

A PLUS HEALTH INSURANCE Policy Wordings

A. Preamble

We will provide the insurance coverage specified in the Policy to the Insured Persons up to the Sum Insured specified against each benefit, subject to

- (i) The Policy is based on the statements and declaration provided in the Proposal Form by the Proposer and is subject to i.e. the receipt of full premium
- (ii) the terms, conditions, and exclusions of this Policy,

Your policy comprises:

- The preamble which introduces the policy document describes the structure of the document and sets the general rules;
- The policy wording which lists and details the available coverage, benefits, claims and grievance redressal procedure, exclusions and other terms and conditions of cover;
- The proposal, which is the information You provide to us and which forms the basis for this insurance cover;
- The policy schedule - a separate document customized for you showing the cover details opted for by You and offered by Us to You. It is to be noted that the schedule may amend the policy and only those Parts shown as covered in your schedule are insured;
- Any other written alteration otherwise issued by us in writing (such as an endorsement) that varies or modifies the above documents.

B. Definitions

1. **Accident** means a sudden, unforeseen, and involuntary event caused by external, visible and violent means.
2. **Age** means age of the Insured person on last birthday as on date of commencement of the Policy.
3. **Any One Illness** means continuous period of illness and it includes relapse within forty five days from the date of last consultation with the hospital where treatment has been taken.
4. **AYUSH Treatment** refers to the medical and/ or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
5. An **AYUSH Hospital** is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
 - a. Central or State Government AYUSH Hospital or
 - b. Teaching hospital attached to AYUSH College recognized by the Central Government/ Central Council of Indian Medicine/ Central Council for Homeopathy; or
 - c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable,

and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:

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

6. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:
 - i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
 - ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
7. **Break in Policy** means the period of gap that occurs at the end of the existing policy term/ installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.
8. **Bank Rate** means Bank rate fixed by the Reserve Bank of India (RBI) which is prevalent as on 1st day of the financial year in which the claim has fallen due.
9. **Cashless Facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured person in accordance with the Policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.
10. **Complaint or Grievance** means written expression (includes communication in the form of electronic mail or voice based electronic scripts) of dissatisfaction by a complainant with respect to solicitation or sale or purchase of an insurance policy or related services by insurer and /or by distribution channel.
11. **Complainant** means a policyholder or prospect or nominee or assignee or any beneficiary of an insurance policy who has filed a complaint or grievance against an insurer and/ or distribution channel.
12. **Condition Precedent** means a **Policy** term or condition upon which the Company's liability under the Policy is conditional upon.
13. **Congenital Anomaly** refers to a **condition(s)** which is present since birth, and which is abnormal with reference to form, structure or position.
 - a) **Internal Congenital Anomaly:** Congenital anomaly which is not in the visible and accessible parts of the body.

- b) **External Congenital Anomaly:** Congenital anomaly which is in the visible and accessible parts of the body.
14. **Co-payment** means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.
15. **Cumulative Bonus** means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.
16. **Chronic renal failure:** End stage kidney disease characterized by irreversible failure of both kidneys to function normally, as a result of which either regular dialysis (hemodialysis or peritoneal dialysis) is instituted or a renal transplantation becomes necessary. The diagnosis has to be confirmed by a specialist medical practitioner.
17. **Claim free year** means coverage under the Policy for a period of one year during which no claim is paid or payable under the terms and conditions of the Policy in respect of Insured Person.
18. **Day Care Centre** means any institution established for day care treatment of disease/ injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:
 - i. has qualified nursing staff under its employment;
 - ii. has qualified medical practitioner (s) in charge;
 - iii. has a fully equipped operation theatre of its own where surgical procedures are carried out
 - iv. maintains daily records of patients and shall make these accessible to the Company's authorized personnel.
19. **Day Care Treatment** means medical **treatment**, and/or surgical procedure which:
 - i. is undertaken in a hospital/ day care centre involving less than twenty-four hours of inpatient stay because of technological advancement, and
 - ii. would have otherwise required a hospitalization of more than twenty-four hours. [Treatment taken on an out-patient basis is not included in the scope of this definition.]
20. **Dental Treatment** means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions, and surgery.
21. **Disclosure to information norm** is the policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.
22. **Domiciliary Hospitalization** means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually undertaken while confined at home under medical advice and under any of the following compelling circumstances;
 - i. The condition of the patient is such that he/she is not in a condition to be removed to a hospital. or
 - ii. The patient takes treatment at home on account of non-availability of room in a hospital.
23. **Deductible** means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

24. **Emergency Care** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
25. **Family** means, the Family that consists of the proposer and any one or more of the family members as mentioned below:
 - i. Self,
 - ii. legally married spouse (as long as they continue to be married),
 - iii. son,
 - iv. daughter,
 - v. mother,
 - vi. father,
 - vii. brother,
 - viii. sister,
 - ix. mother in-law,
 - x. father in-law,
 - xi. grandfather,
 - xii. grandmother,
 - xiii. grandson,
 - xiv. granddaughter,
 - xv. son in-law,
 - xvi. daughter in-law,
 - xvii. brother in-law,
 - xviii. sister in-law,
 - xix. nephew and niece

Also, individuals/entities with insurable interest can purchase the policy for individuals e.g- employer acting as a proposer for a policy covering employees and their family members.

Note: Coverage for newborn babies eligible under the definition of family shall be available subject to their inclusion in the policy with due advance payment of premium and shall be subject otherwise to the terms and conditions of the policy including waiting periods.

26. **Grace Period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.
27. **Hospital** means any institution established for in-patient care and day care treatment of disease/ injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under Schedule of Section 56(1) of the said Act, OR complies with all minimum criteria as under:
 - i. has qualified nursing staff under its employment round the clock;

- ii. has at least ten inpatient beds, in those towns having a population of less than ten lakhs and fifteen inpatient beds in all other places;
 - iii. has qualified medical practitioner (s) in charge round the clock;
 - iv. has a fully equipped operation theatre of its own where surgical procedures are carried out
 - v. maintains daily records of patients and shall make these accessible to the Company's authorized personnel.
28. **Hospitalization** means admission in a hospital for a minimum period of twenty four (24) consecutive 'In-patient care' hours except for specified procedures/ treatments, where such admission could be for a period of less than twenty four (24) consecutive hours.
29. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and requires medical treatment.
- i **Acute Condition** means a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.
 - ii **Chronic Condition** means a disease, illness, or injury that has one or more of the following characteristics
 - a) it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - b) it needs ongoing or long-term control or relief of symptoms
 - c) it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - d) it continues indefinitely
 - e) it recurs or is likely to recur
30. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a medical practitioner.
31. **In-Patient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
32. **Insured Person** means person(s) named in the schedule of the Policy.
33. **ICU (Intensive Care Unit)** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
34. **ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses on a per day basis which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
35. **Maternity expenses** means;
 - a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).
 - b) Expenses towards lawful medical termination of pregnancy during the policy period.

36. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.
37. **Medical Expenses** means those expenses that an insured person has necessarily and actually incurred for medical treatment on account of illness or accident on the advice of a medical practitioner, as long as these are no more than would have been payable if the insured person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
38. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
 - a. is required for the medical management of illness or injury suffered by the insured;
 - b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - c. must have been prescribed by a medical practitioner;
 - d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
39. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of the license. Medical Practitioner should not be the Insured or close family member.
40. **Migration** means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.
41. **Mis-selling** includes sale or solicitation of policies by the insurer or through distribution channels, directly or indirectly by
 - a. exercising undue influence, use of dominant position or otherwise, or
 - b. making a false or misleading statement or misrepresenting the facts or benefits, or
 - c. concealing or omitting facts, features, benefits, exclusions with respect to products, or
 - d. not taking reasonable care to ensure suitability of the policy to the prospects/policyholders.
42. **Network Provider** means hospitals enlisted by insurer, TPA or jointly by an insurer and TPA to provide medical services to an insured by a cashless facility.
43. **New Born Baby** means a baby born during the Period of Insurance to a female Insured Person, who has Continuous Coverage as per Maternity Waiting period and is aged 90 Day.
44. **Non- Network Provider** means any hospital that is not part of the network.
45. **Notification of Claim** means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.
46. **Out-Patient (OPD) Treatment** means treatment in which the insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a medical practitioner. The insured is not admitted as a day care or in-patient.
47. **Pre-existing disease (PED)** means any condition, ailment, injury or disease:
 - a) that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or

- b) for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.
48. **Pre-hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:
- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
49. **Post-hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:
- Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
 - The inpatient hospitalization claim for such hospitalization is admissible by the Insurance Company.
50. **Portability** means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.
51. **Policy** means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured person, what is excluded from the cover and the terms & conditions on which the Policy is issued to the Insured person.
52. **Policy Period** means period of one policy year as mentioned in the schedule for which the Policy is issued.
53. **Policy Schedule** means the Policy Schedule attached to and forming part of Policy.
54. **Policy year** means a period of twelve months beginning from the date of commencement of the policy period and ending on the last day of such twelve-month period. For the purpose of subsequent years, policy year shall mean a period of twelve months commencing from the end of the previous policy year and lapsing on the last day of such twelve-month period, till the policy period, as mentioned in the schedule.
55. **Proposal form** means a form to be filled in by the prospect in physical or electronic form, for furnishing the information including material information, if any, as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.
56. **Prospect** means any person who is a potential customer and likely to enter into an insurance contract either directly with the insurer or through the distribution channel involved.
57. **Prospectus** means a document either in physical or electronic format issued by the insurer to sell or promote the insurance product.
58. **Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
59. **Reasonable and Customary charges** mean the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the

