ahmedabad@cioins.co.in">bimalokpal.ahmedabad@cioins.co.in</a>   | AHMEDABAD               |
| Karnataka.  | Office of the Insurance Ombudsman,<br>Jeevan Soudha Building, PID No. 57-27-N-19<br>Ground Floor, 19/19, 24th Main Road,<br>JP Nagar, 1st Phase,<br>Bengaluru – 560 078.<br>Tel.: 080 - 26652048 / 26652049<br>Email: <a href="mailto:bimalokpal.bengaluru@cioins.co.in">bimalokpal.bengaluru@cioins.co.in</a> | BENGALURU               |
| Madhya Pradesh and Chhattisgarh.  | Office of the Insurance Ombudsman,<br>Janak Vihar Complex, 2nd Floor, 6, Malviya<br>Nagar, Opp. Airtel Office, Near New Market,<br>Bhopal – 462 003.<br>Tel.: 0755 - 2769201 / 2769202<br>Email: <a href="mailto:bimalokpal.bhopal@cioins.co.in">bimalokpal.bhopal@cioins.co.in</a>                            | BHOPAL                  |
| Odisha.   | Office of the Insurance Ombudsman,<br>62, Forest park, Bhubneshwar – 751 009.<br>Tel.: 0674 - 2596461 /2596455<br>Email: <a href="mailto:bimalokpal.bhubaneswar@cioins.co.in">bimalokpal.bhubaneswar@cioins.co.in</a>  | BHUBANESHWAR            |
| Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, UT of Jammu and Kashmir, Ladakh & Chandigarh. | Office of the Insurance Ombudsman,<br>S.C.O. No. 101, 102 & 103, 2nd Floor, Batra<br>Building, Sector 17 – D, Chandigarh – 160 017.<br>Tel.: 0172 - 2706196 / 2706468<br>Email: <a href="mailto:bimalokpal.chandigarh@cioins.co.in">bimalokpal.chandigarh@cioins.co.in</a>                                     | CHANDIGARH              |
| Tamil Nadu, Puducherry Town and Karaikal (which are part of UT of Puducherry)+C8.   | Office of the Insurance Ombudsman,<br>Fatima Akhtar Court, 4th Floor, 453, Anna Salai,<br>Teynampet, CHENNAI – 600 018.<br>Tel.: 044 - 24333668 / 24335284<br>Email: <a href="mailto:bimalokpal.chennai@cioins.co.in">bimalokpal.chennai@cioins.co.in</a>  | CHENNAI                 |
| Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.  | Office of the Insurance Ombudsman,<br>2/2 A, Universal Insurance Building, Asaf Ali<br>Road, New Delhi – 110 002.<br>Tel.: 011 - 23232481/23213504<br>Email: <a href="mailto:bimalokpal.delhi@cioins.co.in">bimalokpal.delhi@cioins.co.in</a>  | Delhi                   |
| Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.  | Office of the Insurance Ombudsman,<br>Jeevan Nivesh, 5th Floor, Nr. Panbazar over<br>bridge,<br>S.S. Road, Guwahati – 781001 (ASSAM).<br>Tel.: 0361 - 2632204 / 2602205<br>Email: <a href="mailto:bimalokpal.guwahati@cioins.co.in">bimalokpal.guwahati@cioins.co.in</a>                                       | GUWAHATI                |

| Jurisdiction  | Contact Details  | Office of the Ombudsman |
|---|--|-------------------------|
| Andhra Pradesh, Telangana, Yanam and part of the UT of Puducherry.  | Office of the Insurance Ombudsman,<br>6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004.<br>Tel.: 040 - 67504123 / 23312122<br>Email: <a href="mailto:bimalokpal.hyderabad@cioins.co.in">bimalokpal.hyderabad@cioins.co.in</a> | HYDERABAD               |
| Rajasthan.  | Office of the Insurance Ombudsman,<br>Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005.<br>Tel.: 0141 - 2740363<br>Email: <a href="mailto:bimalokpal.jaipur@cioins.co.in">bimalokpal.jaipur@cioins.co.in</a>   | JAIPUR                  |
| Kerala, Lakshadweep, Mahe – a part of UT of Puducherry.   | Office of the Insurance Ombudsman,<br>2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015.<br>Tel.: 0484 - 2358759 / 2359338<br>Fax: 0484 - 2359336<br>Email: <a href="mailto:bimalokpal.ernakulam@cioins.co.in">bimalokpal.ernakulam@cioins.co.in</a>               | ERNAKULAM               |
| West Bengal, UT of Andaman and Nicobar Islands.   | Office of the Insurance Ombudsman,<br>Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072.<br>Tel.: 033 - 22124339 / 22124340<br>Email: <a href="mailto:bimalokpal.kolkata@cioins.co.in">bimalokpal.kolkata@cioins.co.in</a>  | KOLKATA                 |
| Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar. | Office of the Insurance Ombudsman,<br>6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001.<br>Tel.: 0522 - 2231330 / 2231331<br>Email: <a href="mailto:bimalokpal.lucknow@cioins.co.in">bimalokpal.lucknow@cioins.co.in</a>                                    | LUCKNOW                 |
| Goa, Mumbai Metropolitan Region (Excluding Navi Mumbai & Thane).  | Office of the Insurance Ombudsman,<br>3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.<br>Tel.: 022 - 69038821/23/24/25/26/27/28/29/30/31<br>Email: <a href="mailto:bimalokpal.mumbai@cioins.co.in">bimalokpal.mumbai@cioins.co.in</a>                                | 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, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P. - 201301.<br>Tel.: 0120-2514252 / 2514253<br>Email: <a href="mailto:bimalokpal.noida@cioins.co.in">bimalokpal.noida@cioins.co.in</a> | NOIDA                   |
| Bihar, Jharkhand.   | Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068<br>Email: <a href="mailto:bimalokpal.patna@cioins.co.in">bimalokpal.patna@cioins.co.in</a>  | PATNA                   |
| Maharashtra, Area of Navi Mumbai and Thane (Excluding Mumbai Metropolitan Region).  | Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030.<br>Tel.: 020 - 41312555<br>Email: <a href="mailto:bimalokpal.pune@cioins.co.in">bimalokpal.pune@cioins.co.in</a>            | PUNE                    |



