

Magma HDI General Insurance Products



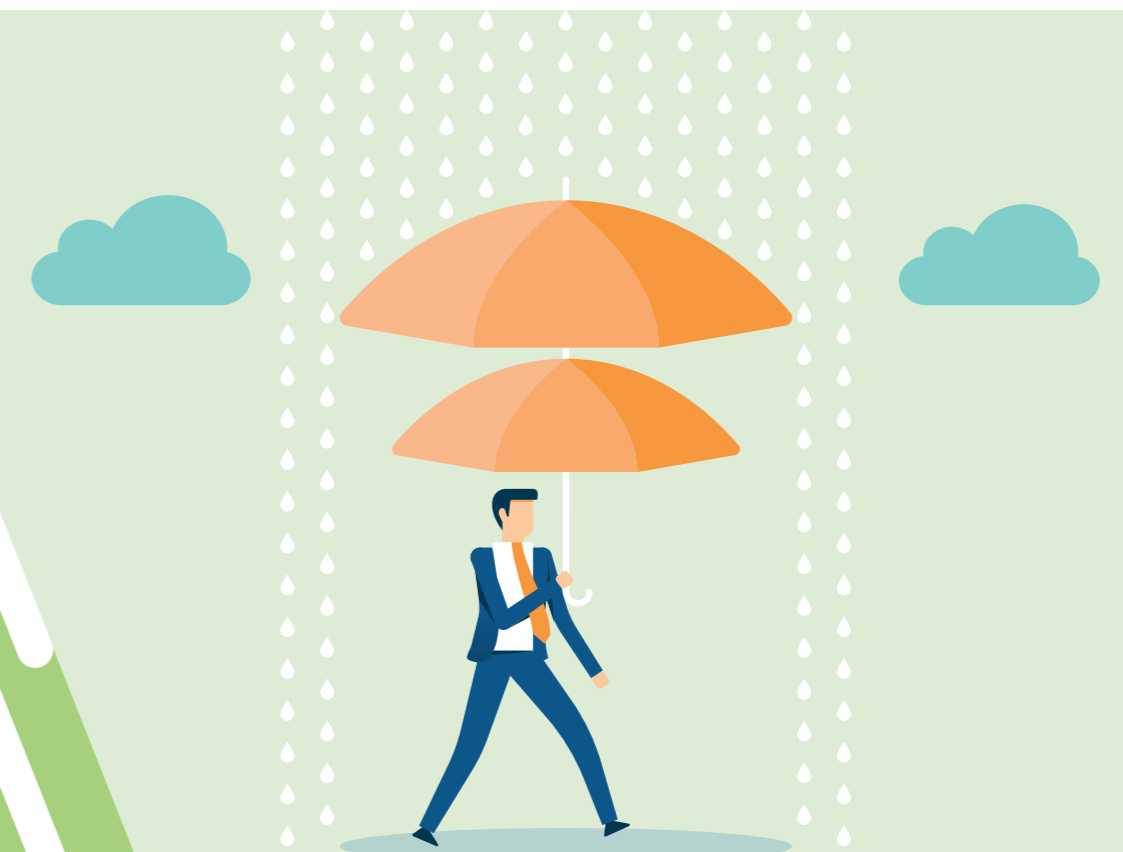
📞 1800 266 3202  
🌐 [www.magmahdi.com](http://www.magmahdi.com)



TRUTH **MUST** BE TOLD

OneHealth  
~~Extra~~ Cover

PROSPECTUS



## Eligibility:

- This Policy can be offered as an Individual Policy covering one member or as a Family Floater Policy.
- For individual Policies, minimum entry age is 5 years
- For Family Floater Policy dependent child, grandchild can be of age minimum 91 days. An insured Child under a Family Floater policy, on reaching age 26 years will be considered as Adult on renewal. If such Policy was already consisting of 4 Adults, such individual will be moved to a separate individual policy with continuity benefit on waiting periods.
- No cap on maximum entry age.
- Proposer (Policyholder) should be 18 years or above.
- Your employer can also be the Proposer (Policyholder).
- Lifetime renewability.
- Family includes self, spouse, dependent children, dependent parent(s) dependent parents-in-law, son-in-law, daughter-in-law, dependent grandchild(ren), brother and sister. However maximum number of Insured Persons in a Policy can be 4 adults and 3 children.
- The age considered is the completed number of years as on last birthday.
- Expatriates or foreigners must provide a copy of either a valid employment pass or work permit, and a bona-fide residential address in India.
- Residents in India shall include all Citizens of India and permanent residents of India as well as expatriates or foreigners who are holding an employment pass, dependent pass or work permit and residing in India.

## Policy Period:

The Policy will be issued for 1 year or 2 years or 3 years period.

## Sum Insured and Aggregate Deductible Options:

| SI option                          | Aggregate Deductible Option  |
|------------------------------------|------------------------------|
| I - 5L, 7.5L, 10L, 15L             | I - 2L, 3L, 4L, 5L, 7.5L     |
| II - 20L, 25L, 30L, 50L, 75L, 100L | II - 5L, 7.5L, 10L, 15L, 20L |

## Benefits

The Benefits under this Policy are subject always to the Sum Insured and Cumulative Bonus, if any, any subsidiary limit specified in the Policy Schedule/Product Benefits Table, the terms, conditions, limitations, and exclusions mentioned in the Policy.

### 2.A Base Covers

#### 2.A.1 Inpatient Care

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

- a) Medical Practitioners' fees
- b) Room Rent and other boarding charges
- c) ICU Charges
- d) Operation theatre charges
- e) Diagnostic procedures' charges
- f) Medicines, drugs and other consumables as prescribed by the Medical Practitioner
- g) Qualified Nurses' charges
- h) Intravenous fluids, blood transfusion, injection administration charge

- i) Anaesthesia, Blood, Oxygen, operation theatre charges, surgical appliances
- ii) The cost of prosthetics and other devices or equipment if implanted internally during a Surgical Procedure

#### 2.A.2 Pre-Hospitalisation Expenses

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

#### 2.A.3 Post-Hospitalisation Expenses

We shall cover your post-hospitalization medical expenses

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

#### 2.A.4 Day Care Treatment

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

#### 2.A.5 Ambulance Cover

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

#### 2.A.6 Domiciliary Hospitalisation

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

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

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

#### 2.A.7 AYUSH Treatment

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

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

c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:

- i. Having at least 5 in-patient beds;
- ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
- iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

- o Has at least fifteen in-patient beds;
- o Has minimum five qualified and registered AYUSH doctors;
- o has qualified paramedical staff under its employment round the clock;
- o has dedicated AYUSH therapy sections;
- o maintains daily records of patients and make these accessible to the insurance company's authorized personnel

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

Exclusion 3.2.1 does not apply to this Benefit.

#### 2.A.8 Modern treatment Procedures:

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

- Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- Balloon Sinuplasty
- Deep Brain stimulation
- Oral chemotherapy
- Immunotherapy- Monoclonal Antibody to be given as injection
- Intra vitreal injections
- Robotic surgeries
- Stereotactic radio surgeries
- Bronchical Thermoplasty
- Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- IONM - (Intra Operative Neuro Monitoring)
- Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

#### 2.A.9 Organ Donor Cover

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

- a) The organ donor conforms to the provisions of

The Transplantation of Human Organs Act, 1994 and other applicable laws.

- b) The organ donated is for the use of the Insured Person provided that the Insured Person has undergone an organ transplantation on the basis of Medical Advice;
- c) A claim has been admitted by us under inpatient care under Section 2.A.1 above.

Subject to the above, We will not cover:

- a) Any Pre-hospitalization Medical Expenses, Post-hospitalization Medical Expenses, or screening expenses of the organ donor, or any other Medical Expenses as a result of the harvesting from the organ donor;
- b) Costs directly or indirectly associated with the acquisition of the donor's organ;
- c) Any other medical treatment or complication in respect of the donor consequent to organ donation.

#### 2.A.10 Room Rent Capping

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

#### 2.A.11 Psychiatric treatment Cover

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

#### 2.A.12 HIV/ AIDS Cover

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

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

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

#### 2.A.13 Recharge of Sum Insured

In case of a situation where the Sum Insured & Guaranteed Cumulative Bonus (GCB) are insufficient due to claims

made and paid during the Policy Year, and the Insured/Insured Persons have to, incur any hospitalization expenses due to any Accident/ Disease/ Illness / Injury for which a valid claim is admissible under the Policy, then the Sum Insured shall be recharge and called Recharge Sum Insured which is equal to 100% of SI for the particular policy year up to 5 times in a Policy Year, for all members in the Policy, provided that;

- I. The Recharge Sum Insured will be enforceable only after the first claim during the policy year. The recharge benefit will be triggered upon partial or full utilization of Sum Insured. The Recharge Sum Insured can be used for claims made by the Insured / Insured Person in respect of the benefits stated in Section 2. A Base Cover (2.A.1 – 2.A.12). For any single claim during a Policy Year the maximum claim amount payable shall be the sum of Base Sum Insured and GCB
- II. The Recharge Sum Insured shall be available for any Accident / Disease / Illness / Injury or any related Accident / Disease / Illness/ Injury for which a Claim has already been admitted partially or fully for that Insured / Insured person during that Policy Year. Recharge will not trigger if such subsequent hospitalization/day care is for treatment which was considered to be required as part of overall treatment plan at the time of diagnosis of disease or at the time of precedent hospitalization claim, for e.g., Chemotherapy sessions for cancer, periodic dialysis for renal failure. Further, subject to above condition, where the claim is due to same or related illness to which a claim has already been paid, a waiting period of 45 days from the date of discharge from hospital for precedent claim of that illness or injury shall be applicable.
- III. The Recharge Sum Insured will only be allowed up to one time during a policy year.
- IV. Recharge of Sum Insured is not applicable for optional benefits.
- V. If the Recharge Sum Insured is not utilized in a Policy Year, it shall not be carried forward to any subsequent Policy Year.

#### 2.B. Optional Covers:

##### 2.B.1 Guaranteed Cumulative Bonus (GCB)

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

- Cumulative bonus will be calculated on sum insured excluding any bonus.
- No cumulative bonus will be added if the Policy is not renewed with us by the end of the Grace Period.
- The cumulative bonus will not be accumulated in excess of 50% of the Sum Insured under the current Policy with us under any circumstances.

- Any cumulative bonus that has accrued for a policy year will be credited at the end of that policy year if the policy is renewed with us within grace period and will be available for any claims made in the subsequent policy year.
- Merging of policies: If the insured persons in the expiring policy are covered under multiple policies and such expiring policy has been renewed with us on a family floater basis then the cumulative bonus to be carried forward for credit in such renewed policy shall be the lowest percentage of cumulative bonus applicable on the lowest sum insured of the last policy year amongst all the expiring policies being merged.
- Splitting of policies: If the insured persons in the expiring policy are covered on a family floater basis and such insured persons renew their expiring policy with Us by splitting the sum insured in to two or more family floater / individual policies then the cumulative bonus shall be apportioned to such renewed policies in the proportion of the sum insured of each renewed policy.
- If the Sum Insured is increased or decreased, Cumulative Bonus shall be calculated on the basis of the Sum Insured of the last completed Policy Year and shall be capped to the maximum amount of Cumulative Bonus on the Sum Insured as permitted under the plan.
- This clause does not alter our right to decline a renewal or cancellation of the Policy for reasons as mentioned under relevant section.
- The sub-limits applicable to various Benefits will remain the same and shall not increase proportionately with accrual of Cumulative Bonus
- Recharge of Sum Insured shall not be considered for calculating Cumulative Bonus;
- If a Cumulative Bonus has been applied and a claim is

made in any Policy Year, then in the subsequent Policy Year We shall not decrease the accrued Cumulative Bonus except if, and to the extent, it is utilized as claim payout.

