Prospectus

Advantages of Super Mediclaim

This is an Individual and Family health indemnity cover which is simple to buy and easy to understand. This Product provides the flexibility to choose from any of the following benefits according to the plan suitable to Your need

- Critical Mediclaim - Covers Comprehensive list of 32 defined Critical Illnesses
- Cancer Mediclaim - Covers defined Cancer
- Heart Mediclaim - Covers 16 defined Heart related Critical Illnesses
- Operation Mediclaim - Covers all defined Surgical Procedures

Highlight Features* of Super Mediclaim

Service Features

- Simple
- Disease Specific Benefits
- Flexible

Benefits at a glance

- Hospitalization Expenses
- Pre & Post Hospitalization Medical Expenses
- Chemotherapy and Radiotherapy Cover
- Dialysis Cover
- Ambulance Cover
- Organ Donor Cover
- Alternative Treatments
- Second Opinion
- Annual Health Check-up
- No Claims Bonus
- Quick Recovery Counseling and Doctor on Call
- Global Coverage
- OPD Expenses

Optional Benefits

- Deductible Option
- Co-Payment Option
- Unlimited Automatic Recharge
- International Second Opinion
- Room Rent Modification
- Additional Sum Insured for Accidental Hospitalization
- Air Ambulance Cover
- Reduction in PED Wait Period

Special Features

- Feature to avail lifelong coverage
- Feature to avail Preventive Care through Annual Health Check-up for all insured persons.
- Feature to reduce Your Premium by choosing Deductible, Co-pay and Tenure options.
- Feature to make monthly and quarterly payments through Installment Option.
- Feature to avail counseling from a psychologist through Our "Quick Recovery Counseling".
- Feature to double Your Sum Insured via No Claim Bonus in 3 claim-free years.

* The features vary with the plan
1. Eligibility Criteria

<table>
<thead>
<tr>
<th>Entry Age – Minimum</th>
<th>Child: 91 days to 4 years with at least 1 member of age 18 years or above is covered or; 5 years on Individual basis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adult: 18 years and above</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Entry Age – Maximum</th>
<th>Lifelong</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Exit age</th>
<th>No Exit age</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Age of proposer (Adult)</th>
<th>18 Years or above</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>How can You cover Yourself</th>
<th>Individual basis (maximum up to 6 Persons having same/different Sum Insured)</th>
</tr>
</thead>
</table>

| Who are covered (Relationship with) | Self, Legally married spouse, son, daughter, father, mother, brother, sister, mother-in-law, father-in-law, grandmother, grandfather, grandson, granddaughter, uncle, aunt, nephew, niece, employee or any other relationship having an insurable interest. |

Note:-
- All the Age calculations are as per “Age Last Birthday” as on the date of first issue of Policy and / or at the time of Renewal.
- Option of Mid-term inclusion of a Person in the Policy will be only upon marriage or childbirth; Additional differential premium will be calculated on a pro rata basis.
- Insured persons belonging to the same family are covered on an Individual basis, then every Insured person can opt for different Sum Insured and different Optional Benefits.

2. Scope of Cover

General conditions applicable to all the Benefits and Optional Benefits

1. The Eligibility Criteria, Benefits & Optional Covers mentioned in this Prospectus & Sales Literature form part of the coverage provided under the Policy.
2. In this document, words like “We”, “Us” or “Our/Ours” represents the Insurer i.e., “Religare Health Insurance Company’ and “You” or “Your/Yours” represents the “Proposer” or “Insured Person(s)’.
3. All the Benefits and Optional Covers will be applicable only during the Policy Period considering all the terms, conditions, exclusions, Wait Periods, sub-limits and maximum up to limits specified under the section – ‘Schedule of Benefits’.
4. The maximum, total and cumulative liability of the Company in respect of an Insured Person for any and all Claims arising under this Policy during the Policy Year shall not exceed the Total Sum Insured for that Insured Person.
   I. For any single Claim during a Policy Year, the maximum Claim amount payable shall be sum total of Sum Insured, No Claims Bonus, Quick Recovery Counseling, OPD Expenses, Unlimited Automatic Recharge, Additional Sum Insured for Accidental Hospitalization and Air Ambulance Cover.
   II. All Claims shall be payable subject to the terms, conditions, exclusions, sub-limits and wait periods of the Policy and subject to availability of the Total Sum Insured.
   III. The Company’s liability shall be restricted to the payment of the balance amount subject to the available Total Sum Insured.
5. The Co-payment proportion (if applicable) shall be borne by the Insured Person on each Claim which will be applicable on Benefits namely Hospitalization Expenses, Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses, Chemotherapy and Radiotherapy Cover, Dialysis Cover, Ambulance Cover, Organ Donor Cover, Alternative Treatments, Quick Recovery Counseling, Global Coverage, OPD Expenses, Room Rent Modification, Air Ambulance Cover and Additional Sum Insured for Accidental Hospitalization.
6. At the time of issue of the first Policy with the Company, if Age of Insured Person is 61 Years or above, such Insured Person shall bear a mandatory Co-payment of 20% per Claim (over & above any other co-payment, if any) and the Company’s liability shall be restricted to the payment of the balance amount subject to the available Total Sum Insured. All the existing customers who have been issued a policy before attaining 61 years of age will have an option of Co-payment of 20% per claim (over & above any other co-payment, if any). The Premium will be adjusted accordingly.
7. Deductible Option (if opted) is applicable on the Benefits namely Hospitalization Expenses, Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses, Chemotherapy and Radiotherapy Cover, Dialysis Cover, Ambulance Cover, Organ Donor Cover, Alternative Treatments, Quick Recovery Counseling, Global Coverage, OPD Expenses, Room Rent Modification, Air Ambulance Cover and Additional Sum Insured for Accidental Hospitalization.
8. Any Claim paid for Benefits namely Hospitalization Expenses, Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses, Chemotherapy and Radiotherapy Cover, Dialysis Cover, Ambulance Cover, Organ Donor Cover, Alternative Treatments, Global Coverage, Room Rent Modification, Air Ambulance Cover and Additional Sum Insured for Accidental Hospitalization(
9. Admissibility of a Claim under Benefit “Hospitalization Expenses” is a pre-condition to the admission of a Claim under Pre Hospitalization Medical Expenses and Post Hospitalization Medical expenses, Chemotherapy and Radiotherapy Cover, Dialysis Cover, Ambulance Cover, Organ Donor Cover, Alternative Treatments, Quick Recovery Counseling, Unlimited Automatic Recharge, OPD Expenses, Air Ambulance Cover, Additional Sum Insured for Accidental Hospitalization and the event giving rise to a Claim under Benefit “Hospitalization Expenses” shall be within the Policy Period for the Claim of such Benefit to be accepted.
If the Insured Person suffers a relapse within 45 days from the date of last discharge / consultation from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits of Per Claim Limit under this Policy shall be applied as if they were under a single Claim.

1. Coverage amount limits for Benefits ‘OPD Expenses’, ‘Quick Recovery Counseling’, ‘Air Ambulance Cover’ and Additional Sum Insured for Accidental Hospitalization are covered over and above the ‘Sum Insured’.

2. Premium can be paid in Installments (Monthly/Quarterly) or single payment option. Installment option can only be opted during policy inception and for policy tenure of 2/3 years.

3. Admissibility of a claim under the policy is subject to purview of coverage under the policy.

4. There is no restriction on the number of plans that can be opted by you and the Benefits of each plan will be independently available to you.

5. Coverage under this Policy is on Individual basis. Coverage for Child less than 5 years of age is provided only if 1 Adult aged 18 years or above is covered under the same Policy; Sum Insured/Optional Benefit coverage amount opted for Child less than 5 years of age should not be more than Sum Insured/Optional Benefit coverage amount opted for the Adult under the same Policy.

6. Benefit Coverage opted for Child less than 5 years of age should be same as of that Adult covered under the Policy.

2.1 Benefit 1 : Hospitalization Expenses

(i) In-patient Care: Hospitalization for at least 24 hours - If You are admitted to a hospital for in-patient care due to Covered Conditions as chosen by You, which should be Medically Necessary, for a minimum period of 24 consecutive hours, We will pay for the medical expenses, through Cashless or Reimbursement Facility maximum up to Sum Insured, incurred by You at the hospital - from room charges, nursing expenses and intensive care unit charges to Surgeon’s fee, Doctor’s fee, Anesthesia, blood, oxygen, Operation theater charges which forms a part of Hospitalization.

(ii) Day Care Treatment: Hospitalization involving less than 24 hours – Some surgeries doesn’t require or need not necessarily require Hospitalization. Stay for minimum 24 Hours. It may be for Your convenience or it may happen that the surgery underwent is minor or of intermediate complexity. We will pay through Cashless or Reimbursement Facility for all such day care treatments as per Annexure-I to Prospects, maximum up to Sum Insured. The Day Care list will vary as per the Plan opted by you (Please refer Page 1 of Annexure-I to Prospects).

2.2 Benefit 2 : Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses

(i) Pre-Hospitalization Medical Expenses:
Examination, tests and medication - Sometimes the procedures that finally lead You to hospital, such as Investigative tests, Consultation Fees and medication, can be quite financially draining. We cover the medically necessary expenses (maximum up to Sum Insured) incurred by You for a period of 30 days immediately before the Date of Your Admissible Hospitalization, provided that We shall not be liable to make payment for any Pre-Hospitalization Medical Expenses that were incurred before the Policy Start Date.

(ii) Post-Hospitalization Medical Expenses:
Back home and till You are back on Your feet - The expenses don’t end once You are discharged. There might be follow-up visits to Your medical practitioner, medication that is required and sometimes even further confirmatory tests. We also cover the medically necessary expenses (maximum up to Sum Insured) incurred by You for a period of 60 days immediately after the Date of Discharge of Your Admissible Hospitalization.

Note: Payment under this benefit will only be on re-imbursement basis

2.3 Benefit 3: Chemotherapy and Radiotherapy Cover
Cancer is a dreaded disease and it requires constant care. We believe in providing the necessary care and ensuring Your smooth recovery even beyond the post-hospitalization period through Chemotherapy and Radiotherapy cover. We provide You with Chemotherapy and Radiotherapy Cover up to Sum Insured through Cashless or Reimbursement Facility, if a claim for Covered Condition (Cancer) under Benefit 1 : Hospitalization Expenses has been accepted.

Clause 4.2(32) under Permanent Exclusions, is superseded to the extent covered under this Benefit. However a Claim under ‘Oral Chemotherapy’ will only be admissible if:

1. If a Claim is made under Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses

2. If a Claim is made under Benefit 13 (OPD Expenses)

2.4 Benefit 4: Dialysis Cover
Some Critical illness doesn’t say and come! But have no worries as We are there to take care of Your health by providing necessary medical expenses that even go beyond Post hospitalization period.

Under this Benefit till the purview of coverage under the policy, We will pay You through Cashless or Reimbursement Facility for availing Dialysis up to Sum Insured if You have already claimed under Hospitalization Expenses for the same illness.

2.5 Benefit 5: Ambulance Cover
It is one of Our utmost concerns that You get the medical attention which You require as soon as possible, especially in an emergency for the Covered Conditions under the Policy. Towards that end, We will pay You up to a specified amount per hospitalization through Cashless or Reimbursement Facility, for expenses that You incur on an ambulance service offered by the hospital or any service provider, in an emergency situation. Through this cover, We will pay Your necessary transportation fares from the Place of occurrence of Medical Emergency to nearest Hospital and/or from one Hospital to another Hospital, for advanced/better equipped medical support/aid required for rescuing Your health condition.
2.6 Benefit 6: Organ Donor Cover

We care about those who help You as much as We care for you. So, beyond ensuring that Your medical needs are met, We will pay You through Cashless or Reimbursement Facility up to a specified amount for medical expenses that are incurred by You towards Your organ donor, while undergoing the organ transplant surgery, if the donation confirms to the Transplantation of Human Organs Act 1994 (amended) and other applicable laws and rules and You have already claimed for the same Covered Condition under Hospitalization Expenses.

‘Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses’ shall not be payable in respect to the donor. Clause 4.2 (19) under Permanent Exclusions, is superseded to the extent covered under this Benefit.

2.7 Benefit 7: Alternative Treatments

It has been observed at times that a combination of conventional medical treatment and alternative therapies quicken & aid the process of recovery. Therefore, We will pay You through Cashless or Reimbursement Facility up to a specified amount/limit for in-patient medical expenses incurred by You towards Your in-patient admission in a Government hospital or in any Institute recognized by Government and / or accredited by Quality Council of India / National Accreditation Board on Health or teaching hospitals of AYUSH colleges recognized by Central Council of Indian Medicine and Central Council of Homeopathy in India, which administers treatment related to the disciplines of medicine namely Ayurveda, Unani, Siddha and Homeopathy. Clause 4.2 (20) under Permanent Exclusions, is superseded to the extent covered under this Benefit.

2.8 Benefit 8: Second Opinion

We take Your illnesses as seriously as You do. If You are diagnosed with or You have undergone/undergoing with any of the Covered Condition and feel uncertain about Your diagnosis/treatment or wish to get a second opinion within India from a doctor on Your medical reports for any other reason, We arrange one for you, without any impact on Sum Insured amount. This second opinion is available to every Insured Person, once for each Illness / Surgery per Policy year.

2.9 Benefit 9: Annual Health Check-up

Our prime concern is Your good health! To pre-empt Your ever having to visit a hospital, as a preventive measure, We provide an annual health check-up from second Policy Year on Continuous Coverage at Our Network Provider/ Empanelled Provider in India for all the Insured Persons covered under the Policy, on a Cashless basis. This Benefit shall be available only once during a Policy Year per Insured Person.

a) Medical Tests covered in the Annual Health Check-up, applicable for Sum Insured up to 50 Lakh Rupees for Insured Persons who are of Age 18 years or above on the Policy Period Start Date, are as follows :-

<table>
<thead>
<tr>
<th>Set No.</th>
<th>List of Medical Tests covered as a part of Annual Health Check-up</th>
<th>Sum Insured in Lakhs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Serum Cholesterol, SGPT, Serum Creatinine, ECG</td>
<td>1L/2L/3L/4L</td>
</tr>
<tr>
<td>2</td>
<td>Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Lipid Profile, Kidney Function Test, ECG</td>
<td>5L/7L/10L</td>
</tr>
<tr>
<td>3</td>
<td>Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Lipid Profile, TMT, Kidney Function Test</td>
<td>20L/25L/50L</td>
</tr>
</tbody>
</table>

Infection Markers
- Complete Blood Count (CBC)
- ESR
- ABO Group & Rh Type
- Urine Routine
- Stool Routine

Lipid Profile
- Cholesterol
- LDL
- HDL
- Triglycerides
- VLDL

Liver Function Test
- S Bilirubin (Total/Direct)
- SGPT
- SGOT
- GGT
- Alkaline Phosphatase
- Total Protein
- Albumin : Globulin

Kidney Function Test
- Creatinine
- Blood Urea Nitrogen
- Uric Acid

Lung Function Markers
- Lung Function Test

Cardiac Markers
- Treadmill Test
- ECG

Diabetes Markers
- HbA1c

Imaging Tests
- X-Ray – Chest
- Ultrasound Abdomen

b) Medical Tests covered in the Annual Health Check-up, applicable for SI=100L/200L/300L/600L, for Insured Persons who are of Age 18 years or above on the Policy Period Start Date, are as follows -
c) Medical Tests covered in the Annual Health Check-up, applicable for Insured Persons who are of Age below 18 years on the Policy Period Start Date for all Plans are as follows:-

<table>
<thead>
<tr>
<th>Medical Tests covered as a part of Annual Health Check-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Examination (Height, Weight and Body Mass Index (BMI)), Eye Examination, Dental Examination and Scoring, Growth Charting, Doctor Consultation, Urine Examination (Routine and Microscopic)</td>
</tr>
</tbody>
</table>

2.10. **Benefit 10: No Claims Bonus**: If no claim has been paid by us in the expiring Policy Year, We raise a cheer to Your good health in the form of a bonus for you. At the end of 1st Claim free Policy Year, We will enhance the Sum Insured by 50%, at the end of 2nd Claim free Policy Year by 25% and at the end of 3rd Claim free Policy Year by 25%, on a cumulative basis, as a No Claims Bonus for each completed and continuous Policy Year/s.

