

PROSPECTUS AND SALES LITERATURE

1. Eligibility Criteria

| | | | |
|-----------------------------|---|---|--|
| Minimum Entry Age | Individual – Adult : 18 years and above Children: 5 years to 24 years Floater – Adult : 18 years and above Children: 1 day to 24 years with at least 1 member of age 18 years or above | | |
| Maximum Entry Age | No age bar | | |
| Maximum Renewal Age | Lifelong | | |
| Age of Proposer | 18 years or above | | |
| Floater combinations | 1 Adult + 1 Child 1 Adult + 2 Children 1 Adult + 3 Children 1 Adult + 4 Children | 2 Adults 2 Adults + 1 Child 2 Adults + 2 Children 2 Adults + 3 Children 2 Adults + 4 Children | |
| Relationship Covered | 1. Individual: Legally married Spouse, Children, Parents, Brother, Sister, Parents in-Law, Grandparents, Grandchildren, Uncle, Aunt, Nephew and Niece. 2. Family Floater : Self, Legally married Spouse, Children & Parents 3. Group : Insurable interest between Group Administrator & Member of the Group | | |

2. Key Benefits

2.1 Hospitalization Expenses

i. In-patient Care

Hospitalization for at least 24 hours – We indemnify for the medical expenses incurred during Hospitalization for a minimum period of 24 consecutive hours like room charges, nursing expenses and Intensive Care Unit charges, surgeon's fee, doctor's fee, anesthesia, blood, oxygen, operation theater charges, etc.

ii. Day Care Treatment

Hospitalization for less than 24 hours – We also indemnify for your medical expenses if you undergo a Day Care Treatment at a hospital or a day care centre that requires Hospitalization for less than 24 hours.

iii. Advance Technology Methods

We will indemnify you for the Hospitalization Expenses incurred for treatment taken through following advance technology methods:

- a. Uterine Artery Embolization and HIFU
- b. Balloon Sinuplasty
- c. Deep Brain stimulation
- d. Oral chemotherapy
- e. Immunotherapy- Monoclonal Antibody to be given as injection
- f. Intra vitreal injections
- g. Robotic surgeries
- h. Stereotactic radio surgeries
- i. Bronchical Thermoplasty
- j. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- k. IONM - (Intra Operative Neuro Monitoring)

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

2.2 Pre-hospitalization Medical Expenses & Post Hospitalization Medical Expenses

This benefit indemnifies for

- i. The medical expenses incurred by you for a period 30 days immediately before your Hospitalization.
- ii. The medical expenses incurred by you for a period 60 days immediately after your Hospitalization.

2.3 Organ Donor Cover

We will indemnify you for medical expenses that are incurred by an organ donor while undergoing the organ transplant surgery.

2.4 Health Check-up

We shall arrange for an annual health check-up for yourself and your family members who is not covered under the Policy as Your child at our Network Provider or any other Service Providers empanelled with Us to provide the services, in India.

2.5 Enhance Anywhere

We shall indemnify you for the medical expenses (including air ambulance) incurred for select diseases/ ailments/ treatments anywhere across the world.

2.6 AYUSH Treatments

It has been observed at times that a combination of conventional medical treatment and AYUSH therapies quicken & aid the process of recovery. Therefore, we will pay You up to Sum Insured for medical expenses incurred by You towards Your in-patient admission at any AYUSH Hospitals or health care facilities in India, which administers treatment related to the disciplines of medicine namely Ayurveda, Yoga and Naturopathy, Unani, Sidha and Homeopathy. Clause 9.5(xviii) under Permanent Exclusions, is superseded to the extent covered under this Benefit.

3. Special Conditions

3.1 Floater Cover

Under the ‘floater’ plan, you can cover any member of your immediate family (yourself or spouse, parents and children) for the sum insured in a single policy.

3.2 Co-payment

You will bear 20% of the Final Claim Amount, as mentioned in the table below, and our liability shall be restricted to the balance amount, subject to the available Sum Insured.

| Cover Type | Entry Age* of Insured Person or Eldest Insured Person (in case of Floater) | Applicable to |
|------------|--|---------------------------|
| Individual | >=61 years | Individual Insured Person |
| Floater | >=61 years | All Insured Person's |

*Entry Age means the age of the Insured Person at the time first buying of the Policy with us.

4. Add-on Benefits

4.1 Everyday Care

We understand that healthcare needs are not only limited to Hospitalization. Regular doctor consultations are as important for ensuring sustained good health as for immediate cure of routine illnesses. We value this need and provide unlimited consultations to our wide network of consultants, specialists and surgeons at a nominal charge.

To add to this, our Everyday Care wellness package provides you access to a free health helpline, health & wellness offers from our associates nationwide, online health risk assessments and health perquisites.

4.2 Expert Opinion

You are entitled to an expert opinion from a specialist medical professional, on ailments pertaining to certain specified major illnesses. We shall arrange the services for you on your behalf.

5. Salient Features

5.1 Cashless Facility

With Cashless Facility, you no longer need to run around paying off hospital bills and then follow up for a reimbursement. All you now need to do is get admitted to any of our Network Hospitals and concentrate only on your recovery. Leave the bill payment arrangements to us, except for any non-medical expenses that you incur at the Hospital.

5.2 Deductible

Deductible is the claim amount which is to be borne by you under this Policy. Deductible would apply on an aggregate basis in a Policy Year.

We shall be liable only once the aggregate amount of all the Claims exceed the Deductible.

5.3 Underwriting Loading

Based on the assessment of the extra risk on account of medical conditions by the underwriter, the premium shall be loaded in accordance with the specified table so as to arrive at total premium to be charged. Such extra premium shall be communicated to You for Your consent before the Policy is issued. Such extra premium shall be applicable at renewals of the policy also.

5.4 Policy Term

The Policy term can be one, two or three years.

5.5 Tax Benefit

Opting for health insurance is certainly a step in the right direction, and it comes with a two-fold benefit. Not only does it ensure that you and your family can access good medical care at all times, it also enables you to avail of a tax benefit on the premiums you pay towards your health insurance, under Section 80D of the Income Tax Act, 1961, as applicable. (Tax benefits are subject to changes in the tax laws, please consult your tax advisor for more details)

5.6 Free Look Period

You may, within 30 days from the receipt of the Policy, return the Policy stating reasons, if the terms and conditions are not acceptable. 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. If no Claim has been made under the Policy, We will refund the premium received after deducting proportionate risk premium for the period on cover, expenses for medical examination and stamp duty charges.

5.7 Premium

The premium charged under the Policy depends upon the age of the member, Sum Insured and Deductible chosen, cover (individual or floater), no. of members in the policy, tenure and the health status of the individual.

The premium rates for the plans offered are annexed hereto with the prospectus.

5.8 Cancellation / Termination

- (a) You may cancel this policy by giving 7 days 'written notice and in such an event, we shall refund proportionate premium for the unexpired policy period.
- (b) 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.

- (c) If the risk under the Policy has already commenced, or only a part of the insurance coverage has commenced, and the option of Policy cancellation is exercised by the Policyholder, then the expenses such as pre- policy medical examination etc. incurred by the Company will also be deducted before refunding of premium.
- (d) We may cancel the Policy at any time on grounds of mis-representations, 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 mis-representations, non-disclosure of material facts or fraud.

Notes:

In case of demise of the Policyholder,

- (i) Where the Policy covers only the Policyholder, this Policy shall stand null and void from the date and time of demise of the Policyholder and the Company shall refund proportionate premium for unexpired Policy Period subject to no claim has been admitted or has been lodged or any benefit has been availed by the Insured Person under the Policy.
- (ii) Where the Policy covers other Insured Persons, this Policy shall continue till the end of Policy Period for the other Insured Persons. If the other Insured Persons wish to continue with the same Policy, the Company will renew the Policy subject to the appointment of a policyholder provided that:
 - I. Written notice in this regard is given to the Company before the Policy Period End Date; and
 - II. A person of Age 18 years or above, who satisfies the Company's criteria applies to become the Policyholder.

5.9 Claim Settlement (provision for Penal Interest)

- I. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of intimation on receipt of last necessary document.
- II. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of intimation to the date of payment of claim at a rate 2% above the bank rate.
- III. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 15 days from the date of intimation on receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of intimation on receipt of last necessary document.
- IV. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of intimation to the date of payment of claim.

Bank rate shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

6. Portability & Migration

1. 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 atleast 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 as per IRDAI guidelines on migration

2. 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 30 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 as per IRDAI guidelines on portability.

7. Grievance Redressal

In case of any grievance you can contact us with the details through:

Website/link: <https://www.careinsurance.com/customer-grievance-redressal.html>

Mobile App : Care Health- Customer App

Toll free (whatsapp number): +91 8860402452

Courier: Any of Company's Branch Office or corporate office

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 Branch Office or corporate office. For updated details of grievance officer, kindly refer the link <https://www.careinsurance.com/customer-grievance-redressal.html>

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

Grievance may also be lodged at IRDAI integrated Grievance Management System -

<https://bimabharosa.irdai.gov.in/>

Note: The Contact details of the Insurance Ombudsman offices have been provided as Annexure IV

8. Claims Management

We shall process all the Claims under this policy. With You directly interacting with us, we can be doubly sure that You are satisfied. And when You are satisfied, we feel satisfied too.

We deliver on Our promises. We take pride in offering hassle-free clearance and speedy settlements.

Intimation : Kindly notify Us in case of occurrence of any event that can give rise to Claim. The notification should be

- i At least 48 hours before the commencement of planned Hospitalization; or
- ii Within 24 hours of admission to Hospital, if the Hospitalization is required in an Emergency.

Claim Process

1. Please send the duly signed claim form and all the information/documents mentioned therein to Us. Please refer to claim form for complete documentation.
2. If there is any deficiency in the documents/information submitted by you, we will send the deficiency

letter.

3. On receipt of the complete set of claim documents, We will send the cheque for the admissible amount, along with a settlement statement in Your name.

Cashless

The Cashless Facility is available only at Our Network Hospitals. All You have to do is present the Care Health Insurance Card along with a valid photo identification document at Our nation-wide network of leading hospitals and avail of the cashless service.

You need to request for the cashless facility in a prescribed format. We may authorize Your request and thereafter You shall not be required to pay for the hospital bills, except for the non-medical expenses.

Re-imbbursement

The necessary documents as specified below should be sent to Us and claim will be registered only on submission of below documents. The date of submission of such information shall be deemed as date of claim registration for the purpose of claim processing.