- Cumulative Bonus shall be applicable on an annual basis subject to the Renewal of the Policy;
- The entire Cumulative Bonus shall be forfeited if the Policy is not continued/Renewed before expiry of the Grace Period.
- The Cumulative Bonus shall be available for any claims under sections 2.A only, subject always to any sub-limits mentioned therein.
- The accrued bonus will not be reduced in case of claim.

#### 2.B.2 Non-payable expense Cover:

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

#### 2.B.3 Personal Accident Cover

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

#### Events covered:

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

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

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

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

### 2.B.4 Worldwide Hospitalization Cover

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

- a) Such Medical Expenses are incurred with respect to Medically Necessary Treatment, where such treatment has been certified as an Emergency by a Medical Practitioner and cannot be postponed until You have returned to India and is payable as per Section 2.A of the Policy;
- b) The Medical Expenses payable shall be limited to Inpatient Care only;
- c) Any payment under this Benefit shall be on a cashless basis or reimbursed only in Indian rupees;
- d) The payment of any claim under this Benefit shall be based on the rate of exchange as on the date of payment to the Hospital published by the Reserve Bank of India (RBI) and shall be used for conversion of foreign currency into Indian rupees for payment of claim. Where, on the date of discharge, if RBI rates are not published, the exchange rate next published by the RBI shall be considered for conversion;

- e) Each admissible claim shall be subject to a Deductible of as specified in Product Benefit Table/ Policy Schedule;
- f) Pre Existing diseases shall be excluded;
- g) This Benefit is available on a worldwide basis; We shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit herein under to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose us to any sanction, prohibition or restriction under United Nations resolutions or trade or economic sanctions, laws or regulations of European Union, United Kingdom or United States of America.
- h) Recharge of Sum Insured shall not be available for this Benefit;
- i) The cover is available for a maximum period of 180 consecutive days;
- j) This Benefit is available as Cashless facility through pre-authorization by Our service provider as well as on a re-imburement basis through Us. Process for Cashless facility through pre-authorization by Our service provider is as mentioned below:
  - i) In the event of an Emergency, You shall call Our service provider immediately, maximum within 24 hours of such hospitalization, on the helpline number specified in the Policy Schedule, requesting for a pre-authorization for the medical treatment required;
  - ii) Our service provider will evaluate the request and Your eligibility under the Policy and call for more information or details, if required;
  - iii) Our service provider will communicate within 24 hours of receiving the complete information,

directly to the Hospital as to whether the request for pre-authorization has been approved or denied;

- iv) If the pre-authorization request is approved, Our service provider will directly settle the claim with the Hospital. Any additional costs or expenses incurred by You beyond the limits pre-authorized by the service provider shall be borne by You;
- v) We shall not cover any costs or expenses incurred in relation to any persons accompanying You during the period of Hospitalization, even if such persons are also Insured Persons.

Exclusion 3.2.25 & 3.2.26 do not apply to this Benefit.

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

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

## Section 3. Exclusions

### 3.1 Standard Exclusions

#### 3.1.1) Pre-Existing Diseases (Code- Excl01):

- a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months. The waiting period would be reduced to 24 months if the same is opted and mentioned in policy schedule; of continuous coverage after the date of inception of the first policy with us.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the policy after the expiry of above defined months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

#### 3.1.2) Specific Diseases Waiting Period (Code- Excl02):

- a) Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage, as may be the case after the date of inception of the first policy with the Insurer. This exclusion shall not be applicable for claims arising due to an accident.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.

- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

List of these diseases is:

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

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

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

#### 3.1.4) Investigation & Evaluation (Code Excl04):

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

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

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

bed rest and not for receiving treatment. This also includes:

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

**3.1.6) Change of Gender treatment (Code Excl07)**

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

**3.1.7) Cosmetic or Plastic Surgery (Code Excl08)**

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

**3.1.8) Hazardous or Adventure sports: (Code- Excl09)**

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

**3.1.9) Breach of law (Code Excl10)**

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

**3.1.10) Excluded Providers (Code Excl11)**

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

List of these have been provided on Our website.

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

**3.1.12) Treatment received in 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**

**3.1.13) Dietary supplements and substances that can be purchased without prescription including but not limited to Vitamins, minerals and organic substances unless**

prescribed by a medical practitioner as part of hospitalization claim or day care procedure. **Code- Excl14**

**3.1.14) Refractive Error (Code Excl15)**

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

**3.1.15) Unproven treatments (Code Excl16)**

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

**3.1.16) Sterility and Infertility (Code Excl17)**

Expenses related to sterility and infertility. This includes:  
 (i) Any type of contraception, sterilization  
 (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI  
 (iii) Gestational Surrogacy  
 (iv) Reversal of sterilization

**3.1.17) Maternity expenses (Code Excl18)**

- i. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- ii. expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

**3.1.18) Obesity/Weight Control (Code Excl06)**

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

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

**3.2) Specific Exclusions:**

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

**3.2.2) Charges related to a Hospital stay not expressly mentioned as being covered. Service charges levied by the Hospital under whatever head.**

Complete list of these excluded expenses are mentioned in Annexure II of this Policy. The list is available on our website [www.magma-hdi.com](http://www.magma-hdi.com).

**3.2.3) Expenses for Artificial life maintenance, including life support machine used to sustain a person, incurred after confirmation by the treating doctor that the patient is in vegetative state**

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

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

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

**3.2.7) Treatment for any External Congenital Anomaly.**

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

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

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

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

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

**3.2.12) Drugs or treatment not supported by prescription.**

**3.2.13) Issue of fitness certificate and fitness examinations.**

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

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

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

**3.2.17) OPD treatment is not covered.**

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

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

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

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

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

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

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

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

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

**Discount/ Loading Factors:**

Maximum up to 20% discount shall be offered based on following parameters. The discount is applicable on insured level in case of Individual policy. In case of Family floater policy, the discount is on policy level and not on insured level. Therefore, even if one of the insured under the floater cover fulfils the criteria, discount would be given on entire policy.

**1. Tenure discount**

| Policy Period | Discount percentage |
|---------------|---------------------|
| 2 years       | 10%                 |
| 3 years       | 12.5%               |

- Employee Discount: A discount of 15% is offered for employees of Magma HDI General Insurance Companies Limited and its parent group and its subsidiaries and other affiliated companies provided the Policy is purchased without any intermediary.
- Cross sell discount: A discount of 5% will be offered if the proposer is a Policyholder with Magma HDI on or prior to inception of this Policy.
- 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

| Instalment Option | Factor to be applicable on premium for one year tenure Policy | Factor to be applicable on premium for two year tenure Policy | Factor to be applicable on premium for three year tenure Policy |
|-------------------|---|---|---|
| Monthly           | 1.05/12   | 1.05/24   | 1.05/36   |
| Quarterly         | 1.04/12   | 1.04/24   | 1.04/36   |
| Semi Annual       | 1.03/12   | 1.03/24   | 1.03/36   |

#### 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.

#### Section 4. General Terms and Clauses

##### 4.1) Standard General Term and Clauses

###### 4.1.1) Disclosure to Information

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

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

###### 4.1.2) Condition Precedent to admission of Liability

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

###### 4.1.3) Claim Settlement (Provision for penal interest)

(based upon the declarations made in the proposal form and the health status of the persons proposed for insurance), which shall be mentioned specifically in the Policy Schedule. The maximum risk loading applicable shall not exceed 100% per diagnosis / medical condition and an overall risk loading of 150%. These loadings are applied from the Policy Inception Date including subsequent Renewal(s) with Us or on the receipt of a request for increase in Sum Insured (for which the loading shall be applied on the increased Sum Insured).

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. Tenure discount shall not be applicable if instalment option is chosen.

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

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

###### 4.1.4) Complete Discharge

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

###### 4.1.5) Multiple Policies

- In case of multiple policies taken by an Insured Person during a period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the Insured Person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- 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.
- 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.
- Where an Insured Person has policies from more than one insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

###### 4.1.6) Fraud

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

Any amount already paid against claims made under this Policy but which are found fraudulent later shall be repaid by all recipient(s)/ policyholder(s), who has made that particular claim, who shall be jointly and severally liable for

| Cancellation date up to (x months) from the Policy Start Date | Refund of Premium (basis Policy Period) |        |        |
|---|---|--------|--------|
|   | 1 Year                                  | 2 Year | 3 Year |
| Up to 1 month   | 75.00%                                  | 87.50% | 91.50% |
| 1 month to 3 months   | 50.00%                                  | 75.00% | 88.50% |
| 3 months to 6 months  | 25.00%                                  | 62.50% | 75.00% |
| 6 months to 12 months   | 0.00%                                   | 50.00% | 66.50% |
| 12 months to 15 months  | NA                                      | 25.00% | 50.00% |
| 15 months to 18 months  | NA                                      | 12.50% | 41.50% |
| 18 months to 24 months  | NA                                      | 0.00%  | 33.00% |
| 24 months to 30 months  | NA                                      | NA     | 8.00%  |
| Beyond 30 months  | NA                                      | NA     | 0.00%  |

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:

- the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
- the active concealment of a fact by the insured person having knowledge or belief of the fact;
- any other act fitted to deceive; and
- 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.

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

- The Policyholder may cancel this Policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below:  
We shall cancel the Policy and refund the premium for the balance of the Policy Period in accordance with the table below, after deducting the amount spent on pre-policy medical check up by Us, provided that no claim has been made under the Policy by or on behalf of any Insured Person.

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

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

#### 4.1.8) Migration

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

For Detailed Guidelines on migration, kindly refer the link [https://www.irdai.gov.in/ADMINCMS/cms/whatsNew\\_Lay-out.aspx?page=PageNo3987&flag=1](https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Lay-out.aspx?page=PageNo3987&flag=1)

#### 4.1.9) Portability

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

For Detailed Guidelines on portability, kindly refer the link [https://www.irdai.gov.in/ADMINCMS/cms/whatsNew\\_Lay-out.aspx?page=PageNo3987&flag=1](https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Lay-out.aspx?page=PageNo3987&flag=1)

#### 4.1.10) Renewal of Policy

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

- a) The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- b) Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years
- c) Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.

- d) At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits with Break in Policy. Coverage is not available during the grace period.
- e) No loading shall apply on renewals based on individual claim experience.

#### 4.1.11) Withdrawal of the Policy

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

#### 4.1.12) Moratorium Period:

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

#### 4.1.13) Premium Payment in Instalments (Wherever applicable)

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

- i. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.
- ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
- iii. The insured person will get the accrued continuity benefits in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
- iv. No interest will be charged If the instalment premium is not paid on due date.
- v. In case of instalment premium due not received within the grace period, the policy will get cancelled
- vi. In the event of a claim, all subsequent premium

instalments shall immediately become due and payable.

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

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

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

#### 4.1.15) Free Look Provision

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

The insured shall be allowed a free look provision of thirty days from date of receipt of the Policy document to review the terms and conditions of the Policy, and to return the same if not acceptable.

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

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges; or
- ii. where the risk has already commenced and the option of return of the Policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

#### 4.1.16) Redressal of Grievance

In case of any grievance, the insured person may contact the Company through  
Website: [www.magma-hdi.co.in](http://www.magma-hdi.co.in)  
Toll free: 1800 266 3202  
E-mail: [Gro@magma-hdi.co.in](mailto:Gro@magma-hdi.co.in)  
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:

Equinox Business Park, Tower 3,  
2nd Floor, Unit no. 1A and 1B, LBS Marg,  
Kurla West, Mumbai, Maharashtra 400070.  
E mail id : [gro@magma-hdi.co.in](mailto:gro@magma-hdi.co.in)

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

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/>. Grievance may also be lodged at IRDAI Integrated Grievance management System: <https://bimabharosa.irdai.gov.in>. The contact details of the Insurance Ombudsman offices have been provided as Annexure-I

#### 4.1.17) Nomination

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

#### 4.2) Specific Terms and Clauses

##### 4.2.1) Alteration to the Policy

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

##### 4.2.2) Change of Policyholder

The Policyholder may be changed only at the time of Renewal of the Policy. The new Policyholder must be a member of the original Policyholder's immediate family. The Renewed Policy shall be treated as having been Renewed without break.