In any case the No Claims bonus (NCB) will not exceed 100% of the Sum insured under the policy and in the event there is a claim in a policy year, the accrued No Claims Bonus will be reduced by the same rate at which it is accrued at the commencement of next Policy Year; but in no case shall the Total Sum Insured be reduced than the Sum Insured. In case no claim is made in a particular Policy Year, No Claims Bonus would be credited automatically to the subsequent Policy year, even in case of multi-year Policies (with 2 or 3 year policy tenure)

**NCB illustration:**

```
<table>
<thead>
<tr>
<th>Year</th>
<th>Sum Insured (in Lakhs)</th>
<th>NCB % Accrued</th>
<th>NCB Sum Insured (in Lakhs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>5</td>
<td>+50%</td>
<td>0</td>
</tr>
<tr>
<td>2nd</td>
<td>7.5</td>
<td>+25%</td>
<td>2.5</td>
</tr>
<tr>
<td>3rd</td>
<td>8.75</td>
<td>+25%</td>
<td>1.25</td>
</tr>
<tr>
<td>4th</td>
<td>10</td>
<td>-50%</td>
<td>1.25</td>
</tr>
<tr>
<td>5th</td>
<td>7.5</td>
<td>+50%</td>
<td>-2.5</td>
</tr>
<tr>
<td>6th</td>
<td>2.5</td>
<td></td>
<td>2.5</td>
</tr>
</tbody>
</table>
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**Note:**
* Years 1st, 2nd, 3rd are claim free years so the NCB has been accrued in the order of 50%, 25%, 25% of the base sum insured
** Year 5th is a year with claim so the NCB will reduce at the same rate which it is accrued i.e 50% of the base sum insured
*** Years 6th is again a claim free year so the order of the NCB addition gets repeated which is 50% of the base sum insured.

2.11. **Benefit 11: Health Services**: Serious illnesses or Surgeries don't only drain Our finances, they also drain us mentally. We have understood this and therefore provide You

a) **Quick Recovery Counseling:**

If a claim has been admitted under Hospitalization expenses, to deal with post hospitalization trauma, We provide Quick Recovery Counseling to You and/or Your adult family member covered under the Policy to Seek the advice of a psychologist through face to face consultation up to the amount per Session specified against this Benefit. This service can be availed maximum up to 8 times in a policy year and twice in a month. Clause 4.2 a (14) under Permanent Exclusions, is superseded to the extent covered under this Benefit.

b) **Doctor on Call:**

You may seek medical advice from a Medical Practitioner through the telephonic or online mode by contacting us on the helpline details specified on Our website.

c) **Health Portal:**

The Insured Person may access health related information and services such as health risk assessment, Doctor on chat, Special rates for OPD, Diagnostics and Pharmacy through Network Providers, etc as available on the Company’s website.

2.12. **Benefit 12 Global Coverage**: On opting for specific sum insured under the policy, through this benefit, You can avail Hospitalization expenses (Benefit 1) through Cashless or Reimbursement Facility for the Covered Conditions incurred outside India, maximum up to Sum Insured. This Benefit is available for 45 continuous days from the date of travel in a single trip and 90 days on a cumulative basis as a whole, in a Policy Year. The Medical expenses payable shall be limited to Hospitalization Expenses (i.e., In-Patient Care and Day Care Treatment) only and a mandatory Co-Payment of 10% per Claim is applicable, which will be in addition to any other co-payment (if any) applicable in the Policy. Optional Benefit 5 (Room Rent Modification) is not applicable for any Claims made under Global Coverage.

2.13. **Benefit 13: OPD Expenses**

We understand how trivial but important are bills pertaining to OPD consultations, diagnostics and medicines. Collectively, they can sum-up to cause a major financial impact.

Hence through this Benefit, We will pay you, maximum up to a specified amount/limit for the Covered Conditions under the Policy, for the following Out-patient care Services during the Policy Year -

a) Out Patient consultations

b) Diagnostic Examinations

c) Pharmacy

**Note:** Coverage for ‘OPD Expenses’ is provided for entire Policy year. All the valid OPD claim expenses incurred by the Insured Person in a policy year will...
be payable. But in case of re-imbursement, claim can be filed with us only twice during that Policy year, as and when that Insured Person may deem fit. Benefit can be availed under OPD Expenses only if a claim is already admitted under hospitalization expenses.

3. Optional Benefits:

The Policy provides the following Optional Benefits which can be opted either at the inception of the policy or at the time of renewal. The Policy Certificate will specify the Optional Benefits that are in force for the Insured Persons.

3.1 Optional Benefit 1: Deductible Option: On opting for this, You are entitled for a reduction on the Premium Payable. The claim amount assessed by us for a particular claim shall be reduced by the Deductible amount opted by You and We will only pay for any Claim only when the Deductible on that Claim is exhausted. The Deductible shall be applicable on an aggregate basis for all Claims made by the Insured Person in a Policy Year. Illustration for applicability of Deductible in claim reported under the same Policy Year:

<table>
<thead>
<tr>
<th>Case</th>
<th>Sum Insured</th>
<th>Deductible</th>
<th>Claim 1</th>
<th>Claim 2</th>
<th>Claim 3</th>
<th>Payable 1</th>
<th>Payable 2</th>
<th>Payable 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>500,000</td>
<td>100,000</td>
<td>75,000</td>
<td>125,000</td>
<td>100,000</td>
<td>-</td>
<td>100,000</td>
<td>100,000</td>
</tr>
<tr>
<td>2</td>
<td>500,000</td>
<td>100,000</td>
<td>75,000</td>
<td>250,000</td>
<td>300,000</td>
<td>-</td>
<td>225,000</td>
<td>275,000</td>
</tr>
<tr>
<td>3</td>
<td>500,000</td>
<td>100,000</td>
<td>250,000</td>
<td>400,000</td>
<td>350,000</td>
<td>150,000</td>
<td>350,000</td>
<td>Claim not payable as SI is exhausted</td>
</tr>
<tr>
<td>4</td>
<td>500,000</td>
<td>1,00,000</td>
<td>7,00,000</td>
<td>0</td>
<td>0</td>
<td>5,00,000</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

3.2 Optional Benefit 2: Co-Payment Option: By choosing this Optional Benefit, You will bear a Co-payment of 20% per claim and Our liability shall be restricted to the balance amount payable.

Note: This Optional Benefit is not applicable in case the Insured Person age at entry is 61 years and above - please refer to Section 2 (6) of General conditions for details.

3.3 Optional Benefit 3: Unlimited Automatic Recharge: By choosing specific Sum Insured Through this Optional Benefit, your sum insured can be reinstated unlimited times, whenever you need it the most. If, due to claims made, you ever run out of exhaust your health cover; We will reinitialize the entire sum insured unlimited times in a policy year provided you use the recharge amount only under Hospitalization Expenses (Benefit 1).

This re-instated amount can be used by You only for future/further claims, not related to the Illness / Injury for which the claim has been made during the same Policy year. Any unutilized Recharge cannot be carried forward to any subsequent Policy Year. Benefit No Claims Bonus (Benefit – 10) shall not be considered while calculating ‘Unlimited Automatic Recharge’.

3.4 Optional Benefit 4: International Second Opinion: “International Second Opinion” is an extension to Benefit 8 (Second Opinion) and hence all the provisions stated under Clause 2.8, holds good for Clause 3.4 as well, except that the geographical scope of coverage through Optional Benefit 4 is applicable to worldwide excluding India only.

3.5 Optional Benefit 5: Room Rent Modification: Just like care should has no Boundary! We thought Your Room Rent/Category and ICU Charges should not have any restrictions or limit.

This is the reason why by choosing this Optional Benefit You will have no limit on Room Rent/Room Category during Hospital Accommodation for In patient Care for the Covered Conditions as specified in the Policy.

You should choose a Sum Insured of Rs 5 Lakhs or more to avail this benefit and this benefit is not valid in case of a Claim made under Benefit 12: Global Coverage

3.6 Optional Benefit 6: Additional Sum Insured for Accidental Hospitalization: In case any Claim is made for Emergency Care of any Injury due to an Accident during the Policy Period, We shall automatically provide an additional Sum Insured equal to Sum Insured for In-patient Care provided that:

(i) If at all there is any concurrency between the Coverage under the Policy and the claim made under Accidental Hospitalization The "additional Sum Insured for Accidental Hospitalization" shall be utilized only after the Sum Insured and No Claims Bonus (if any) has been completely exhausted.

(ii) The "additional Sum Insured for Accidental Hospitalization" shall be available only for such Insured Person for whom Claim for Hospitalization following the Accident has been accepted under the Policy;

(iii) The "additional Sum Insured for Accidental Hospitalization" shall be applied only once during the Policy Period

3.7 Optional Benefit 7: Air Ambulance Cover: Through this cover, We will pay You up to the amount specified in the Policy for availing Air Ambulance services in India, offered by a Hospital or by an Ambulance service provider; for Your necessary transportation from the place of occurrence of Medical Emergency, to the nearest Hospital. Through this cover, We will also pay Your necessary transportation fares from one Hospital to another Hospital, for advanced/better equipped medical support/aid required for rescuing Your health condition.

However, the treating Medical Practitioner should certify in writing that the severity or the nature of Your Illness or Injury warrants Your requirement for the Air Ambulance.

This Benefit will be available through Cashless facility; however in-case of Life threatening Medical Condition You may use re-imbursement facility.

3.8 Optional Benefit 8: Reduction of PEI Wait period: Choosing this Optional Benefit reduces the applicable wait period of 48 months for Claims related to Pre-existing diseases, to 24 months.

Hence all the provisions for wait periods(Clause 4.1 (iii)) holds good for this benefit as well, except that the claims will be admissible for any Medical Expenses incurred for Hospitalization in respect of diagnosis/treatment of any Pre-existing Disease after just 24 months of continuous coverage has elapsed, since the...
inception of the first Policy with us.

NOTE: This Optional Benefit will be available only at the time of inception of the Policy and only for the Sum Insured chosen at that time

4. EXCLUSIONS

4.1. Wait Period

(i) Initial Waiting Period

a) Claim for any Medical Expenses incurred for treatment of any Illness during the first 90 days from the Policy Period Start Date shall not be admissible, except those Medical Expenses incurred as a result of an Injury within the Policy Period.

b) This exclusion shall not apply for subsequent Policy Years provided that there is no Break in Policy for that Insured Person and that the Policy has been renewed with us for that Insured Person within the Grace Period and for the same or lower Sum Insured.

(ii) Specific Waiting Period for Covered Conditions (applicable only for Operation Mediclaim)

Any Claim for or arising out of any of the following Illnesses or Surgical Procedures shall not be admissible during the first 24 (twenty four) consecutive months of coverage of the Insured Person by us from the first Policy Period Start Date:

1. Any treatment related to Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism, Spinal Disorders (unless caused by accident), Joint Replacement Surgery (unless caused by accident), Arthroscopic Knee Surgeries/ACL Reconstruction/Meniscal and Ligament Repair
2. Surgical treatments for Benign ear, nose and throat (ENT) disorders and surgeries for Adenoidectomy, Mastroidectomy, Tonsillectomy and Tymanoplasty, Nasal Septum Deviation, Sinusitis and related disorders and surgeries related to disorders of internal ear, middle ear, external ear disorders, and Upper airway disease
3. Benign Prostatic Hypertrophy
4. Cataract
5. Dilatation and Curettage
6. Fissure / Fistula in anus, Hemorrhoids / Piles, Pilonidal Sinus, Gastric and Duodenal Ulcers
7. Surgery of Genito-urinary system unless necessitated by malignancy
8. All types of Hernia & Hydrocele
9. Hysterectomy for menorrhagia or Fibromyoma or prolapse of uterus unless necessitated by malignancy
10. Internal tumours, skin tumours, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant
11. Kidney Stone / Ureteric Stone / Lithotripsy / Gall Bladder Stone
12. Myomectomy for fibroids
13. Varicose veins and varicose ulcers

(iii) Wait Period for Pre-existing Diseases: Claims will not be admissible for any Medical Expenses incurred for Hospitalization in respect of diagnosis/treatment of any Pre-existing Disease until 48 months of continuous coverage has elapsed, since the inception of the first Policy with us.

(iv) If the Sum Insured is enhanced on any renewal of this Policy, the waiting periods as defined above in Clauses 4.1(i), 4.1(ii) and 4.1(iii) shall be applicable afresh to the incremental amount of the Sum Insured only.

(v) If the Sum Insured is reduced on any renewal of this Policy, the credit for waiting periods as defined above in Clauses 4.1(i), 4.1(ii) and 4.1(iii) shall be restricted to the lowest Sum Insured under the previous Policy.

(vi) The Waiting Periods as defined in Clauses 4.1(i), 4.1(ii) and 4.1(iii) shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.

(vii) If Coverage for Benefits (in case of change in Product Plan) or Optional Benefits are added afresh at the time of renewal of this Policy, the Waiting Periods as defined above in Clauses 4.1(i), 4.1(ii) and 4.1(iii) shall be applicable afresh to the newly added Benefits or Optional Benefits, from the time of such renewal.

4.2. Permanent Exclusions: Any Claim in respect of any Insured person for, arising out of or directly or indirectly due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy terms and conditions.

a) The following list of permanent exclusions is applicable to all the Benefits including Optional Benefits

1. Any item or condition or treatment specified in List of Non-Medical Items (Annexure – II to Policy Terms & Conditions).
2. The Company shall not admit any Claim in respect of an Insured Person which involves treatment/consultation in any of the hospitals as listed in Annexure – III to the Policy Terms & Conditions.
3. Treatments rendered by a Doctor who shares the same residence as an Insured Person or who is a member of an Insured Person’s family.
4. Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human T-Cell Lymphotropic Virus Type III (HTLV–III or HTLV-III) or Lymphadinoopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.
5. Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an Accident), childbirth, maternity (including caesarian section), abortion or complications of any of these. This exclusion will not apply to ectopic pregnancy.
6. Any treatment arising from or traceable to any fertility, sterilization, birth control procedures, contraceptive supplies or services including complications arising due to supplying services or Assisted Reproductive Technology.
7. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.

8. Charges incurred (or Treatment undergone) in connection with routine eye examinations and ear examinations, dentures, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment.

9. Unproven/Experimental or investigational treatments which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital. Any Illness or treatment which is a result or a consequence of undergoing such experimental or unproven treatment.


11. Any expenses related to instruments used in treatment of sleep disorder or sleep apnea syndrome and oxygen concentrator for asthmatic condition, cost of cochlear implants and related surgery.

12. Any treatment related to general debility convalescence, cure, rest cure, health hydros, nature cure clinics, sanatorium treatment, Rehabilitation measures, private duty nursing, respite care, long-term nursing care, custodial care or any treatment in an establishment that is not a Hospital

13. Treatment of any external Congenital Anomaly or Illness or defects or anomalies or treatment relating to external birth defects.

14. Treatment of mental illness or psychological disorders or Parkinson’s or Alzheimer’s disease even if caused or aggravated by or related to an Accident or Illness.

15. Cosmetic surgery or plastic surgery or related treatment of any description, including any complication arising from these treatments, other than as may be necessitated due to an Injury, cancer or burns.

16. Any treatment / surgery for change of sex or gender reassignments including any complication arising from these treatments.

17. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.

18. All preventive care (except eligible and entitled for Benefit 9: Annual Health Check-up), Vaccination, including Inoculation and Immunizations (except in case of post-bite treatment), vitamins and tonics.

