

## **Hospital Daily Cash – Group Policy Wordings**

### **Preamble**

This Policy is a contract of insurance issued by Raheja QBE General Insurance Company Limited (hereinafter called the 'Company') to the Proposer mentioned in the Schedule (hereinafter called the 'Insured') to cover the person(s) named in the schedule (hereinafter called the 'Insured Persons'). The Policy is based on the statements and declaration provided in the Proposal Form by the Proposer and is subject to receipt of the requisite premium.

### **Operative Clause**

If during the Policy Period one or more Insured Person (s) is required to be hospitalized for treatment of an Illness or Injury at a Hospital/ Day Care Center, following Medical Advice of a duly qualified Medical Practitioner, the Company shall pay the coverage benefit amount mentioned in the policy schedule.

Provided further that, any amount payable under the Policy shall be subject to the terms of coverage (including any deductibles, sub limits), exclusions, conditions and definitions contained herein. The maximum liability of the Company under all such Claims during each Policy Year shall be the Sum Insured (Individual or Floater) opted specified in the Schedule.

### **1. DEFINITIONS**

The terms defined below and at other junctures in the Policy have the meanings ascribed to them wherever they appear in this Policy and, where, the context so requires, references to the singular include references to the plural; references to the male includes the female and references to any statutory enactment includes subsequent changes to the same.

- 1.1 Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 1.2 Age** means age of the Insured person on last birthday as on date of commencement of the Policy.
- 1.3 Any One Illness** means continuous period of illness and it includes relapse within forty five days from the date of last consultation with the hospital where treatment has been taken.
- 1.4 AYUSH Treatment** refers to the medical and/or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Sidha and Homeopathy systems.
- 1.5 Break in Policy** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.
- 1.6 Cashless Facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured person in accordance with the Policy terms and conditions, are directly made to the network provider by the insurer to the extent pre- authorization is approved.
- 1.7 Certificate of Insurance** means means the certificate issued to the Insured Person confirming the Policy details & coverages opted under the Policy. The Certificate of Insurance forms part of the policy.
- 1.8 Condition Precedent** means a Policy term or condition upon which the Company's

liability under the Policy is conditional upon.

**1.9 Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

**a) Internal Congenital Anomaly** - Congenital anomaly which is not in the visible and accessible parts of the body.

**b) External Congenital Anomaly** - Congenital anomaly which is in the visible and accessible parts of the body.

**1.10 Co-payment** means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

**1.11 Cumulative Bonus** means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.

**1.12 Day** means a period of 24 consecutive hours during a period of confinement. The first Day of confinement shall commence at the time of admission to the Hospital and each subsequent Day shall commence 24 hours after the commencement of the previous Day. In the event of the time of discharge of the Insured Person from the Hospital being more than 12 hours, but less than 24 hours from the end of the previous Day, then the day of discharge shall also be regarded as a Day.

**1.13 Daily Benefit** means the amount payable for each Day spent in the Hospital.

**1.14 Day Care Centre** means any institution established for day care treatment of disease/ injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:

- i. has qualified nursing staff under its employment;
- ii. has qualified medical practitioner (s) in charge;
- iii. has a fully equipped operation theatre of its own where surgical procedures are carried out
- iv. maintains daily records of patients and shall make these accessible to the Company's authorized personnel.

**1.15 Day Care Treatment** means medical treatment, and/or surgical procedure (as listed in Annexure I) which is:

- i. undertaken under general or local anesthesia in a hospital/day care centre in less than twenty- four hrs because of technological advancement, and
- ii. which would have otherwise required a hospitalization of more than twenty-four hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

**1.16 Dental Treatment** means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery.

**1.17 Deductible** means a cost sharing requirement under a health insurance Policy that provides that the Insurer will not be liable for a specified number of days/hours in case of Hospital cash policies which will apply before any benefits are payable by the Insurer. A Deductible does not reduce the sum insured.

**1.18 Disclosure to information norm:** The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

**1.19 Domiciliary Hospitalization** means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

- i. the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
- ii. the patient takes treatment at home on account of non-availability of room in a hospital.

**1.20 Emergency Care:** Emergency care means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long

term impairment of the insured person's health.

**1.21 Family** means, the Family that consists of the proposer and any one or more of the family members as mentioned below:

i. Legally wedded spouse.

ii. Parents and Parents-in-law.

iii. Dependent Children (i.e. natural or legally adopted) between the age 3 months to 18 years. However male child can be covered up to the age of 25 years if he is a bonafide regular student and financially dependent on the proposer. Female child can be covered until she gets married. Divorced and widowed daughters are also eligible for coverage under the policy, irrespective of age. If the child above 18 years is financially independent or if the girl child is married, he or she shall be ineligible for coverage in the subsequent renewal.

iv. In case of loanee, Borrower and Co-Borrower

**1.22 Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue the Policy in force without loss of continuity benefits pertaining to all the credits (Sum Insured, No claim bonus, Specific waiting periods and waiting period for pre-existing diseases, moratorium period, etc.) accrued under the policy. Coverage will not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.

Provided we the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.

**1.23 Hospital** means any institution established for in-patient care and day care treatment of disease/ injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under Schedule of Section 56(1) of the said Act, OR complies with all minimum criteria as under:

i. has qualified nursing staff under its employment round the clock;

ii. has at least ten inpatient beds, in those towns having a population of less than ten lacs and fifteen inpatient beds in all other places;

iii. has qualified medical practitioner (s) in charge round the clock;

iv. has a fully equipped operation theatre of its own where surgical procedures are carried out

v. maintains daily records of patients and shall make these accessible to the

Company's authorized personnel.

**1.24 AYUSH Hospital:** An AYUSH Hospital is a healthcare facility wherein medical/surgical/para- surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

a. Central or State Government AYUSH Hospital; or

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

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

i. Having at least 5 in-patient beds;

ii. Having qualified AYUSH Medical Practitioner in charge round the clock;

iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

- iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

**1.25 AYUSH Day Care Centre:**

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

1. Having qualified registered AYUSH Medical Practitioner(s) in charge;
2. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
3. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

(Explanation: Medical Practitioner referred in the definition of "AYUSH Hospital" and "AYUSH Day Care Centre" shall carry the same meaning as defined in the definition of "Medical Practitioner" under Chapter I of Guidelines)

**1.26 Hospitalization** means admission in a hospital for a minimum period of twenty four (24) consecutive 'In-patient care' hours except for specified procedures/ treatments, where such admission could be for a period of less than twenty four (24) consecutive hours.

**1.27 Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and requires medical treatment.

- i. **Acute Condition** means a disease, illness or injury that is likely to response quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.
- ii. **Chronic Condition** means a disease, illness, or injury that has one or more of the following characteristics
  - a) it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
  - b) it needs ongoing or long-term control or relief of symptoms
  - c) it requires rehabilitation for the patient or for the patient to be special trained to cope with it
  - d) it continues indefinitely
  - e) it recurs or is likely to recur

**1.28 Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a medical practitioner.

**1.29 In-Patient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

**1.30 Insured Person** means person(s) named in the schedule of the Policy.

**1.31 Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

**1.32 ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses on a per day basis which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.



**1.33 Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.

**1.34 Medical Expenses** means those expenses that an insured person has necessarily and actually incurred for medical treatment on account of illness or accident on the advice of a medical practitioner, as long as these are no more than would have been payable if the insured person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

**1.35 Medical Practitioner** means a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of the license.

**1.36 Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

- i. is required for the medical management of illness or injury suffered by the insured ;
- ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- iii. must have been prescribed by a medical practitioner;
- iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

**1.37 Migration:** “Migration” means the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period etc. from one health insurance policy to another with the same insurer.

**1.38 Material facts** shall mean all relevant information as sought by the company in the proposal form and all other connected documents which form basis on which the policy is issued to enable the Company to take informed decision in the context of underwriting and the risk parameters.

**1.39 Material Duties** shall mean the essential tasks, functions and operations, and the skills, abilities, knowledge, training & experience, generally required by the Employers from the full time confirmed employees engaged in a particular occupation and cannot be reasonably modified or omitted.

**1.40 Material Change** - The Insured shall notify the Company in writing of any material change in the risk in relation to the declaration made in the proposal form or medical examination report at each Renewal and the Company may, adjust the scope of cover and /or premium, if necessary, accordingly.

**1.41 Maternity expenses** means;

- a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
- b) expenses towards lawful medical termination of pregnancy during the policy period.

**1.42 Network Provider** means hospitals enlisted by insurer, TPA or jointly by an insurer and TPA to provide medical services to an insured by a cashless facility.

**1.43 Non- Network Provider** means any hospital that is not part of the network.

**1.44 Notification of Claim** means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.

**1.45 Nominee/Assignee** means the person named in the Policy Schedule /Certificate of Insurance who is nominated to receive the benefits under the Policy in accordance with the terms and conditions of the Policy, if You are deceased. In case the nominee is minor on the date when payment becomes due under the Policy, payment shall be made to the appointee named in the Policy Schedule

/Certificate of Insurance.

**1.46 Out-Patient (OPD) Treatment** means treatment in which the insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a medical practitioner. The insured is not admitted as a day care or in-patient.

**1.47 Pre-Existing Disease (PED):** Pre-existing disease means any condition, ailment, injury or disease

- a) That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or
- b) For which medical advice or treatment was recommended by, or received from, a physician not more than 36 months prior to the date of commencement of the policy.