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

##### 4.2.3) No Constructive Notice

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

##### 4.2.4) Limitation of Liability

If a claim is rejected or partially settled and is not the subject

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

#### 4.2.5) Records to be maintained

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

#### 4.2.6) Geographical Scope

The geographical scope of this Policy applies to events within India other than for Worldwide Emergency Hospitalization Cover and for Personal Accident Optional Covers. However, all admitted or payable claims shall be settled in India in Indian rupees other than for Worldwide Emergency Hospitalization.

#### 4.2.7) Policy Disputes

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

#### 4.2.8) Material Change

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

#### 4.2.9) Communications & Notices

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

- a) To Us, at the address as specified in Policy Schedule
- b) The Policyholder's, at the address as specified in Policy Schedule
- c) No insurance agents, brokers, other person or entity is authorized to receive any notice on behalf of Us unless explicitly stated in writing by Us
- d) Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

### Section 5) Other Terms and Conditions:

#### 5.1) Loading

We shall apply a risk loading on the premium payable as per Our board approved underwriting policy (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance), which shall be mentioned specifically in the Policy Schedule. The maximum risk loading applicable shall not exceed 100% per diagnosis / medical condition and an overall risk loading of 150%. These loadings are applied from the Policy Inception Date including subsequent Renewal(s) with Us or on the receipt of a request for increase in Sum Insured (for which the loading shall be applied on the increased Sum Insured). We will inform the Policyholder about the applicable risk loading through post/courier/email/phone. The Policyholder shall revert to Us with his/her written consent and additional premium (if any), within 15 days of the issuance of such counter offer. In case, the Policyholder neither accepts the counter offer nor reverts to Us within 15 days, We shall cancel his/her application and refund the premium paid within the next 15 days.

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

#### 5.2) Endorsements

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

- (i) Non-Financial Endorsements – which do not affect the premium.
  - (1) Minor rectification/correction in name of the Policyholder/ Insured Person)
  - (2) Rectification in gender
  - (3) Rectification in relationship of the Insured Person with the Policyholder
  - (4) Rectification of date of birth of the Insured Person (if this does not impact the premium)
  - (5) Change in the address of the Policyholder
  - (6) Change/Updation in the contact details
  - (7) Change in Nominee Details
- (ii) Financial Endorsements – which result in alteration in premium
  - (1) Addition of any Insured Person
  - (2) Deletion of Insured Person
  - (3) Change in Age/Date of Birth (if this impacts the premium)
  - (4) Change in plan and/or Sum Insured
  - (5) Addition/removal of Optional Cover(s)

Financial endorsements (1), as mentioned above, can be allowed during the term of Policy, all other financial endorsements are allowed at the time of renewal only. We reserve the rights to do underwriting in case of any such endorsement requests.

Fresh waiting period shall be applicable with respect to the Insured person added after Policy Inception Date. Where the Policy is Renewed for enhanced Sum Insured, all waiting

periods would start and apply afresh for the amount of increase in Sum Insured.

#### 5.3) Claim Procedure

Provided that due adherence/observance and fulfilment of the terms and conditions of this Policy (conditions and all endorsements hereon are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by You and / or any Insured Person be a Condition Precedent to admission of Our liability under this Policy.

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

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

Cashless facility can be availed only at Our Network Providers. The complete list of Network Providers is available on Our website and at Our branches and can also be obtained by contacting Us over the telephone. The updated list of TPA containing complete details is available on Our website [www.magma-hdi.co.in](http://www.magma-hdi.co.in).

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

- a) For Availing cashless facility (Procedure for Worldwide Hospitalization Cover)  
Please follow the procedure as mentioned in relevant section to avail Cashless facility in case of Hospitalization outside India.
2. For admission in Non-Network Provider or into Network Provider if Cashless facility is not availed (Re-imbusement Claims) (For Domestic Claims as well as Worldwide Hospitalization Cover)

a. Intimation of claim: Preliminary intimation of claim with particulars relating to Policy Number, name of the Insured Person in respect of whom claim is made, nature of Illness/Injury and name and address of the attending Hospital, must be provided to Us at least 72 hours before admission to the Hospital in case of planned Hospitalization, and within 24 hours of admission in the Hospital, in case of Emergency Hospitalization.

3. **Submission of claim:** The claim form along with the attending Medical Practitioner's certificate duly filled and signed in all respects with the following claim documents will be submitted to Us not later than 30 days from the date of discharge from the Hospital.

#### Mandatory documents

- a. Duly completed claim form
- b. Test reports and prescriptions relating to first / previous consultations for the same or related illness.
- c. Case history / admission-discharge summary\ describing the nature of the complaints and its duration, treatment given, advice on discharge etc. issued by the Hospital.
- d. Death summary in case of death of the Insured Person at the Hospital.
- e. Post Mortem Report, if applicable & if conducted
- f. Hospital receipts / bills / cash memos in original (including advance and final Hospital settlement receipts).
- g. All test reports for X-rays, ECG, Scan, MRI, Pathology etc., including the Medical Practitioner's prescription advising such tests/investigations (CDs of angiogram, surgery etc. need not be sent unless specifically sought).
- h. Medical Practitioner's prescriptions with cash bills for medicines purchased from outside the Hospital.
- i. F.I.R./MLC. in the case of Accidental Injury and English translation of the same, if in any other language.
- j. Legal heir certificate in the absence of nomination under the Policy, in case of death of the Insured Person. In the absence of legal heir certificate, evidence establishing legal heirship may be provided as required by Us.
- k. For a) maternity claims, discharge summary mentioning LMP, EDD & Gravida b) Cataract claims - IOL sticker c) PTCA claims - Stent sticker.
- l. Copies of health insurance policies held with any other insurer covering the Insured Person(s).
- m. If a claim is partially settled by any other insurer, a certificate from the other insurer confirming the final claim amount settled by them and that original claim documents are retained at their end.
- n. For Domiciliary Hospitalization claims, a certificate from the attending Medical Practitioner confirming that the condition of the Insured Person is such that he/she is not in a condition to be removed to a Hospital.
- o. Additional documents for Worldwide Hospitalization Cover – the Insured Person's passport, visa, tickets and boarding passes.



**Documents to be submitted if specifically sought:**

- a. Copy of indoor case records (including Qualified Nurse's notes, OT notes and anaesthetists' notes, vitals chart).
- b. Copy of extract of inpatient register.
- c. Attendance records of employer/educational institution.
- d. Complete medical records (including indoor case records and OP records) of past Hospitalization/treatment, if any.
- e. Attending Medical Practitioner's certificate clarifying.
  - i. reason for Hospitalization and duration of Hospitalization
  - ii. history of any self-inflicted Injury
  - iii. history of alcoholism, smoking
  - iv. history of associated medical conditions, if any
- f. Previous master health check-up records/pre-employment medical records, if any.
- g. Any other document necessary in support of the claim on case to case basis.

**For AYUSH Claims:**

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

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

**4. Payment of Claim**

- a) No liability under the Policy will be admitted, if the claim is fraudulent or supported by fraudulent means.
- b) The Insured Person or any person acting on behalf of the Insured Person, as the case may be, must provide at his/her expense, all the information asked by Us in relation to the claim and he/she must provide all reasonable cooperation and assistance to Us as may be required.
- c) If required, the Insured Person or any person acting on behalf of the Insured Person, as the case may be, must give consent to obtain medical reports from the Medical Practitioner at Our expense.
- d) If requested by Us, the Insured Person must agree to be examined by a Medical Practitioner of Our choice and at Our expense.
- e) All claims under this Policy shall be payable in Indian Currency.
- f) Claims under this Policy shall be settled or rejected, as the case may be, within 30 days of the receipt of the last necessary document.

**Trade Logo disclaimer:**

Trade Logo displayed above belongs to Magma Ventures Private Limited and HDI Global SE, and is used by Magma HDI General Insurance Company Limited, under license.

## Annexure I

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

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

## Annexure I

| Office of the Ombudsman | Contact Details   | Jurisdiction   |
|-------------------------|---|--|
| <b>GUWAHATI</b>         | Office of the Insurance Ombudsman,<br>JeevanNivesh, 5th Floor,<br>Nr. Panbazar over bridge, S.S. Road,<br>Guwahati – 781001 (Assam).<br>Tel.: 0361 - 2632204 / 2602205<br>Email: bimalokpal.guwahati@cioins.co.in                                     | Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura   |
| <b>HYDERABAD</b>        | Office of the Insurance Ombudsman,<br>6-2-46, 1st floor, "Moin Court",<br>Lane Opp. Saleem Function Palace,<br>A. C. Guards, Lakdi-Ka-Pool,<br>Hyderabad - 500 004.<br>Tel.: 040 - 67504123 / 23312122<br>Email:<br>bimalokpal.hyderabad@cioins.co.in | Andhra Pradesh, Telangana, Yanam and part of the UT of Puducherry  |
| <b>JAIPUR</b>           | Office of the Insurance Ombudsman,<br>6-2-46, 1st floor, "Moin Court",<br>Lane Opp. Saleem Function Palace,<br>A. C. Guards, Lakdi-Ka-Pool,<br>Hyderabad - 500 004.<br>Tel.: 040 - 67504123 / 23312122<br>Email:<br>bimalokpal.hyderabad@cioins.co.in | Rajasthan  |
| <b>ERNAKULAM</b>        | Office of the Insurance Ombudsman,<br>2nd Floor, Pulinat Bldg.,<br>Opp. Cochin Shipyard, M. G. Road,<br>Ernakulam - 682 015.<br>Tel.: 0484 - 2358759 / 2359338<br>Fax: 0484 - 2359336<br>Email:<br>bimalokpal.ernakulam@cioins.co.in                  | Kerala , Lakshadweep, (b) Mahe – a part of UT of Puducherry  |
| <b>KOLKATA</b>          | Office of the Insurance Ombudsman,<br>Hindustan Bldg. Annexe, 4th Floor,<br>4, C.R. Avenue,<br>KOLKATA - 700 072.<br>Tel.: 033 - 22124339 / 22124340<br><br>Email: bimalokpal.kolkata@cioins.co.in  | West Bengal, UT of Andaman and Nicobar Islands   |
| <b>LUCKNOW</b>          | Office of the Insurance Ombudsman,<br>Hindustan Bldg. Annexe, 4th Floor,<br>4, C.R. Avenue, KOLKATA - 700 072.<br>Tel.: 033 - 22124339 / 22124340<br><br>Email: bimalokpal.kolkata@cioins.co.in   | Districts of Uttar Pradesh :<br>Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, onbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Mahara-<br>jgang, Santkabirnagar, Azamgarh, Kushi-<br>nagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar. |

