

Wage Compensation Policy – Group**Policy Wordings****PREAMBLE**

This Policy has been 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.

1. 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. 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.

2. 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.

- 2.1 **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 2.2 **Age** means age of the Insured person on last birthday as on date of commencement of the Policy.
- 2.3 **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.
- 2.4 **AYUSH** Treatment refers to hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
- 2.5 **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:
- Central or State Government AYUSH Hospital; or
 - Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
 - 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:
 - Having at least 5 in-patient beds

- e. Having qualified AYUSH Medical Practitioner in charge round the clock
- f. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out
- g. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

2.6 AYUSH Day Care Centre Means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health center 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:

- a. Having qualified registered AYUSH Medical Practitioner(s) in charge;
- b. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- c. 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)

- 2.7 Break in Policy** means the period of gap that occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.
- 2.8 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.
- 2.9 Certificate of Insurance** 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.
- 2.10 Condition Precedent** means a Policy term or condition upon which the Company's liability under the Policy is conditional upon.
- 2.11 Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
- Internal Congenital Anomaly:** Congenital anomaly which is not in the visible and accessible parts of the body.
- External Congenital Anomaly:** Congenital anomaly which is in the visible and accessible parts of the body.
- 2.12 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.
- 2.13 Cumulative Bonus** means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.
- 2.14 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.

- 2.15 **Daily Benefit** means the amount payable for each Day spent in the Hospital.
- 2.16 **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.
- 2.17 **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.
- 2.18 **Dental Treatment** means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery.
- 2.19 **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.
- 2.20 **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.
- 2.21 **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.
- 2.22 **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.
- 2.23 **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 3months 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.

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

2.25 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.

2.26 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.

2.27 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.

2.28 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.

2.29 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

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

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

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

- 2.33 **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.
- 2.34 **ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses on a per day basis which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
- 2.35 **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.
- 2.36 **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.
- 2.37 **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.
- 2.38 **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.
- 2.39 **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.
- 2.40 **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.
- 2.41 **Non- Network Provider** means any hospital that is not part of the network.
- 2.42 **Notification of Claim** means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.
- 2.43 **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.
- 2.44 **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.

- 2.45 **Pre-Existing Disease (PED):** Pre-existing disease means any condition, ailment, injury or disease
a) That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement or
b) For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement.
- 2.46 **Pre-hospitalization Medical Expenses** means medical expenses incurred during predefined number of days preceding the hospitalization of the Insured Person, provided that:
Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 2.47 **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.
- 2.48 **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
- 2.49 **Policy period** means the Policy Schedule attached to and forming part of Policy
- 2.50 **Policy Schedule** means the Policy Schedule attached to and forming part of Policy.
- 2.51 **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
- 2.52 **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.
- 2.53 **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.
- 2.54 **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.
- 2.55 **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.
- 2.56 **Room Rent** means the amount charged by a hospital towards Room and Boarding expenses and shall include the associated medical expenses.

- 2.57 **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
- 2.58 **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
- 2.59 **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.
- 2.60 **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.
- 2.61 **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.
- 2.62 **We/Our/Us / Insurer** means Raheja QBE General Insurance Company Limited.
- 2.63 **You/Your** means the Policy holder / Primary Insured / Insured Person(s) named in the Policy Schedule/Certificate of Insurance.

3. 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.

4. Base Cover

4.1 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) 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.

4.2 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 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.

5. Optional Coverage

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

5.1 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.

5.2 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.

5.3 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.

5.4 LOSS OF INCOME

if the Insured Person is admitted in a Hospital and we have accepted the claims under section 4.1 or 4.2, 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.

5.5 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.

5.6 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.

5.7 Double benefit option

If an Insured Person is admitted in the hospital due to an accidental injury or in an Intensive Care Unit (ICU) 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 two Times the Daily Benefit amount in case of ICU/Accident Hospitalization; maximum days per hospitalization as mentioned in policy schedule / Certificate of insurance.
- b) Our maximum liability will be limited to double daily Benefit Amount, number of hospitalization days & applicable Day/s Deductible specified in the Policy Schedule / Certificate of insurance.