- geographical area for identical or similar services, taking into account the nature of the Illness / Injury involved.
60. **Renewal:** Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
61. **Renal failure** is a condition in which the kidneys lose the ability to remove waste and balance Acute renal failure (arf) is the abrupt loss of kidney function, resulting in the retention of metabolic waste products and dysregulation of volume and electrolytes of body fluids. The medical term Acute Kidney Injury (AKI) has now largely replaced ARF in the medical communities (Injury not necessarily related to Accidents), reflecting the recognition that smaller decrements in kidney function that do not result in overt organ failure are of substantial clinical relevance and are associated with increased morbidity and mortality.
62. **Room Rent** means the amount charged by a hospital towards Room and Boarding expenses and shall include the associated medical expenses.
63. **Renal transplantation:** Kidney transplantation is a surgical procedure to remove healthy and functioning kidney from a living or brain-dead donor and implant it into a patient with non-functioning kidneys.
64. **Specific waiting period** means a period up to 36 months from the commencement of a health insurance policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break.
65. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
66. **Sub-limit** means a cost sharing requirement under a health insurance policy in which an insurer would not be liable to pay any amount in excess of the pre-defined limit
67. **Sum Insured** means the pre-defined limit specified in the Policy Schedule. Sum Insured represents the maximum, total and cumulative liability for any and all claims made under the Policy, in respect of that Insured Person (on Individual basis) or all Insured Persons (on Floater basis) during the Policy Year.
68. **Third Party Administrator (TPA)** means a Company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services.
69. **Unproven/ Experimental treatment** means treatment including drug experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.
70. **Waiting Period** means a period from the inception of this Policy during which specified diseases/treatments are not covered. On completion of the period, diseases/treatments shall be covered provided the Policy has been continuously renewed without any break.
71. **We/ Us/ Company** means **Universal Sompo General Insurance Company**
72. **You/ Your** means the person who has taken this Policy and is shown as Insured or the first insured (if more than one) in the Schedule.

C. Benefits/Coverages

The following benefits are payable subject to Terms and Conditions of the policy:

1. Inpatient Treatment

We will cover expenses for hospitalization due to disease/illness/injury during the policy period that requires an Insured Person's admission in a hospital as an inpatient. Medical expenses directly related to the hospitalization for;

- a. Reasonable and Customary Charges for Room Rent for accommodation in Hospital room up to Category as per opted Sum Insured and Single Pvt Ac Room for the basic plan as specified in the Policy Schedule.
- b. Intensive Care Unit charges for accommodation in ICU,
- c. Operation theatre charges,
- d. Fees of Medical Practitioner/ Surgeon,
- e. Anesthetist,
- f. Qualified Nurses,
- g. Specialists,
- h. Cost of diagnostic tests,
- i. Medicines,
- j. Drugs and consumables, blood, oxygen, surgical appliances and prosthetic devices recommended by the attending Medical Practitioner and that are used intra operatively during a Surgical Procedure.
- k. Modern Treatment

Following Modern Treatments will be covered up to 25% of the Sum Insured (For Silver, Gold and Diamond Plan) or up to 50% of the Sum Insured (For Basic plan) either as Inpatient or as part of Day Care Treatment in a Hospital;

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

2. Pre- Hospitalization

We will cover for expenses for Pre-Hospitalization Consultations, investigations and medicines incurred up to the Number of days as mentioned in the Policy Schedule before the date of admission to the hospital. The benefit is payable if We have admitted a claim under Section C.1

3. Post- Hospitalization

We will cover for expenses for Post Hospitalization Consultations, investigations and medicines incurred up to the Number of days as mentioned in the Policy Schedule after discharge from the hospital. The benefit is payable if We have admitted a claim under Section C.1

4. Day Care Procedures

We will cover expenses for listed Day Care Treatment due to disease/illness/Injury during the policy period taken at a hospital or a Day Care Centre. The list of such day care procedures covered is attached as an Annexure I. Treatment normally taken on out-patient basis is not included in the scope of this cover.

5. Ayush Treatment

We will pay for the Medical Expenses incurred by the Insured Person in any AYUSH Hospital for Inpatient Care under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to the Inpatient Treatment Sum Insured.

6. Domiciliary Treatment

We will cover for expenses related to Domiciliary Hospitalization of the insured person if the treatment exceeds beyond three days. The treatment must be for management of an illness and not for enteral feedings or end of life care. At the time of claiming under this benefit, we shall require certification from the treating doctor fulfilling the conditions as mentioned under the definitions of this policy. This cover is not applicable for Basic plan.

7. Second Opinion

We will provide You a second opinion from Network Provider or Medical Practitioner, if an Insured Person is diagnosed with the below mentioned Illnesses during the Policy Period and not be valid for any medico legal purposes. The expert opinion would be directly sent to the Insured Person.

- i. Cancer
- ii. Kidney Failure
- iii. Myocardial Infarction
- iv. Angina
- v. Coronary bypass surgery
- vi. Stroke/Cerebral hemorrhage
- vii. Organ failure requiring transplant
- viii. Heart Valve replacement
- ix. Brain tumors

This benefit can be availed by an Insured Person once during a Policy Year. This cover is not applicable for Basic plan.

8. Ambulance Cover

We will cover for expenses incurred on transportation of Insured Person in a registered ambulance to a Hospital for an admission, in case of an Emergency or from one hospital to another hospital for better medical facilities and treatment, subject to the limit specified in Policy Schedule per Hospitalization. For this claim to be paid, the claim must be admissible under section C.1 of this policy. This cover is not applicable for Basic Plan.

9. Auto Restore Benefit

We will restore the Sum insured up to 100% of Base Sum Insured, in the event of complete or partial utilization of the Base Sum Insured due to any claim admitted during the Policy Year irrespective of the utilization of the Cumulative Bonus.

Special Conditions:

- a. This Automatic Restore Benefit shall be applied only once during each Policy Year and any unutilized amount, in whole or in part, will not be carried forward to the subsequent Policy Year.
- b. The Base Sum Insured restoration under the Automatic Restore Benefit would be triggered only upon complete or partial utilization of the Base Sum Insured by the way of first claim admitted under the Policy, and be available for subsequent claims thereafter in the Policy Year, for the Insured Person.
- c. In case of a family floater policy, the Automatic Restore Benefit will be available on floater basis for all Insured Persons covered under the Policy and will operate in accordance with the above conditions.
- d. This cover is not applicable for Basic Plan.

10. OPD Expenses (Applicable only for Diamond plan)

We will reimburse expenses incurred on Outpatient Treatment for the Insured Persons as mentioned in the Policy Schedule, provided that

- i. This limit will apply on Individual basis in case of Individual Policy and on Family Floater basis in case of Family Floater Policy and
- ii. The condition of minimum Hospitalization of 24 hours as an in-patient under Benefit stands deleted.
- iii. The reimbursement of claims under this extension shall be done only once during each Policy Year of the Policy Period. No claim will be admissible which is made 30 days after the expiry of Policy.
- iv. You have renewed the Policy consecutively without a break.
- v. Any claim made in respect of this benefit will not be subject to In-patient Sum Insured and will not affect entitlement to a Cumulative Bonus and health check up, if applicable.
- vi. Exclusion F.ii.3 stands deleted.

11. Global Cover (Applicable only for Diamond plan)

We will reimburse the Medical Expenses of the Insured Person incurred outside India for not more than 180 consecutive days and maximum up to the sum insured, provided that the diagnosis was made in India and referred by Medical Practitioner for which the insured member(s) travels abroad for treatment

outside India as mentioned in the Policy Schedule. Global Cover is applicable subject to following terms and Conditions.

- i. A Deductible of 10% on Sum Insured will apply for expenses under all the respective covers separately for each claim.
- ii. The payment of any claim under this benefit will be in Indian Rupees based on the rate of exchange as on the date of invoice, published by Reserve Bank of India (RBI) and shall be used for conversion of foreign currency into Indian Rupees for claims payment. If these rates are not published on the date of invoice, the exchange rate next published by RBI shall be considered for conversion.
- iii. All other terms and conditions of the respective Section and Covers under the policy shall remain unaltered.
- iv. Only basic sum insured along with Cumulative Bonus can be used for this Coverage.

12. Psychiatric Illness

We will pay for the Medical Expenses, related to Psychiatric Illness, provided that:

- a) The first diagnosis and Hospitalization, as an inpatient, was during the Policy Period.
- b) This also has a waiting period and Sub-Limit as opted by You and mentioned in Your Policy Schedule for specific Psychiatric illnesses or disorders listed in the table below.

Waiting period shall be as per the “Specific Waiting Period. G.2” Section stated in Your Schedule against this Cover which shall apply from the date of inception of the first policy with Us, provided that the Policy has been renewed continuously with Us without break, with Psychiatric as a benefit since inception of the first policy.

ICD Code	Psychiatric Illness & Disorders
F20- F29	Schizophrenia, schizotypal and delusional disorders
F30- F39	Mood [affective] disorders
F40- F48	Neurotic, stress-related and somatoform disorders
F99- F99	Unspecified mental disorder

- c) Hospitalization under this benefit shall be subject to prior approval from Us, except in cases of emergencies.
- d) This cover is not applicable for Basic Plan.