**1.48 Pre-hospitalization Medical Expenses** means medical expenses incurred during predefined number of days preceding the hospitalization of the Insured Person, provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

**1.49 Post-hospitalization Medical Expenses** means medical expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital provided that:

- i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
- ii. The inpatient hospitalization claim for such hospitalization is admissible by the Insurance Company.

**1.50 Policy** means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured person, what is excluded from the cover and the terms & conditions on which the Policy is issued to The Insured person

**1.51 Policy period** means the Policy Schedule attached to and forming part of Policy

**1.52 Policy Schedule** means the Policy Schedule attached to and forming part of Policy.

**1.53 Policy year** means a period of twelve months beginning from the date of commencement of the policy period and ending on the last day of such twelve-month period. For the purpose of subsequent years, policy year shall mean a period of twelve months commencing from the end of the previous policy year and lapsing on the last day of such twelve-month period, till the policy period, as mentioned in the schedule

**1.54 Policyholder** means the entity or person named as such in the Policy schedule/Certificate of Insurance.

**1.55 Portability: "Portability"** means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, specific waiting periods, waiting period for pre-existing disease, Moratorium period etc., from the Existing Insurer to the Acquiring Insurer in the previous policy.

**1.56 Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

**1.57 Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness/ injury involved.

**1.57 Renewal:** Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

**1.58 Room Rent** means the amount charged by a hospital towards Room and Boarding expenses and shall include the associated medical expenses.

**1.59 Sub-limit** means a cost sharing requirement under a health insurance policy in which an insurer would not be liable to pay any amount in excess of the pre-defined limit

**1.60 Sum Insured** means the pre-defined limit specified in the Policy Schedule. Sum Insured and Cumulative Bonus represents the maximum, total and cumulative liability for any and all claims made under the Policy, in respect of that Insured Person (on Individual basis) or all Insured Persons (on Floater basis) during the Policy Year

**1.61 Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

**1.62 Subrogation** shall mean the right of the Insurer to assume the rights of the Insured person to recover expenses paid out under the Policy that may be recovered from any other source.

**1.63 Specific Waiting Periods** means a period up to 12/36 months from the commencement of a Health Insurance Policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break.

**1.64 Time Deductible** means a cost sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified number of days, which will apply before any benefits are payable by the insurer. A Time Deductible does not reduce the sum insured.

**1.65 Waiting Period** means a period from the inception of this Policy during which specified diseases/treatments are not covered. On completion of the period, diseases/treatments shall be covered provided the Policy has been continuously renewed without any break.

**1.66 Unproven/Experimental treatment:** Unproven/Experimental treatment means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

**1.67 We/Our/Us / Insurer** means Raheja QBE General Insurance Company Limited.

**1.68 You/Your** means the Policy holder / Primary Insured / Insured Person(s) named in the Policy Schedule / Certificate of Insurance.

## **2. COVERAGE**

Your coverage(s) are mentioned in the Policy Schedule / Certificate of Insurance. We will provide the coverage as detailed below for an event that occurs during the Policy Year. Each coverage is subject to the terms, conditions and exclusions of this Policy. We will pay as specified under each of the coverage in the Policy Schedule / Certificate of Insurance.

### **2.1 Base Cover**

#### **2.1.1 Sickness Hospitalization Cash**

If an Insured Person is admitted in a hospital due to an illness and such hospitalization is medically necessary & recommended by the Medical Practitioner, then

a) We will pay the **Daily Benefit** amount for the number of days Insured Person is Hospitalized;

b) We will pay **twice the Daily Benefit** amount for each Day the Insured Person is admitted in an Intensive Care Unit,

c) In case, insured person spends a day partly in ICU and partly in Non-ICU then we will pay twice the Daily Benefit amount for such day, and

d) Our maximum liability will be limited to the Daily Benefit amount, number of hospitalization days and applicable deductible Day/s specified in the Policy Schedule.

Certificate of insurance.

### 2.1.2 Accident Hospital Cash

If an Insured Person is admitted in a hospital due to an accidental injury and such hospitalization is medically necessary & recommended by the Medical Practitioner, then

- a) We will pay **Twice the Daily Benefit** amount for the number of days Insured Person is Hospitalized,
- b) Our maximum liability will be limited to the Daily Benefit amount, number of hospitalization days and applicable Deductible Day/s specified in the Policy Schedule / Certificate of insurance.
- c) Such Hospitalization must be within 30 days of suffering injuries from the date of accident.

### 2.2 Optional Coverages:

These Covers are optional and applicable only if opted for and up to the Sum Insured or limits mentioned on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance

#### 2.2.1 ACCIDENTAL DEATH

If an Insured Person dies solely and directly due to an Injury sustained in an Accident which occurs during the Policy Period, provided that the Insured Person's death occurs within 12 months from the date of that Accident.

- a) Once a Claim has been accepted and paid under this Benefit then this Policy will automatically terminate in respect of that Insured Person only.
- b) We will pay the **Ten Times of Daily Benefit** amount subject to maximum amount mentioned in policy schedule / Certificate of insurance.
- c) Our maximum liability will be limited to the Benefit amount specified in the Policy Schedule / Certificate of insurance.
- d) Deductible is not applicable for this cover.

The payment under this benefit is over and above the Base Cover, subject to limits specified, if any.

#### 2.2.2 DAY CARE PROCEDURE CASH

If an Insured Person undertakes a day care procedure as an inpatient for less than 24 hours in a hospital or in a standalone day care center, and such treatment is medically necessary & recommended by the Medical Practitioner, then

- a) We will pay the **Three Times of Daily Benefit** amount for the Day Insured Person is Hospitalized,
- b) We will pay the Daily Benefit Amount if the Insured person undertakes any of the procedure as listed in Annexure 1.
- c) We shall be liable to make payment under this cover in respect of an Insured Person only twice during the Policy Year.
- d) Our maximum liability will be limited to the Benefit Amount specified in the Policy Schedule / Certificate of insurance
- e) Deductible is not applicable for this cover. The payment under this benefit is over and above the Base Cover, subject to limits specified, if any.

#### 2.2.3 CONVALESCENCE BENEFIT

We will pay the Sum Insured specified in the Policy Schedule/Certificate of Insurance for this Benefit if the Insured Person is admitted in a Hospital for a minimum period as specified in the Policy Schedule/ Certificate of Insurance provided that:

- a. We have accepted a Claim for the Base Cover under the Policy in respect of the same Hospitalization.
- b. We shall be liable to make payment under this cover in respect of an Insured



Person only once during the Policy Year.

- c. This benefit is applicable only once in a policy period, irrespective of type of policy (Individual/ Floater).
- d. The payment under this benefit is over and above the Base Cover, subject to limits specified, if any.
- e. Deductible is not applicable for this cover.

## 2.2.4 LOSS OF INCOME

If the Insured Person is admitted in a Hospital and we have accepted the claims under section 2.1.1 or 2.1.2, in addition to that We will pay the Daily Benefit specified in the Policy Schedule/Certificate of Insurance provided that the Insured Person is absent from engaging in his/her primary occupation and loses his/her source of income temporarily or permanent.

- a) We have accepted a Claim for the Base Cover under the Policy in respect of the same Hospitalization.
- b) We shall be liable to make payment under this cover in respect of an Insured Person only once during the Policy Year.
- c) This benefit is applicable only once in a policy period, irrespective of type of policy (Individual/ Floater).
- d) Our maximum liability will be limited to the Daily Benefit amount, number of hospitalization days and applicable Day/s Deductible specified in the Policy Schedule / Certificate of insurance.
- e) The payment under this benefit is over and above the Base Cover, subject to limits specified, if any.
- f) Deductible is applicable for this cover.

## 2.2.5 INTERNATIONAL EMERGENCY BENEFIT

If an Insured Person is admitted in a hospital or Intensive Care Unit (ICU) outside India due to an illness

/ injury that occurs during the Policy Period and such hospitalization is medically necessary & recommended by the Medical Practitioner, then

- a) We will pay **Ten Times the Daily Benefit** amount for the number of days Insured Person is Hospitalized.
- b) Our maximum liability will be limited to the Daily Benefit Amount, number of hospitalization days & applicable Day/s Deductible specified in the Policy Schedule / Certificate of insurance.
- c) Deductible is applicable for this cover.

## 2.2.6 Maternity Cover

If an Insured Person is admitted in a hospital due to a condition arising from or traceable to pregnancy, childbirth including normal/ caesarean section and such hospitalization is medically necessary & recommended by the Medical Practitioner, then

- a) We will pay the **Daily Benefit** amount for the number of days Insured Person is Hospitalized for each continuous and completed period of 24 hours of Hospitalization
- b) Our maximum liability will be limited to the Daily Benefit amount, number of hospitalization days and applicable deductible Day/s specified in the Policy Schedule / Certificate of insurance or 35,000 whichever is lower.
- c) A maximum of two claims are payable in a lifetime
- d) These Benefits are admissible only if incurred in Hospital as in-patient in India
- e) Claims in respect of delivery for only first two children are covered.
- f) This benefit will be applicable only for Self or Spouse in a Policy.
- g) A waiting period, as specified in the schedule, is applicable for payment of any claim

related to normal delivery, caesarean section and complications of maternity (including and not limited to medical complications). The waiting period can be waived if additional premium is paid for the same.