5.8 Waiting period waiver

Option to waive off one, two or all the below three waiting periods:

1. Pre-Existing Diseases
2. Specific Waiting Period
3. First Thirty Days Waiting Period

5.9 Maternity hospitalization Cash

If Insured has opted for this Cover,

- a) We will pay 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.

5.9.1 Applicable only for the delivery of first two living children of the Insured person and/or any surgical procedures required to be carried out on the Insured Person as a direct result of the delivery.

5.9.2 Hospitalization for lawful medical termination of pregnancy also included.

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

6. EXCLUSIONS (Which Can be Waived off by Additional Premium)

6.1 Waiting Period

The Company shall not be liable to make any payment unless opt 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:

6.2 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 (IDC code: F29)

Dissociative and conversion disorder (ICD Code: F44.9)

6.3 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:

- i. Pancreatitis and stones in biliary and urinary system
- ii. Cataract, glaucoma and other disorders of lens, disorders of retina
- iii. Hyperplasia of prostate, hydrocele and spermatocele
- iv. Abnormal utero-vaginal bleeding, female genital prolapse, endometriosis/adenomyosis, fibroids, PCOD, or any condition requiring dilation and curettage or hysterectomy
- v. Hemorrhoids, fissure or fistula or abscess of anal and rectal region
- vi. Hernia of all sites,
- vii. Osteoarthritis, systemic connective tissue disorders, dorsopathies, spondylopathies, inflammatory polyarthropathies, arthrosis such as RA, gout, intervertebral disc disorders, arthroscopic surgeries for ligament repair
- viii. Chronic kidney disease and failure
- ix. Varicose veins of lower extremities
- x. All internal or external benign or in situ neoplasms/tumors, cyst, sinus, polyp, nodules, swelling, mass, or lump
- xi. Ulcer, erosion and varices of gastro-intestinal tract
- xii. 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
- xiii. Internal Congenital Anomaly
- xiv. Surgery of Genito-urinary system unless necessitated by malignancy
- xv. Spinal disorders

6.4 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.

6.5 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.

7. 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:

7.1. 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.

7.2. Exclusion Name: Rest Cure, rehabilitation and respite care (Code- Excl05)

- a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment.

This also includes:

- i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non- skilled persons.
- ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

7.3. 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

7.4. 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.

7.5. 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.

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

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

7.7. 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.

7.8. 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.)

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

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

7.11. 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)

7.12. Refractive Error: (Code- Excl15)

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

7.13. 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.

7.14. 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

7.15. Any expenses incurred on Outpatient treatment (OPD treatment).

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

7.17. Stem cell implantation/surgery except for a bone marrow transplant for hematological conditions.

7.18. Treatment taken outside the geographical limits of India. (Not applicable for Coverage Clause 5.5)

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

7.20. 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)

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

7.22. Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, routine eye and ear examinations, dentures, artificial teeth.

7.23. 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.

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

7.25. Day care Treatments as defined under the policy are excluded from the scope of the Policy. (Not Applicable for Coverage Clause No. 5.2)

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

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

8. GENERAL TERMS & CONDITIONS

8.1. CONDITION PRECEDENT TO THE CONTRACT

8.1.1 **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.

8.1.2 **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.

8.1.3 **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.

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

8.1.5 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.

8.2. CONDITIONS APPLICABLE DURING CONTRACT

8.2.1. Free Look Period

The free look period shall be applicable at the inception of the policy and:

- (a) The insured will be allowed a period of at least 30 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable
- (b) If the insured has not made any claim during the free look period, the insured shall be entitled to
 - A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or;
 - Where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;
 - Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

8.2.2. **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 anyone (including an insurance agent or broker) except Us.

8.2.3. 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.

8.2.3 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 regarding 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.

8.2.4 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.

8.2.5 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 circular ref: 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.

8.2.6 Instalment Premium - In case premium is payable in instalments as specified in the Policy Schedule

/ certificate of insurance, instalments shall be payable on or before the due date for continuity of coverage under the Policy. You will have relaxation period of thirty (30) days from the due date for payment of instalment. We will not charge interest on the instalment premium paid during the relaxation period and there will be no impact on coverage of Pre-Existing Disease and continuity of waiting periods. In case We do not receive the premium within the relaxation period, the Policy will be terminated and all claims that fall beyond the instalment due date will not be covered under the Policy. In the event of a claim before instalment due date, all the subsequent premium instalments shall immediately become due and payable. We shall have the right to recover and deduct any or all the pending instalments from the claim amount due under the Policy.