19. All expenses (or Treatment undergone) related to donor treatment including surgery to remove organs from the donor, in case of transplant surgery.

20. Non-Allopathic Treatment or treatment related to any unrecognized systems of medicine.

21. 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, restraint and detainment of all kinds.

22. Any Illness or Injury directly or indirectly resulting or arising from or occurring during commission of any breach of any law by the Insured Person with any criminal intent.

23. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of intoxicating drugs, alcohol, tobacco(smoking/non-smoking)or hallucinogens.

24. Nuclear, chemical or biological attack or weapons, which contribute 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 mean 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 mean 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 mean the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

25. Impairment of an Insured Person’s intellectual faculties by abuse of stimulants or depressants.

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

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

28. Stem cell implantation/surgery and storage except for allogeneic bone marrow transplantation

29. All the Hazardous Activities

30. Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature.

31. Remicade, Avastin or similar injectable treatment not requiring 24 hour hospitalization.

32. Oral Chemotherapy.

33. Treatment sought for any medical condition, not covered under the Benefit but arising during the Hospitalization for the condition covered under the Benefit.
b) Additional Exclusions applicable to any Claim under the Optional Benefit 6 ‘Additional Sum Insured due to Accidental Hospitalization’

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible, unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

1) The Insured Person operating or learning to operate any aircraft or performing duties as a Person of a crew on any aircraft or Scheduled Airline or any airline personnel;
2) The Insured Person flying in an aircraft other than as a fare paying passenger in a Scheduled Airline;
3) Participation in actual or attempted felony, riot, civil commotion or criminal misdemeanor;
4) The Insured Person engaging in sporting activities in so far as they involve the training for or participation in competitions of professional sports;
5) The Insured Person working in or with mines, tunneling or explosives or involving electrical installation with high tension supply or conveyance testing or oil rigs work or ship crew services or as jockeys or circus personnel or aerial photography;
6) Persons whilst working with in activities like racing on wheels or horseback, winter sports, canoeing involving white water rapids, any bodily contact sport;
7) Resulting due to any disease or infection except where such condition arises directly as a consequence of an accident during the Policy Year;
8) Infections (except pyogenic infection which occurs through an Accidental cut or wound);
9) As a result of any curative treatments or interventions that the Insured Person has carried out or have carried out on the Insured Person’s body.

a) Additional Exclusions applicable to any Claim for the Covered Condition related to Operation Mediclaim Plan:

1. All OPD based procedures not requiring day care/hospitalization
2. Any Surgery done for diagnostic/investigative purpose except in case of Pre and Post Hospitalization

Note to ‘Permanent Exclusions’: In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above Permanent Exclusions shall also be excluded.

5. Claims Procedure and Management

This section explains about procedures involved to file a valid Claim by the Insured Person and related processes involved to manage the Claim by us.

5.1 Pre-requisite for admissibility of a Claim:

Any claim being made by You or attendant of Your’s during Hospitalization on behalf of You should comply with the following conditions:

(i) The Condition Precedent Clause has to be fulfilled.
(ii) The health damage caused, Medical Expenses incurred, subsequently the Claim being made, should be with respect to the Insured Person only. We will not be liable to indemnify the Insured Person for any loss other than the covered benefits and any other person who is not accepted by the Us as an Insured Person.
(iii) The holding Insurance Policy should be in force at the event of the Claim. All the Policy Terms and Conditions, wait periods and exclusions are to be fulfilled including the realization of Premium by their respective due dates.
(iv) All the required and supportive Claim related documents are to be furnished within the stipulated timelines. We may call for additional documents wherever required.

5.2 Claim settlement - Facilities

(a) Cashless Facility

We extend Cashless Facility as a mode to indemnify the medical expenses incurred by the Insured Person at a Network Provider. For this purpose, the Insured Person will be issued a “Health card” at the time of Policy purchase, which has to be preserved and produced at any of the Network Providers in the event of Claim being made, to avail Cashless Facility. The following is the process for availing Cashless Facility:-

(i) Submission of Pre-authorization Form: A Pre-authorization form which is available on Our Website or with the Network Provider, has to be duly filled and signed by the Insured Person and the treating Medical Practitioner, as applicable, which has to be submitted Electronically by the Network Provider to us for approval. Only upon due approval from us, Cashless Facility can be availed at any Network Hospital.

(ii) Identification Documents: The “Health card” provided by us under this Policy along with one Valid Photo Identification Proof of the Insured Person are to be produced at the Network Provider; photocopies of which shall be forwarded to us for authentication purposes. Valid Photo Identification Proof documents which will be accepted by us are Voter ID card, Driving License, Passport, PAN Card, Aadhar Card or any other identification proof as stated by us.

(iii) Our Approval: We will confirm in writing, authorization or rejection of the request to avail Cashless Facility for the Insured Person’s Hospitalization.

(iv) Our Authorization:

a) If the request for availing Cashless Facility is authorized by us, then payment for the Medical Expenses incurred in respect of the Insured Person shall not have to be made to the extent that such Medical Expenses are covered under this Policy and fall within the amount authorized in writing by us for availing Cashless Facility.
b) An Authorization letter will include details of Sanctioned Amount, any specific limitation on the Claim, and any other details specific to the Insured Person, if any, as applicable.

c) In the event that the cost of Hospitalization exceeds the authorized limit, the Network Provider shall request us for an enhancement of Authorization Limit stating details of specific circumstances which have led to the need for increase in the previously authorized limit. We will verify the eligibility and evaluate the request for enhancement on the availability of further limits.

(v) Event of Discharge from Hospital: All original bills and evidence of treatment for the Medical Expenses incurred in respect of the Hospitalization of the Insured Person and all other information and documentation specified under Clauses 5.4 and 5.5 shall be submitted by the Network Provider immediately and in any event before the Insured Person’s discharge from Hospital.

(ii) Our Rejection: If We do not authorize the Cashless Facility due to insufficient Sum Insured or insufficient information provided to us to determine the admissibility of the Claim, then payment for such treatment will have to be made by the Policyholder / Insured Person to the Network Provider, following which a Claim for reimbursement may be made to us which shall be considered subject to the Insured Person’s Policy limits and relevant conditions. Please note that rejection of a Pre-authorization request is in no way construed as rejection of coverage or treatment. The Insured Person can proceed with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.

(iii) Network Provider related: We may modify the list of Network Providers or modify or restrict the extent of Cashless Facilities that may be availed at any particular Network Provider. For an updated list of Network Providers and the extent of Cashless Facilities available at each Network Provider, the Insured Person may refer to the list of Network Providers available on Our website or at the call center.

(iv) Claim Settlement: For Claim settlement under Cashless Facility, the payment shall be made to the Network Provider whose discharge would be complete and final.

(v) Claims incurred outside India: The Company’s Assistance Service Provider should be intimated for availing Cashless Facility outside India under Optional Benefit 4(International Second Opinion) and Benefit 12(Global Coverage)

(b) Re-imbursement Facility

(i) It is agreed and understood that in all cases where intimation of a Claim has been provided under Reimbursement Facility and/or We specifically states that a particular Benefit is payable only under Reimbursement Facility, all the information and documentation specified in Clause 5.4 and Clause 5.5 shall be submitted to us at Policyholder’s / Insured Person’s own expense, immediately and in any event within 30 days of Insured Person’s discharge from Hospital.

(ii) We shall give an acknowledgement of collected documents. However, in case of any delayed submission, We may examine and relax the time limits mentioned upon the merits of the case.

(iii) In case a reimbursement claim is received after a Pre-Authorization letter has been issued for the same case earlier, before processing such claim, a check will be made with the Network Provider whether the Pre-authorization has been utilized. Once such check and declaration is received from the Network Provider, the case will be processed.

(iv) For Claim settlement under reimbursement, We will pay the Policyholder. In the event of death of the Policyholder, We will pay the nominee (as named in the Policy Certificate) and in case of no nominee, 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.

(v) Date of Loss’ under Reimbursement Facility is the ‘Date of Admission’ to Hospital in case of Hospitalization & actual Date of Loss for non Hospitalization related Benefits.

5.3 Duties of a Claimant/ Insured Person in the event of Claim

(a) It is agreed and understood that as a Condition Precedent for a Claim to be considered under this Policy:

(i) The Policyholder / Insured Person shall check the updated list of Network Provider before submission of a pre-authorization request for Cashless Facility.

(ii) All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.

(iii) Intimation of the Claim, notification of the Claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 5 (Claims Procedure and Management) of the Policy.

(iv) If We request You to submit for a medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary. The cost of such examination will be borne by You.

(v) Our Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Person’s medical and Hospitalization records and to investigate the facts and examine the Insured Person.

(vi) We shall be provided with complete necessary documentation and information which We have requested to establish its liability for the Claim, its circumstances and its quantum.

5.4 Claims Intimation

Upon the occurrence of any Illness or Injury that may result in a Claim under this Policy, then as a Condition Precedent to Our liability under the Policy, all

SUPER MEDICLAIM - UIN: RIIHILP18033V011819
of the following shall be undertaken:

(i) If any Illness is diagnosed or discovered or any Injury is suffered or any other contingency occurs which has resulted in a Claim or may result in a Claim under the Policy, We shall be notified with full particulars within 48 hours from the date of occurrence of event either at Our call center or in writing.

(ii) Claim must be filed within 30 days from the date of discharge from the hospital in case of hospitalization and actual date of loss in case of non-hospitalization benefits.

Note: 5.4 (i) and 5.4 (ii) are precedent to admission of liability under the policy.

(iii) The following details are to be disclosed to us at the time of intimation of Claim:

1. Policy Number;
2. Name of the Policyholder;
3. Name of the Insured Person in respect of whom the Claim is being made;
4. Nature of Illness or Injury and Benefit under which the Claim is being made
5. Name and address of the attending Medical Practitioner and Hospital;
6. Date of admission to Hospital or proposed date of admission to Hospital for planned Hospitalization;
7. Any other necessary information, documentation or details requested by us

(iv) In case of an Emergency Hospitalization, We shall be notified either at Our call center or in writing immediately and in any event within 48 hours of Hospitalization commencing or before the Insured Person’s discharge from Hospital.

(v) In case of an Planned Hospitalization, We shall be notified either at Our call center or in writing at least 48 hours prior to planned date of admission to Hospital

5.5 Documents to be submitted for filing a valid Claim

a) The following information and documentation shall be submitted in accordance with the procedures and within the timeframes specified in Clause 5 in respect of all Claims:

1. Duly filled and signed Claim form by the Insured Person;
2. Copy of Photo ID of Insured Person;
3. Medical Practitioner’s referral letter advising Hospitalization;
4. Medical Practitioner’s prescription advising drugs or diagnostic tests or consultations;
5. Original bills, receipt and discharge summary from the Hospital/Medical Practitioner;
6. Original bills from pharmacy/chemists;
7. Original pathological/diagnostic test reports/radiology reports and payment receipts;
8. Operation Theatre Notes;
9. Indoor case papers;
10. Original investigation test reports and payment receipts supported by Doctor’s reference slip;
11. Ambulance Receipt;
12. Any other document as required by us to assess the Claim, in case fraud is suspected.

b) Additional Documents to be submitted for any Claim under Optional Benefit 7 (Air Ambulance Cover) It is a condition precedent to the Company’s liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

I. Medical reports and transportation details issued by the air ambulance service provider, prescriptions and medical report by the attending Medical Practitioner furnishing the name of the Insured Person and details of treatment rendered along with the statement confirm the necessity of air ambulance services.

II. Documentary proof for expenses incurred towards availing Air Ambulance services.

Notes:
- We may give a waiver to one or few of the above mentioned documents depending upon the case.
- Additional documents as specified against any benefit shall be submitted to us
- We will accept bills/invoices which are made in the Insured person’s name only.
- We may seek any other document as required to assess the Claim.
- Only in the event that original bills, receipts, prescriptions, reports or other documents have already been given to any other insurance company.
We will accept properly verified photocopies of such documents attested by such other insurance company along with an original certificate of the extent of payment received from such insurance company.

However, claims filed even beyond the timelines mentioned above should be considered if there are valid reasons for any delay.

5.6 **Claim Assessment**

(a) We shall scrutinize the Claim and supportive documents, once received. In case of any deficiency, We may call for any additional documents or information as required, based on the circumstances of the Claim.

(b) All admissible Claims under this Policy shall be assessed by us in the following progressive order:

(i) If a Room/ICU accommodation has been opted for where the Room Rent or Room Category or ICU Charges is higher than the eligible limit as applicable for that Insured Person as specified in the Policy Certificate, then the Variable Medical Expenses payable shall be pro-rated as per the applicable limits in accordance with Clause 2.1 (iii) (a) & (b).

   "Variable Medical Expenses" means those Medical Expenses as listed below which vary in accordance with the Room Rent or Room Category or ICU Charges in a Hospital:

   I. Room, boarding, nursing and Operation theatre expenses as charged by the Hospital where the Insured Person availed medical treatment;

   II. Intensive Care Unit (ICU) charges;

   III. Fees charged by surgeon, anesthetist, Medical Practitioner;

   IV. Investigation Expenses.

