

ICSI – Group Health Insurance policy wordings

Coverage – Sub Limits

The Company shall indemnify the expenses incurred for all Hospitalisation (s) covered under the Policy, subject to the following Sub Limits applicable to broad heads as mentioned below.

1.1	<p>Room Charges Room Rent, Intensive Care Unit charges and associated charges (including diet charges, nursing care by Qualified Nurse, RMO charges, administration charges for IV fluids/blood transfusion/injection)</p>	<ul style="list-style-type: none"> i. Room Rent per day shall be payable up to 2% of Sum Insured ii. ICU Charges per day shall be payable up to 4% of Sum Insured
1.2	<p>Medical Practitioner's Fees Fees for Medical Practitioners, including treating Medical Practitioners, Surgeons, Anaesthetists, Consultants, Specialists whose services has been utilized during the Hospitalisation</p>	
1.3	<p>Other Expenses All other expenses related to the Hospitalisation:</p> <ul style="list-style-type: none"> i. Anaesthesia, blood, oxygen, operation theatre charges and surgical appliances ii. Medicines and drugs iii. Diagnostic procedures iv. Prosthetics and other devices or equipment if implanted internally during a surgical procedure. v. Ambulance Charges, as per Section 3.1.6 	
1.4	<p>Expenses for the following procedures inclusive of above sub limits (i.e., Section 2.1, 2.2, 2.3)</p> <ul style="list-style-type: none"> i. Hemodialysis ii. Chemotherapy iii. Radiotherapy 	
1.5	<p>Following Modern Treatments will be covered (wherever medically indicated) either as In patient or as part of Day Care Treatment in a Hospital, inclusive of above sub limits (i.e., Section 2.1, 2.2, 2.3):</p> <ul style="list-style-type: none"> A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound) B. Balloon Sinuplasty C. Deep Brain stimulation D. Oral chemotherapy E. Immunotherapy- Monoclonal Antibody to be given as injection F. Intra vitreal injections G. Robotic surgeries H. Stereotactic radio surgeries I. Bronchical Thermoplasty J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment) K. IONM - (Intra Operative Neuro Monitoring) L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered. 	<p>Maximum amount admissible for any one Modern Treatment shall be 25% of Sum Insured</p>

1.6	Expenses related to treatment necessitated due to participation as a non-professional in hazardous or adventure sports, inclusive of above sub limits	Not Covered
1.7	Pre Hospitalisation Medical expenses incurred before Hospitalisation.	Up to thirty (30) days immediately before the Insured Person is Hospitalised
1.8	Post Hospitalisation Medical expenses incurred after discharge from Hospital.	Up to sixty (60) days immediately after the Insured Person is discharged

2.1 Terms specific to Day Care Procedure, Ayurveda and Homeopathy, Organ Donor's Medical Expenses, Ambulance Charges, Mental Illness Cover

In addition to the applicable Sub Limits (mentioned above), Hospitalisation due to any of the following shall be subject to the terms mentioned against each.

2.1.1 Day Care Procedure

The Company shall indemnify the Hospital/ Day Care Centre or the Insured Person the Medical Expenses (including Pre and Post Hospitalisation Expenses) for Day Care Treatment of procedures/surgeries (as listed in Appendix-I), provided that Day Care Treatment is undergone by the Insured Person in a Hospital/ Day Care Centre, but not in the Outpatient department of a Hospital. In case of any other surgeries/procedures which would have otherwise required a Hospitalisation of more than twenty four (24) hours, but due to advancement of medical science require Hospitalisation for less than twenty four (24) hours, shall be covered subject to prior approval of the Company/TPA.

2.2.2 Ayurveda and Homeopathy

The Company shall indemnify the Hospital or the Insured Person the Medical Expenses (including Pre and Post Hospitalisation Expenses) incurred for Ayurveda and Homeopathy treatment, provided the treatment is undergone in an Ayush Hospital.