### **3. TIME DEDUCTIBLE**

If an Insured Person has Opted for Time Deductible as specified in the policy schedule of Coverage in the Policy Schedule/Certificate of Insurance will be applied on each and every admissible Claim under the Policy.

### **4. EXCLUSIONS (Which Can be Waived off by Additional Premium)**

#### **4.1 Waiting Period**

The Company shall not be liable to make any payment unless opted for the Waiver of the exclusion/s, under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

##### **4.1.1 Pre-Existing Diseases (Code- Excl01)**

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

**List of applicable diseases for 36 months waiting period are:**

- Pre-Existing Diseases
- Age-related Osteoarthritis & Osteoporosis
- Schizophrenia (ICD code: F20 to F29)
- Psychosis (ICD code: F29)
- Dissociative and conversion disorder (ICD Code: F44.9)

##### **4.1.2 Specific Waiting Period: (Code- Excl02)**

- a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first policy with the Insurer. This exclusion shall not be applicable for claims arising due to an accident.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for pre- Existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

**List of applicable disease for 12 months waiting period are:**

- Pancreatitis and stones in biliary and urinary system
- Cataract, glaucoma and other disorders of lens, disorders of retina
- Hyperplasia of prostate, hydrocele and spermatocele
- Abnormal utero-vaginal bleeding, female genital prolapse, endometriosis/adenomyosis, fibroids, PCOD, or any condition requiring dilation and curettage or hysterectomy
- Hemorrhoids, fissure or fistula or abscess of anal and rectal region
- Hernia of all sites,
- Osteoarthritis, systemic connective tissue disorders, dorsopathies, spondylopathies, inflammatory polyarthropathies, arthrosis such as RA, gout, intervertebral disc disorders, arthroscopic surgeries for ligament repair
- Chronic kidney disease and failure
- Varicose veins of lower extremities
- All internal or external benign or in situ neoplasms/tumors, cyst, sinus, polyp, nodules, swelling, mass or lump
- Ulcer, erosion and varices of gastrointestinal tract
- Surgical treatment for diseases of middle ear and mastoid (including otitis media, cholesteatoma, perforation of tympanic membrane), Tonsils and adenoids, nasal septum and nasal sinuses
- Surgery of Genito-urinary system unless necessitated by malignancy
- Spinal disorders

#### **4.1.3 First Thirty Days Waiting Period (Code- Excl03)**

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

#### **4.2 Maternity Expenses (Code-Excl 18):**

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

### **5 EXCLUSIONS (Which Cannot be Waived off)**

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

#### **5.1 Investigation & Evaluation (Code- Excl04)**

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

#### **5.2 Exclusion Name: Rest Cure, rehabilitation and respite care (Code- Excl05)**

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

- i. Custodial care either at home or in a nursing facility for personal care such as help

with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

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

### **5.3 Obesity/ Weight Control(Code- Excl06)**

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

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

### **5.4 Change-of-Gender treatments: (Code- Excl07)**

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

### **5.5 Cosmetic or plastic Surgery: (Code- Excl08)**

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

### **5.6 Hazardous or Adventure sports: (Code- Excl09)**

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

### **5.7 Breach of law (Code-Excl10)**

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

### **5.8 Excluded Providers:(Code-Excl11)**

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

(Explanation: Details of excluded providers shall be provided with the policy document. Insurers to use various means of communication to notify the policyholders, such as e-mail, SMS about the updated list being uploaded in the website.)



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

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

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

**5.12 Refractive Error: (Code- Excl15)**

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

**5.13 Unproven Treatments:(Code- Excl16)**

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

**5.14 Birth control, Sterility and Infertility: (Code- Excl17)**

Expenses related to Birth Control, sterility and infertility. This includes:

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

**5.15 Any expenses incurred on Outpatient treatment (OPD treatment)**

**5.16 Circumcision unless necessary for treatment of a illness or injury not excluded hereunder or due to an accident.**

**5.17 Stem cell implantation/surgery except for a bone marrow transplant for haematological conditions.**

**5.18 Treatment taken outside the geographical limits of India. (Not applicable for Coverage Clause 2.2.5)**

**5.19 Dental treatment or Surgery of any kind unless requiring Hospitalization as a result of accidental Bodily Injury.**

**5.20 Injury or Disease caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not)**

**5.21 Treatment of any external Congenital Anomaly, or Illness or defects or anomalies or treatment relating to external birth defects.**

**5.22 Charges incurred in connection with cost of spectacles and contact lenses, hearing**

aids, routine eye and ear examinations, dentures, artificial teeth..

**5.23** Prostheses, corrective devices, medical appliances, external medical equipment used at home as post hospitalization care including cost of instrument used in the treatment of Sleep Apnea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.

**5.24** Any medical expenses incurred on new-born /children below age of 91 days will not be covered under the Policy.

**5.25** Day care Treatments” as defined under the policy are excluded from the scope of the Policy. (Not Applicable for Coverage Clause No. 2.2.2)

**5.26** Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.

**5.27** Act of self-destruction or self-inflicted Injury, attempted suicide or suicide.

## **6 GENERAL TERMS & CONDITIONS**

### **6.1 CONDITION PRECEDENT TO THE CONTRACT**

**6.1.1 Age** - A person shall be eligible to become an Insured Person if he/she is not younger than 91 days and not more than 75 years.

**6.1.2 Condition precedent** - This Policy requires fulfilment of the terms and conditions of this Policy, payment of premium (including payment of instalment premium by the due dates as mentioned in the Policy Schedule) and disclosure of information norm at all times by You or any one acting on Your behalf. This is a precondition to any liability under the Policy.

**6.1.3 Disclosure to Information Norm** - The Policy shall be void and all premium paid shall be forfeited to Us, in the event of misrepresentation, mis-description or non-disclosure of any Material Fact.

with all terms and conditions as may be imposed for electronic transactions that We may prescribe from time to time which shall be within the terms and conditions of the contract, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centres, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of Us, for and in respect of the Policy or its terms, shall constitute legally binding and valid transactions when done in adherence to and in compliance with Our terms and conditions for such facilities, as may be prescribed from time to time which shall be within the terms and conditions of the contract. However, the terms and condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDAI regulations for protection of policyholders' interests.

**6.1.5 No Constructive Notice** - Any knowledge or information of any circumstance or condition in relation to the Policyholder/ Insured Person which is in Our possession and not specifically informed by the Policyholder / Insured Person shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

### **6.2 CONDITIONS APPLICABLE DURING CONTRACT**

#### **Free Look Period -**

The Free Look Period shall be applicable at the inception of the Policy and not on renewal of the

time of porting the policy.

The insured shall be allowed a period of thirty days from date of receipt of the Policy, whether received electronically or otherwise, to review the terms and conditions of the Policy. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

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

**6.2.1 Alterations to the Policy** - The Proposal Form, declaration, Certificate, and Policy constitutes the complete contract of insurance. For any change(s) / alteration/ modification in contract You are requested to give us in writing. Any change that We make will be communicated to You by a written endorsement signed and stamped by Us. This Policy cannot be changed by any one (including an insurance agent or broker) except Us.

**6.2.2 Electronic Transactions** - The Policyholder / Insured Person agrees to adhere to and comply

**6.2.3 Migration**

The Insured Person will have the option to migrate the policy to other health insurance products/plans offered by the Company by applying for migration of the policy at least

30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Person will get all the accrued continuity benefits in waiting periods as per the IRDAI guidelines on migration.

[https://www.rahejaqbe.com/frontend/images/health-basic-guideline/pdf/download/Portability\\_Migration\\_Guideline.pdf](https://www.rahejaqbe.com/frontend/images/health-basic-guideline/pdf/download/Portability_Migration_Guideline.pdf)

**6.2.4 Portability**

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the premium due date of his/her existing policy as per extant guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health

insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per extant guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link -

[https://www.rahejaqbe.com/frontend/images/health-basic-guideline/pdf/download/Portability\\_Migration\\_Guideline.pdf](https://www.rahejaqbe.com/frontend/images/health-basic-guideline/pdf/download/Portability_Migration_Guideline.pdf)

**6.2.5 Fraud**

If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf

to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

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

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

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

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

#### **6.2.6 Nomination**

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

#### **6.2.7 Cancellation of Policy –**

- a) The policyholder may cancel this policy by giving 7 days written notice.
- b) In case the Policyholder requests cancellation of the Policy, where no claims are made under the Policy, the Company shall refund proportionate premium for the unexpired policy period on prorated basis.
- c) In case the Policyholder requests for cancellation of the Policy, where there are claims made under the Policy, then there shall be no refund of premium for the unexpired policy period.
- d) The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud or non-cooperation by the insured person by giving 15 days' written notice. There would be no refund of premium upon cancellation on the abovementioned grounds.



**6.2.8 Multiple Policies**

If two or more policies are taken by You from one or more insurers during the period for which You are covered under this Policy, the contribution clause shall not be applicable and We will make the claim payments independent of payments received under other similar policies in respect of the covered event.