List of Documents

1. Duly completed and signed Claim form, in original;
2. Medical Practitioner's first consultation paper and referral letter advising Hospitalization;
3. Medical Practitioner's prescription advising drugs / diagnostic tests / consultation;
4. Original numbered bills/ receipts and discharge card from the Hospital / Medical Practitioner;
5. Original numbered bills from licensed pharmacy / chemists;
6. Original pathological / diagnostic test reports / radiology reports and payment receipts;
7. Emergency Notes, Initial Assessment Sheet and Indoor case papers;
8. First Information Report, final police report, if applicable;
9. Post mortem report, if conducted;
10. Any other document as required by us to assess the Claim

We shall condone delay on merit for delayed Claims where the delay is proved to be for reasons beyond your control.

Claim Assessment

All Claims made under this Policy shall be assessed by Us in the following progressive order:

- i. If a room category opted for, is higher than the eligible limit as applicable, then the Variable Medical Expenses payable shall be pro-rated.
- ii. The Deductible shall be applied to aggregate of all Claims, paid or payable, under this Policy.
- iii. Co-payment, if any, shall then be applicable.
- iv. Balance amount, if any, shall be the claim payable.

Duties of the Claimant

- a. You shall check the updated list of Network Hospitals before submission of a pre-authorisation request for Cashless Facility; and
- b. It is agreed and understood that as a Condition Precedent for a Claim to be considered under this Policy:
 - i. All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.
 - ii. Notification of Claim and submission or provision of all information and documentation shall be

made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 6 of the Policy.

- iii. You will, at Our request, submit Yourself for a medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary. The cost of such examination will be borne by Us.
- iv. Our Medical Practitioner and representatives shall be given access and co-operation to inspect Your medical and Hospitalization records and to investigate the facts and examine You.
- v. We shall be provided with complete documentation and information which We have requested to establish its liability for the Claim, its circumstances and its quantum.

Payment Terms

- a. This Policy except covers only medical treatment taken entirely within India (Except for Benefit 5). All payments under this Policy shall be made in Indian Rupees and within India.
- b. Payment under this Policy shall be made only to the extent that such Medical Expenses are not paid under any other insurance policy, if any.
- c. The Sum Insured shall be reduced by the amount payable or paid under the Policy Terms and Conditions and only the balance amount shall be available as the Sum Insured for the unexpired Policy Year.
- d. We shall have no liability to make payment of a Claim under the Policy in respect of an Insured Person, once the Sum Insured for that Insured Person is exhausted.
- e. If a relapse is suffered within 45 days of the date of discharge from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits for Any One Illness under this Policy shall be applied as if they were under a single Claim.
- f. For cashless Claims, the payment shall be made to the Network Hospital whose discharge would be complete and final.
- g. For the Reimbursement Claims, We will pay to You. In the event of death of the Policyholder, We will pay the nominee (as named in the Policy Certificate) and in case of no nominee at its discretion to the legal heirs of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.
- h. We shall decide on its liability under any Claim post the receipt of all the necessary documents as required for settlement of such Claim. In case We accept our liability under any Claim, We shall make the payment within 7 days from the confirmation by You.
- i. The Policy covers Reasonable and Customary Charges incurred towards medical treatment taken or any other expenses triggers under any Benefit during the Policy Period.
- j. Under this Policy, the Company's total, cumulative, maximum liability during the Policy Year is maximum up to the Sum Insured unless any additional Sum Insured available or accrued under any Benefit.

9. Exclusions

1. 30-Day 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 referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

2. Specific Waiting Period: (Code- Excl02)

- i. Expenses related to the treatment of the 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 Company. This exclusion shall not be applicable for claims arising due to an accident.
- ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- iii. 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.
- iv. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- v. 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.
- vi. **List of specific diseases/ procedures :**
 - a. Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism and Spinal Disorders, Joint Replacement Surgery;
 - b. Benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to Adenoectomy, Mastoidectomy, Tonsillectomy and Tympanoplasty), Nasal Septum Deviation, Sinusitis and related disorders;
 - c. Benign Prostatic Hypertrophy;
 - d. Cataract;
 - e. Dilatation and Curettage;
 - f. Fissure / Fistula in anus, Hemorrhoids / Piles, Pilonidal Sinus, Gastric and Duodenal Ulcers;
 - g. Surgery of Genito urinary system unless necessitated by malignancy;
 - h. All types of Hernia, Hydrocele;
 - i. Hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy;
 - j. Internal tumors, skin tumors, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant;
 - k. Kidney Stone/ Ureteric Stone/ Lithotripsy/ Gall Bladder Stone;
 - l. Myomectomy for fibroids;
 - m. Varicose veins and varicose ulcers

3. Pre-Existing Diseases: (Code- Excl01)

- i. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.
- ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- iii. 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.

- iv. Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.
 - a. If Coverage for Benefits (in case of change in Product Plan) or Optional Covers (if applicable) are added afresh at the time of renewal of this Policy, the Waiting Periods as defined above in Clauses 9 (1), 9 (2) and 9 (3) shall be applicable afresh to the newly added Benefits or Optional Covers (if applicable), from the time of such renewal.
 - b. The Waiting Periods as defined in Clauses 9 (1), 9 (2) and 9 (3) shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.
4. We shall provide an option to You to renew the Policy without an applicable Deductible, on the expiry of 4 continuous years of coverage under this Policy, subject to the following:
- i. You shall pay in full in advance the premium specified for exercising this option.
 - ii. This option shall be permitted to be exercised provided that We receive written notice from You for exercising this option at least 15 days prior to the expiry of this Policy.
 - iii. The waiting periods as defined in Clause 9 (2) and 9 (3) shall be further applicable for a period of 12 months to the amount of the Deductible.
 - iv. If the Sum Insured selected while exercising this option exceeds the Sum Insured of this Policy, the credit for waiting periods as defined in Clause 9 (1), 9 (2) and 9 (3) shall be applicable afresh to the incremental Sum Insured.
 - v. You shall be permitted to exercise this option only if all the Insured Persons under this Policy opt for a Sum Insured which is at least equal to or higher than the sum of the Sum Insured and Deductible under this Policy.
 - vi. This option shall be applicable only for those Insured Persons who have completed 4 continuous years under this Policy.
 - vii. Exercise of this option shall be permitted only at the time of renewal of this Policy.
5. **Permanent Exclusions**
- i. Any item or condition or treatment specified in List of Non-Medical Items (Annexure – II to Policy Terms & Conditions).
 - ii. **Maternity: (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.
 - iii. **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.
 - iv. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.
 - v. Charges incurred in connection with cost of routine eye and ear examinations, dentures, artificial

teeth and all other similar external appliances and/ or devices whether for diagnosis or treatment.

vi. 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.

- vii.** Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer/thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for asthmatic condition, cost of cochlear implants.

viii. Rest Cure, rehabilitation and respite care: (Code- Excl05)

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

- i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- ix. Screening, counseling or treatment of any external Congenital Anomaly or Illness or defects or anomalies or treatment relating to external birth defects.
- x. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability.

xi. 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.

xii. Change-of-Gender treatments: (Code- Excl07)

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

- xiii. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
- xiv. All preventive care, vaccination, including inoculation and immunizations (except in case of post-bite treatment) and tonics.
- xv. Expenses incurred for artificial life maintenance, including life support machine use, post confirmation of vegetative state or brain dead by treating medical practitioner where such treatment will not result in recovery or restoration of the previous state of health under any circumstances.
- xvi. Any travel or transportation expenses including Ambulance charges.
- xvii. All expenses related to treatment, including surgery to remove organs from the donor, in case of transplant surgery.
- xviii. Non-allopathic treatment.
- xix. Any out-patient treatment.
- xx. Treatment received outside India.

xxi. Domiciliary Hospitalization/ treatment.

xxii. 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.

xxiii. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.

xxiv. 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.

xxv. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane.

xxvi. Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.

xxvii. Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs (except patient's diet), cosmetics, hygiene articles, body or baby care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.

xxviii. Expenses related to any kind of RMO charges, service charge, surcharge, night charges levied by the hospital under whatever head.

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

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

ii. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.

iii. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

xxx. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner.

xxxi. Alopecia, wigs and/or toupee and all hair or hair fall treatment and products.

xxxii. Expenses related to any kind of Advance Technology Methods other than mentioned in the Clause 2.1 (d).

xxxiii. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, remodeling clinic or similar institutions.

xxxiv. Obesity/ Weight Control: (Code- Excl06)

Expenses related to the surgical treatment of obesity that does not fulfill 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

xxxv. 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

xxxvi. 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.

Note: Refer Annexure – III of the Policy Terms & Conditions for list of excluded hospitals.

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

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

xxxix. 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)

xl. Refractive Error: (Code- Excl15)

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

xli. Any condition caused by or associated with any sexually transmitted disease except arising out of HIV.

xlii. Any Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs, alcohol, hallucinogens, smoking.

xliii. Any treatment or part of treatment or any expenses incurred under this Policy that is not reasonable and customary and/or not medically necessary.

xliv. Any specific time-bound or lifetime exclusions specified in the Policy Schedule.

Note: In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any

action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above shall also be excluded.

For further details on the exclusions applicable, please refer to the Policy Terms & Conditions or seek the advice of your financial advisor.

10. Pre-Policy Issuance Medical Check-up

We may ask the Insured Person to undergo requisite Medical Check-up based on the plan, age and the Sum Insured-Deductible selected. The result of these tests shall be valid for a period of 3 months from the date of tests. The test is to be taken as per the corresponding grid:

| Plan | Enhance 1 | Enhance 1 | Enhance 2 |
|--|----------------------|-----------------|-----------|
| Deductible | 50 K / 1 Lac / 2 Lac | 2 Lac to 10 Lac | All |
| Sum Insured (Including the Deductible) | Up to 5 Lac | Above 5 Lac | All |
| < 46 yrs | No | Yes | Yes |
| => 46 yrs | Yes | Yes | Yes |

The cost of the medical tests would be borne by us in case you opt for a 2 year or 3 year tenure. In case the policy tenure is 1 year and if the cost of medical tests is borne by You, we shall reimburse at least 50% of the costs of these medical tests if Your proposal is accepted.

Also, wherever any Pre-Existing Disease or any other adverse medical history is declared for any member, we may ask such member to undergo specific tests, as We may deem fit to evaluate such member, irrespective of the member's age.