(ii) If any sub-limits on Medical Expenses are applicable as specified in the Policy Certificate, the Our liability to make payment shall be limited to the extent of the applicable sub-limit for that Medical Expense.

(iii) The Deductible (if applicable) shall be applied to the aggregate of all Claims that are either paid or payable under this Policy. Our liability to make payment shall commence only once the aggregate amount of all Claims payable or paid exceed the Deductible. Similarly, if 'Deductible per claim' is applicable, Our liability to make payment shall commence only once the 'Deductible per claim' limit is exceeded.

(iv) Co-payment shall be applicable on the amount payable by us.

(c) The Claim amount assessed in Clause 5.6 (b) above would be deducted from the following amounts in the following progressive order:

(i) Sum Insured;

(ii) No Claims Bonus (if applicable);

(iii) Additional Sum Insured for Accidental Hospitalization (if applicable);

(iv) Unlimited Automatic Recharge (if applicable).

(d) All claims incurred in India are dealt by the Company directly.

5.7 **Payment Terms**

(a) This Policy covers only medical treatment taken entirely within India. All payments under this Policy shall be made in Indian Rupees and within India.

(b) We shall have no liability to make payment of a Claim under the Policy in respect of an Insured Person during the Policy Period, once the Total Sum Insured for that Insured Person is exhausted.

(c) We shall settle or reject any Claim within 30 days of receipt of all the necessary documents / information as required for settlement of such Claim and sought by us. We shall provide the Policyholder / Insured Person an offer of settlement of Claim and upon acceptance of such offer by the Policyholder / Insured Person We shall make payment within 7 days from the date of receipt of such acceptance. However, if a claim warrants an investigation in the opinion of the insurer, it shall settle the claim within 45 days from the date of receipt of last necessary document. In case there is delay in the payment beyond the stipulated timelines from the date of receipt of last necessary document to the date of payment of claim. We shall pay additional amount as interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.

(d) If the Policyholder / Insured Person suffers a relapse within 45 days of the date of discharge from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits for Any One Illness under this Policy shall be applied as if they were under a single Claim.

(e) The Claim shall be paid only for the Policy Year in which the Insured event which gives rise to a Claim under this Policy occurs.

(f) The Premium for the policy will remain the same for the policy period mentioned in the Policy Certificate.

6. **Salient Features**

SUPER MEDICLAIM - UIN: RHIH1P18033V011819
6.1 Cashless Facility

With Cashless Facility, You no longer need to run around paying off hospital bills and then follow up for a reimbursement. All You now need to do is get admitted to any of Our Network Provider and concentrate only on Your recovery. Leave the bill payment arrangements to Us, except for any non-medical expenses as specified in Annexure – II that You incur at the Network Provider.

6.2 Reimbursement

It is agreed and understood that in all cases where intimation of a Claim has been provided under this provision, all the information and documentation as required shall be submitted (at the Insured person’s expense) to Us immediately and in any event within 30 days of Insured person’s discharge from Hospital or completion of treatment or date of loss, whichever is later.

6.3 Multiple Policies

a. In case any Policyholder/Insured Person is covered under more than one indemnity insurance policies, with us or with other insurers, the Policyholder/Insured Person shall have the right to settle the Claim with any of the Company, provided that the Claim amount payable is up to the Sum Insured of such Policy.

b. In case the Claim amount under a single policy exceeds the Sum Insured, then Policyholder/Insured Person shall have the right to choose the companies with whom the Claim is to be settled. Further, policyholder/Insured Person shall have the right to choose the companies from whom he/she wants to claim the balance amount. Insured shall only be indemnified the hospitalization costs in accordance with terms & conditions of chosen Policy.

c. This clause shall not apply to any Benefit offered on a fixed benefit basis.

6.4 Free Look Period

a. The Policyholder may, within 15 days from the receipt of the Policy document, return the Policy stating reasons for his objection, if the Policyholder disagrees with any Policy terms and conditions.

b. If no Claim has been made under the Policy, We will refund the premium received after deducting proportionate risk premium for the period on cover, expenses for medical examination and stamp duty charges. If only part of the risk has commenced, such proportionate risk premium shall be calculated as commensurate with the risk covered during such period. All rights under the Policy will immediately stand extinguished on the free look cancellation of the Policy.

c. Provision for Free look period is not applicable and available at the time of renewal of the Policy.

6.5 Underwriting Loading

Based on the Underwriter’s assessment of the extra risk on account of medical or any other conditions of the proposed to be insured, the premium (at the time of issuance of the policy and subsequent renewals) may get loaded. Such extra premium shall be communicated to the Insured person for their consent before issuance of the Policy. Loading will not exceed 100% of Premium. Criteria for such loading are objectively mentioned in the Underwriting Manual (in line with Our Underwriting Policy).

In case the Policyholder requires further clarification pertaining to Underwriting Loading, he/she may contact Us.

6.6 Renewal Terms

(a) This Policy will automatically terminate on the Policy Period End Date. All renewal applications should reach us on or before the Policy Period End Date.

(b) The premium payable on renewal shall be paid to us on or before the Policy Period End Date and in any event before the expiry of the Grace Period.

(c) For the purpose of this provision, Grace Period means a period of 30 days immediately following the Policy Period End Date during which a payment can be made to renew this Policy without loss of continuity benefits. Coverage is not available for the period for which premium is not received by us and We shall not be liable for any Claims incurred during such period.

(d) We will ordinarily not refuse to renew the Policy except on ground of fraud, moral hazard or misrepresentation or non-co-operation by the Insured.

(e) We may carry out underwriting in accordance with its Board approved underwriting policy in relation to any request for change in Sum Insured or Deductible at the time of renewal of the Policy.

(f) This product may be withdrawn / modified by us after due approval from the Authority (IRDAI). In case this product is withdrawn / modified by us, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by the Authority (IRDAI). We shall duly intimate the Policyholder at least three months prior to the date of such modification / withdrawal of this product and the options available to the Policyholder at the time of Renewal of this Policy.

(g) We may revise the renewal premium payable under the Policy provided that revisions to the renewal premium are in accordance with the Authority’s (IRDAI) rules and regulations as applicable from time to time. Change in rates will be applicable from the date of approval by the Authority and shall be applied only prospectively therefor for new policies and at the date of renewal for renewals.

(h) Renewal shall be offered lifelong. The Insured Person shall be given an option to port this Policy into any other health insurance product of Ours and credit shall be given for number of years of continuous coverage under this Policy for the standard waiting periods.

(i) No loading based on individual claim experience shall be applicable on renewal premium payable.

6.7 Cancellation/ Termination

(a) We may at any time, cancel this Policy on grounds of misrepresentation, mis-description or non-disclosure of any material particulars or any material information having been withheld, or if a Claim is fraudulently made or any fraudulent means or devices are used by You, by giving 15 days’ notice in writing by Registered Post Acknowledgment Due / recorded delivery to the Policyholder at his last known address and We shall have no liability to
make payment of any Claims and the premium paid shall be forfeited and no refund of premium shall be effected by us.

(b) The Policyholder may also give 15 days’ notice in writing, to us, for the cancellation of this Policy, in which case We shall from the date of receipt of the notice, cancel the Policy and refund the premium for the unexpired period of this Policy at the short period scales as mentioned below, provided no Claim has been made under the Policy.

Refund % to be applied on premium received:

<table>
<thead>
<tr>
<th>Cancellation date up to (x) months from Policy Period Start Date</th>
<th>Policy Tenure 1 Year</th>
<th>Policy Tenure 2 Year</th>
<th>Policy Tenure 3 Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upto 1 month</td>
<td>75.0%</td>
<td>87.5%</td>
<td>91.5%</td>
</tr>
<tr>
<td>1 month to 3 months</td>
<td>50.0%</td>
<td>75.0%</td>
<td>88.5%</td>
</tr>
<tr>
<td>3 months to 6 months</td>
<td>25.0%</td>
<td>62.5%</td>
<td>72.5%</td>
</tr>
<tr>
<td>6 months to 12 months</td>
<td>0.0%</td>
<td>50.0%</td>
<td>66.5%</td>
</tr>
<tr>
<td>12 months to 15 months</td>
<td>N.A.</td>
<td>25.0%</td>
<td>50.0%</td>
</tr>
<tr>
<td>15 months to 18 months</td>
<td>N.A.</td>
<td>12.5%</td>
<td>41.5%</td>
</tr>
<tr>
<td>18 months to 24 months</td>
<td>N.A.</td>
<td>0.0%</td>
<td>33.0%</td>
</tr>
<tr>
<td>24 months to 30 months</td>
<td>N.A.</td>
<td>N.A.</td>
<td>8.0%</td>
</tr>
<tr>
<td>Beyond 30 months</td>
<td>N.A.</td>
<td>N.A.</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

(c) In case of demise of the Policyholder,

(i) Where the Policy covers only the Policyholder, this Policy shall stand null and void from the date and time of demise of the Policyholder. The premium would be refunded for the unexpired period of this Policy at the short period scales.

(ii) Where the Policy covers other Insured Persons, this Policy shall continue till the end of Policy Period for the other Insured Persons. If the other Insured Persons wish to continue with the same Policy, We will renew the Policy subject to the appointment of a policyholder provided that:

I. Written notice in this regard is given to us before the Policy Period End Date; and

II. A person of Age 18 years or above, who satisfies Our criteria applies to become the Policyholder.

6.8 Pre-Policy Medical Check-up

You will be required to undergo Pre-Policy Medical Check-up on case of case basis as per Underwriting policy. The cost of the medical tests would be borne by Us in case Your proposal is accepted.

6.9 Tax Benefit

The Insured person can avail tax benefit on the premium paid towards health insurance, under Section 80D of the Income Tax Act, 1961, as applicable. (Tax benefits are subject to changes in the tax laws, please consult tax advisor for more details).

6.10 Portability and Continuity Benefits

(i) Insured(s) have an option to migrate from their existing health insurance policy of any other Indian non-life insurer/standalone health insurer to any other similar policy with us, at the time of renewal, provided the previous policy/policies has been maintained without any break and the policy holder shall apply to us at least 45 days prior to policy renewal date of his or her existing policy in prescribed format.

(ii) The Waiting Periods as defined in Clauses 4.1(i), 4.1(ii) and 4.1(iii) of this Policy shall be reduced by the number of months of continuous coverage under such health insurance policy with the previous insurer to the extent of the sum insured and the deductible under the expiring health insurance policy.

(iii) The Waiting Periods under Clauses 4.1(i), 4.1(ii) and 4.1(iii) shall be applicable afresh to the amount by which the Sum Insured under this Policy exceeds the sum insured and the deductible under the terms of the expiring policy.

(iv) The Waiting Periods as defined in Clauses 4.1(i), 4.1(ii) shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.

(v) Credit for the sum insured of the expiring policy to be carried forward for credit in this Policy would be applied on an individual basis only.

(vi) In case the Policyholder has opted to switch to any other insurer under portability and the outcome of acceptance of the portability is awaited from the new insurer on the date of renewal:

a) We may at the request of the Policyholder, extend the Policy for a period not less than 1 month at an additional premium to be paid on a pro-rated basis.

b) In case any Claim is reported during the extended Policy Period, the Policyholder shall first pay the premium so as to make the extended Policy Period part of Policy, as applicable. In such cases, Policyholder shall be liable to pay the premium for the balance period and continue with us for that Policy year.

6.11 Special Terms and Conditions Applicable for Policies issued with Option of Premium Payment On Installment Basis

If you opted for a Policy Period of more than one year and opted for payment of premium on an installment basis, as specified in the Policy, the following conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy):

1. In case of any Hospitalization claim (Cashless/Re-imbursement), an amount equivalent to the balance of the installment premiums payable in the Policy Year would be recoverable from the admissible claim amount payable in respect of the Insured Person.

2. Relaxation Period for the Policies with Installment Option would be as Under:

<table>
<thead>
<tr>
<th>Installation Option</th>
<th>Relaxation Period for Premium Payment under Installment Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarterly</td>
<td>15 days for each installment</td>
</tr>
<tr>
<td>Monthly</td>
<td>5 days for each installment</td>
</tr>
</tbody>
</table>

3. In case of installment premiums not received within the Relaxation Period for Premium payment the Policy will get cancelled

4. Tenure Discount will not be applicable if the Insured Person has opted for Premium Payment on Installment Basis.

For the purpose of this provision, Relaxation Period means a period of 15/5 days depending on the Installment Option immediately following the Premium installment due. Date during which a payment can be made to renew this Policy without loss of continuity Benefits. Coverage is not available for the period for which premium is not received by the Company and the Company shall not be liable for any Claims incurred during such period.
6.12 Mid Term addition and Assignment

a) Special Terms and Conditions Applicable for Mid Term addition of some Optional Benefits

Notwithstanding anything to the contrary in the Policy, the Policy holder/Insured Person has an option to apply for the specified Optional Benefits within 90 days of the Policy Period Start date or Renewal date, subject to Conditions specified below:

1. This feature can only be availed for Optional Benefits: 3: Unlimited Automatic Recharge, Optional Benefit 4: International Second Opinion, Optional Benefit 6: Additional Sum Insured for Accidental Hospitalization and Optional Benefit 7: Air Ambulance Cover

2. Additional Premium for the Optional Benefit opted will be Calculated on a Pro-rated basis form the date of addition of the Benefit

3. All the Waiting Periods on the Optional Benefits opted will be applicable from the date of addition of the Optional Benefit, except those Medical Expenses incurred as a result of an Injury within the Policy Period.

b) Assignment of Policy

1. This policy may be transferred/assigned, wholly or in part, with or without consideration.

2. An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer.

3. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.

4. The assignment must be signed by the transferor or assignor and duly authorized agent and attested by at least one witness.

5. The transfer or assignment shall not be operative as against an Insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy thereof are to be correct by both transferor and transferee or their duly authorized agents have been delivered to the Insurer.

6. The Insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is (a) not bona fide or (b) not in the interest of the policyholder or (c) not in public interest or (d) is for the purpose of trading of the insurance policy.

7. In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.

Notes: This is only a simplified version of (Assignment or Transfer) for general information purpose only. For full texts of this section please refer to Section 38 of Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

7. Grievances