2.2.3 Organ Donor's Medical Expenses

The Company shall indemnify the Hospital or the Insured Person, the Medical Expenses (excluding Pre and Post Hospitalisation Expenses) incurred for organ donor's treatment during the course of organ transplant to any Insured Person.

Provided that,

- i. the donation conforms to 'The Transplantation of Human Organs Act 1994'
- ii. the Insured Person has been Medically Advised to undergo an organ transplant, or the Insured Person has been certified by a qualified Medical Practitioner to be suitable for organ donation.

Exclusions

The Company shall not be liable to make any payment in respect of any expenses incurred in connection with or in respect of

1. Cost of the organ to be transplanted.
2. Any other medical treatment or complication in respect of the organ donor (other than Insured Person), consequent to harvesting.

2.2.4 Ambulance Charges

The Company shall reimburse the Insured Person the expenses incurred for emergency ambulance charges, up to 1% of Sum Insured upto 5000/- in a Policy Period for each Insured Person, for transportation to the Hospital or from the Hospital to another Hospital or from the Hospital to diagnostic center and return during the same Hospitalisation.

Ambulance Charges shall be admissible provided a Hospitalisation claim has been admitted under the Policy.

2.2.5 Cataract Treatment

The Company shall indemnify the Hospital or the Insured Person, the Medical Expenses (including Pre and Post Hospitalisation Expenses) related to surgical treatment of Cataract subject to ₹ 50,000/ as per GIPSA per eye whichever is lower in a policy period for each Insured Person

2.2.6 Maternity Benefit

The Company shall pay Maternity Expenses up to ₹ 35,000/- for normal delivery and 50,000/- for C-Sec. up to first two deliveries or terminations of pregnancy of the Insured Person.

2.2.6.1 Cover

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.

2.2.6.2 Exclusions

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

1. Delivery or termination within a Waiting Period of 9 months
2. Delivery or termination after first two deliveries or terminations of the Insured Person.
3. Surrogate or vicarious pregnancy
4. Ectopic pregnancy
5. Pre and post hospitalisation expenses.

3 WAITING PERIOD

3.1. Pre-Existing Diseases – Covered

3.2. Specified disease/procedure waiting period – Covered

3.3. First 30 days waiting period – Not Applicable

4 PERMANENT 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:

4.1. Investigation & Evaluation (Excl 04)

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

4.2. Rest Cure, Rehabilitation and Respite Care (Excl 05)

- a) 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.

4.3. Obesity/ Weight Control (Excl 06)

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

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

4.4. Change-of-Gender Treatments (Excl 07)

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

4.5. Cosmetic or Plastic Surgery (Excl 08)

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.

4.6. Hazardous or Adventure Sports (Excl 09)

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.

4.7. Breach of Law (Excl 10)

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

4.8. Excluded Providers (Excl 11)

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

4.9. Drug/Alcohol Abuse (Excl 12)

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

4.10. Non Medical Admissions (Excl 13)

Treatments received in health 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 (Excl 13)

4.11. Vitamins, Tonics (Excl 14)

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 practitioners part of hospitalization claim or day care procedure

4.12. Refractive Error (Excl 15)

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

4.13. Unproven Treatments (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.

4.14. Birth control, Sterility and Infertility (Excl 17)

Expenses related to sterility and infertility. This includes:

- i. Any type of 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

4.15. Hormone Replacement Therapy

Expenses for hormone replacement therapy, unless part of Medically Necessary Treatment, except for Puberty and Menopause related Disorders

4.16. General Debility, Congenital External Anomaly

General debility, Congenital external anomaly.

4.17. Self Inflicted Injury

Treatment for intentional self-inflicted injury, attempted suicide.

4.18. Stem Cell Surgery

Stem Cell Surgery (except Hematopoietic stem cells for bone marrow transplant for haematological conditions).

4.19. Circumcision

Circumcision unless necessary for treatment of a disease (if not excluded otherwise) or necessitated due to an accident.

4.20. Vaccination or Inoculation.

Vaccination or inoculation unless forming part of treatment and requires Hospitalisation.