## ANNEXURE II – NON-MEDICAL EXPENSES

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

| SI No | Item   |
|-------|--|
| 1     | BABY FOOD  |
| 2     | BABY UTILITIES CHARGES   |
| 3     | BEAUTY SERVICES  |
| 4     | BELTS/ BRACES  |
| 5     | BUDS   |
| 6     | COLD PACK/HOT PACK   |
| 7     | CARRY BAGS   |
| 8     | EMAIL / INTERNET CHARGES   |
| 9     | FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)          |
| 10    | LEGGINGS   |
| 11    | LAUNDRY CHARGES  |
| 12    | MINERAL WATER  |
| 13    | SANITARY PAD   |
| 14    | TELEPHONE CHARGES  |
| 15    | GUEST SERVICES   |
| 16    | CREPE BANDAGE  |
| 17    | DIAPER OF ANY TYPE   |
| 18    | EYELET COLLAR  |
| 19    | SLINGS   |
| 20    | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES                    |
| 21    | SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED                      |
| 22    | TELEVISION CHARGES   |
| 23    | SURCHARGES   |
| 24    | ATTENDANT CHARGES  |
| 25    | EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) |
| 26    | BIRTH CERTIFICATE  |
| 27    | CERTIFICATE CHARGES  |
| 28    | COURIER CHARGES  |
| 29    | CONVEYANCE CHARGES   |
| 30    | MEDICAL CERTIFICATE  |
| 31    | MEDICAL RECORDS  |
| 32    | PHOTOCOPIES CHARGES  |
| 33    | MORTUARY CHARGES   |
| 34    | WALKING AIDS CHARGES   |
| 35    | OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)                       |
| 36    | SPACER   |
| 37    | SPIROMETRE   |
| 38    | NEBULIZER KIT  |

| SI No | Item   |
|-------|--|
| 39    | STEAM INHALER  |
| 40    | ARMSLING   |
| 41    | THERMOMETER  |
| 42    | CERVICAL COLLAR  |
| 43    | SPLINT   |
| 44    | DIABETIC FOOT WEAR   |
| 45    | KNEE BRACES (LONG/ SHORT/ HINGED)  |
| 46    | KNEE IMMOBILIZER/SHOULDER IMMOBILIZER  |
| 47    | LUMBO SACRAL BELT  |
| 48    | NIMBUS BED OR WATER OR AIR BED CHARGES   |
| 49    | AMBULANCE COLLAR   |
| 50    | AMBULANCE EQUIPMENT  |
| 51    | ABDOMINAL BINDER   |
| 52    | PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES  |
| 53    | SUGAR FREE Tablets   |
| 54    | CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable) |
| 55    | ECG ELECTRODES   |
| 56    | GLOVES   |
| 57    | NEBULISATION KIT   |
| 58    | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]                        |
| 59    | KIDNEY TRAY  |
| 60    | MASK   |
| 61    | OUNCE GLASS  |
| 62    | OXYGEN MASK  |
| 63    | PELVIC TRACTION BELT   |
| 64    | PAN CAN  |
| 65    | TROLLY COVER   |
| 66    | UROMETER, URINE JUG  |
| 67    | AMBULANCE  |
| 68    | VASOFIX SAFETY   |

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

| SI No | Item                                      |
|-------|---|
| 1     | BABY CHARGES (UNLESS SPECIFIED/INDICATED) |
| 2     | HAND WASH                                 |
| 3     | SHOE COVER                                |
| 4     | CAPS                                      |
| 5     | CRADLE CHARGES                            |
| 6     | COMB                                      |
| 7     | EAU-DE-COLOGNE / ROOM FRESHNERS           |

| SI No | Item  |
|-------|---|
| 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**

| SI No. | Item   |
|--------|--|
| 1      | HAIR REMOVAL CREAM                                 |
| 2      | DISPOSABLES RAZORS CHARGES (for site preparations) |
| 3      | EYE PAD  |
| 4      | EYE SHEILD   |
| 5      | CAMERA COVER                                       |
| 6      | DVD, CD CHARGES                                    |

| SI No. | Item                                    |
|--------|---|
| 7      | GAUSE SOFT                              |
| 8      | GAUZE                                   |
| 9      | WARD AND THEATRE BOOKING CHARGES        |
| 10     | ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS   |
| 11     | MICROSCOPE COVER                        |
| 12     | SURGICAL BLADES, HARMONICSCALPEL,SHAVER |
| 13     | SURGICAL DRILL                          |
| 14     | EYE KIT                                 |
| 15     | EYE DRAPE                               |
| 16     | X-RAY FILM                              |
| 17     | BOYLES APPARATUS CHARGES                |
| 18     | COTTON                                  |
| 19     | COTTON BANDAGE                          |
| 20     | SURGICAL TAPE                           |
| 21     | APRON                                   |
| 22     | TORNIQUET                               |
| 23     | ORTHOBUNDLE, GYNAEC BUNDLE              |