**Annexure I**

| Office of the Ombudsman | Contact Details   | Jurisdiction  |
|-------------------------|---|---|
| <b>MUMBAI</b>           | Office of the Insurance Ombudsman,<br>3rd Floor, JeevanSevaAnnexe,<br>S. V. Road, Santacruz (W),<br>Mumbai - 400 054.<br>Tel.: 022 -<br>69038821/23/24/25/26/27/28/28/29/3<br>0/31  | Goa,<br>Mumbai Metropolitan Region<br>excluding Navi Mumbai & Thane   |
| <b>NOIDA</b>            | Office of the Insurance Ombudsman,<br>BhagwanSahai Palace<br>4th Floor, Main Road,<br>Naya Bans, Sector 15,<br>Distt: GautamBuddh Nagar,<br>U.P-201301.<br>Tel.: 0120-2514252 / 2514253<br>Email: bimalokpal.noida@cioins.co.in | State of Uttarakhand and the following<br>Districts of Uttar Pradesh:<br>Agra, Aligarh, Bagpat, Bareilly, Bijnor,<br>Budaun, Bulandshehar, Etah, Kanooj,<br>Mainpuri, Mathura, Meerut, Moradabad,<br>Muzaffarnagar, Oraiyya, Pilibhit, Etawah,<br>Farrukhabad, Firozbad, Gautam-<br>bodhanagar, Ghaziabad, Hardoi, Shahjah-<br>anpur, Hapur, Shamli, Rampur, Kashganj,<br>Sambhal, Amroha, Hathras, Kanshiramna-<br>gar, Saharanpur |
| <b>PATNA</b>            | Office of the Insurance Ombudsman,<br>BhagwanSahai Palace 4th Floor, Main<br>Road, Naya Bans, Sector 15, Dist:<br>GautamBuddh Nagar,<br>U.P-201301.<br>Tel.: 0120-2514252 / 2514253<br>Email: bimalokpal.noida@cioins.co.in     | Bihar, Jharkhand  |
| <b>PUNE</b>             | Office of the Insurance Ombudsman,<br>JeevanDarshan Bldg., 3rd Floor,<br>C.T.S. No.s. 195 to 198, N.C. Kelkar<br>Road, Narayan Peth,<br>Pune – 411 030.<br>Tel.: 020 - 41312555<br>Email: bimalokpal.pune@cioins.co.in          | Maharashtra,<br>Area of Navi Mumbai and Thane<br>excluding Mumbai Metropolitan Region   |

**Annexure II**

| List I – Items for which coverage is not available in the policy |  |       |  |
|--|--|-------|--|
| SI No  | Items  | SI No | Items  |
| 1  | BABY FOOD  | 27.   | CERTIFICATE CHARGES  |
| 2.   | BABY UTILITIES CHARGES   | 28.   | COURIER CHARGES  |
| 3.   | BEAUTY SERVICES  | 29.   | CONVEYANCE CHARGES   |
| 4.   | BELTS/ BRACES  | 30.   | MEDICAL CERTIFICATE  |
| 5.   | BUDS   | 31.   | MEDICAL RECORDS  |
| 6.   | COLD PACK/HOT PACK   | 32.   | PHOTOCOPIES CHARGES  |
| 7.   | CARRY BAGS   | 33.   | MORTUARY CHARGES   |
| 8.   | EMAIL / INTERNET CHARGES   | 34.   | WALKING AIDS CHARGES   |
| 9.   | FOOD CHARGES (OTHER THAN PATIENT'S<br>DIET PROVIDED BY HOSPITAL)             | 35.   | OXYGEN CYLINDER (FOR USAGE OUTSIDE<br>THE HOSPITAL)  |
| 10.  | LEGGINGS   | 36.   | SPACER   |
| 11.  | LAUNDRY CHARGES  | 37.   | SPIROMETRE   |
| 12.  | MINERAL WATER  | 38.   | NEBULIZER KIT  |
| 13.  | SANITARY PAD   | 39.   | STEAM INHALER  |
| 14.  | TELEPHONE CHARGES  | 40.   | ARMSLING   |
| 15.  | GUEST SERVICES   | 41.   | THERMOMETER  |
| 16.  | CREPE BANDAGE  | 42.   | CERVICAL COLLAR  |
| 17.  | DIAPER OF ANY TYPE   | 43.   | SPLINT   |
| 18.  | EYELET COLLAR  | 44.   | DIABETIC FOOT WEAR   |
| 19.  | SLINGS   | 45.   | KNEE BRACES (LONG/ SHORT/ HINGED)  |
| 20.  | BLOOD GROUPING AND CROSS<br>MATCHING OF DONORS SAMPLES                       | 46.   | NIMBUS BED OR WATER OR AIR BED<br>CHARGES  |
| 21.  | SERVICE CHARGES WHERE NURSING<br>CHARGE ALSO CHARGED                         | 47.   | PRIVATE NURSES CHARGES- SPECIAL<br>NURSING CHARGES   |
| 22.  | TELEVISION CHARGES   | 48.   | KNEE IMMOBILIZER/SHOULDER IMMOBILIZER  |
| 23.  | SURCHARGES   | 49.   | LUMBO SACRAL BELT  |
| 24.  | ATTENDANT CHARGES  | 50.   | AMBULANCE COLLAR   |
| 25.  | EXTRA DIET OF PATIENT (OTHER THAN<br>THAT WHICH FORMS PART OF BED<br>CHARGE) | 51.   | CREAMS POWDERS LOTIONS (Toiletries are not<br>payable, only prescribed medical<br>pharmaceuticals payable) |
| 26.  | BIRTH CERTIFICATE  | 52.   | AMBULANCE EQUIPMENT  |

**Annexure II**

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

| SI No | Items              | SI No | Items   |
|-------|--------------------|-------|---|
| 53.   | SUGAR FREE Tablets | 61.   | OXYGEN MASK   |
| 54.   | ABDOMINAL BINDER   | 62.   | PELVIC TRACTION BELT  |
| 55.   | ECG ELECTRODES     | 63.   | PAN CAN   |
| 56.   | GLOVES             | 64.   | TROLLY COVER  |
| 57.   | NEBULISATION KIT   | 65.   | UROMETER, URINE JUG   |
| 58.   | KIDNEY TRAY        | 66.   | AMBULANCE   |
| 59.   | MASK               | 67.   | VASOFIX SAFETY  |
| 60.   | OUNCE GLASS        | 68.   | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC] |

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

| SI No | Items   | SI No | Items   |
|-------|---|-------|---|
| 1     | BABY CHARGES (UNLESS SPECIFIED/INDICATED)       | 18.   | SPUTUM CUP                                    |
| 2.    | HAND WASH                                       | 19.   | DISINFECTANT LOTIONS                          |
| 3.    | SHOE COVER                                      | 20.   | LUXURY TAX                                    |
| 4.    | CAPS  | 21.   | HVAC  |
| 5.    | CRADLE CHARGES                                  | 22.   | HOUSE KEEPING CHARGES                         |
| 6.    | COMB  | 23.   | AIR CONDITIONER CHARGES                       |
| 7.    | EAU-DE-COLOGNE / ROOM FRESHNERS                 | 24.   | IM IV INJECTION CHARGES                       |
| 8.    | FOOT COVER                                      | 25.   | CLEAN SHEET                                   |
| 9.    | GOWN  | 26.   | BLANKET/WARMER BLANKET                        |
| 10.   | SLIPPERS  | 27.   | ADMISSION KIT                                 |
| 11.   | TISSUE PAPER                                    | 28.   | DIABETIC CHART CHARGES                        |
| 12.   | TOOTH PASTE                                     | 29.   | DISCHARGE PROCEDURE CHARGES                   |
| 13.   | TOOTH BRUSH                                     | 30.   | DAILY CHART CHARGES                           |
| 14.   | BED PAN   | 31.   | ENTRANCE PASS / VISITORS PASS CHARGES         |
| 15.   | FACE MASK                                       | 32.   | FILE OPENING CHARGES                          |
| 16.   | FLEXI MASK                                      | 33.   | HAND HOLDER                                   |
| 17.   | DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES | 34.   | EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE |

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

| SI No | Items   | SI No | Items                                  |
|-------|---|-------|--|
| 35.   | INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED) | 36.   | PATIENT IDENTIFICATION BAND / NAME TAG |
| 37.   | PULSEOXYMETER CHARGES                               |       |  |

**Annexure II**

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

| SI No | Item   |
|-------|--|
| 1     | HAIR REMOVAL CREAM                                 |
| 2.    | DISPOSABLES RAZORS CHARGES (for site preparations) |
| 3.    | EYE PAD  |
| 4.    | EYE SHEILD   |
| 5.    | CAMERA COVER                                       |
| 6.    | DVD, CD CHARGES                                    |
| 7.    | GAUSE SOFT   |
| 8.    | GAUZE  |
| 9.    | WARD AND THEATRE BOOKING CHARGES                   |
| 10.   | ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS              |
| 11.   | MICROSCOPE COVER                                   |
| 12.   | SURGICAL BLADES, HARMONICSCALPEL, SHAVER           |
| 13.   | SURGICAL DRILL                                     |
| 14.   | EYE KIT  |
| 15.   | EYE DRAPE  |
| 16.   | X-RAY FILM   |
| 17.   | BOYLES APPARATUS CHARGES                           |
| 18.   | COTTON   |
| 19.   | COTTON BANDAGE                                     |
| 20.   | SURGICAL TAPE                                      |
| 21.   | APRON  |
| 22.   | TORNIQUET  |
| 23.   | ORTHOBUNDLE, GYNAEC BUNDLE                         |

**Annexure II**

| 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**

**List of Day Care Surgeries**

| CARDIOLOGY RELATED |   |
|--------------------|---|
| 1                  | CORONARY ANGIOGRAPHY CRITICAL CARE RELATED  |
| 2.                 | INSERT NON- TUNNEL CV CATH  |
| 3.                 | INSERT PICC CATH ( PERIPHERALLY INSERTED CENTRAL CATHETER )                               |
| 4.                 | REPLACE PICC CATH ( PERIPHERALLY INSERTED CENTRAL CATHETER )                              |
| 5.                 | INSERTION CATHETER, INTRA ANTERIOR  |
| 6.                 | INSERTION OF PORTACATH DENTAL RELATED   |
| 7.                 | SPLINTING OF AVULSED TEETH  |
| 8.                 | SUTURING LACERATED LIP  |
| 9.                 | SUTURING ORAL MUCOSA  |
| 10.                | ORAL BIOPSY IN CASE OF ABNORMAL TISSUE PRESENTATION                                       |
| 11.                | FNAC  |
| 12.                | SMEAR FROM ORAL CAVITY  |
| 13.                | MYRINGOTOMY WITH GROMMET INSERTION  |
| 14.                | TYMPANO PLASTY (CLOSURE OF ANEARDRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES) |
| 15.                | REMOVAL OF A TYMPANIC DRAIN   |
| 16.                | KERATOSIS REMOVAL UNDER GA  |
| 17.                | OPERATIONS ON THE TURBINATES (NASAL CONCHA)   |
| 18.                | TYMPANO PLASTY (CLOSURE OF ANEARDRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES) |
| 19.                | REMOVAL OF KERATOSIS OBTURANS   |
| 20.                | STAPEDOTOMY TO TREAT VARIOUS LESIONS IN MIDDLE EAR  |
| 21.                | REVISION OF A STAPEDECTOMY  |
| 22.                | OTHER OPERATIONS ON THE AUDITORY OSSICLES   |
| 23.                | MYRINGOPLASTY (POST-AURA/ENDAURAL APPROACH AS WELL AS SIMPLE TYPE -I TYMPANOPLASTY)       |
| 24.                | FENESTRATION OF THE INNER EAR   |
| 25.                | REVISION OF A FENESTRATION OF THE INNER EAR   |
| 26.                | PALATOPLASTY  |
| 27.                | TRANSORAL INCISION AND DRAINAGE OF A PHARYNGEAL ABSCESS                                   |
| 28.                | TONSILLECTOMY WITHOUT ADENOIDECTOMY   |
| 29.                | TONSILLECTOMY WITH ADENOIDECTOMY  |
| 30.                | EXCISION AND DESTRUCTION OF A LINGUAL TONSIL  |