4.21. Massages, Steam Bath, Alternative Treatment (Other than Ayurveda and Homeopathy)

Massages, steam bath, expenses for alternative or AYUSH treatments (other than Ayurveda and Homeopathy), acupuncture, acupressure, magneto-therapy and similar treatment.

4.22. Dental treatment

Dental treatment, unless necessitated due to an Injury.

4.23. Domiciliary Hospitalization & Out Patient Department (OPD) treatment

Any expenses incurred on Domiciliary Hospitalization and OPD treatment

4.24. Stay in Hospital which is not Medically Necessary.

Stay in hospital which is not medically necessary.

4.25. Spectacles, Contact Lens, Hearing Aid, Cochlear Implants

Spectacles, contact lens, hearing aid, cochlear implants.

4.26. Non Prescription Drug

Drugs not supported by a prescription, private nursing charges, referral fee to family physician, outstation doctor/surgeon/consultants' fees and similar expenses (as listed in respective Appendix-II).

4.27. Treatment not Related to Disease for which Claim is Made

Treatment which the insured person was on before Hospitalisation for the Illness/Injury, different from the one for which claim for Hospitalisation has been made.

4.28. Equipments

External/durable medical/non-medical equipments/instruments of any kind used for diagnosis/ treatment including CPAP, CAPD, infusion pump, ambulatory devices such as walker, crutches, belts, collars, caps, splints, slings, braces, stockings, diabetic foot- wear, glucometer, thermometer and similar related items (as listed in respective Appendix-II) and any medical equipment which could be used at home subsequently.

4.29. Items of Personal Comfort

Items of personal comfort and convenience (as listed in respective Appendix-II) including telephone, television, aya, barber, beauty services, baby food, cosmetics, napkins, toiletries, guest services.

4.30. Service Charge/ Registration Fee

Any kind of service charges including surcharges, admission fees, registration charges and similar charges (as listed in respective Appendix-II) levied by the hospital.

4.31. Home Visit Charges

Home visit charges during Pre and Post Hospitalisation of doctor, aya, attendant and nurse.

4.32. War

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.

4.33. Radioactivity

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.

4.34. Treatment taken outside the geographical limits of India

4.35. Permanently Excluded Diseases

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 (as listed in Appendix-III).

5 CONDITIONS

5.1 Disclosure of Information

The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the Proposer. (Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

5.2 Condition Precedent to Admission of Liability

The terms and conditions of the Policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the Policy.

5.3 Communication

- i. All communication should be made in writing.
- ii. For Policies serviced by TPA, ID card, PPN/Network Provider related issues to be communicated to the TPA at the address mentioned in the Schedule. For claim serviced by the Company, the Policy related issues to be communicated to the Policy issuing office of the Company at the address mentioned in the Schedule.
- iii. Any change of address, state of health or any other change affecting any of the Insured Person, shall be communicated to the Policy issuing office of the Company at the address mentioned in the Schedule.
- iv. The Company or TPA shall communicate to the Proposer/ Insured Person at the address mentioned in the Schedule.

5.4 Claim Procedure

5.4.1 Notification of Claim

In order to lodge a claim under the Policy for any Hospitalisation, the Insured Person/Insured Person's representative shall notify the TPA (if claim is processed by TPA)/Company (if claim is processed by the Company) in writing by letter, e-mail, fax providing all relevant information relating to claim including plan of treatment, policy number etc. within the prescribed time limit.