11. Renewal Terms

1. This Policy will automatically terminate on the Policy Period End Date. All renewal applications should reach Us on or before the Policy Period End Date.
2. We may, in its sole discretion, revise the renewal premium payable under the Policy provided that revisions to the renewal premium are in accordance with the IRDA rules and regulations as applicable from time to time. The premium payable on renewal shall be paid to Us on or before the Policy Period End Date and in any event before the expiry of the Grace Period.
3. For the purpose of this provision, Grace Period means a period of 30 days immediately following the Policy Period End Date during which a payment can be made to renew this Policy without loss of continuity benefits such as Waiting Periods and coverage of Pre-existing Diseases. Coverage is not available for the period for which premium is not received by Us and We shall not be liable for any Claims incurred during such period. The provisions of Section 64VB of the Insurance Act shall be applicable.
4. We will ordinarily not refuse to renew the Policy except on ground of established fraud, or non-disclosure or misrepresentation by Insured Person.
5. We reserve the right to carry out underwriting in relation to any request for change in the Sum Insured or Deductible at the time of renewal of the Policy.
6. This product may be withdrawn/ modified by Us after due approval from the IRDAI. In case this product is withdrawn/ modified by Us, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDAI. We shall duly intimate You at least three months prior to the date of such modification / withdrawal of this product and the options available to the Policyholder at the time of Renewal of this Policy.
7. No claims based loading shall be applicable to this product.

Schedule of Discounts

| Sr. # | Description | Parameters | Rates |
|-------|--|--------------------------|-----------------|
| 1 | Family Discount - This discount shall be applicable if more than one persons of the same family are covered in the same Policy, individually | No. of persons | Discount |
| | | 2,3 members | 5.00% |
| | | 4 and above | 10.00% |
| 2 | Discount for multi-year policies (on single premium) 2 year rate = Annual Rate x 2 x (1 - Discount applicable) 3 year rate = Annual Rate x 3 x (1 - Discount applicable) | Tenure | Discount |
| | | 2 Year | 7.50% |
| | | 3 Year | 10.00% |
| 3 | Group Discount | Number of Members | Discount |
| | | 15 to 100 | 5% |
| | | 101 to 600 | 10% |
| | | 601 to 2000 | 15% |
| | | 2001 and above | 20% |
| 4 | Discount for Employees and their dependents of : CHIL & CHIL Promoters | 15% | |

Note:

- Nothing contained above shall be construed as rebate even in the remotest usage of the interpretation and application.
- Maximum discount on a cumulative basis shall not exceed 20% of the premium

Schedule of Loading

Loading would be applied on specific conditions as per table below:

| Sr. # | Condition | Loading |
|-------|------------------------------------|---------|
| 1 | Diabetes Mellitus – II | 15% |
| 2 | Hypertension | 15% |
| 3 | Body Mass Index (Obesity) | 15% |
| 4 | Cholesterol / Lipid Profile | 15% |
| 5 | ECG / TMT | 15% |
| 6 | Asthma | 15% |
| 7 | Left Anterior/Posterior Hemi Block | 15% |
| 8 | Other cases of single morbidity | 15% |

Note:

- In case of 2 conditions being diagnosed for a single risk, the loading would be applied @ 30%.
- In case of more than 2 conditions being diagnosed for a single risk, the loading would be applied @ 50%

Schedule of Benefits

| Features / Plan | Enhance 1 | Enhance 2 |
|-----------------|--|---|
| Sum Insured | 1 Lac to 30 Lac (in multiple of 1 Lac) | 45 Lac; 55 Lac / 40 Lac; 50 Lac / 35 Lac; 45 Lac / 30 Lac; 40 Lac |

| | | |
|---------------------------------------|---|---|
| Deductible | 50K/ 1 Lac to 10 Lac (in multiple of 1 Lac) | 5 Lac/ 10 Lac/ 15 Lac/ 20 Lac |
| Minimum Sum Insured | Rs 1 Lac | Rs 30 Lacs |
| Maximum Sum Insured | Rs 30 Lacs | Rs 55 Lacs |
| Hospitalization Expenses | | |
| In-patient Care | Up to Sum Insured | Up to Sum Insured |
| Day Care Treatment | 170 Surgeries | 170 Surgeries |
| Room Category | Single Private Room | Single Private Room, upgradable to next level |
| Pre-hospitalization Medical Expenses | 30 Days | 30 Days |
| Post-hospitalization Medical Expenses | 60 Days | 60 Days |
| Organ Donor Cover | Up to Sum Insured | Up to Sum Insured |
| Health Check-up | Yes | Yes |
| Enhance Anywhere | No | Yes |
| AYUSH Treatment | Up to Sum Insured | Up to Sum Insured |

Special Conditions

| Features / Plan | Enhance 1 | Enhance 2 |
|-----------------|---|---|
| Floater | Yes | Yes |
| Co-payment | @ 20% per claim, where age of eldest member at entry is 61 years or above | @ 20% per claim, where age of eldest member at entry is 61 years or above |

Add-on Benefits

| Features / Plan | Enhance 1 | Enhance 2 |
|-----------------|-----------|-----------|
| Everyday Care | Yes | Yes |
| Expert Opinion | Yes | Yes |

Illustration for applicability of Deductible

(Amount in Rs.)

| Sr.# | Sum Insured | Deductible | Claim 1 | Claim 2 | Claim 3 | Payable 1 | Payable 2 | Payable 3 |
|------|-------------|------------|---------|---------|---------|-----------|-----------|-----------|
| 1 | 600,000 | 200,000 | 75,000 | 125,000 | 100,000 | - | - | 100,000 |
| 2 | 600,000 | 200,000 | 75,000 | 250,000 | 300,000 | - | 125,000 | 300,000 |
| 3 | 600,000 | 200,000 | 250,000 | 400,000 | 400,000 | 50,000 | 400,000 | 150,000 |

About Us

Care Health Insurance is a specialized health insurer offering products in the retail segment for Health Insurance, Top-up Coverage, Personal Accident, Maternity, International Travel Insurance and Critical Illness along with Group Health Insurance and Group Personal Accident Insurance for Corporates, Micro Insurance Products for the Rural Market and a Comprehensive Set of Wellness Services. With its operating philosophy being based on the principal tenet of 'consumer-centricity', the company has consistently invested in the effective application of technology to deliver excellence in customer servicing, product innovation and value-for-money services.

Apart from numerous awards since inception, in March 2025, Care Health Insurance (CHI) was awarded 'Best Claim Settlement Company of the Year' at the 9th Annual India Insurance Summit & Awards 2025; in December 2024 CHI was conferred the 'Overall Achievement Award' (SAHI category) at the ASSOCHAM 16th Global Insurance Summit & Awards, and 'Smart Insurer' and 'Sales Champion' awards in Health Insurance category at the 11th ET Now Insurance Summit & Awards 2024. The company was also awarded 'Best Health Insurance Plan – Care Plus at the Global Financial Planner's Summit 2024 held in October '24.

| | |
|-------------------------------------|---|
| Registered Office | Care Health Insurance Limited 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019 |
| Correspondence Office | Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram-122009 |
| Tollfree (WhatsApp Number) | 8860402452 |
| E-mail ID for Claims | claims@careinsurance.com |
| Submit Your Queries/Requests | https://www.careinsurance.com/contact-us.html |
| Website | www.careinsurance.com |

Disclaimer: This is only a summary of features of enhance[®]. The actual benefits available are as described in the Policy, and will be subject to the Policy terms, conditions and exclusions. Please seek the advice of Your insurance advisor if You require any further information or clarification.

Insurance is a subject matter of solicitation. UAN:25086829 UIN:RHIHLIP21372V022021

CIN:U66000DL2007PLC161503 IRDAI Registration Number - 148

Statutory Warning: Prohibition of Rebates (under Section 41 of Insurance Act, 1938): No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Note:

1. The foregoing is only an indication of the cover offered. For details, please refer to the Policy Terms & Conditions, available on request.
2. Proposal form and the prospectus shall form the basis of the insurance contract. It is mandatory for you to provide us a duly filled in and signed proposal form and retain a copy as an evidence of the basis of the insurance contract.
3. Any risk under this policy shall commence only once we receive the premium (including all taxes and levies thereto).
4. In case you have not understood any of the details, coverage, etc. in this document, you can seek for a clarification or a copy of this document in a language understood by you.
5. For full details of this product, please log on to www.careinsurance.com
6. The product is in conformity with the IRDAI approval and health insurance regulations and standardization guidelines

Annexure I - List of Day Care Surgeries

| | | | |
|-----|---|-----|--|
| 1. | Cardiology Related: | | |
| 1. | Coronary Angiography | 26. | Inner Ear Palatoplasty |
| 2. | Critical Care Related: | 27. | Transoral Incision And Drainage Of A Pharyngeal Abscess |
| 2. | Insert Non- Tunnel Cv Cath | 28. | Tonsillectomy Without Adenoidecomy |
| 3. | Insert Picc Cath (Peripherally Inserted Central Catheter) | 29. | Tonsillectomy With Adenoidecomy |
| 4. | Replace Picc Cath (Peripherally Inserted Central Catheter) | 30. | Excision And Destruction Of A Lingual Tonsil |
| 5. | Insertion Catheter, Intra Anterior | 31. | Revision Of A Tympanoplasty |
| 6. | Insertion Of Portacath | 32. | Other Microsurgical Operations On The Middle Ear |
| 3. | Dental Related: | 33. | Incision Of The Mastoid Process And Middle Ear |
| 7. | Splinting Of Avulsed Teeth | 34. | Mastoidectomy |
| 8. | Suturing Lacerated Lip | 35. | Reconstruction Of The Middle Ear |
| 9. | Suturing Oral Mucosa | 36. | Other Excisions Of The Middle And Inner Ear |
| 10. | Oral Biopsy In Case Of Abnormal Tissue Presentation | 37. | Incision (Opening) And Destruction (Elimination) Of The Inner Ear |
| 11. | Fnac | 38. | Other Operations On The Middle And Inner Ear |
| 12. | Smear From Oral Cavity | 39. | Excision And Destruction Of Diseased Tissue Of The Nose |
| 4. | Ent Related: | 40. | Other Operations On The Nose |
| 13. | Myringotomy With Grommet Insertion | 41. | Nasal Sinus Aspiration |
| 14. | Tympanoplasty (Closure Of An Eardrum Perforation/ Reconstruction Of The Auditory Ossicles) | 42. | Foreign Body Removal From Nose |
| 15. | Removal Of A Tympanic Drain | 43. | Other Operations On The Tonsils And Adenoids |
| 16. | Keratosis Removal Under Ga | 44. | Adenoidecomy |
| 17. | Operations On The Turbinates (Nasal Concha) | 45. | Labyrinthectomy For Severe Vertigo |
| 18. | Tympanoplasty (Closure Of An Eardrum Perforation/ Reconstruction Of The Auditory Ossicles) | 46. | Stapedectomy Under Ga |
| 19. | Removal Of Keratosis Obturans | 47. | Stapedectomy Under La |
| 20. | Stapedotomy To Treat Various Lesions In Middle Ear | 48. | Tympanoplasty (Type Iv) |
| 21. | Revision Of A Stapedectomy | 49. | Endolymphatic Sac Surgery For Meniere's Disease |
| 22. | Other Operations On The Auditory Ossicles | 50. | Turbinatectomy |
| 23. | Myringoplasty (Post-Aura/ Endaural Approach As Well As Simple Type -I Tympanoplasty) | 51. | Endoscopic Stapedectomy |
| 24. | Fenestration Of The Inner Ear | 52. | Incision And Drainage Of Perichondritis |
| 25. | Revision Of A Fenestration Of The | 53. | Septoplasty |
| | | 54. | Vestibular Nerve Section |
| | | 55. | Thyroplasty Type I |
| | | 56. | Pseudocyst Of The Pinna - Excision |
| | | 57. | Incision And Drainage - Haematoma Auricle |
| | | 58. | Tympanoplasty (Type Ii) |
| | | 59. | Reduction Of Fracture Of Nasal Bone |
| | | 60. | Thyroplasty Type II |
| | | 61. | Tracheostomy |