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 07 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 an additional 15 days of relaxation period will lead to termination of the policy.

8.2.7 Protection of Policy Holders Interest - This Policy is subject to IRDAI (Protection of Policyholders' Interest) Regulation, 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.

8.2.8 Policy Disputes - 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.

8.2.9 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.

8.2.10 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.

8.2.11 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.

8.2.12 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.

8.2.13 Nominee-

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.

8.3 CONDITIONS FOR RENEWAL OF CONTRACT

8.3.1 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.

8.3.2 Renewal Terms - This Policy may be renewed by mutual consent every year and in such event, the Renewal premium shall be paid to Us on or before the date of expiry of the Policy. However, We shall not be bound to give notice that such Renewal premium is due. Also, We may exercise option of not renewing the Policy on grounds of fraud, misrepresentation, or suppression of any Material Fact either at the time of taking the Policy or any time during the currency of the Policy.

A Grace Period of thirty (30) days is allowed for Renewal of the policy. This will be counted from the next day following the expiry date, during which a payment can be made to renew the Group Health Policy without loss of continuity benefits such as waiting periods and coverage of Pre-Existing Diseases. Coverage is not available for the period for which no premium is received, and Insurer has no liability for the claims arising during this period.

8.4 CONDITIONS WHEN A CLAIM ARISES

8.4.1 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.

8.4.2 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 or 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.

8.4.3 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.

8.4.4 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.

8.4.4.1. 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 # 8.4.5.2 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.

8.4.4.2. 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

8.4.4.3. 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/Postmortem 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.

8.4.4.4. 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.

8.4.4.5. 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.

8.4.4.6. 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.

8.4.4.7. 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.

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

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

9 REDRESSAL OF GRIEVANCE

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

Website: www.rahejaqbe.com

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

E-mail: 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

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

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

Andheri East, Mumbai 400059, India

Tel: 022 - 69155050

Website: www.rahejaqbe.com

Email: 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 |
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| Gujarat, UT of Dadra and Nagar Haveli, Damanand Diu | Office of the Insurance Ombudsman, Jeevan Prakash Building, 6 th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02/05/06, Email: bimalokpal.ahmedabad@cioins.co.in |
| Karnataka | Office of the Insurance Ombudsman, Jeevan soudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24 th Main Road, JP Nagar, 1 st Phase, Bengaluru 560078. Tel.: 080-26652048/26652049, Email: bimalokpal.bengaluru@cioins.co.in |
| 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.: bimalokpal.bhopal@cioins.co.in |
| Odisha | Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar – 750009. Tel.: 0674-2596461/2586455. Email.: bimalokpal.bhubaneswar@cioins.co.in |
| Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat 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: bimalokpal.chandigarh@cioins.co.in |
| Tamil Nadu, UT-Puducherry Town and Karaikal (which are part of UT of Puducherry) | Office of the Insurance Ombudsman, Fatima Akhtar Court, 4 th Floor, 453, Anna Salai, Teynampet, Chennai 600 018. Tel. 044 – 24333668/ 24333678. Email.: bimalokpal.chennai@cioins.co.in |
| Delhi | Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110002. Tel. 011-23239633/23237532, Email.: bimalokpal.delhi@cioins.co.in |
| Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura | Office of the Insurance Ombudsman, Jeevan Nivesh, 5 th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361 - 2632204 / 2602205, |

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| | Email.: bimalokpal.guwahati@cioins.co.in |
| Andhra Pradesh, Telangana and UT of Yanam-apart of the UT of Puducherry | Office of the Insurance Ombudsman, 6-2-46, 1 st Floor, “Moin court”, Lane Opp., Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad – 500004. Tel.: 040 - 23312122, Email.: bimalokpal.hyderabad@cioins.co.in |
| Rajasthan | Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg, Gr. Floor, Bhawani Singh Marg, Jaipur – 302005. Tel.: 0141- 2740363/2740798, Email.: bimalokpal.jaipur@cioins.co.in |
| 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.: bimalokpal.ernakulam@cioins.co.in |
| 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.: bimalokpal.kolkata@cioins.co.in |
| Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar. | Office of the Insurance Ombudsman, 6th Floor, Jeevan bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow – 226001. Tel.: 0522-2231330/2231331. Email: bimalokpal.lucknow@cioins.co.in |
| 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: bimalokpal.mumbai@cioins.co.in |
| 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, | 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: bimalokpal.noida@cioins.co.in |