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

| SI No. | ITEM   |
|--------|--|
| 1      | ADMISSION/REGISTRATION CHARGES                               |
| 2      | HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE           |
| 3      | URINE CONTAINER  |
| 4      | BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES     |
| 5      | BIPAP MACHINE  |
| 6      | CPAP/ CAPD EQUIPMENTS  |
| 7      | INFUSION PUMP- COST  |
| 8      | HYDROGEN PEROXIDE\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 – INDICATIVE LIST OF DAY CARE PROCEDURES

| SR | Procedure Name  |
|----|---|
| 1  | Coronary Angiography  |
| 2  | Suturing Oral Mucosa  |
| 3  | Myringotomy With Grommet Insertion  |
| 4  | Tympanoplasty (closure Of An Eardrum Perforation reconstruction Of the Auditory Ossicles)   |
| 5  | Removal Of a Tympanic Drain   |
| 6  | Keratitis Removal Under Ga  |
| 7  | Operations On the Turbinate's (nasal Concha)  |
| 8  | Removal Of Keratitis Obturans   |
| 9  | Stapedotomy To Treat Various Lesions In Middle Ear  |
| 10 | Revision Of A Stapedectomy  |
| 11 | Other Operations On The Auditory Ossicles   |
| 12 | Myringoplasty (post-aura/endaural Approach As Well As Simple Type-i Tympanoplasty)  |
| 13 | Fenestration Of The Inner Ear   |
| 14 | Revision Of A Fenestration Of The Inner Ear   |
| 15 | Palatoplasty  |
| 16 | Transoral Incision And Drainage Of A Pharyngeal Abscess   |
| 17 | Tonsillectomy Without Adenoidectomy   |
| 18 | Tonsillectomy With Adenoidectomy  |
| 19 | Excision And Destruction Of A Lingual Tonsil  |
| 20 | Revision Of A Tympanoplasty   |
| 21 | Other Microsurgical Operations On The Middle Ear  |
| 22 | Incision Of The Mastoid Process And Middle Ear  |
| 23 | Mastoidectomy   |
| 24 | Reconstruction Of The Middle Ear  |
| 25 | Other Excisions Of The Middle And Inner Ear   |
| 26 | Incision (opening) And Destruction (elimination) Of The Inner Ear   |
| 27 | Other Operations On The Middle And Inner Ear  |
| 28 | Excision And Destruction Of Diseased Tissue Of The Nose   |
| 29 | Other Operations On The Nose – (other operation of the nose is very broad if any drainage of local pus will be considered as OPD) |
| 30 | Nasal Sinus Aspiration  |
| 31 | Foreign Body Removal From Nose (if same is removed without using any anaesthesia at OPD)  |
| 32 | Other Operations on The Tonsils And Adenoids  |
| 33 | Adenoidectomy   |
| 34 | Labyrinthectomy For Severe Vertigo  |

| SR | Procedure Name   |
|----|--|
| 35 | Stapedectomy Under Ga  |
| 36 | Stapedectomy Under La  |
| 37 | Tympanoplasty (Type IV)  |
| 38 | Endolymphatic Sac Surgery for Meniere's Disease  |
| 39 | Turbinectomy   |
| 40 | Endoscopic Stapedectomy  |
| 41 | Incision And Drainage of Perichondritis  |
| 42 | Septoplasty  |
| 43 | Vestibular Nerve Section   |
| 44 | Thyroplasty Type I   |
| 45 | Pseudocyst Of The Pinna - Excision   |
| 46 | Incision And Drainage - Haematoma Auricle  |
| 47 | Tympanoplasty (Type II)  |
| 48 | Reduction Of Fracture Of Nasal Bone  |
| 49 | Thyroplasty (Type II)  |
| 50 | Tracheostomy   |
| 51 | Excision Of Angioma Septum   |
| 52 | Turbino-plasty   |
| 53 | Incision & Drainage Of Retro Pharyngeal Abscess  |
| 54 | Uvulo Palato Pharyngoplasty  |
| 55 | Adenoidectomy With Grommet Insertion   |
| 56 | Adenoidectomy Without Grommet Insertion  |
| 57 | Vocal Cord Lateralisation Procedure  |
| 58 | Incision & Drainage Of Para Pharyngeal Abscess   |
| 59 | Tracheoplasty  |
| 60 | Cholecystectomy  |
| 61 | Choledocho-jejunostomy   |
| 62 | Duodenostomy   |
| 63 | Gastrostomy  |
| 64 | Exploration Common Bile Duct   |
| 65 | Esophagoscopy  |
| 66 | Gastroscopy  |
| 67 | Duodenoscopy with Polypectomy  |
| 68 | Removal of Foreign Body  |
| 69 | Diathermy Of Bleeding Lesions  |
| 70 | Pancreatic PseudocystEus& Drainage   |
| 71 | Rf Ablation For Barrett's Oesophagus   |
| 72 | Ercp And Papillotomy   |
| 73 | Esophagoscope And Sclerosant Injection   |
| 74 | Eus + Submucosal Resection   |
| 75 | Construction Of Gastrostomy Tube   |
| 76 | Eus + Aspiration Pancreatic Cyst   |
| 77 | Small Bowel Endoscopy (therapeutic)  |
| 78 | Colonoscopy, lesion Removal – (only for investigation purpose is considered under investigation purpose) |