Claim Intimation in case of Cashless facility	TPA must be informed:
In the event of planned Hospitalisation	At least seventy two (72) hours prior to the Insured Person's admission to Network Provider
In the event of emergency Hospitalisation	Within twenty four (24) hours of the Insured Person's admission to Network Provider

Claim Intimation in case of Reimbursement	Company/TPA must be informed:
In the event of planned Hospitalisation	At least seventy two (72) hours prior to the Insured Person's admission to Hospital
In the event of emergency Hospitalisation	Within twenty four (24) hours of the Insured Person's admission to Hospital

5.4.2 Procedure for Cashless Claims

- i. Cashless Facility for treatment in Network Providers can be availed, if TPA service is opted.
- ii. Treatment may be taken in a Network Provider and is subject to pre authorization by the TPA. Booklet containing list of Network Provider shall be provided by the TPA. Updated list of Network Provider is available on website of the Company and the TPA mentioned in the Schedule.
- iii. Cashless request form available with the Network Provider and TPA shall be completed and sent to the TPA for authorization.
- iv. The TPA upon getting cashless request form and related medical information from the Insured Person/ Network Provider shall issue pre-authorization letter to the Hospital after verification.
- v. At the time of discharge, the Insured Person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
- vi. The TPA reserves the right to deny pre-authorization in case the Insured Person/ Network Provider is unable to provide any required details related to the pre authorization request.
- vii. In case of denial of Cashless Facility, the Insured Person may obtain the treatment as per treating Medical Practitioner's advice and submit the necessary documents for reimbursement of claim.

5.4.3 Procedure for Reimbursement of Claims

For reimbursement of claims the Insured Person shall submit the necessary documents to TPA (if claim is processed by TPA)/Company (if claim is processed by the Company) within the prescribed time limit.

5.4.4 Documents

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

- i. Completed claim form
- ii. Medical Practitioner's prescription advising admission for inpatient treatment.
- iii. Cash-memo from the hospital (s)/chemist (s) supported by proper prescription from attending medical practitioner for Pre Hospitalisation, Hospitalisation and Post Hospitalisation.
- iv. Payment receipt, investigation test reports and associated plates/CDs in original, supported by the prescription from attending medical practitioner for Pre Hospitalisation, Hospitalisation and Post Hospitalisation.
- v. Attending medical practitioner's certificate regarding Diagnosis along with date of Diagnosis and bill, receipts etc.
- vi. Surgeon's certificate regarding Diagnosis and nature of operation performed along with bills, receipts etc.
- vii. Bills, receipt, sticker of the Implants.
- viii. Bills, payment receipts, medical history of the patient recorded, discharge certificate/ summary, break up of final bill from the hospital etc.
- ix. Any other document required by Company/TPA.

5.4.5 Time limit for submission of claim documents to the Company/ TPA

Type of claim	Time limit
Reimbursement of Hospitalisation, Pre Hospitalisation expenses and ambulance charges	Within thirty (30) days of date of discharge from Hospital
Reimbursement of post Hospitalisation expenses	Within thirty (30) days from completion of Post Hospitalisation treatment

Time limit for claim intimation and submission of documents may be waived in cases where the Insured Person or his/ her representative applies and explains to the satisfaction of the Company, that the circumstances under which Insured/ Insured Person was placed, it was not possible to intimate the claim/submit the documents within the prescribed time limit.

5.4.6 Claim Settlement

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the Insured Person at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

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

5.4.7 Services Offered by TPA

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

The services offered by a TPA shall not include

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

5.5 Payment of Claim

All claims under the Policy shall be payable in Indian currency and through NEFT/ RTGS only.

5.6 Territorial Limit

All medical treatment for the purpose of this Policy will have to be taken in India only.

5.7 Multiple Policies

- i. 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.
- ii. 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.
- iii. 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.

- iv. Where an Insured Person has policies from more than one insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