**6.2.9 Communication & Notices –**

- i) Any notice, direction or instruction under this Policy shall be in writing and if it is:
  - To any Insured Person, then it shall be sent to You at Your last updated address as shown in Our records and You shall act for all Insured Persons for these purposes.
  - To Us, it shall be delivered to Our address specified in the Schedule.
- ii) No insurance agents, brokers or other person or entity is authorized to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing.
- iii) Notice and instructions will be deemed served ten (10) days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.
- iv) You must immediately bring to Our notice any change in the address or contact details. If You fail to inform Us, We shall send notice to the last known address and it would be considered that the notice has been sent to You.
- v) You shall immediately notify Us in writing in regard to change in occupation / business at Your own expense and We may adjust the scope of cover and/or premium after analyzing the risk of such a change, if necessary, accordingly.

**Note: Please include Your Policy number for any communication with Us.**

**6.2.10 Geography –**

This Policy covers for events within the territorial limits of India except for cover – International Emergency Benefit & Accidental Death Benefit. However, all payments under this Policy will only be made in Indian Rupees.

**6.2.11 Territorial Limits and Law**

- a. This cover is offered to Resident of India and persons of Indian Nationality
- b. We cover Occupational Disability due to an Injury or Illness sustained by the Insured Person during the Policy Period anywhere in the World.
- c. The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian Law.
- d. The Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an endorsement on the Policy Schedule

**6.2.12 Group Administrator –**

The Group Administrator i.e. Policyholder shall take all reasonable steps to cover their members or employees of the company and ensure timely payment of premium in respect of the persons covered. The Group administrator will collect premium from members wherever applicable as mentioned in the Group/Master policy issued to the Group administrator. The Group administrator will neither charge more premium nor alter the scope of coverage offered under the Group/Master policy.

Group/Master policy will be issued to the group administrator and all members wherever required will be provided with the certificate of insurance by Us. Wherever mutually agreed group administrator will issue the certificate of insurance to its member as per agreed terms and conditions and in the format prescribed by us and shall keep the record of such issuance. We reserve the right to inspect the record at any time to ensure that terms and conditions of group policy and provisions of IRDAI group guidelines contained in Master

Circular on Operations and Allied Matters of Insurers 2024 - Health Insurance & Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024 or any amendment thereof from time to time. We may also require submission of certificate of compliance from Your Group Administrator auditors.

The Group administrator will provide all possible help to its member and facilitate any service required under the Policy including claims. Notwithstanding this a member of the group covered under the Policy shall be free to contact Us directly for filing the claim or any assistance required under the Policy.

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

- i. Grace Period as per defined under 1.22 would be given to Pay the instalment premium due for the Policy.
- ii. During such grace period, availability of coverage will be as defined under 1.22
- iii. The Benefits provided under – “Waiting Periods”, “Specific Waiting Periods” Sections shall continue in the event of payment of Premium within the stipulated grace Period.
- iv. No interest will be charged If the installment premium is not paid on due date.
- v. In case of installment premium due not received within the grace period, the Policy will get cancelled.

Options	Instalment Premium Option	Grace Period Applicable
Option 1	Yearly	30 Days
Option 2	Half Yearly	30 Days
Option 3	Quarterly	30 Days
Option 4	Monthly	15 Days

- vi. In case of failure of transaction in ECS mode of payment and/or instalment premium due not received within the grace period, the policy will get cancelled and fresh policy would be issued with fresh waiting periods after obtaining consent from the customer.
- vii. In case of change in terms and conditions of the policy contract or in premium rate, the ECS authorization shall be obtained afresh ensuring an informed choice to the policy holder.
- viii. The insurer can withdraw ECS mode of payment by giving 15 days" notice prior to the due date of premium payable.

#### **IMPORTANT POINTS TO BE NOTED WHILE OPTING FOR INSTALMENT PREMIUM PAYMENT VIA ELECTRONIC CLEARING SERVICE (ECS)**

1. Completely filled & signed Electronic Clearing Service Mandate Form is mandatory.
2. Ensure that the Premium amount which would be auto debited & frequency of instalment is duly filled in the ECS Mandate form.
3. New ECS Mandate Form is required to be filled in case of any change in the Premium due to change of Daily Benefit Amount / age / coverages/revision in premium.
4. You need to inform us at least 15 days prior to the due date of instalment premium if you wish to discontinue with the ECS facility.
5. Non-payment of premium on due date as opted by You in the mandate form

subject to a additional days of relaxation period as defined under 1.22.

**6.2.14 Protection of Policy Holders Interest** - This Policy is subject to Master Circular on Operations and Allied Matters of Insurers 2024 - Health Insurance & Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024 or any amendment thereof from time to time.

#### **6.2.15 Policy Dispute**

Any and all disputes or differences concerning the interpretation of the coverage, terms, conditions, limitations and/ or exclusions under this Policy shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

**6.2.16 Records to be maintained** - You or the Insured Person, as the case may be shall keep an accurate record containing all medical records pertaining to the treatment taken for any liability under the policy and shall allow Us or Our representative(s) to inspect such records. You or the Insured Person as the case may be, shall furnish such information as may be required by Us under this Policy at any

time during the Policy Period and up to three years after the Policy expiration, or until final adjustment (if any) and resolution of all claims under this Policy.

**6.2.17 Revision & Modification of Product** - Any revision or modification will be done with the approval of the Authority. We shall notify You about revision / modification in the product including premium. Such information shall be given to You prior to the effective date of modification or revision coming into effect.

**6.2.18 Termination of Policy** - This Policy terminates on earliest of the following events-

- a) Cancellation of Policy as per the cancellation provision.
- b) On the policy expiry date.

#### **6.2.19 Withdrawal of Product**

The product will be withdrawn only after due approval from the Authority. We will inform the Policyholder in the event We may decide to withdraw the product.

In such cases, where Policy is falling due for Renewal within 90 days from the date of withdrawal, We will provide the Policyholder one time option to renew the existing Policy with us or migrate to modified or new suitable health insurance policy with Us. Any Policy falling due for Renewal after 90 days from the date of withdrawal will have to migrate to a modified or new suitable health insurance policy with Us.

Individual members will also have an option to opt for suitable health insurance Policy with Us subject to applicable Portability norms in vogue.

#### **6.2.20 Moratorium Period**

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

#### **6.2.21 Entire Contract**

The Policy and the Proposal form constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, for which

approval shall be evidenced by an endorsement on the Policy Schedule

#### **6.2.22 Due Care**

The Insured Person shall take all reasonable steps to safeguard the Insured's interests against loss or damage that may give rise to a claim.

### **6.3 CONDITIONS FOR RENEWAL OF CONTRACT**

**6.3.1 Continuity** - Insured Person would have an option to migrate to Our individual health insurance plans if the group Policy is discontinued or if Insured Person is leaving the group on account of resignation, retirement, termination of employment or otherwise, subject to Our underwriting guidelines. Dependent children likewise when exiting on account of reaching upper age limit will have an option to migrate to Our individual health insurance plans subject to Our underwriting guidelines. Insured Person will be entitled for accrued continuity benefits as per prevailing portability guidelines issued by the Authority.

#### **6.3.2 Renewal Terms –**

- a. This Policy may be renewed by mutual consent and in such event; the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof.
- b. Renewal will not be refused by Us except on grounds of established fraud or non-disclosure, moral hazard or misrepresentation by the insured person, provided that the policy is not withdrawn and also subject to conditions stated under clause 6.2.19
- c. The Policyholder shall throughout the period of insurance keep and maintain a record containing the names of all the Insured Persons. The Policyholder shall declare to the company any additions in the number of Insured Persons as and when arising during the period of insurance and shall pay the additional premium as agreed
- d. It is hereby agreed and understood that, this insurance being a group policy availed by the Insured covering members, the benefit thereof would not be available to members who cease to be part of the group for any reason whatsoever.
- e. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy. Coverage during the grace period will be as defined under 1.22.
- f. If not renewed within Grace Period after due renewal date, the Policy shall terminate.

### **7 CONDITIONS WHEN A CLAIM ARISES**

- 7.1 Complete Discharge** - Payment made by Us to You /Assignee/Nominee/legal representative, as the case may be, in respect of any benefit under the Policy shall in all cases be complete and construe as an effectual discharge in favor of Us.
- 7.2 Disclaimer of Claim** - If Company disclaim liability to the Insured for any claim and if the insured within twelve (12) calendar months from the date of receipt of the notice of such disclaimer does not, notify the Company in writing that he does not accept such disclaimer and intends to recover his claim from the Company, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under the policy.
- 7.3 Physical Examination** - Any Medical Practitioner authorized by the Us shall be allowed to examine the Insured Person in case of any alleged disease/Illness/Injury requiring Hospitalization. Non-co-operation by the Insured Person will result into rejection of claim. We will bear the cost towards performing such medical examination (at the specified location) of the Insured Person.
- 7.4 Claims Process & Management**

In the event of any claim under the Policy, completed claim form and required documents



must be furnished to Us within the stipulated time. Failure to furnish this documentation within the stipulated time shall not invalidate nor reduce any claim if You can satisfy Us that it was not reasonably possible for You to submit / give proof within such time.

**7.5 Policyholder's / Insured Person's duties at the time of Claim** On occurrence of an event which will eventually lead to a Claim under this Policy, the Policyholder / Insured Person shall:

- a) Forthwith intimate the Claim in accordance with claim intimation section of this Policy.
- b) If so requested by Us, the Insured Person will have to submit himself / herself for a medical examination including any Pathological / Radiological examination by Independent Medical Practitioner as often as it is considered reasonable and necessary. The cost of such examination will be borne by Us.
- c) Allow the Medical Practitioner or any of Our representatives to inspect the medical and Hospitalization records, investigate the facts.
- d) Assist and not hinder or prevent Our representatives in pursuance of their duties for ascertaining the admissibility of the Claim under the Policy.