We have developed proper procedures and effective mechanism to address Your complaints. We are committed to comply with the Regulations, standards which have been set forth in the Regulations, Circulars issued by the Authority (IRDAI) from time to time in this regard.

(a) If You / Insured Person has a grievance that You / Insured Person wishes Us to redress, You / Insured Person may contact Us with the details of the grievance through:

Website: www.religarehealthinsurance.com

Email: customerfirst@religarehealthinsurance.com

Contact No.: 1800-102-4488, 1860-500-4488

Courier: Any of Our Branch Office or corporate office

You / Insured person may also approach the grievance cell at any of Our branches with the details of Your grievance during Our working hours from Monday to Friday.

Exclusively for Senior Citizens, We have a separate extension on the Customer Service Toll Free Number. This separate customer service channel prioritizes and routes any kind of request / grievance raised by Senior Citizens through various fast track internal escalations leading to lesser Turn-Around-Time (TAT) for request / grievance addressal

(b) If You / Insured person is not satisfied with Our redressal of the Your / Insured person’s grievance through one of the above methods, You / Insured person may contact Our Head of Customer Service at:

Head – Customer Services,
Religare Health Insurance Company Limited,
Unit No. 604 – 607, 6th Floor, Tower C,
Unitech Cyber Park, Sector-39,
Gurugram-122001 (Haryana)

You / Insured person may approach the nearest Insurance Ombudsman for resolution of the grievance. Details of Insurance Ombudsman offices are available at IRDAI website: www.india.org, or on the Company’s website at www.religarehealthinsurance.com

8. Schedule of Discounts / Loading

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Description</th>
<th>Parameters</th>
<th>Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Fixed 2.5% discount on premium of additional member(s) covered in the same policy having Sum Insured on Individual basis.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Discount for multi-year policies (on single premium)</td>
<td>Tenure</td>
<td>Discount</td>
</tr>
<tr>
<td>2 year rate = Annual Rate x 2 x (1 - Discount applicable)</td>
<td>2 Year</td>
<td>7.50%</td>
<td></td>
</tr>
<tr>
<td>3 year rate = Annual Rate x 3 x (1 - Discount applicable)</td>
<td>3 Year</td>
<td>10.00%</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Discount for Employees and / or their dependents of:</td>
<td>RHICL</td>
<td>15.00%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>RHICL Promoters</td>
<td></td>
</tr>
</tbody>
</table>

Notes: Any other discount offered, other than mentioned above, is due to product features (e.g. offering deductible under Optional Benefit – 1 and Co-payment under Optional Benefit -2) or pricing related considerations (e.g. adding additional Insured Person). They are adequately explained in the premium rates annexed hereto with the prospectus.

- All discounts mentioned in the Schedule above, are multiplicative in nature, subject to aggregate maximum discount (which will not exceed 25% of the Premium)
## Plan Details

### Plan Name
- Critical Mediclaim
- Cancer Mediclaim
- Heart Mediclaim
- Operation Mediclaim

<table>
<thead>
<tr>
<th>Sum Insured (SI)</th>
<th>Critical Mediclaim</th>
<th>Cancer Mediclaim</th>
<th>Heart Mediclaim</th>
<th>Operation Mediclaim</th>
</tr>
</thead>
</table>

### Covered Conditions
- Illnesses/Diseases/Surgeries:
  - Critical Illnesses (Please refer Appendix-III)
  - Cancer
  - Heart related Critical Illnesses (Please refer Appendix-III)
  - All Surgeries

### Age of Proposer (Adult)
- 18 years or above

### Entry Age - Minimum
- Child: 91 days to 4 years with at least 1 member of age 18 years or above is covered; or; 5 years on Individual basis
- Adult: 18 years and above

### Entry Age - Maximum
- Lifelong

### Exit Age
- No exit age

### Cover Type (on individual basis)
- Maximum up to 6 Persons

### Pre-policy Issuance/ Medical Check-up
- Yes, as per Appendix- I
- No Medicals required as NCB

### Tenure
- 1/2/3 Years

### Premium Payment Mode
- Single/Monthly/Quarterly

### Benefits
- **Hospitalization Expenses**
  - In-Patient Care: Up to SI
  - Day Care Treatment: Up to SI

- **Pre-Hospitalization Medical Expenses**
  - Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days: Maximum up to SI
  - Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days: Maximum up to SI

- **Chemotherapy and Radiotherapy Cover**
  - Up to SI

- **Dialysis Cover**
  - Up to SI

- **Ambulance Cover**
  - Up to Rs 3000 per hospitalization

- **Organ Donor Cover**
  - Up to 15 L whichever is lower

- **Alternative Treatments**
  - Up to 25% of SI

- **Second Opinion**
  - Once per Covered Condition per policy year

- **Annual Health Check-up**
  - Annual from 2nd Policy Year on Continuous Coverage

- **No Claims Bonus (NCB)**
  - 50%/25%/25%-Corresponding increase in SI for 1st, 2nd and 3rd continuous claim-free Policy Years respectively, Max up to 100% of SI (50%/25%/25%-Corresponding decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)

### Health Services
- **Quick Recovery Counseling**
  - Up to Rs 1000 Per Session, Maximum 8 Sessions Post Hospitalization in a Policy year (can be availed twice in a month)

- **Doctor on Call**
  - Yes (Telephonic/Online Mode)

- **Health Portal**
  - Value added Services through Company's Website

- **Global Coverage**
  - Coverage outside India - 45 continuous days in a single trip, Max. 90 days on a cumulative basis, in a Policy Year.

### OPD Expenses
- Up to 1% of SI Max up to Rs 25,000

### Plan Name: SUPER MEDICLAIM - UIN: RHIHLIP18033V011819
<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Critical Mediclaim</th>
<th>Cancer Mediclaim</th>
<th>Heart Mediclaim</th>
<th>Operation Mediclaim</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optional Benefits</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Deductible Option– on an</td>
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<tr>
<td>aggregate basis per Policy</td>
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<tr>
<td>Year (in Rs.)</td>
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<tr>
<td>Co-Payment Option</td>
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<tr>
<td>20 % per claim, for all</td>
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<tr>
<td>customers whose entry age is</td>
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<tr>
<td>60 years and below (Mandatory</td>
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<tr>
<td>for customers whose entry</td>
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<tr>
<td>age is 61 years and above,</td>
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<tr>
<td>please refer to point 5 of</td>
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<tr>
<td>the notes for details)</td>
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<tr>
<td>Unlimited Automatic Recharge</td>
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<tr>
<td>Up to SI available only for</td>
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<tr>
<td>2/3/5/7/10/20/25/50 Lacs SI</td>
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<td>options</td>
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<tr>
<td>International Second Opinion</td>
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<tr>
<td>Once per Covered Condition</td>
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<tr>
<td>per policy year</td>
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<tr>
<td>Room Rent Modification</td>
<td></td>
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<tr>
<td>No sub-limit on Room Rent/</td>
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<tr>
<td>Room Category only if SI&gt;5 L</td>
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<tr>
<td>and Claims Made in India</td>
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<tr>
<td>Additional Sum Insured for</td>
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</tr>
<tr>
<td>Accidental Hospitalization</td>
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</tr>
<tr>
<td>100% of SI, if an insured is</td>
<td></td>
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</tr>
<tr>
<td>admitted under In-patient</td>
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</tr>
<tr>
<td>Care due to an accident</td>
<td></td>
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<tr>
<td>Air Ambulance Cover</td>
<td></td>
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</tr>
<tr>
<td>Up to Rs 5 Lakhs</td>
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<tr>
<td>Reduction in PED Wait Period</td>
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<tr>
<td>Option to reduce the Wait</td>
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</tr>
<tr>
<td>Period from 48 to 24 Months</td>
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</tr>
<tr>
<td>Sub-limits</td>
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</tr>
<tr>
<td>Room Rent/Room Category</td>
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</tr>
<tr>
<td>Up to 1% of SI per day for SI</td>
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</tr>
<tr>
<td>less than 5 Lakhs; Single</td>
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<tr>
<td>Private Room for SI greater</td>
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<tr>
<td>than equal to 5 Lakhs</td>
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</tr>
<tr>
<td>ICU Charges</td>
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<td></td>
</tr>
<tr>
<td>Up to 2% of SI per day for SI</td>
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<tr>
<td>less than 5 Lakhs and No</td>
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</tr>
<tr>
<td>Sub-limit for SI greater</td>
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<tr>
<td>than equal to 5 Lakhs</td>
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</tr>
<tr>
<td>Wait Period</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Initial Waiting Period</td>
<td></td>
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</tr>
<tr>
<td>90 Days</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Specific Waiting Period</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Available</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-existing Disease</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>48 months</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Appendix - I (Pre-policy Issuance Medical Check-up)

### Critical Mediclaim

<table>
<thead>
<tr>
<th>Age/ Sum Insured</th>
<th>Upto 10 Lakhs</th>
<th>10 L - 25L</th>
<th>50 L - 1 Cr</th>
<th>2 Cr - 6 Cr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upto 50 Yrs</td>
<td>-</td>
<td>Tele UW</td>
<td>Tele UW</td>
<td>M+R+Tele UW</td>
</tr>
<tr>
<td>51-55 years</td>
<td>PPC 4</td>
<td>PPC 6</td>
<td>PPC 6</td>
<td>PPC 7</td>
</tr>
<tr>
<td>56 years and above</td>
<td>PPC 4</td>
<td>PPC 6</td>
<td>PPC 6</td>
<td>PPC 7</td>
</tr>
</tbody>
</table>

### Cancer Mediclaim

<table>
<thead>
<tr>
<th>Age/ Sum Insured</th>
<th>Upto 10 Lakhs</th>
<th>10 L - 25L</th>
<th>50 L</th>
<th>1 Cr - 6 Cr</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-50 years</td>
<td>Tele UW</td>
<td>Tele UW</td>
<td>Tele UW</td>
<td>Tele UW</td>
</tr>
<tr>
<td>51-60 years</td>
<td>Tele UW</td>
<td>Tele UW</td>
<td>Tele UW</td>
<td>Tele UW</td>
</tr>
<tr>
<td>&gt;60 years</td>
<td>Tele UW</td>
<td>Tele UW</td>
<td>Tele UW</td>
<td>Tele UW</td>
</tr>
</tbody>
</table>

### Heart Mediclaim

<table>
<thead>
<tr>
<th>Age/ Sum Insured</th>
<th>Upto 10 Lakhs</th>
<th>10 L - 25L</th>
<th>50 L</th>
<th>1 Cr - 6 Cr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upto 50 years</td>
<td>-</td>
<td>Tele UW</td>
<td>Tele UW</td>
<td>Tele UW</td>
</tr>
<tr>
<td>51 and 60 years</td>
<td>PPC 1</td>
<td>PPC 1</td>
<td>PPC 1</td>
<td>PPC 5</td>
</tr>
<tr>
<td>60 years and above</td>
<td>PPC 2</td>
<td>PPC 2</td>
<td>PPC 3</td>
<td>PPC 5</td>
</tr>
</tbody>
</table>

### Operation Mediclaim

<table>
<thead>
<tr>
<th>Age/ Sum Insured</th>
<th>Upto 10 Lakhs</th>
<th>10 L - 25L</th>
<th>50 L - 1 Cr</th>
<th>2 Cr - 6 Cr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upto 50 Yrs</td>
<td>-</td>
<td>Tele UW</td>
<td>Tele UW</td>
<td>M+R+Tele UW</td>
</tr>
<tr>
<td>51-55 years</td>
<td>PPC 4</td>
<td>PPC 6</td>
<td>PPC 6</td>
<td>PPC 7</td>
</tr>
<tr>
<td>56 years and above</td>
<td>PPC 4</td>
<td>PPC 6</td>
<td>PPC 6</td>
<td>PPC 7</td>
</tr>
</tbody>
</table>

Note: The above mentioned grid may be modified/ waived after due approval by Head underwriter.
### Appendix - II - Basis of treatment of Optional Covers

<table>
<thead>
<tr>
<th>Optional Covers</th>
<th>Pay-out Basis</th>
<th>Sum Insured and Impact on Basic / Medical Sum Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Deductible Option</td>
<td>Indemnity</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>2. Co-payment Option</td>
<td>Indemnity</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>3. Unlimited Automatic Recharge</td>
<td>Indemnity</td>
<td>SI as per the Original Basic / Medical SI is recharged Unlimited times</td>
</tr>
<tr>
<td>4. International Second Opinion</td>
<td>Benefit</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>5. Room Rent Modification</td>
<td>Indemnity</td>
<td>No limit on Room Rent</td>
</tr>
<tr>
<td>6. Additional Sum Insured for Accidental Hospitalization</td>
<td>Indemnity</td>
<td>Additional SI as per the Original Basic / Medical SI; For Critical Illness / Surgery due to accidents, Basic / Medical SI to exhaust first</td>
</tr>
<tr>
<td>7. Air Ambulance Cover</td>
<td>Indemnity</td>
<td>Separate SI - claim doesn’t impact the Basic / Medical SI</td>
</tr>
<tr>
<td>8. Reduction of PED Wait Period</td>
<td>Indemnity</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

### Appendix - III - List of Critical Illness(s) and Surgeries

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Critical Illness</th>
<th>Cancer Illness</th>
<th>Heart Illness</th>
<th>Operation Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cancer</td>
<td></td>
<td></td>
<td>Pulmonary Thromboembolism</td>
</tr>
<tr>
<td>2</td>
<td>End Stage Renal Failure</td>
<td></td>
<td></td>
<td>Primary (idiopathic) Pulmonary</td>
</tr>
<tr>
<td>3</td>
<td>Multiple Sclerosis</td>
<td></td>
<td></td>
<td>Infective Endocarditis</td>
</tr>
<tr>
<td>4</td>
<td>Benign Brain Tumor</td>
<td></td>
<td></td>
<td>Heart Valve Replacement / repair</td>
</tr>
<tr>
<td>5</td>
<td>Parkinson’s Disease</td>
<td></td>
<td></td>
<td>Surgery of Aorta</td>
</tr>
<tr>
<td>6</td>
<td>Alzheimer’s Disease</td>
<td></td>
<td></td>
<td>Cardiomyopathy</td>
</tr>
<tr>
<td>7</td>
<td>End Stage Liver Disease</td>
<td></td>
<td></td>
<td>Surgery for cardiac arrhythmia</td>
</tr>
<tr>
<td>8</td>
<td>Motor Neuron Disorder</td>
<td></td>
<td></td>
<td>Angioplasty</td>
</tr>
<tr>
<td>9</td>
<td>End Stage Lung Disease</td>
<td></td>
<td></td>
<td>Balloon Valvotomy / Valvuloplasty</td>
</tr>
<tr>
<td>10</td>
<td>Bacterial Meningitis</td>
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<td></td>
<td>Carotid Artery Surgery</td>
</tr>
<tr>
<td>11</td>
<td>Aplastic Anaemia</td>
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<td></td>
<td>Coronary Artery Bypass Graft</td>
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<tr>
<td>12</td>
<td>Pulmonary Thromboembolism</td>
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<td></td>
<td>Pericardectomy</td>
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<tr>
<td>13</td>
<td>Primary (idiopathic) Pulmonary Hypertension</td>
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<td></td>
<td>Surgery to place Ventricular Assist Devices or Total Artificial Hearts</td>
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<tr>
<td>14</td>
<td>Infective Endocarditis</td>
<td></td>
<td></td>
<td>Myocardial Infarction</td>
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<tr>
<td>15</td>
<td>Major Organ Transplant</td>
<td></td>
<td></td>
<td>Implantation of Pacemaker of Heart</td>
</tr>
<tr>
<td>16</td>
<td>Heart Valve Replacement / repair</td>
<td>Cancer</td>
<td></td>
<td>Implantable Cardioverter Defibrillator</td>
</tr>
<tr>
<td>17</td>
<td>Surgery of Aorta</td>
<td></td>
<td></td>
<td>All Surgeries</td>
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<tr>
<td>18</td>
<td>Cardiomyopathy</td>
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<td>19</td>
<td>Surgery for cardiac arrhythmia</td>
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<td>20</td>
<td>Angioplasty</td>
<td></td>
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<td>21</td>
<td>Balloon Valvotomy / Valvuloplasty</td>
<td></td>
<td></td>
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<tr>
<td>22</td>
<td>Carotid Artery Surgery</td>
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<td>23</td>
<td>Coronary Artery Bypass Graft</td>
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<td>24</td>
<td>Pericardectomy</td>