**Annexure III**  
**List of Day Care Surgeries**

| CARDIOLOGY RELATED |   |
|--------------------|---|
| 31.                | REVISION OF A TYMPANOPLASTY                                       |
| 32.                | OTHER MICROSURGICAL OPERATIONS ON THE MIDDLE EAR                  |
| 33.                | INCISION OF THE MASTOID PROCESS AND MIDDLE EAR                    |
| 34.                | MASTOIDECTOMY   |
| 35.                | RECONSTRUCTION OF THE MIDDLE EAR                                  |
| 36.                | OTHER EXCISIONS OF THE MIDDLE AND INNER EAR                       |
| 37.                | INCISION (OPENING) AND DESTRUCTION (ELIMINATION) OF THE INNER EAR |
| 38.                | OTHER OPERATIONS ON THE MIDDLE AND INNER EAR                      |
| 39.                | EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE NOSE           |
| 40.                | OTHER OPERATIONS ON THE NOSE                                      |
| 41.                | NASAL SINUS ASPIRATION  |
| 42.                | FOREIGN BODY REMOVAL FROM NOSE                                    |
| 43.                | OTHER OPERATIONS ON THE TONSILS AND ADENOIDS                      |
| 44.                | ADENOIDECTOMY   |
| 45.                | LABYRINTHECTOMY FOR SEVERE VERTIGO                                |
| 46.                | STAPEDECTOMY UNDER GA   |
| 47.                | STAPEDECTOMY UNDER LA   |
| 48.                | TYMPANOPLASTY (TYPE IV)   |
| 49.                | ENDOLYMPHATIC SAC SURGERY FOR MENIERE'S DISEASE                   |
| 50.                | TURBINECTOMY  |
| 51.                | ENDOSCOPIC STAPEDECTOMY   |
| 52.                | INCISION AND DRAINAGE OF PERICHONDritis                           |
| 53.                | SEPTOPLASTY   |
| 54.                | VESTIBULAR NERVE SECTION  |
| 55.                | THYROPLASTY TYPE I  |
| 56.                | PSEUDOCYST OF THE PINNA - EXCISION                                |
| 57.                | INCISION AND DRAINAGE - HAEMATOMA AURICLE                         |
| 58.                | TYMPANOPLASTY (TYPE II)   |
| 59.                | REDUCTION OF FRACTURE OF NASAL BONE                               |
| 60.                | THYROPLASTY TYPE II   |

**Annexure III**  
**List of Day Care Surgeries**

| CARDIOLOGY RELATED       |  |
|--------------------------|--|
| 61.                      | TRACHEOSTOMY   |
| 62.                      | EXCISION OF ANGIOMA SEPTUM   |
| 63.                      | TURBINOPLASTY  |
| 64.                      | INCISION & DRAINAGE OF RETRO PHARYNGEAL ABSCESS  |
| 65.                      | UVULO PALATO PHARYNGO PLASTY   |
| 66.                      | ADENOIDECTOMY WITH GROMMET INSERTION   |
| 67.                      | ADENOIDECTOMY WITHOUT GROMMET INSERTION  |
| 68.                      | VOCAL CORD LATERALISATION PROCEDURE  |
| 69.                      | INCISION & DRAINAGE OF PARA PHARYNGEAL ABSCESS   |
| 70.                      | TRACHEOPLASTY  |
| GASTROENTEROLOGY RELATED |  |
| 71.                      | CHOLECYSTECTOMY AND CHOLEDOCHO-JEJUNOSTOMY/ DUODENOSTOMY/GASTROSTOMY /EXPLORATION COMMON BILE DUCT               |
| 72.                      | ESOPHAGOSCOPY, GASTROSCOPY, DUODENOSCOPY WITH POLYPECTOMY/ REMOVAL OF FOREIGN BODY/DIATHERMY OF BLEEDING LESIONS |
| 73.                      | PANCREATIC PSEUDOCYST EUS & DRAINAGE   |
| 74.                      | RF ABLATION FOR BARRETT'S OESOPHAGUS   |
| 75.                      | ERCP AND PAPILOTOMY  |
| 76.                      | ESOPHAGOSCOPE AND SCLEROSANT INJECTION   |
| 77.                      | EUS + SUBMUCOSAL RESECTION   |
| 78.                      | CONSTRUCTION OF GASTROSTOMY TUBE   |
| 79.                      | EUS + ASPIRATION PANCREATIC CYST   |
| 80.                      | SMALL BOWEL ENDOSCOPY (THERAPEUTIC)  |
| 81.                      | COLONOSCOPY ,LESION REMOVAL  |
| 82.                      | ERCP   |
| 83.                      | COLONOSCOPY STENTING OF STRICTURE  |
| 84.                      | PERCUTANEOUS ENDOSCOPIC GASTROSTOMY  |
| 85.                      | EUS AND PANCREATIC PSEUDO CYST DRAINAGE  |
| 86.                      | ERCP AND CHOLEDOCHOSCOPY   |
| 87.                      | PROCTOSIGMOIDOSCOPY VOLVULUS DETORSION   |
| 88.                      | ERCP AND SPHINCTEROTOMY  |
| 89.                      | ESOPHAGEAL STENT PLACEMENT   |

**Annexure III**  
**List of Day Care Surgeries**

| GASTROENTEROLOGY RELATED |  |
|--------------------------|--|
| 90.                      | ERCP + PLACEMENT OF BILIARY STENTS   |
| 91.                      | SIGMOIDOSCOPY W / STENT  |
| 92.                      | EUS + COELIAC NODE BIOPSY  |
| 93.                      | UGI SCOPY AND INJECTION OF ADRENALINE, SCLEROSANTS BLEEDING ULCERS GENERAL SURGERY RELATED |
| 94.                      | INCISION OF A PILONIDAL SINUS / ABSCESS  |
| 95.                      | FISSURE IN ANO SPHINCTEROTOMY  |
| 96.                      | SURGICAL TREATMENT OF A VARICOCELE AND A HYDROCELE OF THE SPERMATIC CORD                   |
| 97.                      | ORCHIDOPEXY  |
| 98.                      | ABDOMINAL EXPLORATION IN CRYPTORCHIDISM  |
| 99.                      | SURGICAL TREATMENT OF ANAL FISTULAS  |
| 100.                     | DIVISION OF THE ANAL SPHINCTER (SPHINCTEROTOMY)  |
| 101.                     | EPIDIDYMECTOMY   |
| 102.                     | INCISION OF THE BREAST ABSCESS   |
| 103.                     | OPERATIONS ON THE NIPPLE   |
| 104.                     | EXCISION OF SINGLE BREAST LUMP   |
| 105.                     | INCISION AND EXCISION OF TISSUE IN THE PERIANAL REGION                                     |
| 106.                     | SURGICAL TREATMENT OF HEMORRHOIDS  |
| 107.                     | OTHER OPERATIONS ON THE ANUS   |
| 108.                     | ULTRASOUND GUIDED ASPIRATIONS  |
| 109.                     | SCLEROTHERAPY, ETC.  |
| 110.                     | LAPAROTOMY FOR GRADINGLY MPHOMA WITH SPLENECTOMY/LIVER/LYMPH NODE BIOPSY                   |
| 111.                     | THERAPEUTIC LAPAROSCOPY WITH LASER   |
| 112.                     | APPENDICECTOMY WITH/WITHOUT DRAINAGE   |
| 113.                     | INFECTED KELOID EXCISION   |
| 114.                     | AXILLARY LYMPHADENECTOMY   |
| 115.                     | WOUND DEBRIDEMENT AND COVER  |
| 116.                     | ABSCESS-DECOMPRESSION  |
| 117.                     | CERVICAL LYMPHADENECTOMY   |
| 118.                     | INFECTED SEBACEOUS CYST  |
| 119.                     | INGUINAL LYMPHADENECTOMY   |

**Annexure III**  
**List of Day Care Surgeries**

| GASTROENTEROLOGY RELATED |  |
|--------------------------|--|
| 120.                     | INCISION AND DRAINAGE OF ABSCESS               |
| 121.                     | SUTURING OF LACERATIONS                        |
| 122.                     | SCALP SUTURING                                 |
| 123.                     | INFECTED LIPOMA EXCISION                       |
| 124.                     | MAXIMAL ANAL DILATATION                        |
| 125.                     | PILES  |
| 126.                     | A)INJECTION SCLEROTHERAPY                      |
| 127.                     | B)PILES BANDING                                |
| 128.                     | LIVER ABSCESS- CATHETER DRAINAGE               |
| 129.                     | FISSURE IN ANO- FISSURECTOMY                   |
| 130.                     | FIBROADENOMA BREAST EXCISION                   |
| 131.                     | OESOPHAGEAL VARICES SCLEROTHERAPY              |
| 132.                     | ERCP - PANCREATIC DUCT STONE REMOVAL           |
| 133.                     | PERIANAL ABSCESS I&D                           |
| 134.                     | PERIANAL HEMATOMA EVACUATION                   |
| 135.                     | UGI SCOPY AND POLYPECTOMY OESOPHAGUS           |
| 136.                     | BREAST ABSCESS I& D                            |
| 137.                     | FEEDING GASTROSTOMY                            |
| 138.                     | OESOPHAGOSCOPY AND BIOPSY OF GROWTH OESOPHAGUS |
| 139.                     | ERCP - BILE DUCT STONE REMOVAL                 |
| 140.                     | ILEOSTOMY CLOSURE                              |
| 141.                     | COLONOSCOPY                                    |
| 142.                     | POLYPECTOMY COLON                              |
| 143.                     | SPLenic ABSCESES LAPAROSCOPIC DRAINAGE         |
| 144.                     | UGI SCOPY AND POLYPECTOMY STOMACH              |
| 145.                     | RIGID OESOPHAGOSCOPY FOR FB REMOVAL            |
| 146.                     | FEEDING JEJUNOSTOMY                            |
| 147.                     | COLOSTOMY                                      |
| 148.                     | ILEOSTOMY                                      |
| 149.                     | COLOSTOMY CLOSURE                              |

**Annexure III**  
**List of Day Care Surgeries**

| <b>GASTROENTEROLOGY RELATED</b> |   |
|---------------------------------|---|
| 150.                            | SUBMANDIBULAR SALIVARY DUCT STONE REMOVAL                 |
| 151.                            | PNEUMATIC REDUCTION OF INTUSSUSCEPTION                    |
| 152.                            | VARICOSE VEINS LEGS - INJECTION SCLEROTHERAPY             |
| 153.                            | RIGID OESOPHAGOSCOPY FOR PLUMMER VINSON SYNDROME          |
| 154.                            | PANCREATIC PSEUDOCYSTS ENDOSCOPIC DRAINAGE                |
| 155.                            | ZADEK'S NAIL BED EXCISION                                 |
| 156.                            | SUBCUTANEOUS MASTECTOMY                                   |
| 157.                            | EXCISION OF RANULA UNDER GA                               |
| 158.                            | RIGID OESOPHAGOSCOPY FOR DILATION OF BENIGN STRICTURES    |
| 159.                            | EVERSION OF SAC   |
| 160.                            | UNILATERAL  |
| 161.                            | ILATERAL  |
| 162.                            | LORD'S PLICATION  |
| 163.                            | JABOULAY'S PROCEDURE                                      |
| 164.                            | SCROTOPLASTY  |
| 165.                            | CIRCUMCISION FOR TRAUMA                                   |
| 166.                            | MEATOPLASTY   |
| 167.                            | INTERSPHINCTERIC ABSCESS INCISION AND DRAINAGE            |
| 168.                            | PSOAS ABSCESS INCISION AND DRAINAGE                       |
| 169.                            | THYROID ABSCESS INCISION AND DRAINAGE                     |
| 170.                            | TIPS PROCEDURE FOR PORTAL HYPERTENSION                    |
| 171.                            | ESOPHAGEAL GROWTH STENT                                   |
| 172.                            | PAIR PROCEDURE OF HYDATID CYST LIVER                      |
| 173.                            | TRU CUT LIVER BIOPSY                                      |
| 174.                            | PHOTODYNAMIC THERAPY OR ESOPHAGEAL TUMOUR AND LUNG TUMOUR |
| 175.                            | EXCISION OF CERVICAL RIB                                  |
| 176.                            | LAPAROSCOPIC REDUCTION OF INTUSSUSCEPTION                 |
| 177.                            | LAPAROSCOPIC REDUCTION OF INTUSSUSCEPTION                 |
| 178.                            | MICRODOCHECTOMY BREAST                                    |
| 179.                            | SENTINEL NODE BIOPSY                                      |