13. Organ Donor

We will cover for Medical and surgical Expenses of the organ donor for harvesting the organ where an Insured Person is the recipient provided that:

- i. The organ donor is any person whose organ has been made available in accordance and in compliance with The Transplantation of Human Organs (Amendment) Bill, 2011 and the organ donated is for the use of the Insured Person, and
- ii. We have accepted an inpatient Hospitalization claim for the insured member under In Patient Hospitalization Treatment (Section C.1)
- iii. This cover is not applicable for the Basic Plan.

14. Assistance Services

The company will provide the below services which will be available when the Insured/ Insured member(s) is/ are more than 150 kilometers away from their residential address as provided in the Proposal Form. The services would be provided by the company /through our appointed Service provider, with prior intimation and acceptance by the Company.

- a. **Medical Consultation, Evaluation and Referral:** In case of any emergency, The Company/our Service Provider will evaluate, troubleshoot and make immediate recommendations including referrals to qualified doctors and/or hospitals.
- b. **Medical Monitoring and Case Management:** A team of doctors, nurses, and other medically trained personnel would be in regular communication with the attending physician and hospital, monitors appropriate levels of care and relay necessary and legally permissible information to the members of the Family / employer.
- c. **Emergency Medical Evacuation:** If the Insured / Insured member/s becomes ill or injured in an area where appropriate care is not available, the Company /via Service Provider will intervene and use available transportation, equipment and personnel necessary to evacuate the Individual safely to the nearest facility for medical care. This shall also include Air Ambulance services if required.
- d. **Medical Repatriation (Transportation):** When medically necessary, as determined by Company and the consulting Medical Practitioner, transportation under medical supervision shall be provided in respect of the Insured Person to the residential address as mentioned in the Schedule, provided that the Insured Person is medically cleared for travel via commercial carrier, and provided further that the transportation can be accomplished without compromising the Insured Person's medical condition.
- e. **Compassionate Visit:** When an Insured Person/s is/ are hospitalized for more than seven (7) consecutive days, The Company/ Service Provider will arrange for a family member or a personal friend to travel to visit the Insured Person/s, by providing an appropriate means of transportation.

This cover is not applicable for the Basic Plan.

15. Wellness Services

The Company offers a comprehensive program to maintain the health and overall wellbeing of the insured person. The insured person is provided with an individual access to web based Health portal at Company's website and/or a Wellness mobile application by the Company where he/she can perform various healthcare activities as listed below.

- i. **Health Risk Assessment (HRA):** HRA is process of health risk assessment with the help of a questionnaire, by collecting the information from the insured in a systematic manner and evaluate their health risks. The Health Risk Assessment generates a statistical estimate of insured person's overall health risk status and quality of lifestyle. The HRA shall be self performed by the insured person. We will aid the insured person to complete the HRA whenever required.
- ii. **Electronic Health Records:** The Insured person can store the medical test reports, prescriptions and other consultation papers in the personalized portal which gets digitized to help create a

- complete health profile of the insured person. The medical test reports along with HRA as specified above will provide a health score to depict the health status of the insured person.
- iii. **Health Screening:** Basis the health score of the insured person, the insured person shall be categorized as Healthy, in which case there will be no trigger for medical screening. If the score depicts unhealthy status, medical screening is advised to the insured person along with a "Health Goal" which is identified post identification of risk factors for improving insured person's overall well-being. "Health Goal", which basically takes a deep dive in the identified risk areas to establish the focus points in that particular risk area.
- iv. **Eye Care**
 The company will provide coupons/ discounts towards vision tests and related expenses for the Medical Expenses listed below, in respect of the Insured Person, if specified under the Policy Schedule/ Certificate of Insurance:
 - A single examination of the eyes by an optometrist or ophthalmologist per Policy Year;
 - Discounts towards lens, eyeglass frames, prescription sunglasses to correct vision.
 This Benefit will exclude:
 - sunglasses, unless medically prescribed by a Medical Practitioner.
 - Medical Treatment or Surgical Treatment of the eye/s;
 - lenses which are not a medical necessity and are not prescribed by an optometrist or ophthalmologist or frames for such lenses.
 The services would be provided by the company /through our appointed Service provider, with prior intimation and acceptance by the Company.
- v. **Wellness Reward Program:** The Wellness Reward Program (WRP) aims to encourage the insured person to perform certain activities to stay active and medically fit. WRP is an award program wherein the Insured Person can earn the reward points termed as "USGI Coins" by performing the activities as mentioned in the below Table. The points can be redeemed against array of options provided as mentioned hereunder which would help the Insured to improve his/her overall Health Status.
- (i) For an individual as well as Family Floater policy, the earning of USGI coins shall be considered on individual member basis up to the maximum limit as specified under every category per policy year.
 - (ii) The Company shall specify the Wellness Rewards – Earning and Redemption categories as well as Earned but not utilized USGI coins in the policy schedule. The details of USGI coins would also be available at the Company's Health Portal and/or Mobile Application.
 - (iii) USGI coins earned in this section of the policy are valid up to 4 years from the date of renewal of this policy (including any grace period applicable) and would not be carried forward thereafter.
 - (iv) Each USGI coin shall have the value equivalent to Rs.0.25.
 - (v) The USGI coins can be earned in the following ways as mentioned in the given Table:

Table: Earn Rewards (in form of USGI coins)

Activities for Earning Wellness Rewards		Rewards/ USGI Coins earned by Individual	Max USGI Coins earned by Individual Per Policy Year
On completion of HRA on Health Portal/Mobile application	HRA Completion within 90 days from Policy Inception Date	500	500
HRA outcome without any adverse report	Cover 2.5 to 3.5 lakhs steps in a month	100/month	500
HRA Outcome of having Large waist size (> 40 inches)	Cover minimum 2 lakhs steps in a month	100/month	500
	Cover above 2 lakh steps in a month	150/month	1000
Blood pressure for a known case of Hypertension	Blood Pressure is below or equal to -	150/month	500
	SBP:120-140 mm/Hg		
	DBP: 80-90 mm/Hg		
	SBP - Systolic Blood Pressure; DBP – Diastolic Blood Pressure		
Blood sugar levels for a known case of Diabetes	HBA1C within normal limits \leq 5.6	150/quarter	500
Lipid profile Level for a known case of Dyslipidemia	Lipid levels are normal within range as applicable to the Laboratory	150/quarter	500
Body Mass Index (BMI) for a known case of High BMI Insured Person/s >=30 optimum BMI	BMI between 31 to 35 and reduce your BMI to the Optimum range	100/quarter	200
	BMI between 35 to 39 and reduce your BMI to the optimum range	150/quarter	300
	BMI between 40 to 42 and reduce your BMI to the optimum range	250/quarter	500
Health Tests for Heart Related, Blood Sugar, Thyroid/ Lipid etc. Monitoring	on Submission of Reports	150/quarter	300
Annual membership for Dance/ Zumba/ Aerobic/ Gymnastic/ Yoga/ Gym/ Swimming	Provide attendance Register/ letter/ medal/ trophies/ BIB number (as applicable) from the respective facility provider.	150/quarter	400

Participate in professional sport events like Marathon/ Cyclothon/ Swimathon	Provide attendance Register/ letter/ medal/ trophies/ BIB number (as applicable) from the respective facility provider.	100/event	500
Competitive Sports: School Level	Participation Certificate from School	20/sport	50
Competitive Sports: National/ State Level	Participation Certificate from relevant sports authority	75/sport	150
Download the Wellness Application		150	150
Refer a Friend to buy USGI policy		100/referral	300
Sum Insured Enhancement		100	100
Pledge to Quit Smoking		150	150
Water Intake	3-4 litres per day, to be updated on App	50/month	200

Redemption of USGI coins:

1	Facilities as mentioned under Health & Wellness Program: Everyday Healthcare	20% of USGI coins upto Rs.200
2	Dental Care except cosmetic treatment	30% of USGI coins upto Rs.300
3	Cost of Vaccinations	30% of USGI coins upto Rs.300
4	Cost of Spectacle Lenses	30% of USGI coins upto Rs.300
5	Laser surgery for correction of refractory errors	30% of USGI coins upto Rs.300
6	Any Hospitalizations which is non-admissible as per the Policy terms and conditions as specified under In-patient Hospitalization'	50% of USGI coins upto Rs.500
7	You can also redeem your Rewards against Claim of yours/your family member/s who are insured with Us under retail Health Indemnity product	20% of USGI coins upto Rs.200
8	Discount on premium while renewing your Policy	30% of USGI coins upto Rs.300

This cover is not applicable for Basic Plan.

D. Add On Covers

1. Pre-Existing Disease Waiting Period Waiver

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, waiting period applicable to all Pre-Existing Diseases for each Insured Person before benefits are payable under the Policy is modified to 12 Months.

For the purpose of this extension, Waiting Period- Section G.1 shall be modified.

This cover is not applicable for Basic Plan.