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|-----------|--|------|--|
| 62. | Excision Of Angioma Septum | 97. | Orchidopexy |
| 63. | Turbinoplasty | 98. | Abdominal Exploration In Cryptorchidism |
| 64. | Incision & Drainage Of Retro Pharyngeal Abscess | 99. | Surgical Treatment Of Anal Fistulas |
| 65. | Uvulo Palato Pharyngo Plasty | 100. | Division Of The Anal Sphincter (Sphincterotomy) |
| 66. | Adenoideectomy With Grommet Insertion | 101. | Epididymectomy |
| 67. | Adenoideectomy Without Grommet Insertion | 102. | Incision Of The Breast Abscess |
| 68. | Vocal Cord Lateralisation Procedure | 103. | Operations On The Nipple |
| 69. | Incision & Drainage Of Para Pharyngeal Abscess | 104. | Excision Of Single Breast Lump |
| 70. | Tracheoplasty | 105. | Incision And Excision Of Tissue In The Perianal Region |
| 5. | Gastroenterology Related: | 106. | Surgical Treatment Of Hemorrhoids |
| 71. | Cholecystectomy And Choledocho-Jejunostomy/ Duodenostomy/Gastrostomy/Exploration Common Bile Duct | 107. | Other Operations On The Anus |
| 72. | Esophagoscopy, Gastrosopy, Duodenoscopy With Polypectomy/ Removal Of Foreign Body/ Diathermy Of Bleeding Lesions | 108. | Ultrasound Guided Aspirations |
| 73. | Pancreatic Pseudocyst Eus & Drainage | 109. | Sclerotherapy, Etc. |
| 74. | Rf Ablation For Barrett's Oesophagus | 110. | Laparotomy For Grading Lymphoma With Splenectomy/Liver/Lymph Node Biopsy |
| 75. | Ercp And Papillotomy | 111. | Therapeutic Laparoscopy With Laser |
| 76. | Esophagoscope And Sclerosant Injection | 112. | Appendicectomy With/Without Drainage |
| 77. | Eus + Submucosal Resection | 113. | Infected Keloid Excision |
| 78. | Construction Of Gastrostomy Tube | 114. | Axillary Lymphadenectomy |
| 79. | Eus + Aspiration Pancreatic Cyst | 115. | Wound Debridement And Cover |
| 80. | Small Bowel Endoscopy (Therapeutic) | 116. | Abscess-Decompression |
| 81. | Colonoscopy ,Lesion Removal | 117. | Cervical Lymphadenectomy |
| 82. | Ercp | 118. | Infected Sebaceous Cyst |
| 83. | Colonoscopy Stenting Of Stricture | 119. | Inguinal Lymphadenectomy |
| 84. | Percutaneous Endoscopic Gastrostomy | 120. | Incision And Drainage Of Abscess |
| 85. | Eus And Pancreatic Pseudo Cyst Drainage | 121. | Suturing Of Lacerations |
| 86. | Ercp And Choledochoscopy | 122. | Scalp Suturing |
| 87. | Proctosigmoidoscopy Volvulus Detorsion | 123. | Infected Lipoma Excision |
| 88. | Ercp And Sphincterotomy | 124. | Maximal Anal Dilatation |
| 89. | Esophageal Stent Placement | 125. | Piles |
| 90. | Ercp + Placement Of Biliary Stents | 126. | A)Injection Sclerotherapy |
| 91. | Sigmoidoscopy W / Stent | 127. | B)Piles Banding |
| 92. | Eus + Coeliac Node Biopsy | 128. | Liver Abscess- Catheter Drainage |
| 93. | Ugi Scopy And Injection Of Adrenaline, Sclerosants Bleeding Ulcers | 129. | Fissure In Ano- Fissurectomy |
| 6. | General Surgery Related: | 130. | Fibroadenoma Breast Excision |
| 94. | Incision Of A Pilonidal Sinus / Abscess | 131. | Oesophageal Varices Sclerotherapy |
| 95. | Fissure In Ano Sphincterotomy | 132. | Ercp - Pancreatic Duct Stone Removal |
| 96. | Surgical Treatment Of A Varicocele And A Hydrocele Of The Spermatic Cord | 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 Abscesses Laparoscopic Drainage |
| | | 144. | Ugi Scopy And Polypectomy Stomach |

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| 145. | Rigid Oesophagoscopy For Fb Removal | 191. | Dilatation Of The Cervical Canal |
| 146. | Feeding Jejunostomy | 192. | Conisation Of The Uterine Cervix |
| 147. | Colostomy | 193. | Therapeutic Curettage With Colposcopy/Biopsy/Diathermy/Cryosurgery/ |
| 148. | Ileostomy | 194. | Laser Therapy Of Cervix For Various Lesions Of Uterus |
| 149. | Colostomy Closure | 195. | Other Operations On The Uterine Cervix |
| 150. | Submandibular Salivary Duct Stone Removal | 196. | Incision Of The Uterus (Hysterectomy) |
| 151. | Pneumatic Reduction Of Intussusception | 197. | Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas |
| 152. | Varicose Veins Legs - Injection Sclerotherapy | 198. | Incision Of Vagina |
| 153. | Rigid Oesophagoscopy For Plummer Vinson Syndrome | 199. | Incision Of Vulva |
| 154. | Pancreatic Pseudocysts Endoscopic Drainage | 200. | Culdotomy |
| 155. | Zadek's Nail Bed Excision | 201. | Salpingo-Oophorectomy Via Laparotomy |
| 156. | Subcutaneous Mastectomy | 202. | Endoscopic Polypectomy |
| 157. | Excision Of Ranula Under Ga | 203. | Hysteroscopic Removal Of Myoma |
| 158. | Rigid Oesophagoscopy For Dilation Of Benign Strictures | 204. | D&C |
| 159. | Eversion Of Sac | 205. | Hysteroscopic Resection Of Septum |
| 160. | Unilateral | 206. | Thermal Cauterisation Of Cervix |
| 161. | Ilateral | 207. | Mirena Insertion |
| 162. | Lord's Plication | 208. | Hysteroscopic Adhesiolysis |
| 163. | Jaboulay's Procedure | 209. | Leep |
| 164. | Scrotoplasty | 210. | Cryocauterisation Of Cervix |
| 165. | Circumcision For Trauma | 211. | Polypectomy Endometrium |
| 166. | Meatoplasty | 212. | Hysteroscopic Resection Of Fibroid |
| 167. | Intersphincteric Abscess Incision And Drainage | 213. | Lletz |
| 168. | Psoas Abscess Incision And Drainage | 214. | Conization |
| 169. | Thyroid Abscess Incision And Drainage | 215. | Polypectomy Cervix |
| 170. | Tips Procedure For Portal Hypertension | 216. | Hysteroscopic Resection Of Endometrial Polyp |
| 171. | Esophageal Growth Stent | 217. | Vulval Wart Excision |
| 172. | Pair Procedure Of Hydatid Cyst Liver | 218. | Laparoscopic Paraovarian Cyst Excision |
| 173. | Tru Cut Liver Biopsy | 219. | Uterine Artery Embolization |
| 174. | Photodynamic Therapy Or Esophageal Tumour And Lung Tumour | 220. | Laparoscopic Cystectomy |
| 175. | Excision Of Cervical Rib | 221. | Hymenectomy(Imperforate Hymen) |
| 176. | Laparoscopic Reduction Of Intussusception | 222. | Endometrial Ablation |
| 177. | Microdochectomy Breast | 223. | Vaginal Wall Cyst Excision |
| 178. | Surgery For Fracture Penis | 224. | Vulval Cyst Excision |
| 179. | Sentinel Node Biopsy | 225. | Laparoscopic Paratubal Cyst Excision |
| 180. | Parastomal Hernia | 226. | Repair Of Vagina (Vaginal Atresia) |
| 181. | Revision Colostomy | 227. | Hysteroscopy, Removal Of Myoma |
| 182. | Prolapsed Colostomy- Correction | 228. | Turbt |
| 183. | Testicular Biopsy | 229. | Ureterocoele Repair - Congenital Internal |
| 184. | Laparoscopic Cardiomyotomy(Hellers) | 230. | Vaginal Mesh For Pop |
| 185. | Sentinel Node Biopsy Malignant Melanoma | 231. | Laparoscopic Myomectomy |
| 186. | Laparoscopic Pyloromyotomy(Ramstedt) | 232. | Surgery For Sui |
| 7. | Gynecology Related: | 233. | Repair Recto- Vagina Fistula |
| 187. | Operations On Bartholin's Glands (Cyst) | 234. | Pelvic Floor Repair(Excluding Fistula Repair) |
| 188. | Incision Of The Ovary | 235. | Urs + Ll |
| 189. | Insufflations Of The Fallopian Tubes | 236. | Laparoscopic Oophorectomy |
| 190. | Other Operations On The Fallopian Tube | 237. | Normal Vaginal Delivery And Variants |