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| Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur. | |
| Bihar, Jharkhand | Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel: 0612-2547068 Email: bimalokpal.patna@cioins.co.in |
| 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: bimalokpal.pune@cioins.co.in |

ANNEXURE II: INDICATIVE LIST OF DAY CARE PROCEDURES

| Sr No | Procedure Name | Sr No | 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 Cath (Peripherally Inserted Central Catheter) | 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 | Turbineectomy |
| 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 |
| | | 53 | Incision And Drainage - Haematoma Auricle |

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| 14 | Operations On The Turbinates (nasal Concha) | 54 | Tympanoplasty (Type II) |
| 15 | Removal Of Keratosis Obturans | 55 | Reduction Of Fracture Of Nasal Bone |
| 16 | Stapedotomy To Treat Various Lesions In Middle Ear | 56 | Thyroplasty (Type II) |
| 17 | Revision Of A Stapedectomy | 57 | Tracheostomy |
| 18 | Other Operations On The Auditory Ossicles | 58 | Excision Of Angioma Septum |
| 19 | Myringoplasty (post-aura/endaural Approach As Well As Simple Type-i Tympanoplasty) | 59 | Turbिनoplasty |
| | | 60 | Incision & Drainage Of Retro Pharyngeal Abscess |
| 20 | Fenestration Of The Inner Ear | 61 | Uvulo Palato Pharyngo Plasty |
| 21 | Revision Of A Fenestration Of The Inner Ear | 62 | Adenoidectomy With Grommet Insertion |
| 22 | Palatoplasty | 63 | Adenoidectomy Without Grommet Insertion |
| 23 | Transoral Incision And Drainage Of A Pharyngeal Abscess | 64 | Vocal Cord Lateralisation Procedure |
| 24 | Tonsillectomy Without Adenoidectomy | 65 | Incision & Drainage Of Para Pharyngeal Abscess |
| 25 | Tonsillectomy With Adenoidectomy | 66 | Tracheoplasty |
| 26 | Excision And Destruction Of A Lingual Tonsil | 67 | Cholecystectomy |
| 27 | Revision Of A Tympanoplasty | 68 | Choledocho-jejunostomy |
| 28 | Other Microsurgical Operations On The Middle Ear | 69 | Duodenostomy |
| 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 |

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| 87 | Colonscopy 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 Sper matic 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 | 166 | Eversion Of Sac |

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| | Lymph Node Biopsy | | |
| 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 |

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| 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 |

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| | | | 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 Eyelid Ptosis By Levator Palpebrae Superioris Resection (bilateral) |
| 315 | Incision And Lancing Of A Salivary Gland And | | |

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| | 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 Of The Skin And 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 Or 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 |

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| 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 |

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| 468 | Construction Skin Pedicle Flap | | Tissue Of The Penis |
| 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 | Cystoscopic Removal Of Stones |
| 472 | Muscle-skin Graft Duct Fistula | 521 | Lithotripsy |
| 473 | Removal Cartilage Graft | 522 | Biopsy Oftemporal Artery For Various Lesions |
| 474 | Myocutaneous Flap | 523 | External Arterio-venous Shunt |
| 475 | Fibro Myocutaneous Flap | 524 | Av Fistula - Wrist |
| 476 | Breast Reconstruction Surgery After Mastectomy | 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 Cervical Sympathetic Chain 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 Renal Calculus | 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 Pelvi Ureteric Junction 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 | 548 | Frenular Tear Repair |

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| | Tissue | | |
| 500 | Operations On The Seminal Vesicles | 549 | Meatotomy For Meatal Stenosis |
| 501 | Incision And Excision Of Periprostatic 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 Orchiectomy | 558 | RF Ablation Uterus |
| 510 | Bilateral Orchiectomy | 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 |