**7.6 Claim Intimation:**

Upon the occurrence of any event, that may give rise to a claim under this Policy, the Policyholder / Insured Person or Nominee, must notify Us immediately at the call centre or in writing within seven (7) days of occurrence of such event.

The following details are to be provided to Us at the time of intimation of Claim:

- Policy Number
- Certificate Number
- Name of the Primary Insured
- Name of the Insured Person in whose relation the Claim is being lodged
- Nature of Illness / Injury
- Name and address of the attending Medical Practitioner and Hospital
- Hospitalization period
- Any other information as requested by Us

**7.7 Claims Documents**

In case of any Claim for the covered Benefit, the indicative list of documents as mentioned below shall be provided by the Policyholder/Insured Person, immediately but not later than 15 days of event, to avail the Claim.

We may consider the delay in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which the Insured Person was placed, it was not possible for him or any other person to give notice or file claim within the prescribed time limit. However, no proof will be accepted if furnished later than one (1) year from the time the loss occurred. Requirement of all or any of the following documents will depend on the nature of claim.

**Documents required for Claims processing:**

1. Claim Form Duly Filled and Signed (Original)
2. Copy of attested Hospital summary / Discharge Summary / Death Summary wherever applicable.
3. Final Hospital Bill with Bill break up and receipt (photocopy)
4. Copy of attested Death Certificate issued by Hospital and Local Authority, if applicable.
5. MLC/FIR Report/Post Mortem Report (if applicable and conducted) duly attested by concern authority.
6. Copy of KYC documents (Photo ID proof, Pan Card, Aadhar Card etc.)
7. Cancelled cheque for NEFT payment
8. Proof of loss of income (Applicable for Loss of income cover, if opted). Salary

Slip for Salaried person and proof of occupation for self-employed person.

### 7.8 Scrutiny of Claim Documents

- a) We shall scrutinize the Claim and accompanying documents. Any deficiency in documents shall be intimated within five (5) days of its receipt.
- b) If the deficiency in the submitted Claim documents is not furnished or partially furnished within ten (10) working days of the first notification, We shall send a reminder of the same every ten (10) days thereafter.
- c) We will send a maximum of three (3) reminders following which, We will send a rejection letter after 15 days from last reminder.

### 7.9 Claim Investigation

We may investigate Claims at Our own discretion to determine the validity of Claim. Such investigation may be concluded within thirty (30) days from the date of receipt of last necessary document of the Claim. Verification carried out, if any, will be done by individuals or entities authorized by Us to carry out such verification/investigation(s) and the costs for such verification/ investigation shall be borne by Us.

#### 7.10 Settlement & Repudiation of a Claim

We shall ordinarily settle a Claim including rejection within 30 days of the receipt of the last "necessary" documents. However, where the circumstances of a claim warrant an investigation it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document.

In such cases, we shall settle the claim within 45 days from the date of receipt of last necessary document / information.

In case of delay in the payment beyond the stipulated timelines, We shall be liable to pay interest at the rate of two percent (2%) above the Bank Rate or as per the applicable / extant IRDAI regulation. Such interest shall be paid from the date of the receipt of last relevant and necessary document from the insured /claimant by us till the date of the actual payment.

#### 7.11 Payment Terms

- a) All Claims will be payable in India and in Indian rupees.
- b) We will only make payment to the Insured Person / Policyholder under this Policy. The receipt of payment by the Insured Person / Policyholder shall be considered as a complete discharge of Our liability against any claim under this Policy. In the event of Your death, We will make payment to the Nominee / Assignee (as named in the Policy Schedule/ Certificate of Insurance). In case where a Nominee(s)/Assignee has not been mentioned in the Proposal Form, the claim payment shall be made as per Indian succession law.
- c) If premium is payable in instalments and not paid on or before the due date then We will not pay for any claim that occurs during the relaxation period unless the instalment premium is paid by You within the relaxation period. We shall have the rights to recover and deduct the pending instalment premium towards the insured person who has claimed prior to the instalment due date from the claim amount due under the Policy.

#### Reference links:

List of TPA - <https://www.rahejaqbe.com/claims/health-claims>

List of Blacklisted hospitals - <https://www.rahejaqbe.com/hospital-locator>

### 8 Redressal of Grievance

In case of any grievance the Insured Person may contact the company through

**Website:** [www.rahejaqbe.com](http://www.rahejaqbe.com)

**Toll free:** 1800-102- 7723 (9 am to 8 pm, Monday to Saturday)

**Your Kind  
of Insurance**

**E-mail:** [customercare@rahejaqbe.com](mailto:customercare@rahejaqbe.com)

**Telephone:** 022 - 69155050

**For Senior Citizen:** 1800-102- 7723 (9 am to 8 pm, Monday to Saturday)

**E-mail:** [seniorcitizencare@rahejaqbe.com](mailto:seniorcitizencare@rahejaqbe.com)

**Courier:** Any branch office or the correspondence address, during normal business hours

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at:

**RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED**

Raheja QBE General Insurance Company Limited

Fulcrum, 501 & 502, A Wing, 5th Floor, IA Project Road, Sahar

Andheri East, Mumbai 400059, India

Tel: 022 - 69155050

**Website:** [www.rahejaqbe.com](http://www.rahejaqbe.com)

**Email:** [complaintsofficer@rahejaqbe.com](mailto:complaintsofficer@rahejaqbe.com)

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

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

If Insured person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of Ombudsman offices are mentioned below:

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat, UT of Dadra and Nagar Haveli, Damanand Diu	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6 <sup>th</sup> floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02/05/06, Email: <a href="mailto:bimalokpal.ahmedabad@cioins.co.in">bimalokpal.ahmedabad@cioins.co.in</a>
Karnataka	Office of the Insurance Ombudsman, Jeevan soudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24 <sup>th</sup> Main Road, JP Nagar, 1 <sup>st</sup> Phase, Bengaluru 560078. Tel.: 080-26652048/26652049, Email: <a href="mailto:bimalokpal.bengaluru@cioins.co.in">bimalokpal.bengaluru@cioins.co.in</a>
Madhya Pradesh and Chhattisgarh	Office of the Insurance Ombudsman, 1st floor, Jeevan Shikha, 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462011. Tel.: 0755-2769201/2769202, Email: <a href="mailto:bimalokpal.bhopal@cioins.co.in">bimalokpal.bhopal@cioins.co.in</a>
Odisha	Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar – 750009. Tel.: 0674-2596461/2586455. Email: <a href="mailto:bimalokpal.bhubaneswar@cioins.co.in">bimalokpal.bhubaneswar@cioins.co.in</a>

Punjab, Haryana(excluding Gurugram, Faridabad,Sonepat and Bahadurgarh),, Himachal Pradesh, Jammu and Kashmir, UT of Chandigarh	Office of the Insurance Ombudsman, Jeevan Deep Building, SCO 20-27, Ground Floor, Sector- 17 A, Chandigarh - 160017 Tel.: 0172 - 4646394 / 2706468 Email: <a href="mailto:bimalokpal.chandigarh@cioins.co.in">bimalokpal.chandigarh@cioins.co.in</a>
Tamil Nadu, UT-Puducherry Town and Karaikal (which are part of UT of Puducherry)	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4 <sup>th</sup> Floor,453, Anna Salai, Teynampet, Chennai 600 018. Tel. 044 – 24333668/ 24333678. Email.: <a href="mailto:bimalokpal.chennai@cioins.co.in">bimalokpal.chennai@cioins.co.in</a>
Delhi	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110002. Tel. 011- 23239633/23237532, Email.: <a href="mailto:bimalokpal.delhi@cioins.co.in">bimalokpal.delhi@cioins.co.in</a>
Assam, Meghalaya, Manipur, Mizoram, ArunachalPradesh, Nagaland and Tripura	Office of the Insurance Ombudsman, Jeevan Nivesh, 5 <sup>th</sup> Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361 - 2632204 / 2602205, Email.: <a href="mailto:bimalokpal.guwahati@cioins.co.in">bimalokpal.guwahati@cioins.co.in</a>
Andhra Pradesh, Telangana and UT of Yanam-apart of the UT of Puducherry	Office of the Insurance Ombudsman, 6-2-46, 1 <sup>st</sup> Floor, “Moin court”,Lane Opp., Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad – 500004. Tel.: 040 - 23312122, Email.: <a href="mailto:bimalokpal.hyderabad@cioins.co.in">bimalokpal.hyderabad@cioins.co.in</a>
Rajasthan	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg, Gr. Floor, Bhawani Singh Marg, Jaipur – 302005. Tel.: 0141- 2740363/2740798, Email.: <a href="mailto:bimalokpal.jaipur@cioins.co.in">bimalokpal.jaipur@cioins.co.in</a>
Kerala, UT of (a) Lakshadweep, (b) Mahe-a part of UT of Puducherry	Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College, M.G. Road, Kochi- 682011., Tel.: 0484–2358759 Email.: <a href="mailto:bimalokpal.ernakulam@cioins.co.in">bimalokpal.ernakulam@cioins.co.in</a>
West Bengal, UT of Andaman and Nicobar Islands, Sikkim	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072.. Tel. 033 - 22124339 / 22124341 Email.: <a href="mailto:bimalokpal.kolkata@cioins.co.in">bimalokpal.kolkata@cioins.co.in</a>
Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti,	Office of the Insurance Ombudsman, 6th Floor, Jeevan bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow – 226001. Tel.: 0522- 2231330/2231331. Email: <a href="mailto:bimalokpal.lucknow@cioins.co.in">bimalokpal.lucknow@cioins.co.in</a>



Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	
Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane	Office of the Insurance Ombudsman, 3rd Floor, Jeevan seva Annexe, S.V. Road, Santacruz (W), Mumbai – 400054. Tel.: 022 - 69038800/27/29/31/32/33. Email: <a href="mailto:bimalokpal.mumbai@cioins.co.in">bimalokpal.mumbai@cioins.co.in</a>
State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	Office of the Insurance Ombudsman, Bhagwansahai Palace, 4th floor, Main Road, Naya Bans, Sector 15, Distt: gautambhuddh Nagar, U.P – 201301. Tel.: 0120-2514252 / 2514253 Email: <a href="mailto:bimalokpal.noida@cioins.co.in">bimalokpal.noida@cioins.co.in</a>
Bihar, Jharkhand	Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel: 0612-2547068 Email: <a href="mailto:bimalokpal.patna@cioins.co.in">bimalokpal.patna@cioins.co.in</a>
Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region	Office of the Insurance Ombudsman, Jeevan Darshan Bldg, 3rd floor, C.T.S. No.s 195 to198, N.C. Kelkar Road, Narayan Peth, Pune- 411030 Tel: 020-24471175, Email: <a href="mailto:bimalokpal.pune@cioins.co.in">bimalokpal.pune@cioins.co.in</a>

The details of Insurance Ombudsman are available on website:

<https://www.cioins.co.in/Ombudsman>

On the website of General Insurance Council: [www.gicouncil.in](http://www.gicouncil.in) and our website [www.rahejaqbe.com](http://www.rahejaqbe.com) or from any of the Our offices.

## ANNEXURE II: INDICATIVE LIST OF DAY CARE PROCEDURES

Sr N	Procedure Name	Sr N	Procedure Name
1	Coronary Angiography	40	Adenoidectomy
2	Insert Non - Tunnel Cv Cath	41	Labyrinthectomy For Severe Vertigo
3	Insert Picc Cath (Peripherally Inserted Central Catheter )	42	Stapedectomy Under Ga
4	Replace Picc (Peripherally Inserted Cath Central d	43	Stapedectomy Under La
5	Insertion Catheter, Intra Anterior	44	Tympanoplasty (Type IV)
6	Insertion Of Portacath	45	Endolymphatic Sac Surgery For Meniere's Disease
7	Suturing Lacerated Lip	46	Turbinectomy
8	Suturing Oral Mucosa	47	Endoscopic Stapedectomy
9	Oral Biopsy In Case Of Abnormal Tissue Presentation	48	Incision And Drainage Of Perichondritis
10	Myringotomy With Grommet Insertion	49	Septoplasty
11	Tympanoplasty (closure Of An Eardrum Perforation reconstruction Of The Auditory Ossicles)	50	Vestibular Nerve Section
12	Removal Of A Tympanic Drain	51	Thyroplasty Type I
13	Keratoses Removal Under Ga	52	Pseudocyst Of The Pinna - Excision
14	Operations On The Turbinates (nasal Concha)	53	Incision And Drainage - Haematoma
15	Removal Of Keratoses Obturans	54	Tympanoplasty (Type II)
16	Stapedotomy To Treat Various Lesions In Middle Ear	55	Reduction Of Fracture Of Nasal Bone
17	Revision Of A Stapedectomy	56	Thyroplasty (Type II)
18	Other Operations On The Auditory	57	Tracheostomy
19	Myringoplasty (post-aural/endastral As Well As Simple Type-i Tympanoplasty)	58	Excision Of Angioma Septum
20	Fenestration Of The Inner Ear	59	Turbineoplasty
21	Revision Of A Fenestration Of The Inner	60	Incision & Drainage Of Retro Pharyngeal Abscess
22	Palatoplasty	61	Uvulo Palato Pharyngo Plasty
23	Transoral Incision And Drainage Of A Pharyngeal Abscess	62	Adenoidectomy With Grommet Insertion
24	Tonsillectomy Without Adenoidectomy	63	Adenoidectomy Without Grommet
25	Tonsillectomy With Adenoidectomy	64	Vocal Cord Lateralisation Procedure
26	Excision And Destruction Of A Lingual	65	Incision & Drainage Of Para Pharyngeal Abscess
27	Revision Of A Tympanoplasty	66	Tracheoplasty
28	Other Microsurgical Operations On The	67	Cholecystectomy
		68	Choledochal-jejunosomy
		69	Duodenostomy

	Middle Ear		
29	Incision Of The Mastoid Process And Middle Ear	70	Gastrostomy
30	Mastoidectomy	71	Exploration Common Bile Duct
31	Reconstruction Of The Middle Ear	72	Esophagoscopy.
32	Other Excisions Of The Middle And Inner Ear	73	Gastroscopy
33	Incision (opening) And Destruction (elimination) Of The Inner Ear	74	Duodenoscopy with Polypectomy
		75	Removal of Foreign Body
34	Other Operations On The Middle And Inner Ear	76	Diathery Of Bleeding Lesions
35	Excision And Destruction Of Diseased Tissue Of The Nose	77	Pancreatic Pseudocyst Eus & Drainage
36	Other Operations On The Nose	78	Rf Ablation For Barrett's Oesophagus
37	Nasal Sinus Aspiration	79	Ercp And Papillotomy
38	Foreign Body Removal From Nose	80	Esophagoscope And Sclerosant Injection
39	Other Operations On The Tonsils And Adenoids	81	Eus + Submucosal Resection
82	Construction Of Gastrostomy Tube	130	Infected Lipoma Excision
83	Eus + Aspiration Pancreatic Cyst	131	Maximal Anal Dilatation
84	Small Bowel Endoscopy (therapeutic)	132	Piles
85	Colonoscopy ,lesion Removal	133	A) Injection Sclerotherapy
86	ERCP	134	B) Piles Banding
87	Colonoscopy Stenting Of Stricture	135	Liver Abscess- Catheter Drainage
88	Percutaneous Endoscopic Gastrostomy	136	Fissure In Ano- Fissurectomy
89	Eus And Pancreatic Pseudo Cyst Drainage	137	Fibroadenoma Breast Excision
90	ERCP And Choledochoscopy	138	Oesophageal Varices Sclerotherapy
91	Proctosigmoidoscopy Volvulus Detorsion	139	ERCP - Pancreatic Duct Stone Removal
92	ERCP And Sphincterotomy	140	Perianal Abscess I&d
93	Esophageal Stent Placement	141	Perianal Hematoma Evacuation
94	ERCP + Placement Of Biliary Stents	142	Ugi Scopy And Polypectomy Oesophagus
95	Sigmoidoscopy W / Stent	143	Breast Abscess I & D
96	Eus + Coeliac Node Biopsy	144	Feeding Gastrostomy
97	Ugi Scopy And Injection Of Adrenaline, Sclerosants Bleeding Ulcers	145	Oesophagoscopy And Biopsy Of Growth Oesophagus
		146	ERCP - Bile Duct Stone Removal
98	Incision Of A Pilonidal Sinus / Abscess	147	Ileostomy Closure
99	Fissure In Ano Sphincterotomy	148	Colonoscopy

100	Surgical Treatment Of A Varicocele And A Hydrocele Of the Spermatic Cord	149	Polypectomy Colon
		150	Splenic Abscesses Laparoscopic Drainage
101	Orchidopexy	151	Ugi Scopy And Polypectomy Stomach
102	Abdominal Exploration In Cryptorchidism	152	Rigid Oesophagoscopy For Fb Removal
103	Surgical Treatment Of Anal Fistulas	153	Feeding Jejunostomy
104	Division Of The Anal Sphincter (sphincterotomy)	154	Colostomy
105	Epididymectomy	155	Ileostomy
106	Incision Of The Breast Abscess	156	Colostomy Closure
107	Operations On The Nipple	157	Submandibular Salivary Duct Stone Removal
108	Excision Of Single Breast Lump	158	Pneumatic Reduction Of Intussusception
109	Incision And Excision Of Tissue In The Perianal Region	159	Varicose Veins Legs - Injection Sclerotherapy
110	Surgical Treatment Of Hemorrhoids	160	Rigid Oesophagoscopy For Plummer Vinson Syndrome
111	Other Operations On The Anus	161	Pancreatic Pseudocysts Endoscopic Drainage
112	Ultrasound Guided Aspirations	162	Zadek's Nail Bed Excision
113	Sclerotherapy, Etc	163	Subcutaneous Mastectomy
114	Laparotomy For Grading Lymphoma With Splenectomy.	164	Excision Of Ranula Under Ga
115	Laparotomy For Grading Lymphoma with Liver Biopsy	165	Rigid Oesophagoscopy For Dilation Of Benign Strictures
116	Laparotomy For Grading Lymphoma with Lymph Node Biopsy	166	Eversion Of Sac
117	Therapeutic Laparoscopy With Laser	167	Unilateral
118	Appendicectomy With Drainage	168	Bilateral
119	Appendicectomy without Drainage	169	Lord's Plication
120	Infected Keloid Excision	170	Jaboulay's Procedure
121	Axillary Lymphadenectomy	171	Scrotoplasty
122	Wound Debridement And Cover	172	Circumcision For Trauma
123	Abscess-decompression	173	Meatoplasty
124	Cervical Lymphadenectomy	174	Intersphincteric Abscess Incision And Drainage
125	Infected Sebaceous Cyst	175	Psoas Abscess Incision And Drainage
126	Inguinal Lymphadenectomy	176	Thyroid Abscess Incision And Drainage
127	Incision And Drainage Of Abscess	177	Tips Procedure For Portal Hypertension
128	Suturing Of Lacerations	178	Esophageal Growth Stent
129	Scalp Suturing	179	Pair Procedure Of Hydatid Cyst Liver
180	Tru Cut Liver Biopsy	228	Laparoscopic Paraovarian Cyst Excision