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| 8. | Neurology Related: | |
| 238. | Facial Nerve Physiotherapy | 285. Interstitial Brachytherapy |
| 239. | Nerve Biopsy | 286. Intracavity Brachytherapy |
| 240. | Muscle Biopsy | 287. 3d Brachytherapy |
| 241. | Epidural Steroid Injection | 288. Implant Brachytherapy |
| 242. | Glycerol Rhizotomy | 289. Intravesical Brachytherapy |
| 243. | Spinal Cord Stimulation | 290. Adjuvant Radiotherapy |
| 244. | Motor Cortex Stimulation | 291. Afterloading Catheter Brachytherapy |
| 245. | Stereotactic Radiosurgery | 292. Conditioning Radiotherapy For Bmt |
| 246. | Percutaneous Cordotomy | 293. Extracorporeal Irradiation To The Homologous Bone Grafts |
| 247. | Intrathecal Baclofen Therapy | 294. Radical Chemotherapy |
| 248. | Entrapment Neuropathy Release | 295. Neoadjuvant Radiotherapy |
| 249. | Diagnostic Cerebral Angiography | 296. Ldr Brachytherapy |
| 250. | Vp Shunt | 297. Palliative Radiotherapy |
| 251. | Ventriculoatrial Shunt | 298. Radical Radiotherapy |
| 9. | Oncology Related: | 299. Palliative Chemotherapy |
| 252. | Radiotherapy For Cancer | 300. Template Brachytherapy |
| 253. | Cancer Chemotherapy | 301. Neoadjuvant Chemotherapy |
| 254. | Iv Push Chemotherapy | 302. Adjuvant Chemotherapy |
| 255. | Hbi-Hemibody Radiotherapy | 303. Induction Chemotherapy |
| 256. | Infusional Targeted Therapy | 304. Consolidation Chemotherapy |
| 257. | Srt-Stereotactic Arc Therapy | 305. Maintenance Chemotherapy |
| 258. | Sc Administration Of Growth Factors | 306. Hdr Brachytherapy |
| 259. | Continuous Infusional Chemotherapy | |
| 260. | Infusional Chemotherapy | |
| 261. | Ccrt-Concurrent Chemo + Rt | |
| 262. | 2d Radiotherapy | |
| 263. | 3d Conformal Radiotherapy | |
| 264. | Igprt- Image Guided Radiotherapy | |
| 265. | Imrt- Step & Shoot | |
| 266. | Infusional Bisphosphonates | |
| 267. | Imrt- Dmle | |
| 268. | Rotational Arc Therapy | |
| 269. | Tele Gamma Therapy | |
| 270. | Fsrt-Fractionated Srt | |
| 271. | Vmat-Volumetric Modulated Arc Therapy | |
| 272. | Sbrt-Stereotactic Body Radiotherapy | |
| 273. | Helical Tomotherapy | |
| 274. | Srs-Stereotactic Radiosurgery | |
| 275. | X-Knife Srs | |
| 276. | Gammaknife Srs | |
| 277. | Tbi- Total Body Radiotherapy | |
| 278. | Intraluminal Brachytherapy | |
| 279. | Electron Therapy | |
| 280. | Tset-Total Electron Skin Therapy | |
| 281. | Extracorporeal Irradiation Of Blood Products | |
| 282. | Telecobalt Therapy | |
| 283. | Telecesium Therapy | |
| 284. | External Mould Brachytherapy | |
| 10. | Operations On The Salivary Glands & Salivary Ducts: | |
| 307. | Incision And Lancing Of A Salivary Gland And A Salivary Duct | |
| 308. | Excision Of Diseased Tissue Of A Salivary Gland And A Salivary Duct | |
| 309. | Resection Of A Salivary Gland | |
| 310. | Reconstruction Of A Salivary Gland And A Salivary Duct | |
| 311. | Other Operations On The Salivary Glands And Salivary Ducts | |
| 11. | Operations On The Skin & Subcutaneous Tissues: | |
| 312. | Other Incisions Of The Skin And Subcutaneous Tissues | |
| 313. | Surgical Wound Toilet (Wound Debridement) And Removal Of Diseased Tissue Of The Skin And Subcutaneous Tissues | |
| 314. | Local Excision Of Diseased Tissue Of The Skin And Subcutaneous Tissues | |
| 315. | Other Excisions Of The Skin And Subcutaneous Tissues | |
| 316. | Simple Restoration Of Surface Continuity Of | |

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|------------|---|------------|--|
| 317. | The Skin And Subcutaneous Tissues | | Trabeculotomy And Filtering And Allied Operations To Treat Glaucoma |
| 318. | Free Skin Transplantation, Donor Site | 351. | Enucleation Of Eye Without Implant |
| 319. | Free Skin Transplantation, Recipient Site | 352. | Dacryocystorhinostomy For Various Lesions Of Lacrimal Gland |
| 320. | Revision Of Skin Plasty | 353. | Laser Photocoagulation To Treat Retinal Tear |
| | Other Restoration And Reconstruction Of The Skin And Subcutaneous Tissues. | 354. | Biopsy Of Tear Gland |
| 321. | Chemosurgery To The Skin. | 355. | Treatment Of Retinal Lesion |
| 322. | Destruction Of Diseased Tissue In The Skin And Subcutaneous Tissues | 14. | Orthopedics Related: |
| 323. | Reconstruction Of Deformity/Defect In Nail Bed | 356. | Surgery For Meniscus Tear |
| 324. | Excision Of Bursitis | 357. | Incision On Bone, Septic And Aseptic |
| 325. | Tennis Elbow Release | 358. | Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis |
| 12. | Operations On The Tongue: | 359. | Suture And Other Operations On Tendons And Tendon Sheath |
| 326. | Incision, Excision And Destruction Of Diseased Tissue Of The Tongue | 360. | Reduction Of Dislocation Under Ga |
| 327. | Partial Glossectomy | 361. | Arthroscopic Knee Aspiration |
| 328. | Glossectomy | 362. | Surgery For Ligament Tear |
| 329. | Reconstruction Of The Tongue | 363. | Surgery For Hemoarthrosis/Pyoarthrosis |
| 330. | Other Operations On The Tongue | 364. | Removal Of Fracture Pins/Nails |
| 13. | Ophthalmology Related: | 365. | Removal Of Metal Wire |
| 331. | Surgery For Cataract | 366. | Closed Reduction On Fracture, Luxation |
| 332. | Incision Of Tear Glands | 367. | Reduction Of Dislocation Under Ga |
| 333. | Other Operations On The Tear Ducts | 368. | Epiphyseolysis With Osteosynthesis |
| 334. | Incision Of Diseased Eyelids | 369. | Excision Of Various Lesions In Coccyx |
| 335. | Excision And Destruction Of Diseased Tissue Of The Eyelid | 370. | Arthroscopic Repair Of Acl Tear Knee |
| 336. | Operations On The Canthus And Epicanthus | 371. | Closed Reduction Of Minor Fractures |
| 337. | Corrective Surgery For Entropion And Ectropion | 372. | Arthroscopic Repair Of Pcl Tear Knee |
| 338. | Corrective Surgery For Blepharoptosis | 373. | Tendon Shortening |
| 339. | Removal Of A Foreign Body From The Conjunctiva | 374. | Arthroscopic Meniscectomy - Knee |
| 340. | Removal Of A Foreign Body From The Cornea | 375. | Treatment Of Clavicle Dislocation |
| 341. | Incision Of The Cornea | 376. | Haemarthrosis Knee- Lavage |
| 342. | Operations For Pterygium | 377. | Abscess Knee Joint Drainage |
| 343. | Other Operations On The Cornea | 378. | Carpal Tunnel Release |
| 344. | Removal Of A Foreign Body From The Lens Of The Eye | 379. | Closed Reduction Of Minor Dislocation |
| 345. | Removal Of A Foreign Body From The Posterior Chamber Of The Eye | 380. | Repair Of Knee Cap Tendon |
| 346. | Removal Of A Foreign Body From The Orbit And Eyeball | 381. | Orif With K Wire Fixation- Small Bones |
| 347. | Correction Of Eyelid Ptosis By Levator Palpebrae Superioris Resection (Bilateral) | 382. | Release Of Midfoot Joint |
| 348. | Correction Of Eyelid Ptosis By Fascia Lata Graft (Bilateral) | 383. | Orif With Plating- Small Long Bones |
| 349. | Diathermy/Cryotherapy To Treat Retinal Tear | 384. | Implant Removal Minor |
| 350. | Anterior Chamber Paracentesis/ Cyclodiathermy/Cryoclyotherapy/ Goniotomy/ | 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 |