5.8 Migration

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

6 TABLE OF BENEFITS

Terms and Conditions	Definition's	
Option's		
Family Definition with Options	Self+Spouse+Children (first two)	Self+Spouse+Children (first two)
	Primary member entry age- 18 to 85 years	Primary member entry age- 18 to 85 years
Maximum age bracket for Adults	18-85	18-85
Maximum age bracket for Children	0-25	0-25
Sum Insured Options	3 Lakh	5 Lakh
Please specify , if any other add ons are required	PED Waived OFF	PED Waived OFF
Room Rent eligibility per day during hospitalisation	Normal 2% of SI, 4% of SI for ICU	Normal 2% of SI, 4% of SI for ICU
Maternity Limits	Covered up to INR 35,000 Normal & INR 50,000 C-Section	Covered up to INR 35,000 Normal & INR 50,000 C-Section
Baby day one cover	Covered	Covered
Maternity Waiting Period	9 months	9 Months
Limits for Modern treatments	As per Standard	As per Standard
Bariatric surgery	Covered upto 5% of SI	Covered upto 5% of SI
Psychiatric Illness	Covered upto 5% of SI	Covered upto 5% of SI
Limits for capped ailments	1)Limit of Cactract - 50 K / Eye	1)Limit of Cactract - 50 K / Eye
	2) Portability - Allowed	2) Portability - Allowed
	3)Organ Doner Expenses - Upto SI	3)Organ Doner Expenses - Upto SI
Ambulance Charges	Covered upto 1% of SI upto INR 5,000	Covered upto 1% of SI upto INR 5,000
Co-payment	Nil	Nil

Day Care Procedure - Day care procedures will include following day care surgeries and day care treatment

- Microsurgical operations on the middle ear**
 - 1. Stapedotomy
 - 2. Stapedectomy
 - 3. Revision of a stapedectomy
 - 4. Other operations on the auditory ossicles
 - 5. Myringoplasty (Type -I Tympanoplasty)
 - 6. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
 - 7. Revision of a tympanoplasty
 - 8. Other microsurgical operations on the middle ear
- Other operations on the middle and internal ear**
 - 9. Myringotomy
 - 10. Removal of a tympanic drain
 - 11. Incision of the mastoid process and middle ear
 - 12. Mastoidectomy
 - 13. Reconstruction of the middle ear
 - 14. Other excisions of the middle and inner ear
 - 15. Fenestration of the inner ear
 - 16. Revision of a fenestration of the inner ear
 - 17. Incision (opening) and destruction (elimination) of the inner ear
 - 18. Other operations on the middle and inner ear
- Operations on the nose and the nasal sinuses**
 - 19. Excision and destruction of diseased tissue of the nose
 - 20. Operations on the turbinates (nasal concha)
 - 21. Other operations on the nose
 - 22. Nasal sinus aspiration
- Operations on the eyes**
 - 23. Incision of tear glands
 - 24. Other operations on the tear ducts
 - 25. Incision of diseased eyelids
 - 26. Excision and destruction of diseased tissue of the eyelid
 - 27. Operations on the canthus and epicanthus
 - 28. Corrective surgery for entropion and ectropion
 - 29. Corrective surgery for blepharoptosis
 - 30. Removal of a foreign body from the conjunctiva
 - 31. Removal of a foreign body from the cornea
 - 32. Incision of the cornea
 - 33. Operations for pterygium
 - 34. Other operations on the cornea
 - 35. Removal of a foreign body from the lens of the eye
 - 36. Removal of a foreign body from the posterior chamber of the eye
 - 37. Removal of a foreign body from the orbit and eyeball
 - 38. Operation of cataract
- Operations on the skin and subcutaneous tissues**
 - 39. Incision of a pilonidal sinus
 - 40. Other incisions of the skin and subcutaneous tissues
 - 41. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
 - 42. Local excision of diseased tissue of the skin and subcutaneous tissues
 - 43. Other excisions of the skin and subcutaneous tissues
 - 44. Simple restoration of surface continuity of the skin and subcutaneous tissues
 - 45. Free skin transplantation, donor site
 - 46. Free skin transplantation, recipient site
 - 47. Revision of skin plasty
 - 48. Other restoration and reconstruction of the skin and subcutaneous tissues
 - 49. Chemosurgery to the skin
 - 50. Destruction of diseased tissue in the skin and subcutaneous tissues
- Operations on the tongue**
 - 51. Incision, excision and destruction of diseased tissue of the tongue
 - 52. Partial glossectomy
 - 53. Glossectomy
 - 54. Reconstruction of the tongue
 - 55. Other operations on the tongue
- Operations on the salivary glands and salivary ducts**
 - 56. Incision and lancing of a salivary gland and a salivary duct
 - 57. Excision of diseased tissue of a salivary gland and a salivary duct
 - 58. Resection of a salivary gland
 - 59. Reconstruction of a salivary gland and a salivary duct
 - 60. Other operations on the salivary glands and salivary ducts
- Other operations on the mouth and face**
 - 61. External incision and drainage in the region of the mouth, jaw and face
 - 62. Incision of the hard and soft palate
 - 63. Excision and destruction of diseased hard and soft palate
 - 64. Incision, excision and destruction in the mouth
 - 65. Plastic surgery to the floor of the mouth
 - 66. Palatoplasty
 - 67. Other operations in the mouth
- Operations on the tonsils and adenoids**
 - 68. Transoral incision and drainage of a pharyngeal abscess
 - 69. Tonsillectomy without adenoidectomy
 - 70. Tonsillectomy with adenoidectomy
 - 71. Excision and destruction of a lingual tonsil