181	Photodynamic Therapy Or Esophageal Tumour And Lung Tumour	229	Uterine Artery Embolization
		230	Laparoscopic Cystectomy
182	Excision Of Cervical Rib	231	Hymenectomy( Imperforate Hymen)
183	Laparoscopic Reduction Of Intussusception	232	Endometrial Ablation
184	Microdochectomy Breast	233	Vaginal Wall Cyst Excision
185	Surgery For Fracture Penis	234	Vulval Cyst Excision
186	Sentinel Node Biopsy	235	Laparoscopic Paratubal Cyst Excision
187	Parastomal Hernia	236	Repair Of Vagina ( Vaginal Atresia )
188	Revision Colostomy	237	Hysteroscopy, Removal Of Myoma
189	Prolapsed Colostomy- Correction	238	Turbt
190	Testicular Biopsy	239	Ureterocoele Repair - Congenital Internal
191	Laparoscopic Cardiomyotomy( Hellers)	240	Vaginal Mesh For Pop
192	Sentinel Node Biopsy Malignant Melanoma	241	Laparoscopic Myomectomy
193	Laparoscopic Pyloromyotomy( Ramstedt)	242	Surgery For Sui
194	Operations On Bartholin's Glands (cyst)	243	Repair Recto- Vagina Fistula
195	Incision Of The Ovary	244	Pelvic Floor Repair( Excluding Fistula Repair)
196	Insufflations Of The Fallopian Tubes	245	URS + LL
197	Other Operations On The Fallopian Tube	246	Laparoscopic Oophorectomy
198	Dilatation Of The Cervical Canal	247	Normal Vaginal Delivery And Variants
199	Conisation Of The Uterine Cervix	248	Facial Nerve Glycerol Rhizotomy
200	Therapeutic Curettage With Colposcopy.	249	Spinal Cord Stimulation
201	Therapeutic Curettage With Biopsy	250	Motor Cortex Stimulation
202	Therapeutic Curettage With Diathermy	251	Stereotactic Radiosurgery
203	Therapeutic Curettage With Cryosurgery	252	Percutaneous Cordotomy
204	Laser Therapy Of Cervix For Various Lesions Of Uterus	253	Intrathecal Baclofen Therapy
205	Other Operations On The Uterine Cervix	254	Entrapment Neuropathy Release
206	Incision Of The Uterus (hysterectomy)	255	Diagnostic Cerebral Angiography
207	Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas	256	Vp Shunt
		257	Ventriculoatrial Shunt
208	Incision Of Vagina	258	Radiotherapy For Cancer
209	Incision Of Vulva	259	Cancer Chemotherapy
210	Culdotomy	260	IV Push Chemotherapy
211	Salpingo-oophorectomy Via Laparotomy	261	HBI - Hemibody Radiotherapy
212	Endoscopic Polypectomy	262	Infusional Targeted Therapy



213	Hysteroscopic Removal Of Myoma	263	SRT - Stereotactic Arc Therapy
214	D&C	264	Sc Administration Of Growth Factors
215	Hysteroscopic Resection Of Septum	265	Continuous Infusional Chemotherapy
216	Thermal Cauterisation Of Cervix	266	Infusional Chemotherapy
217	Mirena Insertion	267	CCRT - Concurrent Chemo + Rt
218	Hysteroscopic Adhesiolysis	268	2D Radiotherapy
219	Leep	269	3D Conformal Radiotherapy
220	Cryocauterisation Of Cervix	270	IGRT - Image Guided Radiotherapy
221	Polypectomy Endometrium	271	IMRT - Step & Shoot
222	Hysteroscopic Resection Of Fibroid	272	Infusional Bisphosphonates
223	Lletz	273	IMRT - DMLC
224	Conization	274	Rotational Arc Therapy
225	Polypectomy Cervix	275	Tele Gamma Therapy
226	Hysteroscopic Resection Of Endometrial Polyp	276	FSRT - Fractionated Srt
227	Vulval Wart Excision	277	VMAT - Volumetric Modulated Arc Therapy
278	SBRT - Stereotactic Body Radiotherapy	324	Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues
279	Helical Tomotherapy		
280	SRS - Stereotactic Radiosurgery	325	Free Skin Transplantation, Donor Site
281	X - Knife Srs	326	Free Skin Transplantation, Recipient Site
282	Gammaknife Srs	327	Revision Of Skin Plasty
283	TBI - Total Body Radiotherapy	328	Other Restoration And Reconstruction Of The Skin And Subcutaneous Tissues
284	Intraluminal Brachytherapy		
285	TSET - Total Electron Skin Therapy	329	Chemosurgery To The Skin
286	Extracorporeal Irradiation Of Blood Products	330	Destruction Of Diseased Tissue In The Skin And Subcutaneous Tissues
287	Telecobalt Therapy		
288	Telecesium Therapy	331	Reconstruction Of Deformity/defect In Nail Bed
289	External Mould Brachytherapy	332	Excision Of Bursitis
290	Interstitial Brachytherapy	333	Tennis Elbow Release
291	Intracavity Brachytherapy	334	Incision, Excision And Destruction Of Diseased Tissue Of The Tongue
292	3D Brachytherapy		
293	Implant Brachytherapy	335	Partial Glossectomy
294	Intravesical Brachytherapy	336	Glossectomy
295	Adjuvant Radiotherapy	337	Reconstruction Of The Tongue
296	Afterloading Catheter Brachytherapy	338	Other Operations On The Tongue

297	Conditioning Radiotherapy For Bmt	339	Surgery For Cataract
298	Nerve Biopsy	340	Incision Of Tear Glands
299	Muscle Biopsy	341	Other Operations On The Tear Ducts
300	Epidural Steroid Injection	342	Incision Of Diseased Eyelids
301	Extracorporeal Irradiation To The Homologous Bone Grafts	343	Excision And Destruction Of Diseased Tissue Of The Eyelid
302	Radical Chemotherapy	344	Operations On The Canthus And Epicanthus
303	Neoadjuvant Radiotherapy	345	Corrective Surgery For Entropion And Ectropion
304	LDR Brachytherapy	346	Corrective Surgery For Blepharoptosis
305	Palliative Radiotherapy	347	Removal Of A Foreign Body From The Conjunctiva
306	Radical Radiotherapy	348	Removal Of A Foreign Body From The Cornea
307	Palliative Chemotherapy	349	Incision Of The Cornea
308	Template Brachytherapy	350	Operations For Pterygium
309	Neoadjuvant Chemotherapy	351	Other Operations On The Cornea
310	Adjuvant Chemotherapy	352	Removal Of A Foreign Body From The Lens Of The Eye
311	Induction Chemotherapy	353	Removal Of A Foreign Body From The Posterior Chamber Of The Eye
312	Consolidation Chemotherapy		
313	Maintenance Chemotherapy	354	Removal Of A Foreign Body From The Orbit And Eyeball
314	HDR Brachytherapy	355	Correction Of Ptosis By Levator Palpebrae Superioris Resection (bilateral)
315	Incision And Lancing Of A Salivary Gland And A Salivary Duct		
316	Excision Of Diseased Tissue Of A Salivary Gland And A Salivary Duct	356	Correction Of Eyelid Ptosis By Fascia Lata Graft (bilateral)
		357	Diathermy/cryotherapy To Treat Retinal Tear
317	Resection Of A Salivary Gland	358	Anterior Chamber Paracentesis.
318	Reconstruction Of A Salivary Gland And A Salivary Duct	359	Anterior Chamber Cyclodiathermy
319	Other Operations On The Salivary Glands And Salivary Ducts	360	Anterior Chamber Cyclocryotherapy
320	Other Incisions Of The Skin And Subcutaneous Tissues	361	Anterior Chamber Goniotomy