2. Maternity Cover

We will pay the Maternity Expenses incurred towards the delivery of a baby and/or treatment related to any complication of pregnancy or medically necessary termination. This is up to the Sum Insured opted by You and as mentioned in Your Policy Schedule against this Section, during the Policy Period provided that:

- a) Female Insured Person's legally married spouse is also covered under this Policy, unless specifically waived by Us (Example, if You are a single parent, this clause will not apply). This also has a waiting period. Waiting period as opted by you and mentioned in your Policy Schedule shall apply from the date of inception of the first policy with us, provided that the policy has been renewed continuously with us without break, with maternity as a benefit.
- b) The maternity benefit is limited to cover up to two living children. However, there is no restriction on the number of medically necessary and lawful termination of pregnancies.
- c) If on renewal without any break in coverage, the sum insured is increased, there is a fresh waiting period as opted by You and mentioned in Your Policy Schedule applied to the increased part of the Sum Insured.
- d) Any complications arising out of or as a consequence of maternity/childbirth / New Born Baby will also be covered within the limit of Sum Insured, available under this benefit.
- e) Exclusion F.i.15 stands deleted.
- f) This cover is not applicable for the Basic Plan.

3. Diabetes Day 1 cover (Applicable only for Diamond plan)

We will Pay you (Aged 18 years and above) for the Medical Expenses under Outpatient treatment for Diabetes up to the Sum Insured, mentioned in the Policy Schedule. This treatment can be availed at Our Network Providers and/ Empanelled Service Providers (such as Outpatient clinics or Physicians/ Diagnostic centre) for chronic condition i.e. Diabetes.

For ease of understanding definitions of Diabetes as below:

Diabetes mellitus is a chronic, progressive disease in which impaired insulin production leads to high blood glucose (sugar) levels, and without good self-management and proper treatment, the increased glucose (sugar) in the blood affects and damages every organ in the body, which causes serious health consequences.

Outpatient Treatment for this coverage means;

- (i) Medical Practitioner's consultations;
- (ii) Diagnostic test
- (iii) Medicines

4. Hypertension Day 1 Cover (Applicable only for Diamond plan)

We will Pay you (Aged 18 years and above) for the Medical Expenses under Outpatient treatment for Hypertension up to the Sum Insured, mentioned in the Policy Schedule.

This treatment can be availed at Our Network Providers and/ Empanelled Service Providers (such as Outpatient clinics or Physicians/ Diagnostic centre) for chronic condition i.e. Hypertension.

For ease of understanding definitions of Hypertension as below:

Hypertension is the term used to describe a persistent elevated blood pressure, commonly referred to as high blood pressure, and if this chronic disease is not treated appropriately, is a major risk factor for heart disease, stroke, kidney disease and even eye diseases.

Outpatient Treatment for this coverage means:

- (i) Medical Practitioner's consultations.
- (ii) Diagnostic test
- (iii) Medicines

5. Non-Medical Items

We will pay for Non-Medical Expenses up to the limit mentioned in Schedule of Coverage in the Policy Schedule on Medically necessary Hospitalization of Insured Person for claims admissible under section C.1 in view of this Cover as per List 1 of Annexure 2.

This cover is not applicable for the Basic Plan.

6. Hospital Cash Benefit (Applicable only for Basic Plan)

With an additional premium, a daily cash amount will be payable under the basic plan as an optional benefit, with Option 1 offering a per day limit of Rs 500, and Option 2 offering a per day limit of Rs 1,000; for maximum up to 10 days under both options, if you receive treatment as an inpatient for an eligible medical condition, provided that:

- We have accepted a claim under Section C.1 (Inpatient Treatment Benefit).
- You are hospitalized for more than 3 days.

7. Room Rent Modification

Now notwithstanding anything to the contrary in the Policy, by choosing this Optional Benefit under Silver, Gold and Diamond plan, we agree to modify the Room Rent / Room Category as per the following.

By opting below room category, the insured person shall be eligible for the daily hospital cash benefit of Rs 500 per day maximum up to 5 days in addition to the expenses payable under C.1 Inpatient Treatment. This amount shall be applicable on the cover level and shall be utilized only once in a policy year.

Sr. No.	Room Category	Eligibility
1.	Twin Sharing Room	It means your maximum eligible Room Category in case of Hospitalization payable by Us is limited for stay in a Twin Sharing Room

A co-payment of 20% shall be applied if the insured opts for room category above twin sharing room.

This cover is not applicable for the Basic Plan.

8. Aggregate Deductible

We give you an option to choose a deductible of Rs 25,000 or Rs 50,000 along with your Silver, Gold or Diamond Plan, which will help you reduce the amount of Premium. Deductible is the claim amount (as specified) 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 exceeds the Deductible.

This cover is not applicable for the Basic Plan and once opted cannot be removed from the coverage.

E. Renewal Benefit

1. Cumulative Bonus

The Insured will have an option to opt from:

a. Enhancement in Sum Insured:

In case no claim has been made by any insured person, we will increase the base sum insured as per the variant opted, provided the Policy is renewed continuously:

Silver	Gold	Diamond
20% of Base Sum Insured, Maximum to 100% per Renewal	50% of Base Sum Insured, Maximum to 100% per Renewal	50% of Base Sum Insured, Maximum to 200% per Renewal

In case of claim is made in the expiring policy year then you will not earn any bonus on Policy renewal. However, if there is no claim made in the subsequent Policy Year, you will earn cumulative Bonus.

b. Discount in Premium:

No Claim Discount will be offered to an Insured Person at the renewal, in the event of no claim being made in the policy year. This discount will be offered as per the defined grid mentioned below for every renewal where there is no claim, this will be available for maximum up to 5 years.

If a claim is made in any particular year, the discount accrued shall be reduced at the same rate at which it has accrued.

Silver	Gold	Diamond
3% of the Base Premium	4% of the Base Premium	5% of the Base Premium

This cover is not applicable for the Basic Plan.

2. Preventive Health Check- up

We will reimburse the cost of a Preventive Health Check-up, up to the limits specified below as per plan of the Insured Person who was covered during the previous Policy Year. This Cover does NOT carry forward if it is not claimed and shall not be provided if the Policy is not Renewed further. the below mentioned limits are applicable for each Insured Person per Policy Year in case of Individual Policy and cumulatively for all Insured Persons per Policy Year in case of Family Floater Policy. The same can be opted within 90 Days of the Renewal.

Silver	Gold	Diamond
Preventive Health Check up every claim free Year up to Rs.1000	Preventive Health Check up every claim free Year up to Rs.2500	Preventive Health Check up every Year up to Rs.5000

This cover is not applicable for the Basic Plan.

F. Exclusions

F.i. Standard Exclusions:

The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

1. Investigation & Evaluation (Code- Excl04)

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

2. Rest Cure, Rehabilitation and Respite Care (Code- Excl05)

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

- i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

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

3. Obesity/ Weight Control (Code- Excl06)

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

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

4. Change-of-Gender Treatments: (Code- Excl07)

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

5. Cosmetic or plastic Surgery: (Code- Excl08)

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

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

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

7. Breach of law: (Code- Excl10)

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

8. Excluded Providers: (Code-Excl11)

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

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

10. 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)

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

12. Refractive Error:(Code- Excl15)

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

13. Unproven Treatments:(Code- Excl16)

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

14. Sterility and Infertility: (Code- Excl17)

Expenses related to sterility and infertility. This includes:

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

15. Maternity: (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.

F.ii. Specific Exclusions:

- 1. 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.
- 2. Nuclear, chemical, or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.
 - b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
 - c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.
- 3. Any expenses incurred on OPD treatment (Applicable for Basic, Silver & Gold Plan)
- 4. Treatment taken outside the geographical limits of India.

5. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes.

G. Waiting Period

The Company shall not be liable to make any payment under the policy in connection with or in respect of the following expenses till the expiry of waiting period mentioned below:

1. Pre-Existing Diseases (Code- Excl01)

1. 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 us.
2. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
3. 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.
4. 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 us.

2. Specific Waiting Period: (Code- Excl02)

- a) Expenses related to the treatment of the following listed conditions, surgeries/ treatments shall be excluded until the expiry of 24/36 months (For Basic, Silver, Gold and Diamond Plan) of continuous coverage, as may be the case after the date of inception of the first policy with the insurer. This exclusion shall not be applicable for claims arising due to an accident.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If any of the specified diseases/ procedures falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break under the policy, then waiting period for the same would be reduced to the extent of prior coverage.

i. 24 Months waiting period

1. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps
2. Benign ear, nose, throat disorders
3. Benign prostate hypertrophy
4. Cataract and age related eye ailments
5. Gastric/ Duodenal Ulcer
6. Gout and Rheumatism
7. Hernia of all types

8. Hydrocele
9. Non Infective Arthritis
10. Piles, Fissures and Fistula in anus
11. Pilonidal sinus, Sinusitis and related disorders
12. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident
13. Skin Disorders
14. Stone in Gall Bladder and Bile duct, excluding malignancy
15. Stones in Urinary system
16. Treatment for Menorrhagia/Fibromyoma, Myoma and Prolapsed uterus
17. Varicose Veins and Varicose Ulcers
18. Renal Failure
19. Puberty and Menopause related Disorders
20. Behavioural and Neurodevelopment Disorders:
 - a. Disorders of adult personality
 - b. Disorders of speech and language including stammering, dyslexia

ii. **36 Months waiting period**

1. Joint Replacement due to Degenerative Condition
2. Age-related Osteoarthritis & Osteoporosis
3. Treatment of HIV illness, stress or psychological disorders and neurodegenerative disorders.
4. Age Related Macular Degeneration (ARMD)
5. Genetic diseases or disorders

3. First Thirty Days Waiting Period (Code- Excl03)

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

4. Maternity Expenses (Code-Excl18) [Thirty-six months waiting period]

The following are included under the scope of cover up to the limit specified in Policy Schedule subject to a waiting period of thirty-six months:

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

5. Out-patient Treatment Waiting Period of 3 years

The expenses covered under benefit Out-Patient treatment shall be excluded for a period of 3 years unless You were insured continuously and without interruption for at least 3 years under any other Indian insurer's or Our individual health insurance Policy for reimbursement of medical costs incurred by You as an Out-patient in a Hospital or Out-patient Treatment Centre.