72. Other operations on the tonsils and adenoids

Trauma surgery and orthopaedics

73. Incision on bone, septic and aseptic

74. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis

75. Suture and other operations on tendons and tendon sheath

76. Reduction of dislocation under GA

77. Arthroscopic knee aspiration

Operations on the breast

78. Incision of the breast

79. Operations on the nipple

Operations on the digestive tract

80. Incision and excision of tissue in the perianal region

81. Surgical treatment of anal fistulas

82. Surgical treatment of haemorrhoids

83. Division of the anal sphincter (sphincterotomy)

84. Other operations on the anus

85. Ultrasound guided aspirations

86. Sclerotherapy etc.

Operations on the female sexual organs

87. Incision of the ovary

88. Insufflation of the Fallopian tubes

89. Other operations on the Fallopian tube

90. Dilatation of the cervical canal

91. Conisation of the uterine cervix

92. Other operations on the uterine cervix

93. Incision of the uterus (hysterotomy)

94. Therapeutic curettage

95. Culdotomy

96. Incision of the vagina

97. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas

98. Incision of the vulva

99. Operations on Bartholin's glands (cyst)

Operations on the prostate and seminal vesicles

100. Incision of the prostate

101. Transurethral excision and destruction of prostate tissue

102. Transurethral and percutaneous destruction of prostate tissue

103. Open surgical excision and destruction of prostate tissue

104. Radical prostatovesiculectomy

105. Other excision and destruction of prostate tissue

106. Operations on the seminal vesicles

107. Incision and excision of periprostatic tissue

108. Other operations on the prostate

Operations on the scrotum and tunica vaginalis testis

109. Incision of the scrotum and tunica vaginalis testis

110. Operation on a testicular hydrocele

111. Excision and destruction of diseased scrotal tissue

112. Plastic reconstruction of the scrotum and tunica vaginalis testis

113. Other operations on the scrotum and tunica vaginalis testis

Operations on the testes

114. Incision of the testes

115. Excision and destruction of diseased tissue of the testes

116. Unilateral orchidectomy

117. Bilateral orchidectomy

118. Orchidopexy

119. Abdominal exploration in cryptorchidism

120. Surgical repositioning of an abdominal testis

121. Reconstruction of the testis

122. Implantation, exchange and removal of a testicular prosthesis

123. Other operations on the testis

Operations on the spermatic cord, epididymis and ductus deferens

124. Surgical treatment of a varicocele and a hydrocele of the spermatic cord

125. Excision in the area of the epididymis

126. Epididymectomy

127. Reconstruction of the spermatic cord

128. Reconstruction of the ductus deferens and epididymis

129. Other operations on the spermatic cord,

epididymis and ductus deferens

Operations on the penis

130. Operations on the foreskin

131. Local excision and destruction of diseased tissue of the penis

132. Amputation of the penis

133. Plastic reconstruction of the penis

134. Other operations on the penis

Operations on the urinary system

135. Cystoscopic removal of stones

Other Operations

136. Lithotripsy

137. Coronary angiography

138. Hemodialysis

139. Radiotherapy for Cancer

140. Cancer Chemotherapy

Note:

- i. Day Care Treatment will include above Day Care Procedures
- ii. Any surgery/procedure (not listed above) which due to advancement of medical science requires Hospitalisation for less than 24 hours will require prior approval from Company/TPA.
- iii. The standard Exclusions and Waiting Periods are applicable to all of the above Day Care Procedures / Surgeries depending on the medical condition /disease under treatment. Only 24 hours Hospitalisation is not mandatory.

