

NAVI HEALTH GROUP HOSPICASH POLICY

POLICY WORDINGS

This is **Your** Group HospiCash Policy which has been issued by **Us** relying on the Information disclosed by **You** in **Your** Proposal for this **Policy** or its preceding **Policy**/Policies of which this is a Renewal. It contains details of what is covered, what is not covered, the conditions and the basis on which all claims will be settled. The proposal, Policy Schedule, Policy document and endorsements are part of the **Policy**. **Your Policy** is evidence of the contract of insurance.

1. GENERAL DEFINITIONS

In the document, following words are assigned specific meaning. Wherever the context permits, the singular will be deemed to include the plural, one gender shall be deemed to include the other genders and references to any statute shall be deemed to refer to any replacement or amendment of that statute. Where **We** explain what a word means that word will appear highlighted in bold print and have the same meaning wherever it is used in the **Policy**.

Term		Definition
1.	Accident or Accidental	means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2.	Acquired Immune Deficiency Syndrome (AIDS)	means the meanings assigned to it by the World Health Organization and shall include HIV (Human Immune-deficiency Virus), Encephalopathy (dementia), HIV Wasting Syndrome, and ARC (AIDS Related Condition).
3.	Adventure Sports	Adventure sports (also called action sports, aggro sports, and extreme sports) are a popular term for certain activities perceived as having a high level of inherent danger. These means those sports / activities often which involves speed, height, a high level of physical exertion and highly specialised gear such as high degree of inherent danger. Such sports are racing on wheels or horseback, power boat racing, ski racing, hunting or equestrian activities, big game hunting, rock climbing/trekking/mountaineering, winter sports, Skydiving, Parachuting, paragliding/parapenting, Scuba Diving, ski doo riding, cavin/pot holing, bungee jumping, hell skiing, ski acrobatics, ski jumping, water ski jumping, ice hockey, ice speedway, ballooning, hand gliding, river rafting, black water rafting, yachting or boating outside coastal waters, canoeing involving rapid waters, micro-lighting, riding or driving in races or motor rallyiesng, piloting aircraft, power lifting, quad biking, river boarding, river bugging, rodeo, roller hockey.
4.	Age or Aged	means completed Age in years as at the Commencement Date.

5.	Ambulance	means a motor vehicle operated by a licenced/authorised service provider and equipped for taking sick or injured people requiring medical attention to and from <i>Hospital</i> in emergencies.
6.	Authority	means the Insurance Regulatory and Development Authority of India established under the provisions of section 3 of the Insurance Regulatory and development Authority Act, 1999 (41 of 1999).
7.	Bank Rate	means Bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
8.	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 .
9.	Complaint or Grievance	means written expression (includes communication in the form of electronic mail or other electronic scripts), of dissatisfaction by a Complainant with insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities about an action or lack of action about the standard of service or deficiency of service of such insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities.
10.	Complainant	means a Policyholder or prospect or any beneficiary of an insurance Policy who has filed a Complaint or Grievance against an Insurer or a distribution channel.
11.	Condition precedent	means a Policy term or condition upon which the insurer's liability under the Policy is conditional upon.
12.	Congenital Anomaly	means a condition which is present since birth, and which is abnormal with reference to form, structure or position. <ul style="list-style-type: none"> a. Internal Congenital Anomaly - congenital anomaly which is not in the visible and accessible parts of the body. b. External Congenital Anomaly - congenital anomaly which is in the visible and accessible parts of the body.
13.	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.
14.	Daily Benefit Amount	means the amount payable for each Day spent in the Hospital.

15.	Day Care Centre	<p>means any institution established for Day Care Treatment of Illness and / or injuries or a medical setup with a Hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criterion as under:</p> <ol style="list-style-type: none"> 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 will make these accessible to the Insurance company's authorized personnel.
16.	Day Care treatment	<p>means medical treatment, and/or Surgical Procedure which is:</p> <ol style="list-style-type: none"> i. undertaken under General or Local Anaesthesia in a Hospital / Day Care Centre in less than 24 hrs because of technological advancement, and ii. which would have otherwise required Hospitalization of more than 24 hours. <p>Note - Treatment normally taken on an Out-patient basis is not included in the scope of this definition.</p>
17.	Deductible	<p>means a cost sharing requirement under a health insurance Policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of Hospital cash policies which will apply before any benefits are payable by the Insurer. A Deductible does not reduce the sum insured.</p>
18.	Dependents	<p>means the persons named in the Policy Schedule/Certificate of Insurance who are Your:</p> <ol style="list-style-type: none"> i. <u>Spouse</u> – The Primary Insured's legally married spouse as long as he/she continues to be married to the Primary Insured. ii. <u>Children</u> – The Primary Insured's children (upto maximum 4) with age group of 91 days or above, as long as they are financially dependent on him/her with no source of independent income and have not established their own independent households. iii. <u>Parents</u> – The Primary Insured's natural parents or parents that have legally adopted him/her. iv. <u>Parents in Law</u> – The Primary Insured's Parents in Law. v. <u>Siblings</u> – The Primary insured's siblings as long as they are unmarried and financially dependent on him/her with no source of independent income and have not established their own independent households.