**Annexure III**  
**List of Day Care Surgeries**

| <b>GASTROENTEROLOGY RELATED</b> |  |
|---------------------------------|--|
| 180.                            | PARASTOMAL HERNIA  |
| 181.                            | REVISION COLOSTOMY   |
| 182.                            | PROLAPSED COLOSTOMY- CORRECTION  |
| 183.                            | TESTICULAR BIOPSY  |
| 184.                            | LAPAROSCOPIC CARDIOMYOTOMY( HELLERS)   |
| 185.                            | SENTINEL NODE BIOPSY MALIGNANT MELANOMA  |
| 186.                            | LAPAROSCOPIC PYLOROMYOTOMY( RAMSTEDT)  |
| <b>GYNAECOLOGY RELATED</b>      |  |
| 187.                            | OPERATIONS ON BARTHOLIN'S GLANDS (CYST)  |
| 188.                            | INCISION OF THE OVARY  |
| 189.                            | INSUFFLATIONS OF THE FALLOPIAN TUBES   |
| 190.                            | OTHER OPERATIONS ON THE FALLOPIAN TUBE   |
| 191.                            | DILATATION OF THE CERVICAL CANAL   |
| 192.                            | CONISATION OF THE UTERINE CERVIX   |
| 193.                            | THERAPEUTIC CURETTAGE WITH COLPOSCOPY / BIOPSY / DIATHERMY / CRYOSURGERY                 |
| 194.                            | LASER THERAPY OF CERVIX FOR VARIOUS LESIONS OF UTERUS                                    |
| 195.                            | OTHER OPERATIONS ON THE UTERINE CERVIX   |
| 196.                            | INCISION OF THE UTERUS (HYSTERECTOMY)  |
| 197.                            | LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE VAGINA AND THE POUCH OF DOUGLAS |
| 198.                            | INCISION OF VAGINA   |
| 199.                            | INCISION OF VULVA  |
| 200.                            | CULDOTOMY  |
| 201.                            | SALPINGO-OOPHORECTOMY VIA LAPAROTOMY   |
| 202.                            | ENDOSCOPIC POLYPECTOMY   |
| 203.                            | HYSTEROSCOPIC REMOVAL OF MYOMA   |
| 204.                            | D&C  |
| 205.                            | HYSTEROSCOPIC RESECTION OF SEPTUM  |
| 206.                            | THERMAL CAUTERISATION OF CERVIX  |
| 207.                            | MIRENA INSERTION   |
| 208.                            | HYSTEROSCOPIC ADHESIOLYSIS   |



**Annexure III**  
**List of Day Care Surgeries**

| GYNAECOLOGY RELATED |  |
|---------------------|--|
| 209.                | LEEP   |
| 210.                | CRYOCAUTERISATION OF CERVIX                    |
| 211.                | POLYPECTOMY ENDOMETRIUM                        |
| 212.                | HYSTEROSCOPIC RESECTION OF FIBROID             |
| 213.                | LLETZ  |
| 214.                | CONIZATION                                     |
| 215.                | POLYPECTOMY CERVIX                             |
| 216.                | HYSTEROSCOPIC RESECTION OF ENDOMETRIAL POLYP   |
| 217.                | VULVAL WART EXCISION                           |
| 218.                | LAPAROSCOPIC PARAOVARIAN CYST EXCISION         |
| 219.                | UTERINE ARTERY EMBOLIZATION                    |
| 220.                | LAPAROSCOPIC CYSTECTOMY                        |
| 221.                | HYMENECTOMY( IMPERFORATE HYMEN)                |
| 222.                | ENDOMETRIAL ABLATION                           |
| 223.                | VAGINAL WALL CYST EXCISION                     |
| 224.                | VULVAL CYST EXCISION                           |
| 225.                | LAPAROSCOPIC PARATUBAL CYST EXCISION           |
| 226.                | REPAIR OF VAGINA ( VAGINAL ATRESIA )           |
| 227.                | HYSTEROSCOPY, REMOVAL OF MYOMA                 |
| 228.                | TURBT  |
| 229.                | URETEROCOELE REPAIR - CONGENITAL INTERNAL      |
| 230.                | VAGINAL MESH FOR POP                           |
| 231.                | LAPAROSCOPIC MYOMECTOMY                        |
| 232.                | SURGERY FOR SUI                                |
| 233.                | REPAIR RECTO- VAGINA FISTULA                   |
| 234.                | PELVIC FLOOR REPAIR( EXCLUDING FISTULA REPAIR) |
| 235.                | URS + LL                                       |
| 236.                | LAPAROSCOPIC OOPHORECTOMY                      |
| 237.                | NORMAL VAGINAL DELIVERY AND VARIANTS           |

**Annexure III**  
**List of Day Care Surgeries**

| NEUROLOGY RELATED |                                     |
|-------------------|-------------------------------------|
| 238.              | FACIAL NERVE PHYSIOTHERAPY          |
| 239.              | NERVE BIOPSY                        |
| 240.              | MUSCLE BIOPSY                       |
| 241.              | EPIDURAL STEROID INJECTION          |
| 242.              | GLYCEROL RHIZOTOMY                  |
| 243.              | SPINAL CORD STIMULATION             |
| 244.              | MOTOR CORTEX STIMULATION            |
| 245.              | STEREOTACTIC RADIOSURGERY           |
| 246.              | PERCUTANEOUS CORDOTOMY              |
| 247.              | INTRATHECAL BACLOFEN THERAPY        |
| 248.              | ENTRAPMENT NEUROPATHY RELEASE       |
| 249.              | DIAGNOSTIC CEREBRAL ANGIOGRAPHY     |
| 250.              | VP SHUNT                            |
| 251.              | VENTRICULOATRIAL SHUNT              |
| 252.              | RADIOTHERAPY FOR CANCER             |
| 253.              | CANCER CHEMOTHERAPY                 |
| 254.              | IV PUSH CHEMOTHERAPY                |
| 255.              | HBI-HEMIBODY RADIOTHERAPY           |
| 256.              | INFUSIONAL TARGETED THERAPY         |
| 257.              | SRT-STEREOTACTIC ARC THERAPY        |
| 258.              | SC ADMINISTRATION OF GROWTH FACTORS |
| 259.              | CONTINUOUS INFUSIONAL CHEMOTHERAPY  |
| 260.              | INFUSIONAL CHEMOTHERAPY             |
| 261.              | CCRT-CONCURRENT CHEMO + RT          |
| 262.              | 2D RADIOTHERAPY                     |
| 263.              | 3D CONFORMAL RADIOTHERAPY           |
| 264.              | IGRT- IMAGE GUIDED RADIOTHERAPY     |
| 265.              | IMRT- STEP & SHOOT                  |
| 266.              | INFUSIONAL BISPHOSPHONATES          |

**Annexure III**  
**List of Day Care Surgeries**

| <b>NEUROLOGY RELATED</b> |  |
|--------------------------|--|
| 267.                     | IMRT- DMLC   |
| 268.                     | ROTATIONAL ARC THERAPY                                   |
| 269.                     | TELE GAMMA THERAPY                                       |
| 270.                     | SRT-FRACTIONATED SRT                                     |
| 271.                     | VMAT-VOLUMETRIC MODULATED ARC THERAPY                    |
| 272.                     | SBRT-STEREOTACTIC BODY RADIOTHERAPY                      |
| 273.                     | HELICAL TOMOTHERAPY                                      |
| 274.                     | SRS-STEREOTACTIC RADIOSURGERY                            |
| 275.                     | X-KNIFE SRS  |
| 276.                     | GAMMAKNIFE SRS   |
| 277.                     | TBI- TOTAL BODY RADIOTHERAPY                             |
| 278.                     | INTRALUMINAL BRACHYTHERAPY                               |
| 279.                     | ELECTRON THERAPY   |
| 280.                     | TSET-TOTAL ELECTRON SKIN THERAPY                         |
| 281.                     | EXTRACORPOREAL IRRADIATION OF BLOOD PRODUCTS             |
| 282.                     | TELECOBALT THERAPY                                       |
| 283.                     | TELECESIUM THERAPY                                       |
| 284.                     | EXTERNAL MOULD BRACHYTHERAPY                             |
| 285.                     | INTERSTITIAL BRACHYTHERAPY                               |
| 286.                     | INTRACAVITY BRACHYTHERAPY                                |
| 287.                     | 3D BRACHYTHERAPY   |
| 288.                     | IMPLANT BRACHYTHERAPY                                    |
| 289.                     | INTRAVESICAL BRACHYTHERAPY                               |
| 290.                     | ADJUVANT RADIOTHERAPY                                    |
| 291.                     | AFTERLOADING CATHETER BRACHYTHERAPY                      |
| 292.                     | CONDITIONING RADIOTHERAPY FOR BMT                        |
| 293.                     | EXTRACORPOREAL IRRADIATION TO THE HOMOLOGOUS BONE GRAFTS |
| 294.                     | RADICAL CHEMOTHERAPY                                     |
| 295.                     | NEOADJUVANT RADIOTHERAPY                                 |

**Annexure III**  
**List of Day Care Surgeries**

| 296.  | LDR BRACHYTHERAPY   |
|---|---|
| 297.  | PALLIATIVE RADIOTHERAPY   |
| 298.  | RADICAL RADIOTHERAPY  |
| 299.  | PALLIATIVE CHEMOTHERAPY   |
| 300.  | TEMPLATE BRACHYTHERAPY  |
| 301.  | NEOADJUVANT CHEMOTHERAPY  |
| 302.  | ADJUVANT CHEMOTHERAPY   |
| 303.  | INDUCTION CHEMOTHERAPY  |
| 304.  | CONSOLIDATION CHEMOTHERAPY  |
| 305.  | MAINTENANCE CHEMOTHERAPY  |
| 306.  | HDR BRACHYTHERAPY   |
| <b>OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS</b> |   |
| 306.  | INCISION AND LANCING OF A SALIVARY GLAND AND A SALIVARY DUCT  |
| 307.  | EXCISION OF DISEASED TISSUE OF A SALIVARY GLAND AND A SALIVARY DUCT   |
| 308.  | RESECTION OF A SALIVARY GLAND   |
| 309.  | RECONSTRUCTION OF A SALIVARY GLAND AND A SALIVARY DUCT  |
| 310.  | OTHER OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS OPERATIONS ON THE SKIN & SUBCUTANEOUS TISSUE       |
| 311.  | OTHER INCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES  |
| 312.  | SURGICAL WOUND TOILET (WOUND DEBRIDEMENT) AND REMOVAL OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES |
| 313.  | LOCAL EXCISION OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES  |
| 314.  | OTHER EXCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES  |
| 315.  | SIMPLE RESTORATION OF SURFACE CONTINUITY OF THE SKIN AND SUBCUTANEOUS TISSUES                                 |
| 316.  | FREE SKIN TRANSPLANTATION, DONOR SITE   |
| 317.  | FREE SKIN TRANSPLANTATION, RECIPIENT SITE   |
| 318.  | REVISION OF SKIN PLASTY   |
| 319.  | OTHER RESTORATION AND RECONSTRUCTION OF THE SKIN AND SUBCUTANEOUS TISSUES.                                    |
| 320.  | CHEMOSURGERY TO THE SKIN.   |
| 321.  | DESTRUCTION OF DISEASED TISSUE IN THE SKIN AND SUBCUTANEOUS TISSUES   |