List I – List of which coverage is not available in the policy	
Sl	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	
Sl	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS

5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES
List III – Items that are to be subsumed into Procedure Charges	
Sl	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE
List IV – Items that are to be subsumed into costs of treatment	
Sl	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP- COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer & Strips
18	URINE BAG

Permanently Excluded Illness

SI	Existing Disease	ICD Code Excluded
1	Sarcoidosis	D86.0-D86.9
2	Malignant Neoplasms	C00-C14 Malignant neoplasms of lip, oral cavity and pharynx, • C15-C26 Malignant neoplasms of digestive organs, • C30-C39 Malignant neoplasms of respiratory and intrathoracic organs• C40-C41 Malignant neoplasms of bone and articular cartilage• C43-C44 Melanoma and other malignant neoplasms of skin • C45-C49 Malignant neoplasms of mesothelial and soft tissue • C50-C50 Malignant neoplasms of breast • C51-C58 Malignant neoplasms of female genital organs • C60-C63 Malignant neoplasms of male genital organs • C64-C68 Malignant neoplasms of urinary tract • C69-C72 Malignant neoplasms of eye, brain and other parts of central nervous system • C73-C75 Malignant neoplasms of thyroid and other endocrine glands • C76-C80 Malignant neoplasms of ill-defined, other secondary and unspecified sites • C7A-C7A Malignant neuroendocrine tumours • C7B-C7B Secondary neuroendocrine tumours • C81-C96 Malignant neoplasms of lymphoid, hematopoietic and related tissue• D00-D09 In situ neoplasms • D10-D36 Benign neoplasms, except benign neuroendocrine tumours • D37-D48 Neoplasms of uncertain behaviour, polycythaemiavera and myelodysplastic syndromes • D3A-D3A Benign neuroendocrine tumours • D49-D49 Neoplasms of unspecified behaviour
3	Epilepsy	G40 Epilepsy
4	Heart Ailment Congenital heart disease and valvular heart disease	I49 Other cardiac arrhythmias, (I20-I25)Ischemic heart diseases, I50 Heart failure, I42Cardiomyopathy; I05-I09 - Chronic rheumaticheart diseases. • Q20 Congenital malformations of cardiac chambers and connections • Q21 Congenital malformations of cardiac septa • Q22 Congenital malformations of pulmonary and tricuspid valves • Q23 Congenital malformations of aortic and mitral valves • Q24 Other congenital malformations of heart • Q25 Congenital malformations of great arteries • Q26 Congenital malformations of great veins • Q27 Other congenital malformations of peripheral vascular system• Q28 Other congenital malformations of circulatory system • I00-I02 Acute rheumatic fever • I05-I09 • Chronic rheumatic heart diseases Nonrheumatic mitral valve disorders mitral (valve): • disease (I05.9) • failure (I05.8) • stenosis (I05.0). When of unspecified cause but with mention of: • diseases of aortic valve (I08.0), • mitral stenosis or obstruction (I05.0) when specified as congenital (Q23.2, Q23.3) when specified as rheumatic (I05), I34.0Mitral (valve) insufficiency • Mitral (valve): incompetence / regurgitation - • NOS or of specified cause, except rheumatic, I 34.1to I34.9 - Valvular heart disease.
5	Cerebrovascular disease (Stroke)	I67 Other cerebrovascular diseases, (I60-I69) Cerebrovascular diseases