H. General Terms & Clauses

H.1. Standard General Terms and Clauses:

1. Disclosure of Information

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

2. Condition Precedent to Admission of Liability

The due observance and fulfilment of the terms and conditions of the policy, by the insured person, shall be a condition precedent to any liability of the Company to make any payment for claim(s) arising under the policy.

3. Claim Settlement (provision for Penal Interest)

- i). The Company shall settle or reject a claim, as the case may be, within 15 days from the date of submission of the claim.
- ii). In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt date of receipt of intimation to till the date of payment.
- 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 submission of claim.
- iv). In case of delay beyond stipulated 15 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of intimation to till the date of payment.

4. Complete Discharge

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

5. Multiple Policies

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

- i. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy/ policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.
- ii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/ she wants to claim the balance amount.
- iii. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

6. Fraud

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

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

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/ doctor/ any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a) The suggestion, as a fact of that which is not true and which the insured person does not believe to be true.
- b) The active concealment of a fact by the insured person having knowledge or belief of the fact;
- c) Any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person/ beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

7. Cancellation

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

- a. refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.
- b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

8. Migration

In case of migration of one policy to another with the same Insurer, the policyholder (including all members under family cover and group insurance policies) can transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period etc. in the previous policy to the migrated policy. We will underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.

9. Portability

The insured person will have the option to port the policy to other insurers as per IRDAI guidelines related to portability 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 in waiting periods as per IRDAI guidelines on portability.

10. Renewal of Policy

- i. A health insurance policy is renewable provided the product is not withdrawn, except in case of established fraud or non-disclosure or misrepresentation by the Insured. If the product is withdrawn, the policyholder shall be provided with suitable options to migrate to another product.
- ii. An Insurer shall not deny the renewal on the ground that the policyholder had made a claim (s) in the preceding policy years.
- iii. An Insurer shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the policyholder, the Insurer may underwrite only to the extent of increased sum insured.

11. Withdrawal of Policy

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

12. Moratorium Period

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

13. Premium Payment in Installments

If the insured person has opted for Payment of Premium on an instalment basis i.e monthly, Quarterly, Half Yearly as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms to the contrary elsewhere in the policy).

- i. The grace period of fifteen days (where premium is paid on a monthly instalment) and thirty days (where premium is paid in quarterly/half-yearly/annual instalments) is available on the premium due date, to pay the premium
- ii. If the policy is renewed during grace period, all the credits (sum insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected. The same is applicable for both Indemnity and Benefit products.
- iii. If the premium is paid in installments during the policy period, coverage will be available during such Grace period.
- iv. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
- v. No interest will be charged If the instalment premium is not paid on due date.
- vi. In case of instalment premium due not received within the grace period, the policy will get cancelled.
- vii. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- viii. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

14. Possibility of Revision of Terms of the Policy Including the Premium Rates

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

15. Free look period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

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

16. Nomination:

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination

shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/ Policy Certificate/ Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

17. Loading:

- i. We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance).
- ii. The loading shall only be applied basis an outcome of Our medical underwriting.
- iii. These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us or on the receipt of the request of increase in Sum Insured (for the increased Sum Insured). We will inform You about the applicable risk loading through communication.

18. Redressal of Grievance

If Customer has a grievance about any matter relating to the Policy/Claim, and/or the decision of the Company on any matter he/she can address the grievance as follows:

Grievance Cell

Write to :

Customer Service Universal Sompo General Insurance Co. Ltd.
Unit No. 601 & 602, 6th Floor, Reliable Tech Park,
Thane-Belapur Road, Airoli, Navi Mumbai,
Maharashtra – 400708

Email: grievance@universalsompo.com
with a cc to Melvin.dsouza@universalsompo.com

For More details, visit – www.universalsompo.com

Visit Branch Grievance Redressal Officer (GRO) - Walk into any of our nearest branches and request to meet the GRO.

Grievance Redressal Officer

In case, the customer is not satisfied with the decision/resolution of the above office or have not received any response, he/she may write or email/mail to:

Customer Service Universal Sompo General Insurance Co. Ltd.
Unit No. 601 & 602, 6th Floor, Reliable Tech Park,
Thane-Belapur Road, Airoli, Navi Mumbai,
Maharashtra – 400708
Email ID: GRO@universalsompo.com / namita.singh@universalsompo.com

Insurance Ombudsman

Bima Bharosa Portal link: <https://bimabharosa.irdai.gov.in/>

The customer can approach the Insurance Ombudsman depending on the nature of grievance and financial implication, if any.

The updated contact details of the Insurance Ombudsman offices can be referred by clicking on the Insurance ombudsman official site: <https://www.cioins.co.in/Ombudsman>.

Information about Insurance Ombudsmen, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at www.irdai.gov.in, or of the General Insurance Council at <https://www.gicouncil.in/>, the Consumer Education Website of the IRDAI at <http://www.policyholder.gov.in>, or from any of Offices of the Company.

H.2. Specific General Terms and Clauses:

1. Enhancement of Sum Insured

You may seek enhancement of Sum Insured in writing before payment of premium for renewal, which may be granted at Our discretion. Before granting such request for enhancement of Sum Insured, We have the right to have You examined by a Medical Practitioner authorized by Us or the TPA. Our consent for enhancement of Sum Insured is dependent on the recommendation of the Medical Practitioner and subject to limits as stated by the Company.

Enhancement of Sum Insured will not be considered for: In respect of any enhancement of Sum Insured, waiting periods – G 1, 2 and 3 would apply to the additional Sum Insured from such date.

I. Claim Procedure

I.1 Procedure for Cashless claims:

Follow below steps to avail Cashless facility through our In house Health Claims Management:

Step I: Locate nearest Hospital by visiting our website or web portal or call our Health Helpline 1800 200 4030.

Step II: Visit Network hospital and show your Health Serve Card issued by the company along with Valid Photo ID proof and get 'Cashless Request Form' from Insurance helpdesk of the hospital.

Step III: Fill your details in the 'Cashless Request Form' & submit it to the Hospital Insurance helpdesk.

Step IV: Hospital verifies the patient details and sends duly filled Cashless Request Form to Universal Sompo

Step V: Universal Sompo Health team will review and judge the admissibility of the Cashless Request as per Policy Terms & Conditions and the same will be communicated to Insured and Hospital within 60 mins for Initial Cashless request & 3 hours for discharge request on their registered mobile number & Email ID respectively.

You can now avail cashless facility from non-network hospitals.

To avail the treatment under cashless from non-network hospitals, please find the below steps.

Prior Intimation is required for processing cashless from non-network hospitals:

- Inform us (Toll Free Helpline – 1800 200 4030) minimum 48 hours before admission for planned hospitalization and within 24 hours of admission for emergency hospitalization across India.
- Mail us at healthserve@internalsompo.com

I.2 Procedure for reimbursement of claims:

Follow below steps to avail reimbursement facility through our In house Health Claims Management:

Step I: Visit our Web Portal to register claim or Call our Health Helpline 1800 200 4030 or email us at healthserve@internalsompo.com and inform about your claim.

Step II: Visit hospital and undergo your treatment. Settle your hospitalization bill and collect all the documents after discharge from the hospital.

Step III: Fill in Reimbursement Claim Form and submit all original documents to our below mention office for reimbursement.

Universal Sompo General Insurance Company Limited,
Health Claims Management Office,
1st Floor C-56- A/13,
Block- C Sector- 62,
Noida, Uttar Pradesh, Pincode: 201309

Step IV: On receipt of document your claim will processed as per Terms & Conditions of policy and the same will be communicated over SMS & Email.

Step V: Outcome of the claim will be communicated within 15 days from date of Submission of claim.

I.3 Documents to be submitted:

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

- I. Claim form duly filled and signed by the Insured
- II. Certificate from attending medical practitioner mentioning the first symptoms and date of occurrence of ailment.
- III. All treatment papers of current ailment including previous treatment papers if any.
- IV. Original Discharge Card from the hospital, Indoor Case Papers.
- V. All original medical Investigation reports (viz. X-ray, ECG, Blood test etc).
- VI. Original hospital bill and receipts.
- VII. Original bills of chemist, medical practitioner, medical investigation, etc. supported by the doctor's prescription.
- VIII. NEFT details and Personalized cancelled cheque/ Passbook copy in the name of proposer for electronic fund transfer.
- IX. Valid Photo ID Proof of the patient.
- X. For accident Cases: MLC (Medico Legal Certificate)/ FIR (First Information report).

XI. Copy of latest valid address proof of proposer like electricity bill, water bill or telephone bill or updated bank statement along with copy of PAN card & Aadhaar Card as per AML/KYC Norms.

The above list of documents is indicative. In case of any further document requirement, our team shall contact you on receipt of your claim documents by us.