**Annexure III**  
**List of Day Care Surgeries**

|                                 |   |
|---------------------------------|---|
| 323.                            | RECONSTRUCTION OF DEFORMITY/DEFECT IN NAIL BED                                    |
| 324.                            | EXCISION OF BURSITIS 325 TENNIS ELBOW RELEASE                                     |
| 325.                            | TENNIS ELBOW RELEASE  |
| <b>OPERATIONS ON THE TONGUE</b> |   |
| 326.                            | INCISION, EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TONGUE               |
| 327.                            | PARTIAL GLOSSECTOMY   |
| 328.                            | GLOSSECTOMY   |
| 329.                            | RECONSTRUCTION OF THE TONGUE  |
| 330.                            | OTHER OPERATIONS ON THE TONGUE OPHTHALMOLOGY RELATED                              |
| <b>OPHTHALMOLOGY RELATED</b>    |   |
| 331.                            | SURGERY FOR CATARACT  |
| 332.                            | INCISION OF TEAR GLANDS   |
| 333.                            | OTHER OPERATIONS ON THE TEAR DUCTS  |
| 334.                            | INCISION OF DISEASED EYELIDS  |
| 335.                            | EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE EYELID                         |
| 336.                            | OPERATIONS ON THE CANTHUS AND EPICANTHUS  |
| 337.                            | CORRECTIVE SURGERY FOR ENTROPION AND ECTROPION                                    |
| 338.                            | CORRECTIVE SURGERY FOR BLEPHAROPTOSIS   |
| 339.                            | REMOVAL OF A FOREIGN BODY FROM THE CONJUNCTIVA                                    |
| 340.                            | REMOVAL OF A FOREIGN BODY FROM THE CORNEA   |
| 341.                            | INCISION OF THE CORNEA  |
| 342.                            | OPERATIONS FOR PTERYGIUM  |
| 343.                            | OTHER OPERATIONS ON THE CORNEA  |
| 344.                            | REMOVAL OF A FOREIGN BODY FROM THE LENS OF THE EYE                                |
| 345.                            | REMOVAL OF A FOREIGN BODY FROM THE POSTERIOR CHAMBER OF THE EYE                   |
| 346.                            | REMOVAL OF A FOREIGN BODY FROM THE ORBIT AND EYEBALL                              |
| 347.                            | CORRECTION OF EYELID PTOSIS BY LEVATOR PALPEBRAE SUPERIORIS RESECTION (BILATERAL) |
| 348.                            | CORRECTION OF EYELID PTOSIS BY FASCIA LATA GRAFT (BILATERAL)                      |
| 349.                            | DIATHERMY/CRYOTHERAPY TO TREAT RETINAL TEAR                                       |

**Annexure III**  
**List of Day Care Surgeries**

|                             |   |
|-----------------------------|---|
| 350.                        | ANTERIOR CHAMBER PARACENTESIS / CYCLODIATHERMY / CYCLOCRYOTHERAPY / GONIOTOMY / TRABECULOTOMY AND FILTERING AND ALLIED OPERATIONS TO TREAT GLAUCOMA |
| 351.                        | ENUCLEATION OF EYE WITHOUT IMPLANT  |
| 352.                        | DACRYOCYSTORHINOSTOMY FOR VARIOUS LESIONS OF LACRIMAL GLAND   |
| 353.                        | LASER PHOTOCOAGULATION TO TREAT RATINAL TEAR  |
| 354.                        | BIOPSY OF TEAR GLAND 355 TREATMENT OF RETINAL LESION  |
| 355.                        | TREATMENT OF RETINAL LESION   |
| <b>ORTHOPAEDICS RELATED</b> |   |
| 356.                        | SURGERY FOR MENISCUS TEAR   |
| 357.                        | INCISION ON BONE, SEPTIC AND ASEPTIC  |
| 358.                        | CLOSED REDUCTION ON FRACTURE, LUXATION OR EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS  |
| 359.                        | SUTURE AND OTHER OPERATIONS ON TENDONS AND TENDON SHEATH  |
| 360.                        | REDUCTION OF DISLOCATION UNDER GA   |
| 361.                        | ARTHROSCOPIC KNEE ASPIRATION  |
| 362.                        | SURGERY FOR LIGAMENT TEAR   |
| 363.                        | SURGERY FOR HEMOARTHROSIS/PYOARTHROSIS  |
| 364.                        | REMOVAL OF FRACTURE PINS/NAILS  |
| 365.                        | REMOVAL OF METAL WIRE   |
| 366.                        | CLOSED REDUCTION ON FRACTURE, LUXATION  |
| 367.                        | REDUCTION OF DISLOCATION UNDER GA   |
| 368.                        | EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS  |
| 369.                        | EXCISION OF VARIOUS LESIONS IN COCCYX   |
| 370.                        | ARTHROSCOPIC REPAIR OF ACL TEAR KNEE  |
| 371.                        | CLOSED REDUCTION OF MINOR FRACTURES   |
| 372.                        | ARTHROSCOPIC REPAIR OF PCL TEAR KNEE  |
| 373.                        | TENDON SHORTENING   |
| 374.                        | ARTHROSCOPIC MENISCECTOMY - KNEE  |
| 375.                        | TREATMENT OF CLAVICLE DISLOCATION   |
| 376.                        | HAEMARTHROSIS KNEE- LAVAGE  |
| 377.                        | ABSCESS KNEE JOINT DRAINAGE   |

**Annexure III**  
**List of Day Care Surgeries**

|      |  |
|------|--|
| 378. | CARPAL TUNNEL RELEASE                  |
| 379. | CLOSED REDUCTION OF MINOR DISLOCATION  |
| 380. | REPAIR OF KNEE CAP TENDON              |
| 381. | ORIF WITH K WIRE FIXATION- SMALL BONES |
| 382. | RELEASE OF MIDFOOT JOINT               |
| 383. | ORIF WITH PLATING- SMALL LONG BONES    |
| 384. | IMPLANT REMOVAL MINOR                  |
| 385. | K WIRE REMOVAL                         |
| 386. | POP APPLICATION                        |
| 387. | CLOSED REDUCTION AND EXTERNAL FIXATION |
| 388. | ARTHROTOMY HIP JOINT                   |
| 389. | SYME'S AMPUTATION                      |
| 390. | ARTHROPLASTY                           |
| 391. | PARTIAL REMOVAL OF RIB                 |
| 392. | TREATMENT OF SESAMOID BONE FRACTURE    |
| 393. | SHOULDER ARTHROSCOPY / SURGERY         |
| 394. | ELBOW ARTHROSCOPY                      |
| 395. | AMPUTATION OF METACARPAL BONE          |
| 396. | RELEASE OF THUMB CONTRACTURE           |
| 397. | INCISION OF FOOT FASCIA                |
| 398. | CALCANEUM SPUR HYDROCORT INJECTION     |
| 399. | GANGLION WRIST HYALASE INJECTION       |
| 400. | PARTIAL REMOVAL OF METATARSAL          |
| 401. | REPAIR / GRAFT OF FOOT TENDON          |
| 402. | REVISION/REMOVAL OF KNEE CAP           |
| 403. | AMPUTATION FOLLOW-UP SURGERY           |
| 404. | EXPLORATION OF ANKLE JOINT             |
| 405. | REMOVE/GRAFT LEG BONE LESION           |
| 406. | REPAIR/GRAFT ACHILLES TENDON           |

**Annexure III**  
**List of Day Care Surgeries**

|   |   |
|---|---|
| 407.  | REMOVE OF TISSUE EXPANDER   |
| 408.  | BIOPSY ELBOW JOINT LINING   |
| 409.  | REMOVAL OF WRIST PROSTHESIS   |
| 410.  | BIOPSY FINGER JOINT LINING  |
| 411.  | TENDON LENGTHENING  |
| 412.  | TREATMENT OF SHOULDER DISLOCATION                                       |
| 413.  | LENGTHENING OF HAND TENDON  |
| 414.  | REMOVAL OF ELBOW BURSA  |
| 415.  | FIXATION OF KNEE JOINT  |
| 416.  | TREATMENT OF FOOT DISLOCATION   |
| 417.  | SURGERY OF BUNION   |
| 418.  | INTRA ARTICULAR STEROID INJECTION                                       |
| 419.  | TENDON TRANSFER PROCEDURE   |
| 420.  | REMOVAL OF KNEE CAP BURSA   |
| 421.  | TREATMENT OF FRACTURE OF ULNA   |
| 422.  | TREATMENT OF SCAPULA FRACTURE   |
| 423.  | REMOVAL OF TUMOR OF ARM/ ELBOW UNDER RA/GA                              |
| 424.  | REPAIR OF RUPTURED TENDON   |
| 425.  | DECOMPRESS FOREARM SPACE  |
| 426.  | REVISION OF NECK MUSCLE (TORTICOLLIS RELEASE )                          |
| 427.  | LENGTHENING OF THIGH TENDONS  |
| 428.  | TREATMENT FRACTURE OF RADIUS & ULNA                                     |
| 429.  | REPAIR OF KNEE JOINT  |
| <b>OTHER OPERATIONS ON THE MOUTH &amp; FACE</b> |   |
| 430.  | EXTERNAL INCISION AND DRAINAGE IN THE REGION OF THE MOUTH, JAW AND FACE |
| 431.  | INCISION OF THE HARD AND SOFT PALATE                                    |
| 432.  | EXCISION AND DESTRUCTION OF DISEASED HARD AND SOFT PALATE               |
| 433.  | INCISION, EXCISION AND DESTRUCTION IN THE MOUTH                         |
| 434.  | OTHER OPERATIONS IN THE MOUTH   |

**Annexure III**  
**List of Day Care Surgeries**

|      |  |
|------|--|
| 378. | CARPAL TUNNEL RELEASE                  |
| 379. | CLOSED REDUCTION OF MINOR DISLOCATION  |
| 380. | REPAIR OF KNEE CAP TENDON              |
| 381. | ORIF WITH K WIRE FIXATION- SMALL BONES |
| 382. | RELEASE OF MIDFOOT JOINT               |
| 383. | ORIF WITH PLATING- SMALL LONG BONES    |
| 384. | IMPLANT REMOVAL MINOR                  |
| 385. | K WIRE REMOVAL                         |
| 386. | POP APPLICATION                        |
| 387. | CLOSED REDUCTION AND EXTERNAL FIXATION |
| 388. | ARTHROTOMY HIP JOINT                   |
| 389. | SYME'S AMPUTATION                      |
| 390. | ARTHROPLASTY                           |
| 391. | PARTIAL REMOVAL OF RIB                 |
| 392. | TREATMENT OF SESAMOID BONE FRACTURE    |
| 393. | SHOULDER ARTHROSCOPY / SURGERY         |
| 394. | ELBOW ARTHROSCOPY                      |
| 395. | AMPUTATION OF METACARPAL BONE          |
| 396. | RELEASE OF THUMB CONTRACTURE           |
| 397. | INCISION OF FOOT FASCIA                |
| 398. | CALCANEUM SPUR HYDROCORT INJECTION     |
| 399. | GANGLION WRIST HYALASE INJECTION       |
| 400. | PARTIAL REMOVAL OF METATARSAL          |
| 401. | REPAIR / GRAFT OF FOOT TENDON          |
| 402. | REVISION/REMOVAL OF KNEE CAP           |
| 403. | AMPUTATION FOLLOW-UP SURGERY           |
| 404. | EXPLORATION OF ANKLE JOINT             |
| 405. | REMOVE/GRAFT LEG BONE LESION           |
| 406. | REPAIR/GRAFT ACHILLES TENDON           |