6	Inflammatory Bowel Diseases	K 50.0 to K 50.9 (including Crohn's and Ulcerative colitis) K50.0 - Crohn's disease of small intestine; K50.1 -Crohn's disease of large intestine; K50.8 - Other Crohn's disease; K50.9 - Crohn's disease, unspecified. K51.0 - Ulcerative (chronic) enterocolitis; K51.8 -Other ulcerative colitis; K51.9 - Ulcerative colitis,unspecified.
7	Chronic Liver diseases	K70.0 To K74.6 Fibrosis and cirrhosis of liver; K71.7 - Toxic liver disease with fibrosis and cirrhosis of liver; K70.3 - Alcoholic cirrhosis of liver; I98.2 - K70.-Alcoholic liver disease; Oesophagealvarices in diseases classified elsewhere. K 70 to K 74.6 (Fibrosis, cirrhosis, alcoholic liver disease, CLD)
8	Pancreatic diseases	K85-Acute pancreatitis; (Q 45.0 to Q 45.1) Congenital conditions of pancreas, K 86.1 to K 86.8 - Chronic pancreatitis
9	Chronic Kidney disease	N17-N19) Renal failure; I12.0 - Hypertensive renal disease with renal failure; I12.9 Hypertensive renal disease without renal failure; I13.1 - Hypertensive heart and renal disease with renal failure; I13.2 - Hypertensive heart and renal disease with both (congestive) heart failure and renal failure; N99.0 - Post procedural renal failure; O08.4 - Renal failure following abortion and ectopic and molar pregnancy; O90.4 - Postpartum acute renal failure; P96.0 - Congenital renal failure. Congenital malformations of the urinary system (Q 60 to Q64), diabetic nephropathy E14.2, N.083
10	Hepatitis B	B16.0 - Acute hepatitis B with delta-agent (coinfection) with hepatic coma; B16.1 – Acute hepatitis B with delta-agent (coinfection) without hepatic coma; B16.2 - Acute hepatitis B without delta-agent with hepatic coma; B16.9 –Acute hepatitis B without delta-agent and without hepatic coma; B17.0 - Acute delta-(super) infection of hepatitis B carrier; B18.0 -Chronic viral hepatitis B with delta-agent; B18.1 -Chronic viral hepatitis B without delta-agent;
11	Alzheimer's Disease, Parkinson's Disease	G30.9 - Alzheimer's disease, unspecified; F00.9 -G30.9Dementia in Alzheimer's disease, unspecified, G20 - Parkinson's disease.
12	Demyelinating disease	G.35 to G 37
13	HIV & AIDS	B20.0 - HIV disease resulting in mycobacterial infection; B20.1 - HIV disease resulting in other bacterial infections; B20.2 - HIV disease resulting in cytomegaloviral disease; B20.3 - HIV disease resulting in other viral infections; B20.4 - HIV disease resulting in candidiasis; B20.5 - HIV disease resulting in other mycoses; B20.6 - HIV disease resulting in Pneumocystis carinii pneumonia; B20.7 - HIV disease resulting in multiple infections; B20.8 - HIV disease resulting in other infectious and parasitic diseases; B20.9 - HIV disease resulting in unspecified infectious or parasitic disease; B23.0 - Acute HIV infection syndrome; B24 - Unspecified human immunodeficiency virus [HIV] disease
14	Loss of Hearing	H90.0 - Conductive hearing loss, bilateral; H90.1 - Conductive hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.2 - Conductive hearing loss, unspecified; H90.3 - Sensorineural hearing loss, bilateral; H90.4 - Sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.6 - Mixed conductive and sensorineural hearing loss, bilateral; H90.7 - Mixed conductive and sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.8 - Mixed conductive and sensorineural hearing loss, unspecified; H91.0 - Ototoxic hearing loss; H91.9 - Hearing loss, unspecified
15	Papulosquamous disorder of the skin	L40 - L45 Papulosquamous disorder of the skin including psoriasis lichen planus
16	Avascular necrosis (osteonecrosis)	M 87 to M 87.9