Note:

1. Documentation consistent with Telemedicine Practice Guidelines [2020] circulated by the Medical Council of India shall also be allowed under this policy along with the ones involving standard, in-person consultation with a medical practitioner.
2. The company shall only accept bills/ invoices/ medical treatment related documents only in the Insured Person's name for whom the claim is submitted
3. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company
4. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person

J. Grievance & Ombudsman

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat, Dadra & Nagar Haveli, Daman and Diu	AHMEDABAD Shri Collu Vikas Rao Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in
Karnataka.	BENGALURU Mr Vipin Anand Insurance Ombudsman 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
Madhya Pradesh Chattisgarh.	BHOPAL Shri R. M. Singh

	<p>Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: bimalokpal.bhopal@cioins.co.in</p>
Odisha	<p>BHUBANESHWAR Shri Manoj Kumar Parida Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 / 2596455 / 2596429 / 2596003 Email: bimalokpal.bhubaneswar@cioins.co.in</p>
Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.	<p>CHANDIGARH Mr Atul Jerath Insurance Ombudsman Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in</p>
Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).	<p>CHENNAI Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in</p>
Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.	<p>DELHI Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992 / 23213504 / 23232481 Email: bimalokpal.delhi@cioins.co.in</p>
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	<p>GUWAHATI Insurance Ombudsman Office of the Insurance Ombudsman,</p>

	<p>Jeevan Nivesh, 5th Floor, Near Pan Bazar , S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: bimalokpal.guwahati@cioins.co.in</p>
Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.	<p>HYDERABAD Insurance Ombudsman 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 / 23376991 / 23376599 / 23328709 / 23325325 Email: bimalokpal.hyderabad@cioins.co.in</p>
Rajasthan.	<p>JAIPUR Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363 Email: bimalokpal.jaipur@cioins.co.in</p>
Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry	<p>KOCHI Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash,LIC Building, Opp to Maharaja's College Ground,M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in</p>
West Bengal, Sikkim, Andaman & Nicobar Islands.	<p>KOLKATA Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in</p>
Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdara, Fatehpur, Pratapgarh,	<p>LUCKNOW Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II,</p>

<p>Jaunpur, Varanasi, Gajipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>	<p>Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in</p>
<p>Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane)</p>	<p>MUMBAI Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in</p>
<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>	<p>NOIDA Insurance Ombudsman 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</p>
<p>Bihar, Jharkhand.</p>	<p>PATNA Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</p>
<p>Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region)</p>	<p>PUNE Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor,</p>



	C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in
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Annexure 1 – DAYCARE PROCEDURES

A. Cardiology:

1. Coronary Angiography

B. Critical Care:

1. Insert Non - Tunnel CV Cath
2. Insert PICC CATH (Peripherally Inserted Central Catheter)
3. Replace PICC CATH (Peripherally Inserted Central Catheter)
4. Insertion Catheter, Intra Anterior
5. Insertion of Portacath

C. Dental:

1. Suturing Lacerated Lip
2. Suturing Oral Mucosa
3. Oral Biopsy In Case Of Abnormal Tissue Presentation
4. FNAC

D. ENT

1. Bronchical Thermoplasty for Asthma
2. Myringotomy With Grommet Insertion
3. Tymanoplasty (closure Of An Eardrum Perforation reconstruction Of The Auditory Ossicles)
4. Removal Of A Tympanic Drain
5. Keratosis Removal Under GA
6. Operations On The Turbinates (nasal Concha)
7. Removal Of Keratosis Obturans
8. Stapedotomy To Treat Various Lesions In Middle Ear
9. Revision Of A Stapedectomy
10. Other Operations On The Auditory Ossicles
11. Myringoplasty (post-aura/endaural Approach As Well As Simple Type-I Tympanoplasty)
12. Fenestration Of The Inner Ear
13. Revision Of A Fenestration Of The Inner Ear
14. Palatoplasty
15. Transoral Incision And Drainage Of A Pharyngeal Abscess
16. Tonsillectomy Without Adenoidectomy
17. Tonsillectomy With Adenoidectomy
18. Excision And Destruction Of A Lingual Tonsil
19. Revision Of A Tympanoplasty
20. Other Microsurgical Operations On The Middle Ear
21. Incision Of The Mastoid Process And Middle Ear
22. Mastoidectomy Reconstruction Of The Middle Ear
23. Other Excisions Of The Middle And Inner Ear
24. Incision (opening) And Destruction (elimination) Of The Inner Ear

25. Other Operations On The Middle And Inner Ear
26. Excision And Destruction Of Diseased Tissue Of The Nose
27. Other Operations On The Nose
28. Nasal Sinus Aspiration
29. Foreign Body Removal From Nose
30. Other Operations On The Tonsils And Adenoids
31. Adenoidectomy
32. Labyrinthectomy For Severe Vertigo
33. Stapedectomy Under GA
34. Stapedectomy Under LA
35. Tympanoplasty (type IV)
36. Endolymphatic Sac Surgery For Meniere's Disease
37. Turbinectomy
38. Endoscopic Stapedectomy
39. Incision And Drainage Of Perichondritis
40. Septoplasty
41. Vestibular Nerve Section
42. Thyroplasty Type I
43. Pseudocyst Of The Pinna - Excision
44. Incision And Drainage - Haematoma Auricle
45. Tympanoplasty (Type II)
46. Reduction Of Fracture Of Nasal Bone
47. Thyroplasty Type II
48. Tracheostomy
49. Excision Of Angioma Septum
50. Turbinoplasty
51. Incision & Drainage Of Retro Pharyngeal Abscess
52. Uvulo Palato Pharyngo Plasty
53. Adenoidectomy With Grommet Insertion
54. Adenoidectomy Without Grommet Insertion
55. Vocal Cord Lateralisation Procedure
56. Incision & Drainage Of Para Pharyngeal Abscess
57. Tracheoplasty
58. Total excision of Pinna
59. Middle ear polypectomy
60. Nasal septum cauterisation (and bilateral)
61. Excision of lesion of Internal nose
62. Balloon Sinuplasty

E. Gastroenterology :

1. Cholecystectomy And Choledocho-jejunostomy/Duodenostomy / Gastrostomy / Exploration Common Bile Duct

2. Esophagoscopy, Gastroscopy, Duodenoscopy With Polypectomy/Removal Of Foreign Body/diathermy Of Bleeding Lesions
3. Pancreatic Pseudocyst Eus & Drainage
4. RF Ablation For Barrett's Oesophagus
5. ERCP And Papillotomy
6. Esophagoscope And Sclerosant Injection
7. EUS + Submucosal Resection
8. Construction Of Gastrostomy Tube
9. EUS + Aspiration Pancreatic Cyst
10. Small Bowel Endoscopy (therapeutic)
11. Colonoscopy, Lesion Removal
12. ERCP
13. Colonoscopy Stenting Of Stricture
14. Percutaneous Endoscopic Gastrostomy
15. EUS And Pancreatic Pseudo Cyst Drainage
16. ERCP And Choledochoscopy
17. Proctosigmoidoscopy Volvulus Detorsion
18. ERCP And Sphincterotomy
19. Esophageal Stent Placement
20. ERCP + Placement Of Biliary Stents
21. Sigmoidoscopy W / Stent
22. EUS + Coeliac Node Biopsy
23. UGI Scopy And Injection Of Adrenaline, Sclerosants Bleeding Ulcers

F. General Surgery:

1. Robotic surgeries
2. Incision Of A Pilonidal Sinus / Abscess
3. Fissure In Ano Sphincterotomy
4. Surgical Treatment Of A Varicocele And A Hydrocele Of the Spermatic Cord
5. Orchidopexy
6. Abdominal Exploration In Cryptorchidism
7. Surgical Treatment Of Anal Fistulas
8. Division Of The Anal Sphincter (sphincterotomy)
9. Epididymectomy
10. Incision Of The Breast Abscess
11. Operations On The Nipple
12. Excision Of Single Breast Lump
13. Incision And Excision Of Tissue In The Perianal Region
14. Surgical Treatment Of Hemorrhoids
15. Other Operations On The Anus
16. Ultrasound Guided Aspirations
17. Sclerotherapy, Etc.
18. Laparotomy For Grading Lymphoma With Splenectomy / liver/ lymph Node Biopsy
19. Therapeutic Laparoscopy With Laser

20. Appendicectomy With/without Drainage
21. Infected Keloid Excision
22. Axillary Lymphadenectomy
23. Wound Debridement And Cover
24. Abscess-decompression
25. Cervical Lymphadenectomy
26. Infected Sebaceous Cyst
27. Inguinal Lymphadenectomy
28. Incision And Drainage Of Abscess
29. Suturing Of Lacerations
30. Scalp Suturing
31. Infected Lipoma Excision
32. Maximal Anal Dilatation
33. Piles
 - a. Injection Sclerotherapy
 - b. Piles Banding
34. Liver Abscess- Catheter Drainage
35. Fissure In Ano-Fissurectomy
36. Fibroadenoma Breast Excision
37. Oesophageal Varices Sclerotherapy
38. ERCP - Pancreatic Duct Stone Removal
39. Perianal Abscess I&d
40. Perianal Hematoma Evacuation
41. UGI Scopy And Polypectomy Oesophagus
42. Breast Abscess I& D
43. Feeding Gastrostomy
44. Oesophagoscopy And Biopsy Of Growth Oesophagus
45. ERCP - Bile Duct Stone Removal
46. Ileostomy Closure
47. Colonoscopy
48. Polypectomy Colon
49. Splenic Abscesses Laparoscopic Drainage
50. UGI Scopy And Polypectomy Stomach
51. Rigid Oesophagoscopy For FB Removal
52. Feeding Jejunostomy
53. Colostomy
54. Ileostomy
55. Colostomy Closure
56. Submandibular Salivary Duct Stone Removal
57. Pneumatic Reduction Of Intussusception
58. Varicose Veins Legs - Injection Sclerotherapy
59. Rigid Oesophagoscopy For Plummer Vinson Syndrome
60. Pancreatic Pseudocysts Endoscopic Drainage