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| 395. | Amputation Of Metacarpal Bone | 437. | Vaginoplasty |
| 396. | Release Of Thumb Contracture | 438. | Dilatation Of Accidental Caustic Stricture |
| 397. | Incision Of Foot Fascia | | Oesophageal |
| 398. | Calcaneum Spur Hydrocort Injection | 439. | Presacral Teratomas Excision |
| 399. | Ganglion Wrist Hyalase Injection | 440. | Removal Of Vesical Stone |
| 400. | Partial Removal Of Metatarsal | 441. | Excision Sigmoid Polyp |
| 401. | Repair / Graft Of Foot Tendon | 442. | Sternomastoid Tenotomy |
| 402. | Revision/Removal Of Knee Cap | 443. | Infantile Hypertrophic Pyloric Stenosis |
| 403. | Amputation Follow-Up Surgery | 444. | Pyloromyotomy |
| 404. | Exploration Of Ankle Joint | 445. | Excision Of Soft Tissue Rhabdomyosarcoma |
| 405. | Remove/Graft Leg Bone Lesion | 446. | Mediastinal Lymph Node Biopsy |
| 406. | Repair/Graft Achilles Tendon | 447. | High Orchidectomy For Testis Tumours |
| 407. | Remove Of Tissue Expander | 448. | Excision Of Cervical Teratoma |
| 408. | Biopsy Elbow Joint Lining | 449. | Rectal-Myomectomy |
| 409. | Removal Of Wrist Prosthesis | 450. | Rectal Prolapse (Delorme's Procedure) |
| 410. | Biopsy Finger Joint Lining | 451. | Detorsion Of Torsion Testis |
| 411. | Tendon Lengthening | 452. | Eua + Biopsy Multiple Fistula In Ano |
| 412. | Treatment Of Shoulder Dislocation | | Cystic Hygroma - Injection Treatment |
| 413. | Lengthening Of Hand Tendon | 17. | Plastic Surgery Related: |
| 414. | Removal Of Elbow Bursa | 453. | Construction Skin Pedicle Flap |
| 415. | Fixation Of Knee Joint | 454. | Gluteal Pressure Ulcer-Excision |
| 416. | Treatment Of Foot Dislocation | 455. | Muscle-Skin Graft, Leg |
| 417. | Surgery Of Bunion | 456. | Removal Of Bone For Graft |
| 418. | Intra Articular Steroid Injection | 457. | Muscle-Skin Graft Duct Fistula |
| 419. | Tendon Transfer Procedure | 458. | Removal Cartilage Graft |
| 420. | Removal Of Knee Cap Bursa | 459. | Myocutaneous Flap |
| 421. | Treatment Of Fracture Of Ulna | 460. | Fibro Myocutaneous Flap |
| 422. | Treatment Of Scapula Fracture | 461. | Breast Reconstruction Surgery After |
| 423. | Removal Of Tumor Of Arm/ Elbow Under Ra Ga | 462. | Mastectomy |
| 424. | Repair Of Ruptured Tendon | 463. | Sling Operation For Facial Palsy |
| 425. | Decompress Forearm Space | 464. | Split Skin Grafting Under Ra |
| 426. | Revision Of Neck Muscle (Torticollis Release) | 465. | Wolfe Skin Graft |
| 427. | Lengthening Of Thigh Tendons | | Plastic Surgery To The Floor Of The Mouth |
| 428. | Treatment Fracture Of Radius & Ulna | | Under Ga |
| 429. | Repair Of Knee Joint | 18. | Thoracic Surgery Related: |
| 15. | Other Operations On The Mouth & Face: | 466. | Thoracoscopy And Lung Biopsy |
| 430. | External Incision And Drainage In The Region Of The Mouth, Jaw And Face | 467. | Excision Of Cervical Sympathetic Chain |
| 431. | Incision Of The Hard And Soft Palate | | Thoracoscopic |
| 432. | Excision And Destruction Of Diseased Hard And Soft Palate | 468. | Laser Ablation Of Barrett's Oesophagus |
| 433. | Incision, Excision And Destruction In The Mouth | 469. | Pleurodesis |
| 434. | Other Operations In The Mouth | 470. | Thoracoscopy And Pleural Biopsy |
| 16. | Pediatric Surgery Related: | 471. | Ebus + Biopsy |
| 435. | Excision Of Fistula-In-Ano | 472. | Thoracoscopy Ligation Thoracic Duct |
| 436. | Excision Juvenile Polyps Rectum | 473. | Thoracoscopy Assisted Empyaema Drainage |
| | | 19. | Urology Related: |

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| 474. | Haemodialysis | 516. | Cystoscopy And Removal Of Polyp |
| 475. | Lithotripsy/Nephrolithotomy For Renal Calculus | 517. | Suprapubic Cystostomy |
| 476. | Excision Of Renal Cyst | 518. | Percutaneous Nephrostomy |
| 477. | Drainage Of Pyonephrosis/Perinephric Abscess | 519. | Cystoscopy And "Sling" Procedure. |
| 478. | Incision Of The Prostate | 520. | Tuna- Prostate |
| 479. | Transurethral Excision And Destruction Of Prostate Tissue | 521. | Excision Of Urethral Diverticulum |
| 480. | Transurethral And Percutaneous Destruction Of Prostate Tissue | 522. | Removal Of Urethral Stone |
| 481. | Open Surgical Excision And Destruction Of Prostate Tissue | 523. | Excision Of Urethral Prolapse |
| 482. | Radical Prostatovesiculectomy | 524. | Mega-Ureter Reconstruction |
| 483. | Other Excision And Destruction Of Prostate Tissue | 525. | Kidney Renoscopy And Biopsy |
| 484. | Operations On The Seminal Vesicles | 526. | Ureter Endoscopy And Treatment |
| 485. | Incision And Excision Of Periprostatic Tissue | 527. | Vesico Ureteric Reflux Correction |
| 486. | Other Operations On The Prostate | 528. | Surgery For Pelvi Ureteric Junction Obstruction |
| 487. | Incision Of The Scrotum And Tunica Vaginalis Testis | 529. | Anderson Hynes Operation |
| 488. | Operation On A Testicular Hydrocele | 530. | Kidney Endoscopy And Biopsy |
| 489. | Excision And Destruction Of Diseased Scrotal Tissue | 531. | Paraphimosis Surgery |
| 490. | Other Operations On The Scrotum And Tunica Vaginalis Testis | 532. | Injury Prepuce- Circumcision |
| 491. | Incision Of The Testes | 533. | Frenular Tear Repair |
| 492. | Excision And Destruction Of Diseased Tissue Of The Testes | 534. | Meatotomy For Meatal Stenosis |
| 493. | Unilateral Orchidectomy | 535. | Surgery For Fournier's Gangrene Scrotum |
| 494. | Bilateral Orchidectomy | 536. | Surgery Filarial Scrotum |
| 495. | Surgical Repositioning Of An Abdominal Testis | 537. | Surgery For Watering Can Perineum |
| 496. | Reconstruction Of The Testis | 538. | Repair Of Penile Torsion |
| 497. | Implantation, Exchange And Removal Of A Testicular Prosthesis | 539. | Drainage Of Prostate Abscess |
| 498. | Other Operations On The Testis | 540. | Orchiectomy |
| 499. | Excision In The Area Of The Epididymis | 541. | Cystoscopy And Removal Of Fb |
| 500. | Operations On The Foreskin | | |
| 501. | Local Excision And Destruction Of Diseased Tissue Of The Penis | | |
| 502. | Amputation Of The Penis | | |
| 503. | Other Operations On The Penis | | |
| 504. | Cystoscopical Removal Of Stones | | |
| 505. | Catheterisation Of Bladder | | |
| 506. | Lithotripsy | | |
| 507. | Biopsy Oftemporal Artery For Various Lesions | | |
| 508. | External Arterio-Venous Shunt | | |
| 509. | Av Fistula - Wrist | | |
| 510. | Urs1 With Stenting | | |
| 511. | Urs1 With Lithotripsy | | |
| 512. | Cystoscopic Litholapaxy | | |
| 513. | Eswl | | |
| 514. | Bladder Neck Incision | | |
| 515. | Cystoscopy & Biopsy | | |

Annexure – II List of Expenses Generally Excluded (“Non-medical”) in Hospital Indemnity Policy

| Sr. No. | List I – Optional Items | Sr. No. | List I – Optional Items |
|------------|--|------------|--|
| 1 | Baby Food | 45 | Knee Braces (Long/ Short/ Hinged) |
| 2 | Baby Utilities Charges | 46 | Knee Immobilizer/Shoulder Immobilizer |
| 3 | Beauty Services | 47 | Lumbo Sacral Belt |
| 4 | Belts/ Braces | 48 | Nimbus Bed Or Water Or Air Bed Charges |
| 5 | Buds | 49 | Ambulance Collar |
| 6 | Cold Pack/Hot Pack | 50 | Ambulance Equipment |
| 7 | Carry Bags | 51 | Abdominal Binder |
| 8 | Email / Internet Charges | 52 | Private Nurses Charges- Special Nursing Charges |
| 9 | Food Charges (Other Than Patient’s Diet Provided By Hospital) | 53 | Sugar Free Tablets |
| 10 | Leggings | 54 | Creams Powders Lotions (Toiletries Are Not Payable, Only Prescribed Medical Pharmaceuticals Payable) |
| 11 | Laundry Charges | 55 | Ecg Electrodes |
| 12 | Mineral Water | 56 | Gloves |
| 13 | Sanitary Pad | 57 | Nebulisation Kit |
| 14 | Telephone Charges | 58 | Any Kit With No Details Mentioned [Delivery Kit, Orthokit, Recovery Kit, Etc] |
| 15 | Guest Services | 59 | Kidney Tray |
| 16 | Crepe Bandage | 60 | Mask |
| 17 | Diaper Of Any Type | 61 | Ounce Glass |
| 18 | Eyelet Collar | 62 | Oxygen Mask |
| 19 | Slings | 63 | Pelvic Traction Belt |
| 20 | Blood Grouping And Cross Matching Of Donors Samples | 64 | Pan Can |
| 21 | Service Charges Where Nursing Charge Also Charged | 65 | Trolley Cover |
| 22 | Television Charges | 66 | Urometer, Urine Jug |
| 23 | Surcharges | 67 | Ambulance |
| 24 | Attendant Charges | 68 | Vasofix Safety |
| 25 | Extra Diet Of Patient (Other Than That Which Forms Part Of Bed Charge) | | |
| 26 | Birth Certificate | | |
| 27 | Certificate Charges | | |
| 28 | Courier Charges | | |
| 29 | Conveyance Charges | | |
| 30 | Medical Certificate | | |
| 31 | Medical Records | | |
| 32 | Photocopies Charges | | |
| 33 | Mortuary Charges | | |
| 34 | Walking Aids Charges | | |
| 35 | Oxygen Cylinder (For Usage Outside The Hospital) | | |
| 36 | Spacer | | |
| 37 | Spirometre | | |
| 38 | Nebulizer Kit | | |
| 39 | Steam Inhaler | | |
| 40 | Armsling | | |
| 41 | Thermometer | | |
| 42 | Cervical Collar | | |
| 43 | Splint | | |
| 44 | Diabetic Foot Wear | | |

| Sr. No. | List II– Items that are to be subsumed into Room Charges | Sr. No. | List II – Items that are to be subsumed into Room Charges |
|---------|--|---------|---|
| 1 | Baby Charges (Unless Specified/Indicated) | 21 | Hvac |
| 2 | Hand Wash | 22 | House Keeping Charges |
| 3 | Shoe Cover | 23 | Air Conditioner Charges |
| 4 | Caps | 24 | Im Iv Injection Charges |
| 5 | Cradle Charges | 25 | Clean Sheet |
| 6 | Comb | 26 | Blanket/Warmer Blanket |
| 7 | Eau-De-Cologne / Room Freshners | 27 | Admission Kit |
| 8 | Foot Cover | 28 | Diabetic Chart Charges |
| 9 | Gown | 29 | Documentation Charges/ Administrative Expenses |
| 10 | Slippers | 30 | Discharge Procedure Charges |
| 11 | Tissue Paper | 31 | Daily Chart Charges |
| 12 | Tooth Paste | 32 | Entrance Pass/ Visitors Pass Charges |
| 13 | Tooth Brush | 33 | Expenses Related To Prescription On Discharge |
| 14 | Bed Pan | 34 | File Opening Charges |
| 15 | Face Mask | 35 | Incidental Expenses/ Misc. Charges (Not Explained) |
| 16 | Flexi Mask | 36 | Patient Identification Band/ Name Tag |
| 17 | Hand Holder | 37 | Pulseoxymeter Charges |
| 18 | Sputum Cup | | |
| 19 | Disinfectant Lotions | | |
| 20 | Luxury Tax | | |