| SR  | Procedure Name   |
|-----|--|
| 79  | ERCP   |
| 80  | Colonscopy Stenting Of Stricture   |
| 81  | Percutaneous Endoscopic Gastrostomy                                      |
| 82  | Eus And Pancreatic Pseudo Cyst Drainage                                  |
| 83  | ERCP And Choledochoscopy   |
| 84  | Proctosigmoidoscopy Volvulus Detorsion                                   |
| 85  | ERCP And Sphincterotomy  |
| 86  | Esophageal Stent Placement   |
| 87  | ERCP + Placement Of Biliary Stents                                       |
| 88  | Sigmoidoscopy W / Stent  |
| 89  | Eus + Coeliac Node Biopsy  |
| 90  | UgiScopy And Injection Of Adrenaline, Sclerosants Bleeding Ulcers        |
| 91  | Incision Of A Pilonidal Sinus / Abscess                                  |
| 92  | Fissure In Ano Sphincterotomy  |
| 93  | Surgical Treatment Of A Varicocele And A Hydrocele Of the Spermatic Cord |
| 94  | Orchidopexy  |
| 95  | Abdominal Exploration In Cryptorchidism                                  |
| 96  | Surgical Treatment Of Anal Fistulas                                      |
| 97  | Division Of The Anal Sphincter (sphincterotomy)                          |
| 98  | Epididymectomy   |
| 99  | Incision Of The Breast Abscess   |
| 100 | Operations On The Nipple   |
| 101 | Excision Of Single Breast Lump   |
| 102 | Incision And Excision Of Tissue In The Perianal Region                   |
| 103 | Surgical Treatment Of Hemorrhoids  |
| 104 | Other Operations On The Anus   |
| 105 | Ultrasound Guided Aspirations  |
| 106 | Sclerotherapy, Etc   |
| 107 | Laparotomy For Grading Lymphoma With Splenectomy.                        |
| 108 | Laparotomy For Grading Lymphoma with Liver Biopsy                        |
| 109 | Laparotomy For Grading Lymphoma with Lymph Node Biopsy                   |
| 110 | Therapeutic Laparoscopy With Laser                                       |
| 111 | Appendicectomy With Drainage   |
| 112 | Appendicectomy without Drainage  |
| 113 | Infected Keloid Excision   |
| 114 | Axillary Lymphadenectomy   |
| 115 | Wound Debridement And Cover  |
| 116 | Abscess-decompression  |
| 117 | Cervical Lymphadenectomy   |

| SR  | Procedure Name   |
|-----|--|
| 118 | Infected Sebaceous Cyst                                  |
| 119 | Inguinal Lymphadenectomy                                 |
| 120 | Infected Lipoma Excision                                 |
| 121 | Maximal Anal Dilatation                                  |
| 122 | Piles  |
| 123 | A) Injection Sclerotherapy                               |
| 124 | B) Piles Banding   |
| 125 | Liver Abscess- Catheter Drainage                         |
| 126 | Fissure In Ano- Fissurectomy                             |
| 127 | Fibroadenoma Breast Excision                             |
| 128 | Oesophageal Varices Sclerotherapy                        |
| 129 | ERCP - Pancreatic Duct Stone Removal                     |
| 130 | Perianal Abscess I&d                                     |
| 131 | Perianal Hematoma Evacuation                             |
| 132 | UgiScopy And Polypectomy Oesophagus                      |
| 133 | Breast Abscess I& D                                      |
| 134 | Feeding Gastrostomy                                      |
| 135 | Oesophagoscopy And Biopsy Of Growth Oesophagus           |
| 136 | ERCP - Bile Duct Stone Removal                           |
| 137 | Ileostomy Closure  |
| 138 | Polypectomy Colon  |
| 139 | Splenic Abscesses Laparoscopic Drainage                  |
| 140 | Ugi Scopy And Polypectomy Stomach                        |
| 141 | Rigid Oesophagoscopy For Fb Removal                      |
| 142 | Feeding Jejunostomy                                      |
| 143 | Colostomy  |
| 144 | Ileostomy  |
| 145 | Colostomy Closure  |
| 146 | Submandibular Salivary Duct Stone Removal –              |
| 147 | Pneumatic Reduction Of Intussusception                   |
| 148 | Varicose Veins Legs - Injection Sclerotherapy            |
| 149 | Rigid Oesophagoscopy For Plummer Vinson Syndrome         |
| 150 | Pancreatic Pseudocysts Endoscopic Drainage               |
| 151 | Zadek’s Nail Bed Excision                                |
| 152 | Subcutaneous Mastectomy                                  |
| 153 | Excision Of Ranula Under Ga                              |
| 154 | Rigid Oesophagoscopy For Dilatation Of Benign Strictures |
| 155 | Eversion Of Sac  |
| 156 | Unilateral   |
| 157 | Bilateral  |
| 158 | Lord’s Plication   |
| 159 | Jaboulay’s Procedure                                     |