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<td></td>
</tr>
<tr>
<td>25</td>
<td>Surgery to place Ventricular Assist Devices or Total Artificial Hearts</td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>26</td>
<td>Stroke</td>
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<td>27</td>
<td>Paralysis</td>
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<td></td>
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<td>28</td>
<td>Myocardial Infarction</td>
<td></td>
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</tr>
<tr>
<td>29</td>
<td>Implantation of Pacemaker of Heart</td>
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<td></td>
</tr>
<tr>
<td>30</td>
<td>Implantable Cardioverter Defibrillator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Major Burns</td>
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<tr>
<td>32</td>
<td>Blindness</td>
<td></td>
<td></td>
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</tbody>
</table>

**Notes:**

1. All the Sum Insured mentioned are on a Policy Year basis.
2. If the Insured Person suffers a relapse within 45 days from the date of last discharge / consultation from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits of Per Claim Limit under this Policy shall be applied as if they were under a single Claim.
## Annexure I - List of Day Care Surgeries

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Related Procedures*</th>
<th>Heart Mediclaim</th>
<th>Operation Mediclaim</th>
<th>Critical Mediclaim</th>
<th>Cancer Mediclaim</th>
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<tbody>
<tr>
<td>1.</td>
<td>Cardiology</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>2.</td>
<td>Critical Care Related</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3.</td>
<td>Dental Related(Except FNAC)</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>4.</td>
<td>FNAC</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>5.</td>
<td>ENT Related</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>6.</td>
<td>Gastroenterology</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>7.</td>
<td>General Surgery Related</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>8.</td>
<td>Gynecology</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>9.</td>
<td>Neurology</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>10.</td>
<td>Oncology</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>11.</td>
<td>Operations on the Salivary glands and Salivary ducts</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>12.</td>
<td>Operations on the skin &amp; Subcutaneous tissues</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>13.</td>
<td>Operations on tongue</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>14.</td>
<td>Ophthalmology related except Cataract</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>15.</td>
<td>Cataract</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>16.</td>
<td>Orthopedic related</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>17.</td>
<td>Other operations of mouth and face</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>18.</td>
<td>Pediatric surgery related</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>19.</td>
<td>Plastic Surgery related</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>20.</td>
<td>Thoracic Surgery related</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>21.</td>
<td>Urology except Hemodialysis</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>22.</td>
<td>Hemodialysis</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

* Please refer below for details of Procedures Covered
1. **Cardiology Related:**
   1. CORONARY ANGIOGRAPHY

2. **Critical Care Related:**
   2. INSERT NON-TUNNEL CV CATH
   3. INSERT PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)
   4. REPLACE PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)
   5. INSERTION CATHETER, INTRA ANTERIOR
   6. INSERTION OF PORTACATH

3. **Dental Related:**
   7. SPLINTING OF AVULSED TEETH
   8. SUTURING LACERATED LIP
   9. SUTURING ORAL MUCOSA
   10. ORAL BIOPSY IN CASE OF ABNORMAL TISSUE PRESENTATION
   11. FNAC
   12. SMEAR FROM ORAL CAVITY

4. **ENT Related:**
   13. MYRINGOTOMY WITH GROMMET INSERTION
   14. TYPANOPLASTY (CLOSURE OF AN EAR DRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES)
   15. REMOVAL OF A TYPANIC DRAIN
   16. KERATOSIS REMOVAL UNDER GA
   17. OPERATIONS ON THE TURBINATES (NASAL CONCHA)
   18. TYPANOPLASTY (CLOSURE OF AN EAR DRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES)
   19. REMOVAL OF KERATOSIS OBTURANS
   20. STAPEDOTOMY TO TREAT VARIOUS LESIONS IN MIDDLE EAR
   21. REVISION OF A STAPEDECTOMY
   22. OTHER OPERATIONS ON THE AUDITORY OSSICLES
   23. MYRINGOPLASTY (POST-AURA/ENDOURAL APPROACH AS WELL AS SIMPLE TYPE-I TYPANOPLASTY)
   24. FENESTRATION OF THE INNER EAR
   25. REVISION OF A FENESTRATION OF THE INNER EAR
   26. PALATOPLASTY
   27. TRANSORAL INCISION AND DRAINAGE OF A PHARYNGEAL ABSCESS
   28. TONSILLECTOMY WITHOUT ADENOIDECTOMY
   29. TONSILLECTOMY WITH ADENOIDECTOMY
   30. EXCISION AND DESTRUCTION OF A LINGUAL TONSIL
   31. REVISION OF A TYPANOPLASTY
   32. OTHER MICROSURGICAL OPERATIONS ON THE MIDDLE EAR
   33. INCISION OF THE MASTOID PROCESS AND MIDDLE EAR
   34. MASTOIDECTOMY
   35. RECONSTRUCTION OF THE MIDDLE EAR
   36. OTHER EXCISIONS OF THE MIDDLE AND INNER EAR
   37. INCISION (OPENING) AND DESTRUCTION (ELIMINATION) OF THE INNER EAR
   38. OTHER OPERATIONS ON THE MIDDLE AND INNER EAR
   39. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE NOSE
   40. OTHER OPERATIONS ON THE NOSE
   41. NASAL SINUS ASPIRATION
   42. FOREIGN BODY REMOVAL FROM NOSE
   43. OTHER OPERATIONS ON THE TONSILS AND ADENOIDS
   44. ADENOIDECTOMY
   45. LABYRINTHECTOMY FOR SEVERE VERTIGO
   46. STAPEDECTOMY UNDER GA
   47. STAPEDECTOMY UNDER LA
   48. TYPANOPLASTY (TYPE IV)
   49. ENDOLYMPHATIC SAC SURGERY FOR MENIERE’S DISEASE
   50. TURBINECTOMY
   51. ENDOSCOPIC STAPEDECTOMY
   52. INCISION AND DRAINAGE OF PERICHONDritis
   53. SEPTOPLASTY
   54. VESTIBULAR NERVE SECTION
   55. THYROPLASTY TYPE I
   56. PSEUDOCYST OF THE PINNA - EXCISION
   57. INCISION AND DRAINAGE - HAEMATOMA AURICLE
   58. TYPANOPLASTY (TYPE II)
   59. REDUCTION OF FRACTURE OF NASAL BONE
   60. THYROPLASTY TYPE II
   61. TRACHEOPLASTY
   62. EXCISION OF ANGIOMA SEPTUM
   63. TURBINECTOMY
   64. INCISION & DRAINAGE OF RETRO PHARYNGEAL ABSCESS
   65. UVULO PALATO PHARYNGO PLASTY
   66. ADENOIDECTOMY WITH GROMMET INSERTION
   67. ADENOIDECTOMY WITHOUT GROMMET INSERTION
   68. VOCAL CORD LATERALISATION PROCEDURE
   69. INCISION & DRAINAGE OF PARA PHARYNGEAL ABSCESS
   70. TRACHEOPLASTY

5. **Gastroenterology Related:**
   71. CHOLECYSTECTOMY AND CHOLEDOCHO-JEJUNOSTOMY/DUODENOSTOMY/GASTROSTOMY/EXPLORATION COMMON BILE DUCT
   72. ESOPHAGOSCOPY, GASTROSCOPY, DUODENOSCOPY WITH POLYPECTOMY/REMOVAL OF FOREIGN BODY/DIATHERMY OF BLEEDING LESIONS
   73. PANCREATIC PSEUDOCYST EUS & DRAINAGE
   74. RS ABLATION FOR BARRETT’S OESOPHAGUS
   75. ERCP AND PAPILLOTOMY
   76. ESOPHAGOSCOPE AND SCLEROSANT INJECTION
   77. EUS + SUBMUCOSAL RESECTION
   78. CONSTRUCTION OF GASTROSTOMY TUBE
   79. EUS + ASPIRATION Pancreatic CYST
   80. SMALL BOWEL ENDOSCOPY (THERAPEUTIC)
   81. COLONOSCOPY, LESION REMOVAL
   82. ERCP
   83. COLONOSCOPY STENTING OF STRICTURE
   84. PERCUTANEOUS ENDOSCOPIC GASTROSTOMY
   85. EUS AND PANCREATIC PSEUDO CYST DRAINAGE
   86. ERCP AND CHOLEDOCHOSCOPY
   87. PROCTOSIGMOIDOSCOPY VOLVULUS DETORSION
   88. ERCP AND SPHINCTEROTOMY
   89. ESOPHAGEAL STENT PLACEMENT
   90. EUS + COELIAC NODE BIOPSY
   91. SIGMOIDOSCOPY W/STENT
   92. EUS + COELIAC NODE BIOPSY
   93. UGI SCOPY AND INJECTION OF ADRENALINE, SCLEROSANTS
BLEEDING ULCERS

6. General Surgery Related:

94. Incision of a Pilonidal Sinus / Abscess
95. Fissure In and Sphincterotomy
96. Surgical treatment of a Varicocele and a Hydrocele of the Spermatic Cord
97. Orchidopexy
98. Abdominal Exploration in Cryptorchidism
99. Surgical treatment of a Varicocele and a Hydrocele of the Spermatic Cord
100. Incision of the Anal Sphincter (Sphincterotomy)
101. Epididymectomy
102. Incision of the Breast Abscess
103. Operations on the Nipple
104. Excision of single Breast Lump
105. Incision and Excision of Tissue in the Perianal Region
106. Surgical treatment of Haemorrhoids
107. Other Operations on the Anus
108. Ultrasound Guided Aspirations
109. Sclerotherapy, etc.
110. Laparotomy for grading lymphoma with splenectomy/liver/lymph node biopsy
111. Therapeutic Laparoscopy with Laser
112. Appendicectomy with/without Drainage
113. Infected Keloid Excision
114. Axillary Lymphadenectomy
115. Wound Debridement and Cover
116. Abscess Decompression
117. Cervical Lymphadenectomy
118. Infected Sebaceous Cyst
119. Inguinal Lymphadenectomy
120. Incision and Drainage of Abscess
121. Suturing of Lacerations
122. Scalp Suturing
123. Infected Lipoma Excision
124. Maximal Anal Dilatation
125. Piles
126. A) Injection Sclerotherapy
127. B) Piles Banding
128. Liver Abscess - Catheter Drainage
129. Fissure in Ano - Fissurectomy
130. Fibroadenoma Breast Excision
131. Oesophageal Varices Sclerotherapy
132. ERCP - Pancreatic Duct Stone Removal
133. Perianal Abscess & D
134. Perianal Hematoma Evacuation
135. Uroscopy and Polypectomy Oesophagus
136. Breast Abscess & D
137. Feeding Gastrostomy
138. Oesophagoscopy and Biopsy of Growth Oesophagus
139. ERCP - Bile Duct Stone Removal
140. Ileostomy Closure
141. Colonoscopy
142. Polypectomy Colon

143. Splenic Abscesses Laparoscopic Drainage
144. UGI Scopy and Polyectomy Stomach
145. Rigid Oesophagoscopy for FB Removal
146. Feeding Jejunostomy
147. Colostomy
148. ileostomy
149. Colostomy Closure
150. Submandibular Salivary Duct Stone Removal
151. Pneumatic Reduction of Intussusception
152. Varicose Veins Legs - Injection Sclerotherapy
153. Rigid Oesophagoscopy for Plummer Vinson Syndrome
154. Pancreatic pseudocysts Endoscopic Drainage
155. Zadek’s Nail Bed Excision
156. Subcutaneous Mastectomy
157. Excision of Ranula Under GA
158. Rigid Oesophagoscopy for dilation of benign strictures
159. Eversion of Sac
160. Unilateral
161. Iliac
162. Lord’s Plication
163. Jaboulay’s Procedure
164. Scrotoplasty
165. Circumcision for Trauma
166. MeatoPlasty
167. Intersphincteric Abscess Incision and Drainage
168. PsOAS Abscess Incision and Drainage
169. Thyroid Abscess Incision and Drainage
170. TIPS Procedure for Portal Hypertension
171. ESOPHAGEAL GROWTH STENT
172. Pair Procedure of Hydatid Cyst Liver
173. Tru Cut Liver Biopsy
174. Photodynamic Therapy or Esophageal Tumour and Lung Tumour
175. Excision of Cervical Rib
176. Laparoscopic Reduction of Intussusception
177. Microdochectomy Breast
178. Surgery for Fracture Penis
179. Sentinel Node Biopsy
180. Parastomal Hernia
181. Revision Colostomy
182. ProLapsed Colostomy - Correction
183. Testicular Biopsy
184. Laparoscopic Cardiomyotomy (Hollers)
185. Sentinel Node Biopsy Malignant Melanoma
186. Laparoscopic pyloromyotomy (Ramstedt)

7. Gynecology Related:

187. Operations on Bartholin’s Glands (Cyst)
188. Incision of the Ovary
189. Insufflations of the Fallopian Tubes
190. Other Operations on the Fallopian Tube
191. Dilatation of the Cervical Canal
192. Conisation of the Uterine Cervix
193. THERAPEUTIC CURETTAGE WITH COLPOSCOPY / BIOPSY / DIATHERMY / CRYOSURGERY
194. LASER THERAPY OF CERVIX FOR VARIOUS LESIONS OF UTERUS
195. OTHER OPERATIONS ON THE UTERINE CERVIX
196. INCISION OF THE UTERUS (HYSTERECTOMY)
197. LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE VAGINA AND THE POUCH OF DOUGLAS
198. INCISION OF VAGINA
199. INCISION OF VULVA
200. CULDOTOMY
201. SALPINGO-OOPHORECTOMY VIA LAPAROTOMY
202. ENDOSCOPIC POLYPECTOMY
203. HYSTEROSCOPIC REMOVAL OF MYOMA
204. D&C
205. HYSTEROSCOPIC RESECTION OF SEPTUM
206. THERMAL CAUTERISATION OF CERVIX
207. MIRENA INSERTION
208. HYSTEROSCOPIC ADHESIONYSIS
209. LEPP
210. CYROCAUTERISATION OF CERVIX
211. POLYPECTOMY ENDOMETRIUM
212. HYSTEROSCOPIC RESECTION OF FIBROID
213. LLETZ
214. CONIZATION
215. POLYPECTOMY CERVIX
216. HYSTEROSCOPIC RESECTION OF ENDOMETRIAL POLYP
217. VULVAL WART EXCISION
218. LAPAROSCOPIC PARAOVARIAN CYST EXCISION
219. UTERINE ARTERY EMBOLIZATION
220. LAPAROSCOPIC CYSTECTOMY
221. HYMENECTOMY( IMPERFORATE HYMEN)
222. ENDOMETRIAL ABLATION
223. VAGINAL WALL CYST EXCISION
224. VULVAL CYST EXCISION
225. LAPAROSCOPIC PARAUTERAL CYST EXCISION
226. REPAIR OF VAGINA (VAGINAL ATRESIA)
227. HYSTEROSCOPY, REMOVAL OF MYOMA
228. TURBT
229. URETEROCELE REPAIR - CONGENITAL INTERNAL
230. VAGINAL MESH FOR POP
231. LAPAROSCOPIC MYOMECTOMY
232. SURGERY FOR SUI
233. REPAIR RECTO- VAGINA FISTULA
234. PELVIC FLOOR REPAIR( EXCLUDING FISTULA REPAIR)
235. URS + LL
236. LAPAROSCOPIC OOPHORECTOMY
237. NORMAL VAGINAL DELIVERY AND VARIANTS

9. Oncology Related:
252. RADIOTHERAPY FOR CANCER
253. CANCER CHEMOTHERAPY
254. IV PUMP CHEMOTHERAPY
255. HBI-HEMIBODY RADIOTHERAPY
256. INFUSIONAL TARGETED THERAPY
257. SRT-STEREOTACTIC ARC THERAPY
258. SC ADMINISTRATION OF GROWTH FACTORS
259. CONTINUOUS INFUSIONAL CHEMOTHERAPY
260. INFUSIONAL CHEMOTHERAPY
261. CCRT-CONCURRENT CHEMO + RT
262. 2D RADIOTHERAPY
263. 3D CONFORMAL RADIOTHERAPY
264. IGRT-IMAGE GUIDED RADIO THERAPY
265. IMRT-STEP & SHOOT
266. INFUSIONAL BISPHOSPHONATES
267. IMRT-DMLC
268. ROTATIONAL ARC THERAPY
269. TELE-GAMMA THERAPY
270. FSRT-FRACTIONATED SRT
271. VMAT-VOLUMETRIC MODULATED ARC THERAPY
272. SBRT-STEREOTACTIC BODY RADIOTHERAPY
273. HELICAL TOMOTHERAPY
274. SRS-STEREOTACTIC RADIOTHERAPY
275. X-KNIFE SRS
276. GAMMAKNIFE SRS
277. TBI-TOTAL BODY RADIOTHERAPY
278. INTRALUMINAL BRACHYTHERAPY
279. ELECTRON THERAPY
280. TSET-TOTAL ELECTRON SKIN THERAPY
281. EXTRACorporeal RADIOTHERAPY OF BLOOD PRODUCTS
282. TELECOBALT THERAPY
283. TELECESUM THERAPY
284. EXTERNAL MOULD BRACHYTHERAPY
285. INTERSTITIAL BRACHYTHERAPY
286. INTRACAVITY BRACHYTHERAPY
287. 3D BRACHYTHERAPY
288. IMPLANT BRACHYTHERAPY
289. INTRAVESICAL BRACHYTHERAPY
290. ADJUVANT RADIOTHERAPY
291. AFTERLOADING CATHETER BRACHYTHERAPY
292. CONDITIONING RADIOTHERAPY FOR BMT
293. EXTRACorporeal RADIOTHERAPY TO THE HOMOLOGOUS BONE GRAFTS

8. Neurology Related:
238. FACIAL NERVE PHYSIOTHERAPY
239. NERVE BIOPSY
240. MUSCLE BIOPSY
241. EPIDURAL STEROID INJECTION
242. GLYCEROL RHIZOTOMY
243. SPINAL CORD STIMULATION
244. MOTOR CORTEX STIMULATION
245. STEREOTACTIC RADIOTHERAPY
246. PERCUTANEOUS CORDOTOMY
247. INTRATHecal BACLOFEN THERAPY
248. ENTRAPMENT NEUROPATHY RELEASE
249. DIAGNOSTIC CEREBRAL ANGIOGRAPHY
250. VP SHUNT
251. VENTRICULOCRANIAL SHUNT

SUPER MEDICLAIM - UIN: RHILIP18033V011819
294. RADICAL CHEMOTHERAPY
295. NEOADJUVANT RADIOThERAPY
296. LDR BRACHYTHERAPY
297. PALLIATIVE RADIOThERAPY
298. RADICAL BRACHYTHERAPY
299. PALLIATIVE CHEMOTHERAPY
300. TEMPLATE BRACHYTHERAPY
301. NEOADJUVANT CHEMOTHERAPY
302. ADJUVANT CHEMOTHERAPY
303. INDUCTION CHEMOTHERAPY
304. CONSOLIDATION CHEMOTHERAPY
305. MAINTENANCE CHEMOTHERAPY
306. HDR BRACHYTHERAPY

10. Operations on the salivary glands & salivary ducts:
307. INCISION AND LANCING OF A SALIVARY GLAND AND A SALIVARY DUCT
308. EXCISION OF DISEASED TISSUE OF A SALIVARY GLAND AND A SALIVARY DUCT
309. RESECTION OF A SALIVARY GLAND
310. RECONSTRUCTION OF A SALIVARY GLAND AND A SALIVARY DUCT
311. OTHER OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS

11. Operations on the skin & subcutaneous tissues:
312. OTHER INCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
313. SURGICAL WOUND TOILET (WOUND DEBRIDE)MENT AND REMOVAL OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
314. LOCAL EXCISION OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
315. OTHER EXCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
316. SIMPLE RESTORATION OF SURFACE CONTINUITY OF THE SKIN AND SUBCUTANEOUS TISSUES
317. FREE SKIN TRANSPLANTATION, DONOR SITE
318. FREE SKIN TRANSPLANTATION, RECIPIENT SITE
319. REVISION OF SKIN PLASTY
320. OTHER RESTORATION AND RECONSTRUCTION OF THE SKIN AND SUBCUTANEOUS TISSUES.
321. CHEMOSURGERY TO THE SKIN.
322. DESTRUCTION OF DISEASED TISSUE IN THE SKIN AND SUBCUTANEOUS TISSUES
323. RECONSTRUCTION OF DEFORMITY/DEFECT IN NAIL BED
324. EXCISION OF BURSITIS
325. TENNIS ELBOW RELEASE

12. Operations on the Tongue:
326. INCISION, EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TONGUE
327. PARTIAL GLOSSECTOMY
328. GLOSSECTOMY
329. RECONSTRUCTION OF THE TONGUE
330. OTHER OPERATIONS ON THE TONGUE

13. Ophthalmology Related:
331. SURGERY FOR CATARACT
332. INCISION OF TEAR GLANDS
333. OTHER OPERATIONS ON THE TEAR DUCTS
334. INCISION OF DISEASED EYELIDS
335. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE EYELID
336. OPERATIONS ON THE CANTHUS AND EPICANThUS
337. CORRECTIVE SURGERY FOR ENTROPION AND ECTROPION
338. CORRECTIVE SURGERY FOR BLEPHAROPISTOSIS
339. REMOVAL OF A FOREIGN BODY FROM THE CONJUNCTIVA
340. REMOVAL OF A FOREIGN BODY FROM THE CORNEA
341. INCISION OF THE CORNEA
342. OPERATIONS FOR PTERYGIUM
343. OTHER OPERATIONS ON THE CORNEA
344. REMOVAL OF A FOREIGN BODY FROM THE LENS OF THE EYE
345. REMOVAL OF A FOREIGN BODY FROM THE POSTERIOR CHAMBER OF THE EYE
346. REMOVAL OF A FOREIGN BODY FROM THE ORBIT AND EYEBALL
347. CORRECTION OF EYELID PTOSIS BY LEVATOR PALPEBRAE SUPERIORIS RESECTION (BILATERAL)