321	Surgical Wound Toilet (wound Debridement) And Removal Of Diseased Tissue Of The Skin And Subcutaneous Tissues	362	Anterior Chamber Trabeculotomy
		363	Anterior Chamber Filtering
322	Local Excision Of Diseased Tissue Of The Skin And Subcutaneous Tissues	364	Allied Operations to Treat Glaucoma
		365	Enucleation Of Eye Without Implant
323	Other Excisions The Skin And Of Subcutaneous Tissues	366	Dacryocystorhinostomy For Various Lesions Of Lacrimal Gland
367	Laser Photocoagulation To Treat Retinal Tear	416	Remove/graft Leg Bone Lesion
368	Biopsy Of Tear Gland	417	Repair/graft Achilles Tendon
369	Treatment Of Retinal Lesion	418	Remove Of Tissue Expander
370	Surgery For Meniscus Tear	419	Biopsy Elbow Joint Lining
371	Incision On Bone, Septic And Aseptic	420	Removal Of Wrist Prosthesis
372	Closed Reduction On Fracture, Luxation O Epiphyseolysis With Osteosynthesis	421	Biopsy Finger Joint Lining
		422	Tendon Lengthening
373	Suture and Other Operations On Tendons And Tendon Sheath	423	Treatment of Shoulder Dislocation
374	Reduction of Dislocation Under Ga	424	Lengthening of Hand Tendon
375	Arthroscopic Knee Aspiration	425	Removal of Elbow Bursa
376	Surgery For Ligament Tear	426	Fixation of Knee Joint
377	Surgery For Hemoarthrosis/pyoarthrosis	427	Treatment of Foot Dislocation
378	Removal Of Fracture Pins/nails	428	Surgery of Bunion
379	Removal Of Metal Wire	429	Tendon Transfer Procedure
380	Closed Reduction On Fracture, Luxation	430	Removal of Knee Cap Bursa
381	Reduction Of Dislocation Under Ga	431	Treatment of Fracture of Ulna
382	Epiphyseolysis With Osteosynthesis	432	Treatment of Scapula Fracture
383	Excision Of Various Lesions In Coccyx	433	Removal of Tumor of Arm Under GA
384	Arthroscopic Repair Of Acl Tear Knee	434	Removal of Tumor of Arm under RA
385	Closed Reduction Of Minor Fractures	435	Removal of Tumor of Elbow Under GA
386	Arthroscopic Repair Of Pcl Tear Knee	436	Removal of Tumor of Elbow Under RA
387	Tendon Shortening	437	Repair of Ruptured Tendon
388	Arthroscopic Meniscectomy - Knee	438	Decompress Forearm Space
389	Treatment of Clavicle Dislocation	439	Revision Of Neck Muscle (torticollis Release )
390	Haemarthrosis Knee- Lavage	440	Lengthening of Thigh Tendons
391	Abscess Knee Joint Drainage	441	Treatment Fracture of Radius & Ulna
392	Carpal Tunnel Release	442	Repair of Knee Joint

393	Closed Reduction of Minor Dislocation	443	External Incision and Drainage in The Region of The Mouth.
394	Repair of Knee Cap Tendon	444	External Incision and Drainage in the Region of the Jaw.
395	Orif With K Wire Fixation- Small Bones	445	External Incision and Drainage in the Region of the Face.
396	Release of Midfoot Joint	446	Incision of The Hard and Soft Palate
397	Orif With Plating- Small Long Bones	447	Excision and Destruction of Diseased Hard Palate
398	Implant Removal Minor	448	Excision and Destruction of Diseased Soft Palate
399	K Wire Removal	449	Incision, Excision and Destruction in The Mouth
400	Closed Reduction and External Fixation	450	Other Operations in The Mouth
401	Arthrotomy Hip Joint	451	Excision of Fistula-in-ano
402	Syme's Amputation	452	Excision Juvenile Polyps Rectum
403	Arthroplasty	453	Vaginoplasty
404	Partial Removal of Rib	454	Dilatation of Accidental Caustic Stricture Oesophageal
405	Treatment of Sesamoid Bone Fracture	455	Presacral Teratomas Excision
406	Shoulder Arthroscopy / Surgery	456	Removal of Vesical Stone
407	Elbow Arthroscopy	457	Excision Sigmoid Polyp
408	Amputation of Metacarpal Bone	458	Sternomastoid Tenotomy
409	Release of Thumb Contracture	459	Infantile Hypertrophic Pyloric Stenosis Pyloromyotomy
410	Incision Of Foot Fascia	460	Excision Of Soft Tissue Rhabdomyosarcoma
411	Partial Removal Of Metatarsal	461	Mediastinal Lymph Node Biopsy
412	Repair / Graft Of Foot Tendon	462	High Orchidectomy For Testis Tumours
413	Revision/removal Of Knee Cap	463	Excision Of Cervical Teratoma
414	Amputation Follow-up Surgery	464	Rectal-myomectomy
415	Exploration Of Ankle Joint	465	Rectal Prolapse (delorme's Procedure)
466	Detorsion Of Torsion Testis	516	Operations On The Foreskin
467	Eua + Biopsy Multiple Fistula In Ano	517	Local Excision And Destruction Of Diseased Tissue Of The Penis
468	Construction Skin Pedicle Flap		
469	Gluteal Pressure Ulcer-excision	518	Amputation Of The Penis
470	Muscle-skin Graft, Leg	519	Other Operations On The Penis
471	Removal Of Bone For Graft	520	Cystoscopical Removal Of Stones
472	Muscle-skin Graft Duct Fistula	521	Lithotripsy
473	Removal Cartilage Graft	522	Biopsy Artery For Various Ofttemporal Lesions
474	Myocutaneous Flap	523	External Arterio-venous Shunt
475	Fibro Myocutaneous Flap	524	Av Fistula - Wrist

476	Breast Reconstructi on Mastectomy	Surgery After	525	Ursl With Stenting
477	Sling Operation For Facial Palsy		526	Ursl With Lithotripsy
478	Split Skin Grafting Under Ra		527	Cystoscopic Litholapaxy
479	Wolfe Skin Graft		528	Eswl
480	Plastic Surgery To The Floor Of The Mouth Under Ga		529	Bladder Neck Incision
481	Thoracoscopy And Lung Biopsy		530	Cystoscopy & Biopsy
482	Excision Of Sympatheti Chai Cervical c n Thoracoscopic		531	Cystoscopy And Removal Of Polyp
483	Laser Ablation Of Barrett's Oesophagus		532	Suprapubic Cystostomy
484	Pleurodesis		533	Percutaneous Nephrostomy
485	Thoracoscopy And Pleural Biopsy		534	Cystoscopy And "sling" Procedure
486	Ebus + Biopsy		535	Tuna- Prostate
487	Thoracoscopy Ligation Thoracic Duct		536	Excision Of Urethral Diverticulum
488	Thoracoscopy Assisted Empyema Drainage		537	Removal Of Urethral Stone
489	Haemodialysis		538	Excision Of Urethral Prolapse
490	Lithotripsy/nephrolithotomy For Calculus Renal		539	Mega-ureter Reconstruction
491	Excision Of Renal Cyst		540	Kidney Renoscopy And Biopsy
492	Drainage Of Pyonephrosis Abscess		541	Ureter Endoscopy And Treatment
493	Drainage Of Perinephric Abscess		542	Vesico Ureteric Reflux Correction
494	Incision Of The Prostate		543	Surgery For Ureteric Junction Pelvi Obstruction
495	Transurethral Excision And Destruction Of Prostate Tissue		544	Anderson Hynes Operation
496	Transurethral And Percutaneous Destruction Of Prostate Tissue		545	Kidney Endoscopy And Biopsy
497	Open Surgical Excision And Destruction Of Prostate Tissue		546	Paraphimosis Surgery
498	Radical Prostatovesiculectomy		547	Injury Prepuce- Circumcision
499	Other Excision And Destruction Of Prostate Tissue		548	Frenular Tear Repair
500	Operations On The Seminal Vesicles		549	Meatotomy For Meatal Stenosis
501	Incision And Excision Of Periprostic Tissue		550	Surgery For Fournier's Gangrene Scrotum
502	Other Operations On The Prostate		551	Surgery Filarial Scrotum
503	Incision Of The Scrotum And Tunica Vaginalis Testis		552	Surgery For Watering Can Perineum
504	Operation On A Testicular Hydrocele		553	Repair Of Penile Torsion
505	Excision And Destruction Of Diseased Scrotal Tissue		554	Drainage Of Prostate Abscess



506	Other Operations On The Scrotum And Tunica Vaginalis Testis	555	Orchiectomy
507	Incision Of The Testes	556	Cystoscopy And Removal Of Fb
508	Excision And Destruction Of Diseased Tissue Of The Testes	557	RF Ablation Heart
509	Unilateral Orchidectomy	558	RF Ablation Uterus
510	Bilateral Orchidectomy	559	RF Ablation Varicose Veins
511	Surgical Repositioning Of An Abdominal Testis	560	Renal Angiography
512	Reconstruction Of The Testis	561	Peripheral Angiography
513	Implantation, Exchange And Removal Of A Testicular Prosthesis	562	Percutaneous nephrolithotomy (PCNL)
514	Other Operations On The Testis	563	Laryngoscopy Direct Operative with Biopsy
515	Excision In The Area Of The Epididymis	564	Treatment of Fracture of Long Bones
565	Treatment of Fracture of Short Bones	576	Amputation at Shoulder and Upper Arm Level
566	Treatment of Fracture of Foot	577	Amputation at Elbow Joint
567	Treatment of Fracture of Hand	578	Amputation at forearm Level
568	Treatment of Fracture of Wrist	579	Amputation at Wrist Level
569	Treatment of Fracture of Ankle	580	Amputation at Hip Joint Level
570	Treatment of Fracture of Clavicle	581	Amputation at Hip & Thigh Level
571	Amputation of Ear	582	Amputation at Knee Joint
572	Amputation of Nose	583	Amputation at Toe
573	Amputation of Breast	584	Amputation at Midfoot Level
574	Amputation of Genital Organs	585	Chalazion Surgery
575	Amputation at Shoulder Joint	586	Circumcision Surgery