| SR  | Procedure Name   |
|-----|--|
| 160 | Scrotoplasty   |
| 161 | Circumcision For Trauma  |
| 162 | Meatoplasty  |
| 163 | Intersphincteric Abscess Incision And Drainage   |
| 164 | Psoas Abscess Incision And Drainage  |
| 165 | Thyroid Abscess Incision And Drainage  |
| 166 | Tips Procedure For Portal Hypertension   |
| 167 | Esophageal Growth Stent  |
| 168 | Pair Procedure Of Hydatid Cyst Liver   |
| 169 | Tru Cut Liver Biopsy   |
| 170 | Photodynamic Therapy Or Esophageal Tumour And Lung Tumour                                |
| 171 | Excision Of Cervical Rib   |
| 172 | Laparoscopic Reduction Of Intussusception  |
| 173 | Microdochectomy Breast   |
| 174 | Surgery For Fracture Penis   |
| 175 | Parastomal Hernia  |
| 176 | Revision Colostomy   |
| 177 | Prolapsed Colostomy- Correction  |
| 178 | Laparoscopic Cardiomyotomy( Hellers)   |
| 179 | Laparoscopic Pyloromyotomy( Ramstedt)  |
| 180 | Operations On Bartholin's Glands (cyst)  |
| 181 | Incision Of The Ovary  |
| 182 | Insufflations Of The Fallopian Tubes   |
| 183 | Other Operations On The Fallopian Tube   |
| 184 | Conisation Of The Uterine Cervix   |
| 185 | Therapeutic Curettage With Colposcopy.   |
| 186 | Therapeutic Curettage With Biopsy  |
| 187 | Therapeutic Curettage With Diathermy   |
| 188 | Therapeutic Curettage With Cryosurgery   |
| 189 | Laser Therapy Of Cervix For Various Lesions Of Uterus                                    |
| 190 | Other Operations On The Uterine Cervix   |
| 191 | Incision Of The Uterus (hysterectomy)  |
| 192 | Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas |
| 193 | Incision Of Vagina   |
| 194 | Incision Of Vulva  |
| 195 | Culdotomy  |
| 196 | Salpingo-oophorectomy Via Laparotomy   |
| 197 | Endoscopic Polypectomy   |
| 198 | Hysteroscopic Removal Of Myoma   |
| 199 | D&C –  |
| 200 | Hysteroscopic Resection Of Septum  |
| 201 | Thermal Cauterisation Of Cervix  |

| SR  | Procedure Name                                 |
|-----|--|
| 202 | HysteroscopicAdhesiolysis                      |
| 203 | Polypectomy Endometrium                        |
| 204 | Hysteroscopic Resection Of Fibroid             |
| 205 | Lletz  |
| 206 | Conization                                     |
| 207 | Polypectomy Cervix                             |
| 208 | Hysteroscopic Resection Of Endometrial Polyp   |
| 209 | Vulval Wart Excision                           |
| 210 | Laparoscopic Paraovarian Cyst Excision         |
| 211 | Uterine Artery Embolization                    |
| 212 | Laparoscopic Cystectomy                        |
| 213 | Hymenectomy (Imperforate Hymen)                |
| 214 | Endometrial Ablation                           |
| 215 | Vaginal Wall Cyst Excision                     |
| 216 | Vulval Cyst Excision                           |
| 217 | Laparoscopic Paratubal Cyst Excision           |
| 218 | Repair of Vagina (Vaginal Atresia)             |
| 219 | Hysteroscopy, Removal Of Myoma                 |
| 220 | Turbt  |
| 221 | Ureterocoele Repair - Congenital Internal      |
| 222 | Vaginal Mesh For Pop                           |
| 223 | Laparoscopic Myomectomy                        |
| 224 | Surgery For Sui                                |
| 225 | Repair Recto- Vagina Fistula                   |
| 226 | Pelvic Floor Repair (Excluding Fistula Repair) |
| 227 | URS + LL                                       |
| 228 | Laparoscopic Oophorectomy                      |
| 229 | Percutaneous Cordotomy                         |
| 230 | Intrathecal Baclofen Therapy                   |
| 231 | Entrapment Neuropathy Release                  |
| 232 | Diagnostic Cerebral Angiography                |
| 233 | Vp Shunt                                       |
| 234 | Ventriculoatrial Shunt                         |
| 235 | Radiotherapy For Cancer                        |
| 236 | Cancer Chemotherapy                            |
| 237 | IV Push Chemotherapy                           |
| 238 | HBI - Hemibody Radiotherapy                    |
| 239 | Infusional Targeted Therapy                    |
| 240 | SRT - Stereotactic Arc Therapy                 |
| 241 | Sc Administration Of Growth Factors            |
| 242 | Continuous Infusional Chemotherapy             |
| 243 | Infusional Chemotherapy                        |
| 244 | CCRT - Concurrent Chemo + Rt                   |
| 245 | 2D Radiotherapy                                |

| SR  | Procedure Name   |
|-----|--|
| 246 | 3D Conformal Radiotherapy                                    |
| 247 | IGRT - Image Guided Radiotherapy                             |
| 248 | IMRT - Step & Shoot  |
| 249 | IMRT – DMLC  |
| 250 | Rotational Arc Therapy                                       |
| 251 | Tele Gamma Therapy   |
| 252 | FSRT - Fractionated Srt                                      |
| 253 | VMAT - Volumetric Modulated Arc Therapy                      |
| 254 | SBRT - Stereotactic Body Radiotherapy                        |
| 255 | Helical Tomotherapy  |
| 256 | SRS - Stereotactic Radiosurgery                              |
| 257 | X - Knife Srs  |
| 258 | GammaknifeSrs  |
| 259 | TBI - Total Body Radiotherapy                                |
| 260 | Intraluminal Brachytherapy                                   |
| 261 | TSET - Total Electron Skin Therapy                           |
| 262 | Extracorporeal Irradiation Of Blood Products                 |
| 263 | Telecobalt Therapy   |
| 264 | Teleseism Therapy  |
| 265 | External Mould Brachytherapy                                 |
| 266 | Interstitial Brachytherapy                                   |
| 267 | Intracavity Brachytherapy                                    |
| 268 | 3D Brachytherapy   |
| 269 | Implant Brachytherapy  |
| 270 | Intravesical Brachytherapy                                   |
| 271 | Adjuvant Radiotherapy  |
| 272 | After loading Catheter Brachytherapy                         |
| 273 | Conditioning Radiotherapy For Bmt                            |
| 274 | Extracorporeal Irradiation to The Homologous Bone Grafts     |
| 275 | Radical Chemotherapy   |
| 276 | Neoadjuvant Radiotherapy                                     |
| 277 | LDR Brachytherapy  |
| 278 | Palliative Radiotherapy                                      |
| 279 | Radical Radiotherapy   |
| 280 | Palliative Chemotherapy                                      |
| 281 | Template Brachytherapy                                       |
| 282 | Neoadjuvant Chemotherapy                                     |
| 283 | Induction Chemotherapy                                       |
| 284 | Consolidation Chemotherapy                                   |
| 285 | Maintenance Chemotherapy                                     |
| 286 | HDR Brachytherapy  |
| 287 | Incision And Lancing Of A Salivary Gland And A Salivary Duct |