348. CORRECTION OF EYELID PTOSIS BY FASCIA LATA GRAFT (BILATERAL)
349. DIATHERMY/CRYOTHERAPY TO TREAT RETINAL TEAR
350. ANTERIOR CHAMBER PARACENTESIS / CYCLODIAThERMY / CYCLOCRYOTHERAPY / GONIOTOMY / TRABECULOTOMY AND FILTERING AND ALLIED OPERATIONS TO TREAT GLAUCOMA
351. ENucleATION OF EYE WITHOUT IMPLANT
352. DACRYOCYSTORHINOSTOMY FOR VARIOUS LESIONS OF LACRIMAL GLAND
353. LASER PHOTOCOAGULATION TO TREAT RATINAL TEAR
354. BIOPSY OF TEAR GLAND
355. TREATMENT OF RETINAL LESION

14. Orthopedics Related:
356. SURGERY FOR MENISCUS TEAR
357. INCISION ON BONE, SEPTIC AND ASEPTIC
358. CLOSED REDUCTION ON FRACTURE, LUXATION OR EPIHYSEOLYSIS WITH OSTEOSYNTHESES
359. SUTURE AND OTHER OPERATIONS ON TENDONS AND TENDON SHEATH
360. REDUCTION OF DISLOCATION UNDER GA
361. ARTHROSCOPIC KNEE ASPIRATION
362. SURGERY FOR LIGAMENT TEAR
363. SURGERY FOR HYPERARTHRITIS/ PYOARTHRITIS
364. REMOVAL OF FRACTURE PINS/NAILS
365. REMOVAL OF METAL WIRE
366. CLOSED REDUCTION ON FRACTURE, LUXATION
367. REDUCTION OF DISLOCATION UNDER GA
368. EPIHYSEOLYSIS WITH OSTEOSYNTHESES
369. EXCISION OF VARIOUS LESIONS IN COCCYX
370. ARTHROSCOPIC REPAIR OF ACL TEAR KNEE
371. CLOSED REDUCTION OF MINOR FRACTURES
372. ARTHROSCOPIC REPAIR OF PCL TEAR KNEE
373. TENDON SHORTENING
374. ARTHROSCOPIC MENISCECTOMY - KNEE
375. TREATMENT OF CLAVICLE DISLOCATION
376. CARPAL TUNNEL RELEASE
377. ABSCESS KNEE JOINT DRAINAGE
378. HAEMARTHROSIS KNEE- LAVAGE
379. CLOSED REDUCTION OF MINOR DISLOCATION
380. REPAIR OF KNEE CAP TENDON
381. ORIF WITH K WIRE FIXATION - SMALL BONES
382. RELEASE OF MIDFOOT JOINT
383. ORIF WITH PLATING - SMALL LONG BONES
384. IMPLANT REMOVAL MINOR
385. K WIRE REMOVAL
386. POP APPLICATION
387. CLOSED REDUCTION AND EXTERNAL FIXATION
388. ARTHROTOMY HIP JOINT
389. SYME'S AMPUTATION
390. ARTHROPLASTY
391. PARTIAL REMOVAL OF RIB
392. TREATMENT OF SESAMOID BONE FRACTURE
393. SHOULDER ARTHROSCOPY / SURGERY
394. ELBOW ARTHROSCOPY
395. AMPUTATION OF METACARPAL BONE
396. RELEASE OF THUMB CONTRACTURE
397. INCISION OF FOOT FASCIA
398. CALCANEUM SPUR HYDROCORT INJECTION
399. GANGLION WRIST HYALASE INJECTION
400. PARTIAL REMOVAL OF METATARSAL
401. REPAIR / GRAFT OF FOOT TENDON
402. REVISION / REMOVAL OF KNEE CAP
403. AMPUTATION FOLLOW-UP SURGERY
404. EXPLORATION OF ANKLE JOINT
405. REMOVE / GRAFT LEG BONE LESION
406. REPAIR / GRAFT ACHILLES TENDON
407. REMOVE OF TISSUE EXPANDER
408. BIOPSY ELBOW JOINT LINING
409. REMOVAL OF WRIST PROSTHESIS
410. BIOPSY FINGER JOINT LINING
411. TENDON LENGTHENING
412. TREATMENT OF SHOULDER DISLOCATION
413. LENGTHENING OF HAND TENDON
414. REMOVAL OF ELBOW BURSA
415. FIXATION OF KNEE JOINT
416. TREATMENT OF FOOT DISLOCATION
417. SURGERY OF BUNION
418. INTRAARTICULAR STEROID INJECTION
419. TENDON TRANSFER PROCEDURE
420. REMOVAL OF KNEE CAP BURSA
421. TREATMENT OF FRACTURE OF Ulna
422. TREATMENT OF SCAPULA FRACTURE
423. REMOVAL OF TUMOR OF ARM / ELBOW UNDER RAGA
424. REPAIR OF RUPTURED TENDON
425. DECOMPRESS FOREARM SPACE
426. REVISION OF NECK MUSCLE (TORTICOLLIS RELEASE)
427. LENGTHENING OF THIGH TENDONS
428. TREATMENT FRACTURE OF RADIUS & Ulna
429. REPAIR OF KNEE JOINT
15. Other operations on the mouth & face:

430. EXTERNAL INCISION AND DRAINAGE IN THE REGION OF THE MOUTH, JAW AND FACE
431. INCISION OF THE HARD AND SOFT PALATE
432. EXCISION AND DESTRUCTION OF DISEASED HARD AND SOFT PALATE
433. INCISION, EXCISION AND DESTRUCTION IN THE MOUTH
434. OTHER OPERATIONS IN THE MOUTH

16. Pediatric surgery Related:

435. EXCISION OF FISTULA IN ANO
436. EXCISION JUVENILE POLyps RECTUM
437. VAGINOPLASTY
438. DILATATION OF ACCIDENTAL CAUSTIC STRicture OESOPHAGEAL
439. PRESACRAL TERATOMAS EXCISION
440. REMOVAL OF VESICAL STONE
441. EXCISION SIGMOID POLYP
442. STERNOMASTOID TENOTOMY
443. INFANTILE HYPERTROPHIC PYLORIC STENOSIS PYLROYMYOTOMY
444. EXCISION OF SOFT Tissue RHABDOMYOSARCOMA
445. MEDIASTINALLYMPH NODE BIOPSY
446. HIGH ORCHIDECTOMY FOR TESTIS TUMOURS
447. EXCISION OF CERVICAL TERATOMA
448. RECTAL HYMECTOMY
449. RECTAL Prolapse (DELORME'S PROCEDURE)
450. DETORSION OF TORSION TESTIS
451. ELA + BIOPSY MULTIPLE FISTULA IN ANO
452. CYSTIC HYGROMA - INJECTION TREATMENT

17. Plastic Surgery Related:

453. CONSTRUCTION SKIN PEDICLE FLAP
454. GLUTEAL PRESSURE ULCER-EXCISION
455. MUSCLE-SKIN GRAFT, LEG
456. REMOVAL OF BONE FOR GRAFT
457. MUSCLE-SKIN GRAFT DUCT FISTULA
458. REMOVAL CARTILAGE GRAFT
459. MYOCUTANEOUS FLAP
460. FIBRO MYOCUTANEOUS FLAP
461. BREAST RECONSTRUCTION SURGERY AFTER MASTECTOMY
462. SLING OPERATION FOR FACIAL Palsy
463. SPJ, SKIN GRAFTING UNDER RA
464. WOLF SKIN GRAFT
465. PLASTIC SURGERY TO THE FLOOR OF THE MOUTH UNDER GA

18. Thoracic surgery Related:

466. THORACOSCOPY AND LUNG BIOPSY
467. EXCISION OF CERVICAL SYMPATHETIC CHAIN THORACOSCOPIC
468. LASER ABLATION OF BARRETT'S OESOPHAGUS
469. PLEURODESIS
470. THORACOSCOPY AND PLEURAL BIOPSY
471. EBUS + BIOPSY
472. THORACOSCOPY LIGATION THORACIC DUCT
473. THORACOSCOPY ASSISTED EMPYEMA DRAINAGE

19. Urology Related:

474. HAEMODIALYSIS
475. LITHOTRIPSY/NEPHROLITHOTOMY FOR RENAL CALCULUS
476. EXCISION OF RENAL CYST
477. DRAINAGE OF PYONEPHROSIS/PERINEPHRIC ABSCESS
478. INCISION OF THE PROSTATE
479. TRANURETHRAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
480. TRANURETHRAL AND PERCUTANEOUS DESTRUCTION OF PROSTATE TISSUE
481. OPEN SURGICAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
482. RADICAL PROSTATOVESICULECTOMY
483. OTHER EXCISION AND DESTRUCTION OF PROSTATE TISSUE
484. OPERATIONS ON THE SEMINAL VESICLES
485. INCISION AND EXCISION OF PERIPROSTATIC TISSUE
486. OTHER OPERATIONS ON THE PROSTATE
487. INCISION OF THE SCROTUM AND TUNICA VAGINALIS TESTIS
488. OPERATION ON A TESTICULAR HYDROCELE
489. EXCISION AND DESTRUCTION OF DISEASED SCROTAL TISSUE
490. OTHER OPERATIONS ON THE SCROTUM AND TUNICA VAGINALIS TESTIS
491. INCISION OF THE TESTES
492. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TESTES
493. UNILATERAL ORCHIDECTOMY
494. BILATERAL ORCHIDECTOMY
495. SURGICAL REPOSITIONING OF AN ABDOMINAL TESTIS
496. RECONSTRUCTION OF THE TESTIS
497. IMPLANTATION, EXCHANGE AND REMOVAL OF A TESTICULAR PROSTHESIS
498. OTHER OPERATIONS ON THE TESTIS
499. EXCISION IN THE AREA OF THE EPIDIDYMIS
500. OPERATIONS ON THE FORESKIN
501. LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE PENIS
502. AMPUTATION OF THE PENIS
503. OTHER OPERATIONS ON THE PENIS
504. CYSTOSCOPICAL REMOVAL OF STONES
505. CATHETERISATION OF BLADDER
506. LITHOTRIPSY
507. BIOPSY OF TEMPORAL ARTERY FOR VARIOUS LESIONS
508. EXTERNAL ARTERIO-VENOUS SHUNT
509. AV FISTULA - WRIST
510. URSL WITH STENTING
511. URSL WITH LITHOTRIPSY
512. CYSTOSCOPIC LITHOLAPAXY
513. ESWL
514. BLADDER NECK INCISION
515. CYSTOSCOPY & BIOPSY
516. CYSTOSCOPY AND REMOVAL OF POLYP
517. SUPRAPUBIC CYSTOSTOMY
518. PERCUTANEOUS NEPHROSTOMY
519. CYSTOSCOPY AND "SLING" PROCEDURE.
520. TUNA- PROSTATE
521. EXCISION OF URETHRAL DIVERTICULUM
522. REMOVAL OF URETHRAL STONE
523. EXCISION OF URETHRAL PROLAPSE
524. MEGA-URETER RECONSTRUCTION
525. KIDNEY RENOSCOPY AND BIOPSY
526. URETER ENDOSCOPY AND TREATMENT
527. VESICO-URETERIC REFLUX CORRECTION
528. SURGERY FOR PELVICURETERIC JUNCTION OBSTRUCTION
529. ANDERSON-Hynes OPERATION
530. KIDNEY ENDOSCOPY AND BIOPSY
531. PARAPHIMOSIS SURGERY
532. INJURY PREPUCE - CIRCUMCISION
533. FRENULAR TEAR REPAIR
534. MEATOTOMY FOR MEATAL STENOSIS
535. SURGERY FOR FOURNIER'S GANGRENE SCROTUM
536. SURGERY FILARIAL SCROTUM
537. SURGERY FOR WATERING CAN PERINEUM
538. REPAIR OF PENILE TORSION
539. DRAINAGE OF PROSTATE ABSCESS
540. ORCHIECTOMY
541. CYSTOSCOPY AND REMOVAL OF FB

SUPER MEDICLAIM - UIN: RHIHLIP18033V011819
### Annexure II - List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>List of expenses generally excluded (&quot;Non-medical&quot;) in hospital indemnity policy</th>
<th>Sr. No.</th>
<th>List of expenses generally excluded (&quot;Non-medical&quot;) in hospital indemnity policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>TOILETRIES/COSMETICS/PERSONAL COMFORT OR CONVENIENCE ITEMS</strong></td>
<td></td>
<td><strong>TOILETRIES/COSMETICS/PERSONAL COMFORT OR CONVENIENCE ITEMS</strong></td>
</tr>
<tr>
<td>1</td>
<td>Hair removal cream</td>
<td>55</td>
<td>Hand holds</td>
</tr>
<tr>
<td>2</td>
<td>Baby charges (unless specified/indicated)</td>
<td>56</td>
<td>Hansaplast/Adhesive bandages</td>
</tr>
<tr>
<td>3</td>
<td>Baby food</td>
<td>57</td>
<td>Lactogen/Inflant food</td>
</tr>
<tr>
<td>4</td>
<td>Baby utilities charges</td>
<td>58</td>
<td>Sings</td>
</tr>
<tr>
<td>5</td>
<td>Baby set</td>
<td></td>
<td><strong>Items specifically excluded in the policies</strong></td>
</tr>
<tr>
<td>6</td>
<td>Baby bottles</td>
<td>59</td>
<td>Weight control programs/supplies/services</td>
</tr>
<tr>
<td>7</td>
<td>Brush</td>
<td>60</td>
<td>Cost of spectacles/contact lenses/hearing aids, etc.</td>
</tr>
<tr>
<td>8</td>
<td>Cosy towel</td>
<td>61</td>
<td>Dental treatment expenses that do not require hospitalisation</td>
</tr>
<tr>
<td>9</td>
<td>Hand wash</td>
<td>62</td>
<td>Hormone replacement therapy</td>
</tr>
<tr>
<td>10</td>
<td>Moisturizer paste/brush</td>
<td>63</td>
<td>Home visit charges</td>
</tr>
<tr>
<td>11</td>
<td>Powder</td>
<td>64</td>
<td>Infertility/subfertility/assisted conception procedure</td>
</tr>
<tr>
<td>12</td>
<td>Razor</td>
<td>65</td>
<td>Obesity (including morbid obesity) treatment</td>
</tr>
<tr>
<td>13</td>
<td>Shoe cover</td>
<td>66</td>
<td>Psychiatric &amp; psychosomatic disorders</td>
</tr>
<tr>
<td>14</td>
<td>Beauty services</td>
<td>67</td>
<td>Corrective surgery for refractive error</td>
</tr>
<tr>
<td>15</td>
<td>Belts/braces</td>
<td>68</td>
<td>Treatment of sexually transmitted diseases</td>
</tr>
<tr>
<td>16</td>
<td>Buds</td>
<td>69</td>
<td>Donor screening charges</td>
</tr>
<tr>
<td>17</td>
<td>Barber charges</td>
<td>70</td>
<td>Admission/registration charges</td>
</tr>
<tr>
<td>18</td>
<td>Caps</td>
<td>71</td>
<td>Hospitalisation for evaluation/diagnostic purpose</td>
</tr>
<tr>
<td>19</td>
<td>Cold pack/Hot pack</td>
<td>72</td>
<td>Expenses for investigation/treatment irrelevant to the disease for which admitted or diagnosed</td>
</tr>
<tr>
<td>20</td>
<td>Carry bags</td>
<td>73</td>
<td>Any expenses when the patient is diagnosed with retro virus + or suffering from HIV/AIDS etc. detected/directly or indirectly</td>
</tr>
<tr>
<td>21</td>
<td>Cradle charges</td>
<td>74</td>
<td>Stem cell implantation/surgery and storage</td>
</tr>
<tr>
<td>22</td>
<td>Comb</td>
<td>75</td>
<td>Ward and Theatre booking charges</td>
</tr>
<tr>
<td>23</td>
<td>Disposables razors charges (for site preparations)</td>
<td>76</td>
<td>Arthroscopy &amp; Endoscopy instruments</td>
</tr>
<tr>
<td>24</td>
<td>Eau-de-cologne/Room fresheners</td>
<td>77</td>
<td>Microscope cover</td>
</tr>
<tr>
<td>25</td>
<td>Eye pad</td>
<td>78</td>
<td>Surgical blades, Harmonic scalpel, shaver</td>
</tr>
<tr>
<td>26</td>
<td>Eye shield</td>
<td>79</td>
<td>Surgical drill</td>
</tr>
<tr>
<td>27</td>
<td>Email/Internet charges</td>
<td>80</td>
<td>Eye kit</td>
</tr>
<tr>
<td>28</td>
<td>Food charges (other than patient’s diet provided by Hospital)</td>
<td>81</td>
<td>Eye drape</td>
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<tr>
<td>29</td>
<td>Foot cover</td>
<td>82</td>
<td>X-ray film</td>
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<tr>
<td>30</td>
<td>Gown</td>
<td>83</td>
<td>Sputum cup</td>
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<tr>
<td>31</td>
<td>Leggings</td>
<td>84</td>
<td>Boyles apparatus charges</td>
</tr>
<tr>
<td>32</td>
<td>Laundry charges</td>
<td>85</td>
<td>Blood grouping and cross matching of donors samples</td>
</tr>
<tr>
<td>33</td>
<td>Mineral water</td>
<td>86</td>
<td>Savlon</td>
</tr>
<tr>
<td>34</td>
<td>Oil charges</td>
<td>87</td>
<td>Band aids, bandages, sterile injections, needles, syringes</td>
</tr>
<tr>
<td>35</td>
<td>Sanitary pad</td>
<td>88</td>
<td>Cotton</td>
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<tr>
<td>36</td>
<td>Sippers</td>
<td>89</td>
<td>Cotton bandage</td>
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<tr>
<td>37</td>
<td>Telephone charges</td>
<td>90</td>
<td>Microsine/Surgical tape</td>
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<tr>
<td>38</td>
<td>Tissue paper</td>
<td>91</td>
<td>Blade</td>
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<td>39</td>
<td>Tooth paste</td>
<td>92</td>
<td>Apron</td>
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<tr>
<td>40</td>
<td>Tooth brush</td>
<td>93</td>
<td>Torniquet</td>
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<tr>
<td>41</td>
<td>Guest services</td>
<td>94</td>
<td>Orthobundle, Gynaec bundle</td>
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<tr>
<td>42</td>
<td>Bed Pan</td>
<td>95</td>
<td>Urine container</td>
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<tr>
<td>43</td>
<td>Bed under pad charges</td>
<td>96</td>
<td>Elements of room charge</td>
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<tr>
<td>44</td>
<td>Camera cover</td>
<td>97</td>
<td>Luxury tax</td>
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<td>45</td>
<td>Clinplast</td>
<td>98</td>
<td>HVAC</td>
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<td>46</td>
<td>Crepe bandage</td>
<td>99</td>
<td>House keeping charges</td>
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<tr>
<td>47</td>
<td>Curapore</td>
<td>100</td>
<td>Service charges where nursing charge also charged</td>
</tr>
<tr>
<td>48</td>
<td>Diaper of any type</td>
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<td>Television &amp; Air conditioner charges</td>
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<td>49</td>
<td>DVD, CD charges</td>
<td>101</td>
<td>Surcharges</td>
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<tr>
<td>50</td>
<td>Eyelet collar</td>
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<td>51</td>
<td>Face mask</td>
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<tr>
<td>52</td>
<td>Flexi mask</td>
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<td>53</td>
<td>Gause soft</td>
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<tr>
<td>54</td>
<td>Gauze</td>
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</tr>
</tbody>
</table>

**Items which form part of hospital services where separate consumables are not payable but the service is**
<table>
<thead>
<tr>
<th>Sr. No.</th>
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<tbody>
<tr>
<td>102</td>
<td>Attendant charges</td>
<td>153</td>
<td>Ambulance equipment</td>
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<tr>
<td>103</td>
<td>Im Iv Injection charges</td>
<td>154</td>
<td>Microsheild</td>
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<tr>
<td>104</td>
<td>Clean sheet</td>
<td>155</td>
<td>Abdominal binder</td>
</tr>
<tr>
<td>105</td>
<td>Extra diet of patient (other than that which forms part of bed charge)</td>
<td></td>
<td>Items payable if supported by a prescription</td>
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<tr>
<td>106</td>
<td>Blanket/Warmer blanket</td>
<td>156</td>
<td>Betadine/Hydrogen peroxide/Spirit/Disinfectants etc.</td>
</tr>
<tr>
<td></td>
<td>Administrative or Non-medical charges</td>
<td>157</td>
<td>Private nurses charges - Special nursing charges</td>
</tr>
<tr>
<td>107</td>
<td>Admission kit</td>
<td>158</td>
<td>Nutrition planning charges - Dietician charges - Diet charges</td>
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<td>108</td>
<td>Birth certificate</td>
<td>159</td>
<td>Sugar free tablets</td>
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<td>109</td>
<td>Blood reservation charges and Ante-natal booking charges</td>
<td>160</td>
<td>Creams, powders, lotions (toiletries are not payable, only prescribed medical pharmaceuticals payable)</td>
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<tr>
<td>110</td>
<td>Certificate charges</td>
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<tr>
<td>111</td>
<td>Courier charges</td>
<td>161</td>
<td>Digestion gels</td>
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<tr>
<td>112</td>
<td>Conveyance charges</td>
<td>162</td>
<td>Ecg electrodes</td>
</tr>
<tr>
<td>113</td>
<td>Diabetic chart charges</td>
<td>163</td>
<td>Gloves</td>
</tr>
<tr>
<td>114</td>
<td>Documentation charges/Administrative expenses</td>
<td>164</td>
<td>HIV kit</td>
</tr>
<tr>
<td>115</td>
<td>Discharge Procedure charges</td>
<td>165</td>
<td>Listerine/Antiseptic mouthwash</td>
</tr>
<tr>
<td>116</td>
<td>Daily chart charges</td>
<td>166</td>
<td>Lozenges</td>
</tr>
<tr>
<td>117</td>
<td>Entrance pass/Visitors pass charges</td>
<td>167</td>
<td>Mouth paint</td>
</tr>
<tr>
<td>118</td>
<td>Expenses related to prescription on discharge</td>
<td>168</td>
<td>Nebulisation kit</td>
</tr>
<tr>
<td>119</td>
<td>File opening charges</td>
<td>169</td>
<td>Novaparipid</td>
</tr>
<tr>
<td>120</td>
<td>Incidental expenses/Misc. charges (not explained)</td>
<td>170</td>
<td>Volini gel/Analgesic gel</td>
</tr>
<tr>
<td>121</td>
<td>Medical certificate</td>
<td>171</td>
<td>Zyte gel</td>
</tr>
<tr>
<td>122</td>
<td>Maintenance charges</td>
<td>172</td>