**Annexure III**  
**List of Day Care Surgeries**

|   |   |
|---|---|
| 407.  | REMOVE OF TISSUE EXPANDER   |
| 408.  | BIOPSY ELBOW JOINT LINING   |
| 409.  | REMOVAL OF WRIST PROSTHESIS   |
| 410.  | BIOPSY FINGER JOINT LINING  |
| 411.  | TENDON LENGTHENING  |
| 412.  | TREATMENT OF SHOULDER DISLOCATION                                       |
| 413.  | LENGTHENING OF HAND TENDON  |
| 414.  | REMOVAL OF ELBOW BURSA  |
| 415.  | FIXATION OF KNEE JOINT  |
| 416.  | TREATMENT OF FOOT DISLOCATION   |
| 417.  | SURGERY OF BUNION   |
| 418.  | INTRA ARTICULAR STEROID INJECTION                                       |
| 419.  | TENDON TRANSFER PROCEDURE   |
| 420.  | REMOVAL OF KNEE CAP BURSA   |
| 421.  | TREATMENT OF FRACTURE OF ULNA   |
| 422.  | TREATMENT OF SCAPULA FRACTURE   |
| 423.  | REMOVAL OF TUMOR OF ARM/ ELBOW UNDER RA/GA                              |
| 424.  | REPAIR OF RUPTURED TENDON   |
| 425.  | DECOMPRESS FOREARM SPACE  |
| 426.  | REVISION OF NECK MUSCLE (TORTICOLLIS RELEASE )                          |
| 427.  | LENGTHENING OF THIGH TENDONS  |
| 428.  | TREATMENT FRACTURE OF RADIUS & ULNA                                     |
| 429.  | REPAIR OF KNEE JOINT  |
| <b>OTHER OPERATIONS ON THE MOUTH &amp; FACE</b> |   |
| 430.  | EXTERNAL INCISION AND DRAINAGE IN THE REGION OF THE MOUTH, JAW AND FACE |
| 431.  | INCISION OF THE HARD AND SOFT PALATE                                    |
| 432.  | EXCISION AND DESTRUCTION OF DISEASED HARD AND SOFT PALATE               |
| 433.  | INCISION, EXCISION AND DESTRUCTION IN THE MOUTH                         |
| 434.  | OTHER OPERATIONS IN THE MOUTH   |

**Annexure III**  
**List of Day Care Surgeries**

| <b>PAEDIATRIC SURGERY RELATED</b> |  |
|-----------------------------------|--|
| 435.                              | EXCISION OF FISTULA-IN-ANO                             |
| 436.                              | EXCISION JUVENILE POLYPS RECTUM                        |
| 437.                              | VAGINOPLASTY   |
| 438.                              | DILATATION OF ACCIDENTAL CAUSTIC STRICTURE OESOPHAGEAL |
| 439.                              | PRESACRAL TERATOMAS EXCISION                           |
| 440.                              | REMOVAL OF VESICAL STONE                               |
| 441.                              | EXCISION SIGMOID POLYP                                 |
| 442.                              | STERNOMASTOID TENOTOMY                                 |
| 443.                              | INFANTILE HYPERTROPHIC PYLORIC STENOSIS PYLOROMYOTOMY  |
| 444.                              | EXCISION OF SOFT TISSUE RHABDOMYOSARCOMA               |
| 445.                              | MEDIASTINAL LYMPH NODE BIOPSY                          |
| 446.                              | HIGH ORCHIDECTOMY FOR TESTIS TUMOURS                   |
| 447.                              | EXCISION OF CERVICAL TERATOMA                          |
| 448.                              | RECTAL-MYOMECTOMY                                      |
| 449.                              | RECTAL PROLAPSE (DELORME'S PROCEDURE)                  |
| 450.                              | DETORSION OF TORSION TESTIS                            |
| 451.                              | EUA + BIOPSY MULTIPLE FISTULA IN ANO                   |
| 452.                              | CYSTIC HYGROMA - INJECTION TREATMENT                   |
| <b>PLASTIC SURGERY RELATED</b>    |  |
| 453.                              | CONSTRUCTION SKIN PEDICLE FLAP                         |
| 454.                              | GLUTEAL PRESSURE ULCER-EXCISION                        |
| 455.                              | MUSCLE-SKIN GRAFT, LEG                                 |
| 456.                              | REMOVAL OF BONE FOR GRAFT                              |
| 457.                              | MUSCLE-SKIN GRAFT DUCT FISTULA                         |
| 458.                              | REMOVAL CARTILAGE GRAFT                                |
| 459.                              | MYOCUTANEOUS FLAP                                      |
| 460.                              | FIBRO MYOCUTANEOUS FLAP                                |
| 461.                              | BREAST RECONSTRUCTION SURGERY AFTER MASTECTOMY         |
| 462.                              | SLING OPERATION FOR FACIAL PALSY                       |

**Annexure III**  
**List of Day Care Surgeries**

| <b>PAEDIATRIC SURGERY RELATED</b> |   |
|-----------------------------------|---|
| 463.                              | SPLIT SKIN GRAFTING UNDER RA                                  |
| 464.                              | WOLFE SKIN GRAFT  |
| 465.                              | PLASTIC SURGERY TO THE FLOOR OF THE MOUTH UNDER GA            |
| <b>THORACIC SURGERY RELATED</b>   |   |
| 466.                              | THORACOSCOPY AND LUNG BIOPSY                                  |
| 467.                              | EXCISION OF CERVICAL SYMPATHETIC CHAIN THORACOSCOPIC          |
| 468.                              | LASER ABLATION OF BARRETT'S OESOPHAGUS                        |
| 469.                              | PLEURODESIS   |
| 470.                              | THORACOSCOPY AND PLEURAL BIOPSY                               |
| 471.                              | EBUS + BIOPSY   |
| 472.                              | THORACOSCOPY LIGATION THORACIC DUCT                           |
| 473.                              | THORACOSCOPY ASSISTED EMPYEMA DRAINAGE                        |
| <b>UROLOGY RELATED</b>            |   |
| 474.                              | HAEMODIALYSIS   |
| 475.                              | LITHOTRIPSY/NEPHROLITHOTOMY FOR RENAL CALCULUS                |
| 476.                              | EXCISION OF RENAL CYST  |
| 477.                              | DRAINAGE OF PYONEPHROSIS/PERINEPHRIC ABSCESS                  |
| 478.                              | INCISION OF THE PROSTATE                                      |
| 479.                              | TRANSURETHRAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE     |
| 480.                              | TRANSURETHRAL AND PERCUTANEOUS DESTRUCTION OF PROSTATE TISSUE |
| 481.                              | OPEN SURGICAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE     |
| 482.                              | RADICAL PROSTATOVESICULECTOMY                                 |
| 483.                              | OTHER EXCISION AND DESTRUCTION OF PROSTATE TISSUE             |
| 484.                              | OPERATIONS ON THE SEMINAL VESICLES                            |
| 485.                              | INCISION AND EXCISION OF PERIPROSTATIC TISSUE                 |
| 486.                              | OTHER OPERATIONS ON THE PROSTATE                              |
| 487.                              | INCISION OF THE SCROTUM AND TUNICA VAGINALIS TESTIS           |
| 488.                              | OPERATION ON A TESTICULAR HYDROCELE                           |
| 489.                              | EXCISION AND DESTRUCTION OF DISEASED SCROTAL TISSUE           |

**Annexure III**  
**List of Day Care Surgeries**

|      |  |
|------|--|
| 490. | OTHER OPERATIONS ON THE SCROTUM AND TUNICA VAGINALIS TESTIS    |
| 491. | INCISION OF THE TESTES   |
| 492. | EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TESTES      |
| 493. | UNILATERAL ORCHIDECTOMY  |
| 494. | BILATERAL ORCHIDECTOMY   |
| 495. | SURGICAL REPOSITIONING OF AN ABDOMINAL TESTIS                  |
| 496. | RECONSTRUCTION OF THE TESTIS                                   |
| 497. | IMPLANTATION, EXCHANGE AND REMOVAL OF A TESTICULAR PROSTHESIS  |
| 498. | OTHER OPERATIONS ON THE TESTIS                                 |
| 499. | EXCISION IN THE AREA OF THE EPIDIDYMIS                         |
| 500. | OPERATIONS ON THE FORESKIN                                     |
| 501. | LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE PENIS |
| 502. | AMPUTATION OF THE PENIS  |
| 503. | OTHER OPERATIONS ON THE PENIS                                  |
| 504. | CYSTOSCOPICAL REMOVAL OF STONES                                |
| 505. | CATHETERISATION OF BLADDER                                     |
| 506. | LITHOTRIPSY  |
| 507. | BIOPSY OF TEMPORAL ARTERY FOR VARIOUS LESIONS                  |
| 508. | EXTERNAL ARTERIO-VEIN SHUNT                                    |
| 509. | AV FISTULA - WRIST   |
| 510. | URSL WITH STENTING   |
| 511. | URSL WITH LITHOTRIPSY  |
| 512. | CYSTOSCOPIC LITHOLAPAXY  |
| 513. | ESWL   |
| 514. | BLADDER NECK INCISION  |
| 515. | CYSTOSCOPY & BIOPSY  |
| 516. | CYSTOSCOPY AND REMOVAL OF POLYP                                |
| 517. | SUPRAPUBIC CYSTOSTOMY  |
| 518. | PERCUTANEOUS NEPHROSTOMY                                       |

**Annexure III**  
**List of Day Care Surgeries**

|      |   |
|------|---|
| 519. | CYSTOSCOPY AND "SLING" PROCEDURE.               |
| 520. | TUNA- PROSTATE                                  |
| 521. | EXCISION OF URETHRAL DIVERTICULUM               |
| 522. | REMOVAL OF URETHRAL STONE                       |
| 523. | EXCISION OF URETHRAL PROLAPSE                   |
| 524. | MEGA-URETER RECONSTRUCTION                      |
| 525. | KIDNEY RENOSCOPY AND BIOPSY                     |
| 526. | URETER ENDOSCOPY AND TREATMENT                  |
| 527. | VESICO URETERIC REFLUX CORRECTION               |
| 528. | SURGERY FOR PELVI URETERIC JUNCTION OBSTRUCTION |
| 529. | ANDERSON HYNES OPERATION                        |
| 530. | KIDNEY ENDOSCOPY AND BIOPSY                     |
| 531. | PARAPHIMOSIS SURGERY                            |
| 532. | INJURY PREPUCE- CIRCUMCISION                    |
| 533. | FRENULAR TEAR REPAIR                            |
| 534. | MEATOTOMY FOR MEATAL STENOSIS                   |
| 535. | SURGERY FOR FOURNIER'S GANGRENE SCROTUM         |
| 536. | SURGERY FILARIAL SCROTUM                        |
| 537. | SURGERY FOR WATERING CAN PERINEUM               |
| 538. | REPAIR OF PENILE TORSION                        |
| 539. | DRAINAGE OF PROSTATE ABSCESS                    |
| 540. | ORCHIECTOMY                                     |
| 541. | CYSTOSCOPY AND REMOVAL OF FB                    |

**Annexure III  
Schedule of benefits**

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

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

|                                    |           |
|------------------------------------|-----------|
| <b>Waiting Period</b>              |           |
| Pre-Existing Disease Waiting Cover | 36 months |
| Specific Diseases Waiting Period   | 24 months |
| Initial Waiting Period             | 30 months |

**Annexure:**  
Rate charts for Individual and Family Floater Policies are attached.  
Annexure Benefit Premium Illustration