| SR  | Procedure Name  |
|-----|---|
| 288 | Excision Of Diseased Tissue Of A Salivary Gland And A Salivary Duct   |
| 289 | Resection Of A Salivary Gland   |
| 290 | Reconstruction Of A Salivary Gland And A Salivary Duct  |
| 291 | Other Operations On The Salivary Glands And Salivary Ducts  |
| 292 | Other Incisions Of The Skin And Subcutaneous Tissues  |
| 293 | Surgical Wound Toilet (wound Debridement) And Removal Of Diseased Tissue Of The Skin And Subcutaneous Tissues |
| 294 | Local Excision Of Diseased Tissue Of The Skin And Subcutaneous Tissues  |
| 295 | Other Excisions Of The Skin And Subcutaneous Tissues  |
| 296 | Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues                                 |
| 297 | Free Skin Transplantation, Donor Site   |
| 298 | Free Skin Transplantation, Recipient Site   |
| 299 | Revision Of Skin Plasty   |
| 300 | Other Restoration and Reconstruction Of The Skin And Subcutaneous Tissues                                     |
| 301 | Chemosurgery To the Skin  |
| 302 | Destruction Of Diseased Tissue in The Skin And Subcutaneous Tissues   |
| 303 | Reconstruction Of Deformity/defect In Nail Bed  |
| 304 | Excision Of Bursitis  |
| 305 | Tennis Elbow Release  |
| 306 | Incision, Excision and Destruction Of Diseased Tissue Of The Tongue   |
| 307 | Partial Glossectomy   |
| 308 | Glossectomy   |
| 309 | Reconstruction Of the Tongue  |
| 310 | Other Operations On The Tongue  |
| 311 | Surgery For Cataract  |
| 312 | Incision Of Tear Glands   |
| 313 | Other Operations On The Tear Ducts  |
| 314 | Incision Of Diseased Eyelids  |
| 315 | Excision And Destruction Of Diseased Tissue Of The Eyelid   |
| 316 | Operations On The Canthus And Epicanthus  |
| 317 | Corrective Surgery For Entropion And Ectropion  |
| 318 | Corrective Surgery For Blepharoptosis   |
| 319 | Removal Of A Foreign Body From The Conjunctiva  |
| 320 | Removal Of A Foreign Body From The Cornea   |

| SR  | Procedure Name  |
|-----|---|
| 321 | Incision Of The Cornea  |
| 322 | Operations For Pterygium  |
| 323 | Other Operations On The Cornea  |
| 324 | Removal Of A Foreign Body From The Lens Of The Eye                                |
| 325 | Removal Of A Foreign Body From The Posterior Chamber Of The Eye                   |
| 326 | Removal Of A Foreign Body From The Orbit And Eyeball                              |
| 327 | Correction Of Eyelid Ptosis By Levator Palpebrae Superioris Resection (bilateral) |
| 328 | Correction Of Eyelid Ptosis By Fascia Lata Graft (bilateral)                      |
| 329 | Diathermy/cryotherapy To Treat Retinal Tear                                       |
| 330 | Anterior Chamber Paracentesis   |
| 331 | Anterior Chamber Cyclodiathermy   |
| 332 | Anterior Chamber Cyclocryotherapy   |
| 333 | Anterior Chamber Goniotomy  |
| 334 | Anterior Chamber Trabeculotomy  |
| 335 | Anterior Chamber Filtering  |
| 336 | Allied Operations to Treat Glaucoma   |
| 337 | Enucleation Of Eye Without Implant  |
| 338 | Dacryocystorhinostomy For Various Lesions Of Lacrimal Gland                       |
| 339 | Laser Photocoagulation To Treat Retinal Tear                                      |
| 340 | Biopsy Of Tear Gland  |
| 341 | Treatment Of Retinal Lesion   |
| 342 | Surgery For Meniscus Tear   |
| 343 | Incision On Bone, Septic And Aseptic  |
| 344 | Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis      |
| 345 | Suture And Other Operations On Tendons And Tendon Sheath                          |
| 346 | Reduction Of Dislocation Under Ga   |
| 347 | Arthroscopic Knee Aspiration  |
| 348 | Surgery For Ligament Tear   |
| 349 | Surgery For Hemoarthrosis / pyoarthrosis  |
| 350 | Removal Of Fracture Pins/nails  |
| 351 | Removal Of Metal Wire   |
| 352 | Closed Reduction On Fracture, Luxation  |
| 353 | Reduction Of Dislocation Under Ga   |
| 354 | Epiphyseolysis With Osteosynthesis  |
| 355 | Excision Of Various Lesions In Coccyx   |
| 356 | Arthroscopic Repair Of Acl Tear Knee  |
| 357 | Arthroscopic Repair Of Pcl Tear Knee  |
| 358 | Tendon Shortening   |