61. Zadek's Nail Bed Excision
62. Subcutaneous Mastectomy
63. Excision Of Ranula Under GA
64. Rigid Oesophagoscopy For Dilation Of Benign Strictures
65. Eversion Of Sac -unilateral -bilateral
66. Lord's Plication
67. Jaboulay's Procedure
68. Scrotoplasty
69. Circumcision For Trauma
70. Meatoplasty
71. Intersphincteric Abscess Incision And Drainage
72. PSOAS Abscess Incision And Drainage
73. Thyroid Abscess Incision And Drainage
74. Tips Procedure For Portal Hypertension
75. Esophageal Growth Stent
76. Pair Procedure Of Hydatid Cyst Liver
77. Tru Cut Liver Biopsy
78. Photodynamic Therapy Or Esophageal Tumour And Lung Tumour
79. Excision Of Cervical Rib
80. Laparoscopic Reduction Of Intussusception
81. Microdochectomy Breast
82. Surgery For Fracture Penis
83. Sentinel Node Biopsy
84. Parastomal Hernia
85. Revision Colostomy
86. Prolapsed Colostomy- Correction
87. Testicular Biopsy
88. Laparoscopic Cardiomyotomy(Hellers)
89. Sentinel Node Biopsy Malignant Melanoma
90. Laparoscopic Pyloromyotomy(Ramstedt)

G. Gynecology:

1. Operations On Bartholin's Glands (cyst)
2. Incision Of The Ovary
3. Insufflations Of The Fallopian Tubes
4. Other Operations On The Fallopian Tube
5. Dilatation Of The Cervical Canal
6. Conisation Of The Uterine Cervix
7. Therapeutic Curettage With Colposcopy / Biopsy /Diathermy / Cryosurgery
8. Laser Therapy Of Cervix For Various Lesions Of Uterus
9. Other Operations On The Uterine Cervix
10. Incision Of The Uterus (hysterectomy)
11. Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas
12. Incision Of Vagina

13. Incision Of Vulva
14. Culdotomy
15. Salpingo-oophorectomy Via Laparotomy
16. Endoscopic Polypectomy
17. Hysteroscopic Removal Of Myoma
18. D & C
19. Hysteroscopic Resection Of Septum
20. Thermal Cauterisation Of Cervix
21. Mirena Insertion
22. Hysteroscopic Adhesiolysis
23. Leep
24. Cryocauterisation Of Cervix
25. Polypectomy Endometrium
26. Hysteroscopic Resection Of Fibroid
27. LLETZ
28. Conization
29. Polypectomy Cervix
30. Hysteroscopic Resection Of Endometrial Polyp
31. Vulval Wart Excision
32. Laparoscopic Paraovarian Cyst Excision
33. Uterine Artery Embolization
34. Laparoscopic Cystectomy
35. Hymenectomy (Imperforate Hymen)
36. Endometrial Ablation
37. Vaginal Wall Cyst Excision
38. Vulval Cyst Excision
39. Laparoscopic Paratubal Cyst Excision
40. Repair Of Vagina (Vaginal Atresia)
41. Hysteroscopy, Removal Of Myoma
42. TURBT
43. Vaginal Mesh For POP
44. Laparoscopic Myomectomy
45. Surgery For SUI
46. Repair Recto- Vagina Fistula
47. Pelvic Floor Repair (Excluding Fistula Repair)
48. URS + LL
49. Laparoscopic Oophorectomy
50. Normal Vaginal Delivery And Variants
51. Excision of lesion of vulva
52. Amputation of cervix uteri

H. Neurology :

1. IONM – (Intra Operative Neuro Monitoring)

2. Facial Nerve Glycerol Rhizotomy
3. Spinal Cord Stimulation
4. Motor Cortex Stimulation
5. Stereotactic Radiosurgery
6. Percutaneous Cordotomy
7. Intrathecal Baclofen Therapy
8. Entrapment Neuropathy Release
9. Diagnostic Cerebral Angiography
10. VP Shunt
11. Ventriculoatrial Shunt
12. Deep Brain stimulation

I. Oncology :

1. Radiotherapy For Cancer
2. Cancer Chemotherapy
3. IV Push Chemotherapy
4. HBI-hemibody Radiotherapy
5. Infusional Targeted Therapy
6. SRT-stereotactic ARC Therapy
7. SC Administration Of Growth Factors
8. Continuous Infusional Chemotherapy
9. Infusional Chemotherapy
10. CCRT-concurrent Chemo + RT
11. D Radiotherapy
12. D Conformal Radiotherapy
13. IGRT- Image Guided Radiotherapy
14. IMRT- Step & Shoot
15. Infusional Bisphosphonates
16. IMRT- DMLC
17. Rotational Arc Therapy
18. Tele Gamma Therapy
19. FSRT-fractionated SRT
20. VMAT-volumetric Modulated Arc Therapy
21. SBRT-stereotactic Body Radiotherapy
22. Helical Tomotherapy
23. SRS-stereotactic Radiosurgery
24. X-knife SRS
25. Gammaknife SRS
26. TBI- Total Body Radiotherapy
27. Intraluminal Brachytherapy
28. Electron Therapy
29. TSET-total Electron Skin Therapy
30. Extracorporeal Irradiation Of Blood Products
31. Telecobalt Therapy

- 32. Telecesium Therapy
- 33. External Mould Brachytherapy
- 34. Interstitial Brachytherapy
- 35. Intracavity Brachytherapy
- 36. D Brachytherapy
- 37. Implant Brachytherapy
- 38. Intravesical Brachytherapy
- 39. Adjuvant Radiotherapy
- 40. Afterloading Catheter Brachytherapy
- 41. Conditioning Radiotherapy For BMT
- 42. Nerve Biopsy
- 43. Muscle Biopsy
- 44. Epidural Steroid Injection
- 45. Extracorporeal Irradiation To The Homologous Bone Grafts
- 46. Radical Chemotherapy
- 47. Neoadjuvant Radiotherapy
- 48. LDR Brachytherapy
- 49. Palliative Radiotherapy
- 50. Radical Radiotherapy
- 51. Palliative Chemotherapy
- 52. Template Brachytherapy
- 53. Neoadjuvant Chemotherapy
- 54. Adjuvant Chemotherapy
- 55. Induction Chemotherapy
- 56. Consolidation Chemotherapy
- 57. Maintenance Chemotherapy
- 58. HDR Brachytherapy
- 59. Immunotherapy - Monoclonal Antibody to be given as injection
- 60. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for hematological conditions

J. Salivary Glands & Salivary Ducts:

- 1. Incision And Lancing Of A Salivary Gland And A Salivary Duct
- 2. Excision Of Diseased Tissue Of A Salivary Gland And A Salivary Duct
- 3. Resection Of A Salivary Gland
- 4. Reconstruction Of A Salivary Gland And A Salivary Duct
- 5. Other Operations On The Salivary Glands And Salivary Ducts
- 6. Open extraction of calculus from parotid duct

K. Skin & Subcutaneous Tissues:

- 1. Other Incisions Of The Skin And Subcutaneous Tissues
- 2. Surgical Wound Toilet (wound Debridement) And Removal Of Diseased Tissue Of The Skin And Subcutaneous Tissues

3. Local Excision Of Diseased Tissue Of The Skin And Subcutaneous Tissues
4. Other Excisions Of The Skin And Subcutaneous Tissues
5. Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues
6. Free Skin Transplantation, Donor Site
7. Free Skin Transplantation, Recipient Site
8. Revision Of Skin Plasty
9. Other Restoration And Reconstruction Of The Skin And Subcutaneous Tissues.
10. Chemosurgery To The Skin.
11. Destruction Of Diseased Tissue In The Skin And Subcutaneous Tissues
12. Reconstruction Of Deformity/defect In Nail Bed
13. Excision Of Bursirtis
14. Tennis Elbow Release

L. Tongue:

1. Incision, Excision And Destruction Of Diseased Tissue Of The Tongue
2. Partial Glossectomy
3. Glossectomy
4. Reconstruction Of The Tongue
5. Other Operations On The Tongue

M. Ophthalmology :

1. Surgery For Cataract
2. Incision Of Tear Glands
3. Other Operations On The Tear Ducts
4. Incision Of Diseased Eyelids
5. Excision And Destruction Of Diseased Tissue Of The Eyelid
6. Operations On The Canthus And Epicanthus
7. Corrective Surgery For Entropion And Ectropion
8. Corrective Surgery For Blepharoptosis
9. Removal Of A Foreign Body From The Conjunctiva
10. Removal Of A Foreign Body From The Cornea
11. Incision Of The Cornea
12. Operations For Pterygium
13. Other Operations On The Cornea
14. Removal Of A Foreign Body From The Lens Of The Eye
15. Removal Of A Foreign Body From The Posterior Chamber Of The Eye
16. Removal Of A Foreign Body From The Orbit And Eyeball
17. Correction Of Eyelid Ptosis By Levator Palpebrae Superioris Resection (bilateral)
18. Correction Of Eyelid Ptosis By Fascia Lata Graft (bilateral)
19. Diathermy/cryotherapy To Treat Retinal Tear
20. Anterior Chamber Paracentesis / Cyclodiathermy /Cyclocryotherapy / Goniotomy Trabeculotomy And Filtering And Allied Operations To Treat Glaucoma
21. Enucleation Of Eye Without Implant
22. Dacryocystorhinostomy For Various Lesions Of Lacrimal Gland