<td>Vaccination charges</td>
</tr>
<tr>
<td>123</td>
<td>Medical records</td>
<td></td>
<td>Part of hospital’s own costs and not payable</td>
</tr>
<tr>
<td>124</td>
<td>Preparation charges</td>
<td>173</td>
<td>AHD</td>
</tr>
<tr>
<td>125</td>
<td>Photocopies charges</td>
<td>174</td>
<td>Alcohol swabes</td>
</tr>
<tr>
<td>126</td>
<td>Patient identification band/Name tag</td>
<td>175</td>
<td>Scrub solution/Sterillium others</td>
</tr>
<tr>
<td>127</td>
<td>Washing charges</td>
<td>176</td>
<td>Vaccine charges for baby</td>
</tr>
<tr>
<td>128</td>
<td>Medicine box</td>
<td>177</td>
<td>Aesthetic treatment/Surgery</td>
</tr>
<tr>
<td>129</td>
<td>Mortuary charges</td>
<td>178</td>
<td>TPA charges</td>
</tr>
<tr>
<td>130</td>
<td>Medico legal case charges (MLC charges)</td>
<td>179</td>
<td>Visco belt charges</td>
</tr>
<tr>
<td></td>
<td>External durable devices</td>
<td>180</td>
<td>Any kit with no details mentioned, Delivery kit, Orthokit, Recovery kit, etc.</td>
</tr>
<tr>
<td>131</td>
<td>Walking aids charges</td>
<td>181</td>
<td>Examination gloves</td>
</tr>
<tr>
<td>132</td>
<td>BIPAP machine</td>
<td>182</td>
<td>Kidney tray</td>
</tr>
<tr>
<td>133</td>
<td>Commode</td>
<td>183</td>
<td>Mask</td>
</tr>
<tr>
<td>134</td>
<td>CPAP/CAPD equipments</td>
<td>184</td>
<td>Ounce glass</td>
</tr>
<tr>
<td>135</td>
<td>Infusion pump - cost</td>
<td>185</td>
<td>Outstation consultant’s/Surgeon’s fees</td>
</tr>
<tr>
<td>136</td>
<td>Oxygen cylinder (for usage outside the hospital)</td>
<td>186</td>
<td>Oxygen mask</td>
</tr>
<tr>
<td>137</td>
<td>Pulseoxygen meter charges</td>
<td>187</td>
<td>Paper gloves</td>
</tr>
<tr>
<td>138</td>
<td>Spacer</td>
<td>188</td>
<td>Pelvic traction belt</td>
</tr>
<tr>
<td>139</td>
<td>Spriometre</td>
<td>189</td>
<td>Referral doctor’s fees</td>
</tr>
<tr>
<td>140</td>
<td>SpO2 Probe</td>
<td>190</td>
<td>Accu check (glucometry/strips)</td>
</tr>
<tr>
<td>141</td>
<td>Nebulizer Kit</td>
<td>191</td>
<td>Pan can</td>
</tr>
<tr>
<td>142</td>
<td>Steam Inhaler</td>
<td>192</td>
<td>Sofnet</td>
</tr>
<tr>
<td>143</td>
<td>Arm sling</td>
<td>193</td>
<td>Trolley cover</td>
</tr>
<tr>
<td>144</td>
<td>Thermometer</td>
<td>194</td>
<td>Urometer, Urine jug</td>
</tr>
<tr>
<td>145</td>
<td>Cervical collar</td>
<td>195</td>
<td>Ambulance</td>
</tr>
<tr>
<td>146</td>
<td>Splint</td>
<td>196</td>
<td>Tegaderm/Vasofix safety</td>
</tr>
<tr>
<td>147</td>
<td>Diabetic foot wear</td>
<td>197</td>
<td>Urine bag</td>
</tr>
<tr>
<td>148</td>
<td>Knee braces (long/short/hinged)</td>
<td>198</td>
<td>Softovac</td>
</tr>
<tr>
<td>149</td>
<td>Knee immobilizer/Shoulder immobilizer</td>
<td>199</td>
<td>Stockings</td>
</tr>
<tr>
<td>150</td>
<td>Lumbo sacral. belt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>151</td>
<td>Nimbus bed or water or air bed charges</td>
<td></td>
<td></td>
</tr>
<tr>
<td>152</td>
<td>Ambulance collar</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Annexure III - List of Hospitals where Claim will not be admitted

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nulife Hospital And Maternity Centre</td>
<td>1616 Outram Lines,Kingsway Camp,Guru Teg Bahadur Nagar , New Delhi , Delhi</td>
</tr>
<tr>
<td>Tanjea Hospital</td>
<td>F-15,Vikas Marg, Preet Vihar , New Delhi , Delhi</td>
</tr>
<tr>
<td>Shri Kamal Hospital &amp; Dr.Saxena’s Nursing Home</td>
<td>Opp, Radhika Cinema,Circular Road , Rewari , Haryana</td>
</tr>
<tr>
<td>Sona Devi Memorial Hospital &amp; Trauma Centre</td>
<td>Sohna Road, Badshahpur , Gurgoan , Haryana</td>
</tr>
<tr>
<td>Amar Hospital</td>
<td>Sector-70,S.A.S.Nagar, Mohali , Sector 70 , Mohali , Punjab</td>
</tr>
<tr>
<td>Brij Medical Centre</td>
<td>K K 54, Kasi Nagar , Ghaziabad , Uttar Pradesh</td>
</tr>
<tr>
<td>Family Medicare</td>
<td>A-55, Sector 61, Rajat Vihar Sector 62 , Noida , Uttar Pradesh</td>
</tr>
<tr>
<td>Jeeran Iyoti Hospital</td>
<td>162,Lowther Road, Bai Ka Bagh , Allahabad , Uttar Pradesh</td>
</tr>
<tr>
<td>City Hospital &amp; Trauma Centre</td>
<td>C-1,Cinder Dumph Complex,Opposite Krishna Cinema Hall,Kanjur Road, Alambagh , Lucknow , Uttar Pradesh</td>
</tr>
<tr>
<td>Dayal Maternity &amp; Nursing Home</td>
<td>No.953/23,D.C.F.Chowk, DLF Colony , Rohtak , Haryana</td>
</tr>
<tr>
<td>Metas Adventist Hospital</td>
<td>No.24,Ring-Road,Athwalines, Surat , Surat , Gujarat</td>
</tr>
<tr>
<td>Surgicare Medical Centre</td>
<td>Sai Dwar Oberoi Complex,S.A.B.T.V.Lane Road,Kohkhandwala,Near Laxmi Industrial Estate, Andheri , Mumbai , Maharashtra</td>
</tr>
<tr>
<td>Paramount General Hospital &amp; I.C.C.U.</td>
<td>Laxmi Commercial Premises,Andheri Kurla Road , Andheri , Mumbai , Maharashtra</td>
</tr>
<tr>
<td>Gokul Hospital</td>
<td>Thakur Complex , Kandivali East , Mumbai , Maharashtra</td>
</tr>
<tr>
<td>Shree Sai Hospital</td>
<td>Gokul Nagar I,thankur Complex,Western Express Highway, Kandivali East , Mumbai , Maharashtra</td>
</tr>
<tr>
<td>Shreedevi Hospital</td>
<td>Akash Arcade,Bhanu Nagar,Near Bhanu Nagar Theatre,Dr,Deepak Shetty Road, Kalyan D.C. , Thane , Maharashtra</td>
</tr>
<tr>
<td>Saykedhkar Hospital And Research Centre Pvt. Ltd.</td>
<td>Trimmersh Chowk,Kamatwada Road,Cidco Colony , Nashik , Maharashtra</td>
</tr>
<tr>
<td>Arpan Hospital And Research Centre</td>
<td>No.151/2,Iml Bazar,Near Rajwada, Iml Bazar , Indore , Madhya Pradesh</td>
</tr>
<tr>
<td>Ramkrishna Care Hospital</td>
<td>Aurobindo Enclave,Pachpedhi Naka,Dhamtri Road,National Highway No 43, Raipur , Chhattisgarh</td>
</tr>
<tr>
<td>Gupta Multispeciality Hospital</td>
<td>B-20, Vivek Vihar , New Delhi , Delhi</td>
</tr>
<tr>
<td>R.K.Hospital</td>
<td>3C/59,BPNear Metro Cinema, New Industrial Township 1 , Faridabad , Haryana</td>
</tr>
<tr>
<td>Prakash Hospital</td>
<td>D -12,12A,12B,Noida , Sector 33 , Noida , Uttar Pradesh</td>
</tr>
<tr>
<td>Arya Hospital Pvt. Ltd.</td>
<td>Old Railway Road,Near New Colony, New Colony , Gurgoan , Haryana</td>
</tr>
<tr>
<td>Medlink Hospital Research Centre Pvt. Ltd.</td>
<td>Near Shyamal Ch Rasta,132,Ring Road, Satellite , Ahmedabad , Gujarat</td>
</tr>
<tr>
<td>Mohit Hospital</td>
<td>Khoya B-Wing,Near National Park,Borivali(E) , Kandivali West , Mumbai , Maharashtra</td>
</tr>
<tr>
<td>Scope Hospital</td>
<td>628,Niti Khand-I, Indirapuram , Ghaziabad , Uttar Pradesh</td>
</tr>
<tr>
<td>Agarwal Medical Centre</td>
<td>E-234, , Greater Kailash 1 , New Delhi , Delhi</td>
</tr>
<tr>
<td>Oxygen Hospital</td>
<td>Bhwani Stand, Durga Bhawan , Rohtak , Haryana</td>
</tr>
<tr>
<td>Prayag Hospital &amp; Research Centre Pvt. Ltd.</td>
<td>J-206 A/1, Sector 41 , Noida , Uttar Pradesh</td>
</tr>
<tr>
<td>Karnavati Superspeciality Hospital</td>
<td>Opposite Sajpur Tower, Naroda Road , Ahmedabad , Gujarat</td>
</tr>
<tr>
<td>Palwal Hospital</td>
<td>Old G.T.Road,Near New Sohna Mod, Palwal , Haryana</td>
</tr>
<tr>
<td>B.K.S. Hospital</td>
<td>No.18,1st Cross,Gandi Nagar , Adyar , Bellary , Karnataka</td>
</tr>
<tr>
<td>East West Medical Centre</td>
<td>No.711, Sector 14, Sector 14 , Gurgoan , Haryana</td>
</tr>
<tr>
<td>Jagtap Hospital</td>
<td>Anand Nagar,Sinhgood Road , Anandnagar , Pune , Maharashtra</td>
</tr>
<tr>
<td>Dr.Malwankar’s Romeen Nursing Home</td>
<td>Ganesh Marg,Tagore Nagar , Vikhroli East , Mumbai , Maharashtra</td>
</tr>
<tr>
<td>Noble Medical Centre</td>
<td>SVP Road, Borivali West , Mumbai , Maharashtra</td>
</tr>
<tr>
<td>Rama Hospital</td>
<td>Sonerpat Road,Bahalgarh, Sonipat , Haryana</td>
</tr>
<tr>
<td>S.B.Nursing Home &amp; ICU</td>
<td>Lake Bloom 16,17,18 Opposite Solaris Estate, L.T.Gate No6,Tunga Gaon, Saki Vihar Road, Powai , Mumbai , Maharashtra</td>
</tr>
<tr>
<td>Spanish Multispeciality Hospital &amp; Trauma Care Center</td>
<td>G.L.D.C Road, Nr Udhana Citizen Co-Op,Bank , Surat , Gujarat</td>
</tr>
<tr>
<td>Hospital Name</td>
<td>Address</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Saraswati Hospital</td>
<td>Divya Smruti Building, 1st Floor, Opp Toyota Showroom, Malad Link Road, Malad West, Mumbai, Maharashtra</td>
</tr>
<tr>
<td>Shakuntla Hospital</td>
<td>3-B Tashkant Marg, Near St. Joseph Collage, Allahabad, Uttar Pradesh</td>
</tr>
<tr>
<td>Mahaveer Hospital &amp; Trauma Centre</td>
<td>76-E, Station Road, Panki, Kanpur, Uttar Pradesh</td>
</tr>
<tr>
<td>Eastwar Lakshmi Hospital</td>
<td>Plot No. 9, Near Sub Registrar Office, Gandhi Nagar, Hyderabad, Andhra Pradesh</td>
</tr>
<tr>
<td>Amrapali Hospital</td>
<td>Plot No. NH-34/P, 2, Omega - I, Greater Noida, Noida, Uttar Pradesh</td>
</tr>
<tr>
<td>Hardik Hospital</td>
<td>29c, Budh Bazar, Vikas Nagar, New Delhi, Delhi</td>
</tr>
<tr>
<td>Jabalpur Hospital &amp; Research Centre Pvt Ltd</td>
<td>Rusel Crossing, Napier Town, Jabalpur, Madhya Pradesh</td>
</tr>
<tr>
<td>Panvel Hospital</td>
<td>Plot No. 260A, Urm Naka, Old Panvel, Navi Mumbai, Maharashtra</td>
</tr>
<tr>
<td>Sonto Hospital</td>
<td>L-629/631, Hapur Road, Shastri Nagar, Meerut, Uttar Pradesh</td>
</tr>
<tr>
<td>Sona Medical Centre</td>
<td>S/58, Near Police Station, Vikas Nagar, Lucknow, Uttar Pradesh</td>
</tr>
<tr>
<td>City Super Speciality Hospital</td>
<td>Near Mohan Petrol Pump, Gohana Road, Rohtak, Haryana</td>
</tr>
<tr>
<td>Navjeevan Hospital &amp; Maternity Centre</td>
<td>753/21, Madanpuri Road, Near Pataudi Chowk, Gurgaon, Haryana</td>
</tr>
<tr>
<td>Abhishek Hospital</td>
<td>C-12, New Azad Nagar, Kanpur, Kanpur, Uttar Pradesh</td>
</tr>
<tr>
<td>Raj Nursing Home</td>
<td>23-A, Park Road, Allahabad, Uttar Pradesh</td>
</tr>
<tr>
<td>Spansh Medicare and Trauma Centre</td>
<td>Shakti Khand - III/54, Behind Cambridge School, Indirapuram, Ghaziabad, Uttar Pradesh</td>
</tr>
<tr>
<td>Saras Healthcare Pvt Ltd</td>
<td>K-112, SEC-12, Pratap Vihar, Ghaziabad, Uttar Pradesh</td>
</tr>
<tr>
<td>Getwell Soon Multispeciality Institute Pvt Ltd</td>
<td>S-19, Shilmar Garden Extn., Near Dayanand Park, Sahibabad, Ghaziabad, Uttar Pradesh</td>
</tr>
<tr>
<td>Shivalik Medical Centre Pvt Ltd</td>
<td>A-93, Sector 34, Noida, Uttar Pradesh</td>
</tr>
<tr>
<td>Asanksha Hospital</td>
<td>126, Aaradhanaagar Soc B/H. Bhukhabhavan School, Aanand-Mahal Rd., Adajan, Surat, Gujarat</td>
</tr>
<tr>
<td>Abhinav Hospital</td>
<td>Harsh Apartment, Nr. Jamma Nagar Bus Stop, Goddod Road, Surat, Gujarat</td>
</tr>
<tr>
<td>Adhar Ortho Hospital</td>
<td>Dower Chambers, Nr. Sub Jail, Ring Road, Surat, Gujarat</td>
</tr>
<tr>
<td>Ar's Care Hospital</td>
<td>A-223-224, Mansarovar Soc, 60 Feet, Godadara Road, Surat, Gujarat</td>
</tr>
<tr>
<td>Arzoo Hospital</td>
<td>Opp. L.B. Cinema, Bhatr Rd., Surat, Gujarat</td>
</tr>
<tr>
<td>Auc Hospital</td>
<td>B-44, Gujarat Housing Board, Pandesara, Surat, Gujarat</td>
</tr>
<tr>
<td>Dharanijvan General Hospital &amp; Trauma Centre</td>
<td>Karmayogi - I, Plot No. 20/21, Near Piyush Point, Pandesara, Surat, Gujarat</td>
</tr>
<tr>
<td>Dr. Santosh Basota Hospital</td>
<td>Bhatr Road, Bhatr Road, Surat, Gujarat</td>
</tr>
<tr>
<td>God Father Hosp.</td>
<td>344, Nandvan Soc, B/H. Matoshakti Soc., Puna Gam, Surat, Gujarat</td>
</tr>
<tr>
<td>Govind-Prabha Aroya Sankaool</td>
<td>Opp. Patna-Sagar Vidhyalaya, Kaj Medan, Gopipura, Surat, Gujarat</td>
</tr>
<tr>
<td>Hari Milan Hospital</td>
<td>L H Road, Surat, Gujarat</td>
</tr>
<tr>
<td>Jaldhi Ano-Rectal Hospital</td>
<td>103, Payal Apat, Nt. To Rander Zone Office, Tadwadi, Surat, Gujarat</td>
</tr>
<tr>
<td>Jeevan Path Gen. Hospital</td>
<td>2Nd. Fl., Dwarkesh Nagri, Nr. Laxmi Farsan, Sayan, Surat, Gujarat</td>
</tr>
<tr>
<td>Kalrav Children Hospital</td>
<td>Yamaha Complex, Nr. Jivan Jyot, Udhna, Surat, Gujarat</td>
</tr>
<tr>
<td>Kanchan General Surgical Hospital</td>
<td>Plot No. 380, Ishwaramgar Soc, Bhamrol-Bhatar, Pandesara, Surat, Gujarat</td>
</tr>
<tr>
<td>Krishnawati General Hospital</td>
<td>Bhamrol Road, Surat, Gujarat</td>
</tr>
<tr>
<td>Niramayam Hospital &amp; Prasatigruah</td>
<td>Shradha Raw House, Near Natures Park, Surat, Gujarat</td>
</tr>
<tr>
<td>Patna Hospital</td>
<td>25, Ashapuri Soc - 2, Bhamrol Road, Surat, Gujarat</td>
</tr>
<tr>
<td>Poshia Children Hospital</td>
<td>Harekrishan Shoping Complex, 1St Floor, Varachha Road, Surat, Gujarat</td>
</tr>
<tr>
<td>R.D Janseva Hospital</td>
<td>120 Feet Bhamrol Road, Pandesara, Surat, Gujarat</td>
</tr>
<tr>
<td>Radha Hospital &amp; Maternity Home</td>
<td>239/240 Bhagunagar Society, Opp. Hans Society, L H Road, Varachha Road, Surat, Gujarat</td>
</tr>
<tr>
<td>Santosh Hospital</td>
<td>L H Road, Varachha, Surat, Gujarat</td>
</tr>
</tbody>
</table>

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

Religare Health Insurance Company Limited

Religare Health Insurance (RHI), the health insurance arm of Religare Enterprises Limited (REL), is a specialized Health Insurer offering health insurance services to employees of corporates, individual customers and for financial inclusion as well. With RHI’s operating philosophy being based on the principal tenet of ‘consumer-centricity’, the company has consistently invested in the effective application of technology to deliver excellence in customer servicing, product innovation and value-for-money services.

Religare Health Insurance currently offers products in the retail segment for Health Insurance, Critical Illness, Personal Accident, Top-up Coverage, International Travel Insurance and Maternity along with Group Health Insurance and Group Personal Accident Insurance for corporates. The organization has been adjudged the ‘Best Health Insurance Company’ at the ABP News-BFSI Awards & ‘Best Claims Service Leader of the Year – Insurance India Summit & Awards. Religare Health Insurance has also received the ‘Editor’s Choice Award for Best Product Innovation’ at Finnoviti and was conferred the ‘Best Medical Insurance Product Award’ at The FICCI Healthcare Awards.


Religare Enterprises Limited

Religare Enterprises Limited (REL), a leading emerging markets financial services group anchored in India, offers a wide array of services including broking, insurance, asset management, lending solutions, investment banking and wealth management. With a network that spans across over 1650 locations, and more than a million clients, REL enjoys a dominant presence in the Indian financial services space.

We have also built an Asia and emerging markets-focused Institutional Equities & Investment Banking business and a multi-boutique global asset management platform to tap the broader opportunities offered by the most promising emerging markets around the world.

Union Bank of India

Union Bank of India, a key player in India’s public sector banking domain, operates out of over 3500 branches across the country and has a clientele base of more than 24 million. Over the past 90 years, the bank has played a proactive role in infusing cross-sector economic growth in India and has sustained a robust income mechanism from a well-diversified portfolio of assets.

Corporation Bank

Corporation Bank, a leading public sector bank, delivers its core objectives of sustainable maintaining the highest standards of service to its customers with innovative product & process solutions, through its formidable network of 1707 branches. The Bank has committedly worked towards empowering the rural and urban population alike, and has resultantly been a significant contributor to the economic growth impetus of the nation.

Religare Health Insurance Company Limited

Registered Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019
Correspondence Office: Unit No. 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector-39, Gurgaon-122001 (Haryana)
Website: www.religarehealthinsurance.com    E-mail: customerfirst@religarehealthinsurance.com    Call: 1800-102-4488 | 1860-500-4488
Disclaimer: This is only a summary of product information. For more details on risk factors, terms and conditions please read sales brochure carefully before concluding a sale. Please seek the advice of your insurance advisor if you require any further information or clarification.
Statutory Warning: Prohibition of Rebates (under Section 41 of Insurance Act, 1938): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer. Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to ten lakh rupees.
Insurance is a subject matter of solicitation. UAN:19073073    UIN: RHIHLIP18033V011819    CIN: U66000DL2007PLC161503    IRDA Registration Number - 148
Note:
1. The foregoing is only an indication of the cover offered. For details, please refer to the Policy terms and conditions, available on request.
2. The Proposal Form shall form the basis of the insurance contract. It is mandatory for You to provide Us a duly filled in and signed Proposal Form and retain a copy as an evidence of the basis of the insurance contract.
3. Any risk under the Policy shall commence only once We receive the premium (including all taxes and levies thereto).
4. In case You have not understood any of the details, coverage, etc. in this document, You can seek for a clarification or a copy of this document in a language understood by You.
5. For full details of this product, please log on to www.religarehealthinsurance.com
6. The product is in conformity with the IRDAI approval and health insurance regulations and standardization guidelines.