| SR  | Procedure Name                         |
|-----|--|
| 359 | Arthroscopic Meniscectomy - Knee       |
| 360 | Treatment Of Clavicle Dislocation      |
| 361 | Haemarthrosis Knee- Lavage             |
| 362 | Abscess Knee Joint Drainage            |
| 363 | Carpal Tunnel Release                  |
| 364 | Closed Reduction Of Minor Dislocation  |
| 365 | Repair Of Knee Cap Tendon              |
| 366 | Orif With K Wire Fixation- Small Bones |
| 367 | Release Of Midfoot Joint               |
| 368 | Orif With Plating- Small Long Bones    |
| 369 | Implant Removal Minor                  |
| 370 | Closed Reduction And External Fixation |
| 371 | Arthrotomy Hip Joint                   |
| 372 | Syme's Amputation                      |
| 373 | Arthroplasty                           |
| 374 | Partial Removal Of Rib                 |
| 375 | Treatment Of Sesamoid Bone Fracture    |
| 376 | Shoulder Arthroscopy / Surgery         |
| 377 | Elbow Arthroscopy                      |
| 378 | Amputation Of Metacarpal Bone          |
| 379 | Release Of Thumb Contracture           |
| 380 | Incision Of Foot Fascia                |
| 381 | Partial Removal Of Metatarsal          |
| 382 | Repair / Graft Of Foot Tendon          |
| 383 | Revision/removal Of Knee Cap           |
| 384 | Exploration Of Ankle Joint             |
| 385 | Remove/graft Leg Bone Lesion           |
| 386 | Repair/graft Achilles Tendon           |
| 387 | Remove Of Tissue Expander              |
| 388 | Biopsy Elbow Joint Lining              |
| 389 | Removal Of Wrist Prosthesis            |
| 390 | Biopsy Finger Joint Lining             |
| 391 | Tendon Lengthening                     |
| 392 | Treatment Of Shoulder Dislocation      |
| 393 | Lengthening Of Hand Tendon             |
| 394 | Removal Of Elbow Bursa                 |
| 395 | Fixation Of Knee Joint                 |
| 396 | Treatment Of Foot Dislocation          |
| 397 | Surgery Of Bunion                      |
| 398 | Tendon Transfer Procedure              |
| 399 | Removal Of Knee Cap Bursa              |
| 400 | Treatment Of Fracture Of Ulna          |
| 401 | Treatment Of Scapula Fracture          |
| 402 | Removal Of Tumor Of Arm Under GA       |

| SR  | Procedure Name   |
|-----|--|
| 403 | Removal of Tumor of Arm under RA                           |
| 404 | Removal of Tumor Of Elbow Under GA                         |
| 405 | Removal of Tumor Of Elbow Under RA                         |
| 406 | Repair Of Ruptured Tendon                                  |
| 407 | Decompress Forearm Space                                   |
| 408 | Revision Of Neck Muscle (torticollis Release)              |
| 409 | Lengthening Of Thigh Tendons                               |
| 410 | Treatment Fracture Of Radius & Ulna                        |
| 411 | Repair Of Knee Joint                                       |
| 412 | External Incision And Drainage In The Region Of The Mouth. |
| 413 | External Incision And Drainage in the Region Of the Jaw.   |
| 414 | External Incision And Drainage in the Region Of the Face.  |
| 415 | Incision Of The Hard And Soft Palate                       |
| 416 | Excision And Destruction Of Diseased Hard Palate           |
| 417 | Excision And Destruction of Diseased Soft Palate           |
| 418 | Incision, Excision And Destruction In The Mouth            |
| 419 | Other Operations In The Mouth                              |
| 420 | Excision Of Fistula-in-ano                                 |
| 421 | Excision Juvenile Polyps Rectum                            |
| 422 | Vaginoplasty   |
| 423 | Dilatation Of Accidental Caustic Stricture Oesophageal     |
| 424 | Presacral Teratomas Excision                               |
| 425 | Removal Of Vesical Stone                                   |
| 426 | Excision Sigmoid Polyp                                     |
| 427 | Sternomastoid Tenotomy                                     |
| 428 | Infantile Hypertrophic Pyloric Stenosis Pyloromyotomy      |
| 429 | Excision Of Soft Tissue Rhabdomyosarcoma                   |
| 430 | High Orchidectomy For Testis Tumours                       |
| 431 | Excision Of Cervical Teratoma                              |
| 432 | Rectal myomectomy  |
| 433 | Rectal Prolapse (delorme's Procedure)                      |
| 434 | Detorsion Of Torsion Testis                                |
| 435 | Eua + Biopsy Multiple Fistula In Ano                       |
| 436 | Construction Skin Pedicle Flap                             |
| 437 | Gluteal Pressure Ulcer-excision                            |
| 438 | Muscle-skin Graft, Leg                                     |
| 439 | Removal Of Bone For Graft                                  |
| 440 | Muscle-skin Graft Duct Fistula                             |
| 441 | Removal Cartilage Graft                                    |
| 442 | Myocutaneous Flap  |