| Sr. No. | List III– Items That Are To Be Subsumed Into Procedure Charges | Sr. No. | List III– Items That Are To Be Subsumed Into Procedure Charges |
|---------|--|---------|--|
| 1 | Hair Removal Cream | 19 | Cotton Bandage |
| 2 | Disposables Razors Charges (For Site Preparations) | 20 | Surgical Tape |
| 3 | Eye Pad | 21 | Apron |
| 4 | Eye Sheild | 22 | Torniquet |
| 5 | Camera Cover | 23 | Orthobundle, Gynaec Bundle |
| 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 | | |

| Sr. No. | List IV– Items that are to be subsumed into costs of treatment | | |
|---------|--|--|--|
| 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 Hospitals where Claim will not be admitted

| Hospital Name | Address |
|---|---|
| Nulife Hospital And Maternity Centre | 1616 Outram Lines, Kingsway Camp, Guru Teg Bahadur Nagar, New Delhi, Delhi |
| Taneja Hospital | F-15, Vikas Marg, Preet Vihar, New Delhi, Delhi |
| Shri Komal Hospital & Dr.Saxena's Nursing Home | Opp. Radhika Cinema, Circular Road, Rewari, Haryana |
| Sona Devi Memorial Hospital & Trauma Centre | Sohna Road, Badshahpur, Gurgaon, Haryana |
| Amar Hospital | Sector-70, S.A.S.Nagar, Mohali, Sector 70, Mohali, Punjab |
| Brij Medical Centre | K K 54, Kavi Nagar, Ghaziabad, Uttar Pradesh |
| Famliy Medicare | A-55, Sector 61, Rajat Vihar Sector 62, Noida, Uttar Pradesh |
| Jeevan Jyoti Hospital | 162, Lowther Road, Bai Ka Bagh, Allahabad, Uttar Pradesh |
| City Hospital & Trauma Centre | C-1, Cinder Dump Complex, Opposite Krishna Cinema Hall, Kanpur Road, Alambagh, Lucknow, Uttar Pradesh |
| Dayal Maternity & Nursing Home | No.953/23, D.C.F.Chowk, DLF Colony, Rohtak, Haryana |
| Metas Adventist Hospital | No.24, Ring-Road, Athwalines, Surat, Surat, Gujarat |
| Surgicare Medical Centre | Sai Dwar Oberoi Complex, S.A.B.T.V.Lane Road, Lokhandwala, Near Laxmi Industrial Estate, Andheri, Mumbai, Maharashtra |
| Paramount General Hospital & I.C.C.U. | Laxmi Commercial Premises, Andheri Kurla Road, Andheri, Mumbai, Maharashtra |
| Gokul Hospital | Thakur Complex, Kandivali East, Mumbai, Maharashtra |
| Shree Sai Hospital | Gokul Nagri I, Thankur Complex, Western Express Highway, Kandivali East, Mumbai, Maharashtra |
| Shreedevi Hospital | Akash Arcade, Bhanu Nagar, Near Bhanu Sagar Theatre, Dr.Deepak Shetty Road, Kalyan D.C., Thane, Maharashtra |
| Saykhedkar Hospital And Research Centre Pvt. Ltd. | Trimurthy Chowk, Kamatwada Road, Cidco Colony, Nashik, Maharashtra |
| Arpan Hospital And Research Centre | No.151/2, Imli Bazar, Near Rajwada, Imli Bazar, Indore, Madhya Pradesh |
| Ramkrishna Care Hospital | Aurobindo Enclave, Pachpedhi Naka, Dhamtri Road, National Highway No 43, Raipur, Chhattisgarh |
| Gupta Multispeciality Hospital | B-20, Vivek Vihar, New Delhi, Delhi |
| R.K.Hospital | 3C/59, BP, Near Metro Cinema, New Industrial Township 1, Faridabad, Haryana |
| Hospital Name | Address |
| Prakash Hospital | D -12, 12A, 12B, Noida, Sector 33, Noida, Uttar Pradesh |
| Aryan Hospital Pvt. Ltd. | Old Railway Road, Near New Colony, New Colony, Gurgaon, Haryana |
| Medilink Hospital Research Centre Pvt. Ltd. | Near Shyamal Char Rasta, 132, Ring Road, Satellite, Ahmedabad, Gujarat |
| Mohit Hospital | Khoya B-Wing, Near National Park, Borivali(E), Kandivali West, Mumbai, Maharashtra |
| Scope Hospital | 628, Niti Khand-I, Indirapuram, Ghaziabad, Uttar Pradesh |
| Agarwal Medical Centre | E-234, -, Greater Kailash 1, New Delhi, Delhi |
| Oxygen Hospital | Bhiwani Stand, Durga Bhawan, Rohtak, Haryana |
| Prayag Hospital & Research Centre Pvt. Ltd. | J-206 A/1, Sector 41, Noida, Uttar Pradesh |
| Palwal Hospital | Old G.T. Road, Near New Sohna Mod, Palwal, Haryana |
| B.K.S. Hospital | No.18, 1st Cross, Gandhi Nagar, Adyar, Bellary, Karnataka |
| East West Medical Centre | No.711, Sector 14, Sector 14, Gurgaon, Haryana |

| Jagtap Hospital | Anand Nagar, Sinhgood Road, Anandnagar, Pune, Maharashtra |
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| Dr. Malwankar's Romeen Nursing Home | Ganesh Marg, Tagore Nagar, Vikhroli East, Mumbai, Maharashtra |
| Noble Medical Centre | SVP Road, Borivali West, Mumbai, Maharashtra |
| Rama Hospital | Sonepat Road, Bahalgarh, Sonipat, Haryana |
| S.B.Nursing Home & ICU | Lake Bloom 16, 17, 18 Opposite Solaris Estate, L.T.Gate No.6, Tunga Gaon, Saki-Vihar Road, Powai, Mumbai, Maharashtra |
| Saraswati Hospital | Divya Smruti Building, 1st Floor, Opp Toyota Showroom, Malad Link Road, Malad West, Mumbai, Maharashtra |
| Shakuntla Hospital | 3-B Taskant Marg, Near St. Joseph Collage, Allahabad, Uttar Pradesh |
| Mahaveer Hospital & Trauma Centre | 76-E, Station Road, Panki, Kanpur, Uttar Pradesh |
| Eashwar Lakshmi Hospital | Plot No. 9, Near Sub Registrar Office, Gandhi Nagar, Hyderabad, Andhra Pradesh |
| Amrapali Hospital | Plot No. NH-34, P-2, Omega -1, Greater Noida, Noida, Uttar Pradesh |
| Hardik Hospital | 29c, Budh Bazar, Vikas Nagar, New Delhi, Delhi |
| Jabalpur Hospital & Research Centre Pvt Ltd | Russel Crossing, Naptier Town, Jabalpur, Madhya Pradesh |
| Panvel Hospital | Plot No. 260A, Uran Naka, Old Panvel, Navi Mumbai, Maharashtra |
| Santosh Hospital | L-629/631, Hapur Road, Shastri Nagar, Meerut, Uttar Pradesh |
| Hospital Name | Address |
| Sona Medical Centre | 5/58, Near Police Station, Vikas Nagar, Lucknow, Uttar Pradesh |
| City Super Speciality Hospital | Near Mohan Petrol Pump, Gohana Road, Rohtak, Haryana |
| Navjeevan Hospital & Maternity Centre | 753/21, Madanpuri Road, Near Pataudi Chowk, Gurgaon, Haryana |
| Abhishek Hospital | C-12, New Azad Nagar, Kanpur, Kanpur, Uttar Pradesh |
| Raj Nursing Home | 23-A, Park Road, Allahabad, Uttar Pradesh |
| Saras Healthcare Pvt Ltd. | K-112, SEC-12, Pratap Vihar, Ghaziabad, Uttar Pradesh |
| Getwell Soon Multispeciality Institute Pvt Ltd | S-19, Shalimar Garden Extn., Near Dayanand Park, Sahibabad, Ghaziabad, Uttar Pradesh |
| Shivalik Medical Centre Pvt Ltd | A-93, Sector 34, Noida, Uttar Pradesh |
| Aakanksha Hospital | 126, Aaradhnanagar Soc, B/H. Bhulkabhavan School, Aanand-Mahal Rd., Adajan, Surat, Gujarat |
| Abhinav Hospital | Harsh Apartment, Nr Jamna Nagar Bus Stop, Goddod Road, Surat, Gujarat |
| Adhar Ortho Hospital | Dawer Chambers, Nr. Sub Jail, Ring Road, Surat, Gujarat |
| Aris Care Hospital | A 223-224, Mansarovar Soc, 60 Feet, Godadara Road, Surat, Gujarat |
| Arzoo Hospital | Opp. L.B. Cinema, Bhatar Rd., Surat, Gujarat |
| Auc Hospital | B-44, Gujarat Housing Board, Pandeshara, Surat, Gujarat |
| Dharamjivan General Hospital & Trauma Centre | Karmayogi - 1, Plot No. 20/21, Near Piyush Point, Pandesara, Surat, Gujarat |
| Dr. Santosh Basotia Hospital | Bhatar Road, Bhatar Road, Surat, Gujarat |
| God Father Hosp. | 344, Nandvan Soc., B/H. Matrushakti Soc., Puna Gam, Surat, Gujarat |

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| Govind-Prabha Arogya Sankool | Opp. Ratna-Sagar Vidhyalaya, Kaji Medan, Gopipura, Surat, Gujarat |
| Hari Milan Hospital | L H Road, Surat, Gujarat |
| Jaldhi Ano-Rectal Hospital | 103, Payal Apt., Nxt To Rander Zone Office, Tadwadi, Surat, Gujarat |
| Jeevan Path Gen. Hospital | 2Nd. Fl., Dwarkesh Nagri, Nr. Laxmi Farsan, Sayan, Surat, Gujarat |
| Kalrav Children Hospital | Yashkamal Complex, Nr. Jivan Jyot, Udhna, Surat, Gujarat |
| Kanchan General Surgical Hospital | Plot No. 380, Ishwarnagar Soc, Bhamroli-Bhatar, Pandesara, Surat, Gujarat |
| Krishnavati General Hospital | Bamroli Road, Surat, Gujarat |
| Niramayam Hospital & Prasutigruah | Shraddha Raw House, Near Natures Park, Surat, Gujarat |
| Hospital Name | Address |
| Patna Hospital | 25, Ashapuri Soc - 2, Bamroli Road, Surat, Gujarat |
| Poshia Children Hospital | Harekrishan Shoping Complex 1St Floor, Varachha Road, Surat, Gujarat |
| R.D Janseva Hospital | 120 Feet Bamroli Road, Pandesara, Surat, Gujarat |
| Radha Hospital & Maternity Home | 239/240 Bhagunagar Society, Opp Hans Society, L H Road, Varachha Road, Surat, Gujarat |
| Santosh Hospital | L H Road, Varachha, Surat, Gujarat |
| Sparsh Multy Specality Hospital & Trauma Care Center | G.I.D.C Road, Nr Udhana Citizen Co-Op.Bank, Surat, Gujarat |

Notes:

1. For an updated list of Hospitals, please visit the Company's website.
2. Only in case of a medical emergency, Claims would be payable if admitted in the above Hospitals on a reimbursement basis.