23. Laser Photocoagulation To Treat Retinal Tear
24. Biopsy Of Tear Gland
25. Treatment Of Retinal Lesion
26. Curettage/cryotherapy of lesion of eyelid
27. Intravitreal injections

N. Orthopedics :

1. Surgery For Meniscus Tear
2. Incision On Bone, Septic And Aseptic
3. Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis
4. Suture And Other Operations On Tendons And Tendon Sheath
5. Reduction Of Dislocation Under GA
6. Arthroscopic Knee Aspiration
7. Surgery For Ligament Tear
8. Surgery For Hemoarthrosis/ pyoarthritis
9. Removal Of Fracture Pins/nails
10. Removal Of Metal Wire
11. Closed Reduction On Fracture, Luxation
12. Reduction Of Dislocation Under GA
13. Epiphyseolysis With Osteosynthesis
14. Excision Of Various Lesions In Coccyx
15. Arthroscopic Repair Of Acl Tear Knee
16. Closed Reduction Of Minor Fractures
17. Arthroscopic Repair Of PCL Tear Knee
18. Tendon Shortening
19. Arthroscopic Meniscectomy - Knee
20. Treatment Of Clavicle Dislocation
21. Haemarthrosis Knee- Lavage
22. Abscess Knee Joint Drainage
23. Carpal Tunnel Release
24. Closed Reduction Of Minor Dislocation
25. Repair Of Knee Cap Tendon
26. ORIF With K Wire Fixation- Small Bones
27. Release Of Midfoot Joint
28. ORIF With Plating- Small Long Bones
29. Implant Removal Minor
30. K Wire Removal
31. Closed Reduction And External Fixation
32. Arthrotomy Hip Joint
33. Syme's Amputation
34. Arthroplasty
35. Partial Removal Of Rib
36. Treatment Of Sesamoid Bone Fracture

37. Shoulder Arthroscopy / Surgery
38. Elbow Arthroscopy Amputation Of Metacarpal Bone
39. Release Of Thumb Contracture
40. Incision Of Foot Fascia
41. Partial Removal Of Metatarsal
42. Repair / Graft Of Foot Tendon
43. Revision/removal Of Knee Cap
44. Amputation Follow-up Surgery
45. Exploration Of Ankle Joint
46. Remove/grafft Leg Bone Lesion
47. Repair/grafft Achilles Tendon
48. Remove Of Tissue Expander
49. Biopsy Elbow Joint Lining
50. Removal Of Wrist Prosthesis
51. Biopsy Finger Joint Lining
52. Tendon Lengthening
53. Treatment Of Shoulder Dislocation
54. Lengthening Of Hand Tendon
55. Removal Of Elbow Bursa
56. Fixation Of Knee Joint
57. Treatment Of Foot Dislocation
58. Surgery Of Bunion
59. Tendon Transfer Procedure
60. Removal Of Knee Cap Bursa
61. Treatment Of Fracture Of Ulna
62. Treatment Of Scapula Fracture
63. Removal Of Tumor Of Arm/ Elbow Under RA/GA
64. Repair Of Ruptured Tendon
65. Decompress Forearm Space
66. Revision Of Neck Muscle (torticollis Release)
67. Lengthening Of Thigh Tendons
68. Treatment Fracture Of Radius & Ulna
69. Repair Of Knee Joint

O. Mouth & Face:

1. External Incision And Drainage In The Region Of The Mouth, Jaw And Face
2. Incision Of The Hard And Soft Palate
3. Excision And Destruction Of Diseased Hard And Soft Palate
4. Incision, Excision And Destruction In The Mouth
5. Other Operations In The Mouth
6. Operations on uvula

P. Pediatric Surgery :

1. Excision Of Fistula-in-ano

2. Excision Juvenile Polyps Rectum
3. Vaginoplasty
4. Dilatation Of Accidental Caustic Stricture Oesophageal
5. Presacral Teratomas Excision
6. Removal Of Vesical Stone
7. Excision Sigmoid Polyp
8. Sternomastoid Tenotomy
9. Infantile Hypertrophic Pyloric Stenosis Pyloromyotomy
10. Excision Of Soft Tissue Rhabdomyosarcoma
11. Mediastinal Lymph Node Biopsy
12. High Orchidectomy For Testis Tumours
13. Excision Of Cervical Teratoma
14. Rectal-myomectomy
15. Rectal Prolapse (delorme's Procedure)
16. Detorsion Of Torsion Testis
17. EUA + Biopsy Multiple Fistula In Ano

Q. Plastic Surgery :

1. Construction Skin Pedicle Flap
2. Gluteal Pressure Ulcer-excision
3. Muscle-skin Graft, Leg
4. Removal Of Bone For Graft
5. Muscle-skin Graft Duct Fistula
6. Removal Cartilage Graft
7. Myocutaneous Flap
8. Fibro Myocutaneous Flap
9. Breast Reconstruction Surgery After Mastectomy
10. Sling Operation For Facial Palsy
11. Split Skin Grafting Under RA
12. Wolfe Skin Graft
13. Plastic Surgery To The Floor Of The Mouth Under GA

R. Thoracic Surgery :

1. Thoracoscopy And Lung Biopsy
2. Excision Of Cervical Sympathetic Chain Thoracoscopic
3. Laser Ablation Of Barrett's Oesophagus
4. Pleurodesis
5. Thoracoscopy And Pleural Biopsy
6. EBUS + Biopsy
7. Thoracoscopy Ligation Thoracic Duct
8. Thoracoscopy Assisted Empyema Drainage
9. Operations for drainage of pleural cavity

S. Urology :

1. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
2. Haemodialysis
3. Lithotripsy/nephrolithotomy For Renal Calculus
4. Excision Of Renal Cyst
5. Drainage Of Pyonephrosis/perinephric Abscess
6. Incision Of The Prostate
7. Transurethral Excision And Destruction Of Prostate Tissue
8. Transurethral And Percutaneous Destruction Of Prostate Tissue
9. Open Surgical Excision And Destruction Of Prostate Tissue
10. Radical Prostatectomy
11. Other Excision And Destruction Of Prostate Tissue
12. Operations On The Seminal Vesicles
13. Incision And Excision Of Periprostatic Tissue
14. Other Operations On The Prostate
15. Incision Of The Scrotum And Tunica Vaginalis Testis
16. Operation On A Testicular Hydrocele
17. Excision And Destruction Of Diseased Scrotal Tissue
18. Other Operations On The Scrotum And Tunica Vaginalis Testis
19. Incision Of The Testes
20. Excision And Destruction Of Diseased Tissue Of The Testes
21. Unilateral Orchidectomy
22. Bilateral Orchidectomy
23. Surgical Repositioning Of An Abdominal Testis
24. Reconstruction Of The Testis
25. Implantation, Exchange And Removal Of A Testicular Prosthesis
26. Other Operations On The Testis
27. Excision In The Area Of The Epididymis
28. Operations On The Foreskin
29. Local Excision And Destruction Of Diseased Tissue Of The Penis
30. Amputation Of The Penis
31. Other Operations On The Penis
32. Cystoscopic Removal Of Stones
33. Lithotripsy
34. Biopsy Oftemporal Artery For Various Lesions
35. External Arterio-venous Shunt
36. AV Fistula - Wrist
37. URSL With Stenting
38. URSL With Lithotripsy
39. Cystoscopic Litholapaxy
40. ESWL
41. Bladder Neck Incision
42. Cystoscopy & Biopsy
43. Cystoscopy And Removal Of Polyp

44. Suprapubic Cystostomy
45. Percutaneous Nephrostomy 46. Cystoscopy And "SLING" Procedure.
46. TUNA- Prostate
47. Excision Of Urethral Diverticulum
48. Removal Of Urethral Stone
49. Excision Of Urethral Prolapse
50. Mega-ureter Reconstruction
51. Kidney Renoscopy And Biopsy
52. Ureter Endoscopy And Treatment
53. Vesico Ureteric Reflux Correction
54. Surgery For Pelvi Ureteric Junction Obstruction
55. Anderson Hynes Operation
56. Kidney Endoscopy And Biopsy
57. Paraphimosis Surgery
58. Injury Prepuce- Circumcision
59. Frenular Tear Repair
60. Meatotomy For Meatal Stenosis
61. Surgery For Fournier's Gangrene Scrotum
62. Surgery Filarial Scrotum
63. Surgery For Watering Can Perineum
64. Repair Of Penile Torsion
65. Drainage Of Prostate Abscess
66. Orchiectomy
67. Cystoscopy And Removal Of FB
68. Endoscopic anti-reflux procedure (and bilateral)
69. Excision of urethral caruncle
70. Dilatation of urethra (including cystoscopy)

Annexure 2 -

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

SI No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES

29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY

60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

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

SI No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX

21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

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

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

12	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

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

SI No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALIZATION 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
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Registered & Corp Office: Universal Sompo General Insurance Company Ltd. 8th Floor & 9th Floor (South Side), Commerz International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon East, Mumbai 400063, Toll free no: 1800-22-4030/1800-200-4030, IRDAI Reg no: 134, CIN# U66010MH2007PLC166770 E-mail: contactus@universalsompo.com, website link www.universalsompo.com