| SR  | Procedure Name  |
|-----|---|
| 443 | Fibro Myocutaneous Flap                                       |
| 444 | Breast Reconstruction Surgery After Mastectomy                |
| 445 | Sling Operation For Facial Palsy                              |
| 446 | Split Skin Grafting Under Ra                                  |
| 447 | Wolfe Skin Graft  |
| 448 | Plastic Surgery To The Floor Of The Mouth Under Ga            |
| 449 | Thoracoscopy And Lung Biopsy                                  |
| 450 | Excision Of Cervical Sympathetic Chain Thoracoscopic          |
| 451 | Laser Ablation Of Barrett's Oesophagus                        |
| 452 | Pleurodesis   |
| 453 | Thoracoscopy And Pleural Biopsy                               |
| 454 | Ebus + Biopsy   |
| 455 | Thoracoscopy Ligation Thoracic Duct                           |
| 456 | Thoracoscopy Assisted Empyema Drainage                        |
| 457 | Haemodialysis   |
| 458 | Lithotripsy/nephrolithotomy For Renal Calculus                |
| 459 | Excision Of Renal Cyst  |
| 460 | Drainage Of Pyonephrosis Abscess                              |
| 461 | Drainage Of Perinephric Abscess                               |
| 462 | Incision Of The Prostate                                      |
| 463 | Transurethral Excision And Destruction Of Prostate Tissue     |
| 464 | Transurethral And Percutaneous Destruction Of Prostate Tissue |
| 465 | Open Surgical Excision And Destruction Of Prostate Tissue     |
| 466 | Radical Prostatovesiculectomy                                 |
| 467 | Other Excision And Destruction Of Prostate Tissue             |
| 468 | Operations On The Seminal Vesicles                            |
| 469 | Incision And Excision Of Periprostatic Tissue                 |
| 470 | Other Operations On The Prostate                              |
| 471 | Incision Of The Scrotum And Tunica Vaginalis Testis           |
| 472 | Operation On A Testicular Hydrocele                           |
| 473 | Excision And Destruction Of Diseased Scrotal Tissue           |
| 474 | Other Operations On The Scrotum And Tunica Vaginalis Testis   |
| 475 | Incision Of The Testes  |
| 476 | Excision And Destruction Of Diseased Tissue Of The Testes     |
| 477 | Unilateral Orchidectomy                                       |
| 478 | Bilateral Orchidectomy  |
| 479 | Surgical Repositioning Of An Abdominal Testis                 |



| SR  | Procedure Name   |
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| 480 | Reconstruction Of The Testis                                   |
| 481 | Implantation, Exchange And Removal Of A Testicular Prosthesis  |
| 482 | Other Operations On The Testis                                 |
| 483 | Excision In The Area Of The Epididymis                         |
| 484 | Operations On The Foreskin                                     |
| 485 | Local Excision And Destruction Of Diseased Tissue Of The Penis |
| 486 | Amputation Of The Penis  |
| 487 | Other Operations On The Penis                                  |
| 488 | Cystoscopic Removal Of Stones                                  |
| 489 | Lithotripsy  |
| 490 | Biopsy Of Temporal Artery For Various Lesions                  |
| 491 | External Arterio-venous Shunt                                  |
| 492 | Av Fistula - Wrist   |
| 493 | Ursl With Stenting   |
| 494 | Ursl With Lithotripsy  |
| 495 | Cystoscopic Litholapaxy  |
| 496 | Eswl   |
| 497 | Bladder Neck Incision  |
| 498 | Cystoscopy & Biopsy  |
| 499 | Cystoscopy And Removal Of Polyp                                |
| 500 | Suprapubic Cystostomy  |
| 501 | Percutaneous Nephrostomy                                       |
| 502 | Cystoscopy And "sling" Procedure                               |
| 503 | Tuna- Prostate   |
| 504 | Excision Of Urethral Diverticulum                              |
| 505 | Removal Of Urethral Stone                                      |
| 506 | Excision Of Urethral Prolapse                                  |
| 507 | Mega-ureter Reconstruction                                     |
| 508 | Kidney Renoscopy And Biopsy                                    |
| 509 | Ureter Endoscopy And Treatment                                 |
| 510 | Vesical Ureteric Reflux Correction                             |
| 511 | Surgery For Pelvic Ureteric Junction Obstruction               |
| 512 | Anderson Hynes Operation                                       |
| 513 | Kidney Endoscopy And Biopsy                                    |
| 514 | Paraphimosis Surgery   |
| 515 | Injury Prepuce- Circumcision                                   |
| 516 | Frenula Tear Repair  |
| 517 | Meatotomy For Meatal Stenosis                                  |
| 518 | Surgery For Fournier's Gangrene Scrotum                        |
| 519 | Surgery Filarial Scrotum                                       |
| 520 | Surgery For Watering Can Perineum                              |
| 521 | Repair Of Penile Torsion                                       |
| 522 | Drainage Of Prostate Abscess                                   |

| SR  | Procedure Name                            |
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| 523 | Orchiectomy                               |
| 524 | Cystoscopy And Removal Of Fb              |
| 525 | RF Ablation Heart                         |
| 526 | RF Ablation Uterus                        |
| 527 | RF Ablation Varicose Veins                |
| 528 | Percutaneous nephrolithotomy (PCNL)       |
| 529 | Laryngoscopy Direct Operative with Biopsy |
| 530 | Treatment of Fracture of Long Bones       |
| 531 | Treatment of Fracture of Short Bones      |
| 532 | Treatment of Fracture of Foot             |
| 533 | Treatment of Fracture of Hand             |
| 534 | Treatment of Fracture of Wrist            |
| 535 | Treatment of Fracture of Ankle            |
| 536 | Treatment of Fracture of Clavicle         |
| 537 | Chalazion Surgery                         |