Annexure IV - Office of the Ombudsman

| Office of the Ombudsman | Contact Details | Jurisdiction of Office (Union Territory, District) |
|--------------------------------|---|--|
| AHMEDABAD | Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Prakash, 6th floor, Tilak Marg, Near S.V College Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/ 02 E-mail : bimalokpal.ahmedabad@ cioins.co.in | Gujarat, Dadra & Nagar Haveli, Daman and Diu |
| BENGALURU | Office of the Insurance Ombudsman, Jeevan Soudha Building , PID No. 57-27-N-19 Ground Floor, 19/ 19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048/ 26652049 Email: bimalokpal.bengaluru@ cioins.co.in | Karnataka |
| BHOPAL | Office of the Insurance Ombudsman, LIC of India Zonal Office Building, 1st Floor, South Wing, Jeevan Shi- kha, opp. Gayatri Mandir, 60-B, Hoshang- abad Road, Bhopal-462011 Tel.: 0755 - 2769201/ 2769202/ 2769203 Email: bimalokpal.bhopal@cioins. co.in | Madhya Pradesh & Chhattisgarh |
| BHUBANESHWAR | Office of the Insurance Ombudsman, 62, Forest park, Bhubaneshwar – 751 009. Tel.: 0674 - 2596461/ 2596455/ 2596429/ 2596003 Email: bimalokpal.bhubaneswar@ cioins.co.in | Orissa |
| CHANDIGARH | Office of the Insurance Ombudsman, Jeevan Deep, Ground Floor, LIC of India Building, SCO 20-27, Sector 17-A, Chandigarh – 160 017. Tel.: 0172 – 2706468/ 2707468 Email: bimalokpal.chandigarh@ cioins.co.in | Punjab, Haryana, Himachal Pradesh, Jammu & Kash- mir, Chandigarh |
| CHEENNAI | Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668/ 24333678 Email: bimalokpal.chennai@cioins. co.in | Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry) |

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| DELHI | Office of the Insurance Ombudsman, 2/ 2 A, 1st Floor, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/ 23213504/ 46013992 Email: bimalokpal.delhi@cioins. co.in | Delhi, Haryana- Gurugram, Faridabad, Sonepat & Bahadurgarh |
| GUWAHATI | Office of the Insurance Ombudsman, Jeevan Nivesh Building, 5th Floor, Nr. Panbazar, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 – 2632204/ 2632205/ 2631307 Email: bimalokpal.guwahati@cioins. co.in | Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura |
| HYDERABAD | Office of the Insurance Ombudsman, 6-2-46, 1st floor, “Moin Court”, Lane Opp. Hyundai Showroom, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122/ 23376599/ 23376991/ 23328709/ 23325325 Email: bimalokpal.hyderabad@ cioins.co.in | Andhra Pradesh, Telangana and Yanam – a part of Territory of Pondicherry |
| JAIPUR | Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Ambedkar Circle Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@cioins. co.in | Rajasthan |
| KOCHI | Office of the Insurance Ombudsman, 10TH Floor, LIC Building, Jeevan Prakash Opp. Maharaj College Ground M. G. Road, Ernakulam - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@ cioins.co.in | Kerala, Lakshadweep, Mahe – a part of Pondicherry |
| KOLKATA | Office of the Insurance Ombudsman, 7th Floor of Hindusthan Bldg.(Annex), 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339/ 22124341 Email: bimalokpal.kolkata@cioins. co.in | West Bengal, Andaman & Nicobar Islands, Sikkim |

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| LUCKNOW | Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 – 4002082/ 3500613 Email: bimalokpal.lucknow@cioins. co.in | Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahrach, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar. |
| MUMBAI | Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz West, Mumbai - 400 054. Tel.: 022–69038800/ 33 Email: bimalokpal.mumbai@cioins. co.in | Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane |
| PATNA | Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Baily Road, Patna Tel.: 0612-2547068 Email: bimalokpal.patna@cioins. co.in | Bihar, Jharkhand |
| NOIDA | Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120- 2514252/ 2514253 Email: bimalokpal.noida@cioins. co.in | State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gau- tambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur |
| PUNE | Office of the Insurance Ombudsman, Jeevan Darshan- LIC of India Bldg., 3rd Floor, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins. co.in | Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region. |

The updated details of Insurance Ombudsman are available on website of IRDAI: www.irda.gov.in, on the website of General Insurance Council: www.gicouncil.org.in, on the Company's website www.carehealthinsurance.com or from any of the Company's offices. Address and contact number of Executive Council of Insurers –

Office of the 'Executive Council of Insurers'
3rd Floor, Jeevan Seva Annexe,
S.V. Road, Santacruz(W),
Mumbai – 400 054.
Tel : 022-69038800/33
Email- inscoun@cioins.co.in

Illustration I

| Age of members Insured | Coverage opted on individual basis covering each member of the family separately (at a single point of time) | | Coverage opted on individual basis covering multiple members of the family under a single Policy (Sum Insured is available for each member of family) | | | | Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family) | | | |
|---|--|--|---|-------------------|-------------------------------|---|---|---------------------------|-------------------------------|-------------------|
| | Premium (Rs.) | Sum Insured (Rs.) | Premium (Rs.) | Discount (if any) | Premiu-m after discount (Rs.) | Sum Insured (Rs.) | Premium or con-solidated premium for all members of family (Rs.) | Floater Discount (if any) | Premiu-m after discount (Rs.) | Sum Insured (Rs.) |
| 44 | 7,800 | 3,00,000 | 78,00 | 10% | 7,020 | 3,00,000 | 15,839 | NA | 15,839 | 3,00,000 |
| 39 | 7,459 | 3,00,000 | 7,459 | 10% | 6,713 | 3,00,000 | | | | |
| 22 | 2,500 | 3,00,000 | 2,500 | 10% | 2,250 | 3,00,000 | | | | |
| 14 | 2,344 | 3,00,000 | 2,344 | 10% | 2,110 | 3,00,000 | | | | |
| Total Premium for all members of family is Rs.20,103 when each member is covered separately. Sum Insured available for each individual is Rs. 3,00,000 | | Total Premium for all members of family is Rs.18,093 when they are covered under a single policy Sum Insured available for each family member is Rs. 3,00,000 | | | | Total Premium when policy is opted on floater basis is Rs. 15,839 Sum Insured of Rs. 3,00,000 is available for entire family | | | | |

Illustration II

| Age of members Insured | Coverage opted on individual basis covering each member of the family separately (at a single point of time) | | Coverage opted on individual basis covering multiple members of the family under a single Policy (Sum Insured is available for each member of family) | | | | Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family) | | | |
|---|--|---|---|-------------------|-------------------------------|---|---|---------------------------|-------------------------------|-------------------|
| | Premium (Rs.) | Sum Insured (Rs.) | Premium (Rs.) | Discount (if any) | Premiu-m after discount (Rs.) | Sum Insured (Rs.) | Premium or con-solidated premium for all members of family (Rs.) | Floater Discount (if any) | Premiu-m after discount (Rs.) | Sum Insured (Rs.) |
| 61 | 44,301 | 3,00,000 | 44,301 | 5% | 42,086 | 3,00,000 | 55,643 | NA | 55,643 | 3,00,000 |
| 57 | 18,403 | 3,00,000 | 11,951 | 5% | 11,353 | 3,00,000 | | | | |
| 21 | 2,500 | 3,00,000 | 11,951 | 5% | 11,353 | 3,00,000 | | | | |
| Total Premium for all members of family is Rs.65,204 when each member is covered separately. Sum Insured available for each individual is Rs. 3,00,000 | | Total Premium for all members of family is Rs. 64,793 when they are covered under a single policy Sum Insured available for each family member is Rs. 3,00,000 | | | | Total Premium when policy is opted on floater basis is Rs. 55,643 Sum Insured of Rs. 3,00,000 is available for entire family | | | | |

Illustration III

| Age of members Insured | Coverage opted on individual basis covering each member of the family separately (at a single point of time) | | Coverage opted on individual basis covering multiple members of the family under a single Policy (Sum Insured is available for each member of family) | | | | Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family) | | | |
|---|--|---|---|-------------------|-------------------------------|--|---|---------------------------|-------------------------------|-------------------|
| | Premium (Rs.) | Sum Insured (Rs.) | Premium (Rs.) | Discount (if any) | Premi-um after discount (Rs.) | Sum Insured (Rs.) | Premium or con-solidated premium for all members of family (Rs.) | Floater Discount (if any) | Premi-um after discount (Rs.) | Sum Insured (Rs.) |
| 71 | 45,193 | 3,00,000 | 45,193 | 5% | 42,933 | 3,00,000 | 76,467 | NA | 76,467 | 3,00,000 |
| 68 | 44,768 | 3,00,000 | 44,768 | 5% | 42,530 | 3,00,000 | | | | |
| | 89,961 | | | | 85,463 | | | | | |
| Total Premium for all members of family is Rs.89,961 when each member is covered separately. Sum Insured available for each individual is Rs. 3,00,000 | | Total Premium for all members of family is Rs.85,463 when they are covered under a single policy Sum Insured available for each family member is Rs. | | | | Total Premium when policy is opted on floater basis is Rs.76,467 Sum Insured of Rs. 3,00,000 is available for entire family | | | | |

Notes:

1. Premium rates (excl taxes) specified in above illustration shall be standard premium rates without considering any loading.
2. Premium mentioned is for SI 3 Lacs and Deductible 50,000