19.	Dental Treatment	means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
20.	Disclosure to information norm	means the Policy shall be void and all premiums paid thereon shall be forfeited to the Company in the Event of misrepresentation, mis-description or non-disclosure of any material fact.
21.	Diagnosis	means conclusion drawn by a registered Medical Practitioner , supported by acceptable clinical, radiological, histological, histopathological, and laboratory evidence wherever applicable.
22.	Emergency	means severe 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.
23.	Family Floater	<p>means the maximum number of days of Hospitalisation as mentioned in the Policy Schedule/ Certificate of Insurance would float over all members of each Family under the Policy.</p> <p>In the event of more than one Family member being hospitalised at the same time, the number of days each member has been hospitalised would be added, and the maximum allowable for the whole Family would be restricted to the number of days as mentioned in the Policy Schedule / Certificate of Insurance (maximum number of days would float over the Family) under the Policy.</p>
24.	Franchise	means an arrangement under a health insurance Policy that provides that the Insurer will not be liable upto the specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies but will pay for the entire amount of loss and days/hours when exceeds the agreed amount/days/hours.
25.	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 a Policy in force 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.

26.	Hospital	<p>means any institution established for In-Patient Care and Day Care Treatment of Illness and/or injuries and which has been registered as a Hospital with the local authorities under Clinical Establishment (Registration and Regulation) Act,2010 or under enactments specified under the Schedule of Section 56 (1) of the said Act Or complies with all minimum criteria as under:</p> <ol style="list-style-type: none"> i. has qualified nursing staff under its employment round the clock; ii. has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and at least 15 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 makes these accessible to the insurance company's authorized personnel.
27.	Hospitalisation or Hospitalised	<p>means admission in a Hospital for a minimum Period of 24 consecutive "In-patient Care" hours except for specified procedures / treatments, where such admission could be for a Period of less than 24 consecutive hours.</p>
28.	Illness	<p>means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.</p> <ol style="list-style-type: none"> a) Acute Condition is a disease, Illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/Illness/Injury which leads to full recovery. b) Chronic Condition is defined as a disease, Illness, or Injury that has one or more of the following characteristics: - <ol style="list-style-type: none"> i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests; ii. it needs ongoing or long-term control or relief of symptoms; iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it; iv. it continues indefinitely; v. it recurs or is likely to recur.
29.	Injury	<p>means Accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.</p>
30.	Inpatient	<p>means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.</p>

31.	Insured Person	means the person(s) named in the Policy Schedule / Certificate of Insurance .
32.	Intensive Care Unit (ICU)	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.
33.	IRDAI	means Insurance Regulatory and Development Authority of India.
34.	Material Fact	means a fact deemed so important that it would change the decision made by an Insurer if it were kept hidden.
35.	Medical Advice	means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
36.	Medical Practitioner	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 its scope and jurisdiction of license. Medical Practitioner should not be the Insured Person or his/her immediate Family member or anyone who is living in the same household as the Insured Person .
37.	Medically necessary Treatment	means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which – <ol style="list-style-type: none"> i. is required for the medical management of the 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.
38.	Non-Allopathic Treatment	means forms of treatments other than “Allopathy” or “modern medicine” and includes Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy in the Indian context.
39.	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 .

40.	Notification of Claim	means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.
41.	Policy	means this Policy document read together with the attached Policy Schedule/Certificate of Insurance, Your Proposal Form including any attachment like endorsement, rider, condition, warranty, declaration etc.
42.	Policyholder	means the person or entity named in the Policy Schedule as the Policyholder.
43.	Policy Period	means the Period commencing from Policy start date and time as specified in the Policy Schedule/Certificate of Insurance and terminating at midnight on the Policy end date as specified in the Policy Schedule / Certificate of Insurance .
44.	Policy Year	means a period of 12 consecutive months commencing from the Policy Period start date and such 12 consecutive months thereafter but not beyond the Policy Period.
45.	Policy Schedule	means schedule attached to and forming part of this Policy mentioning the details of the Insured Persons , the Sum Insured, the Policy Period and the limits and conditions, to which the benefits under the Policy are subject to, including any annexures and/or endorsements.
46.	Pre-existing condition	means any condition, ailment, injury or disease - <ul style="list-style-type: none"> a) That is/are diagnosed by a physician within 48 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 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.
47.	Primary Insured	means the person who has been first enrolled by group Policy holder as a member under this Policy and who in turn has included his/her Family members.
48.	Proposal Form	means a form to be filled in by the prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the Insurer in respect of a risk, in order to enable the Insurer to take informed decision in the context of underwriting the risk, and in the Event of acceptance of the risk, to determine the rates, benefits, terms and conditions of the cover to be granted.
49.	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.

50.	Relaxation Period	means the specified period of time immediately following the premium instalment due date during which a payment can be made to continue a Policy in force without loss of continuity of waiting periods and coverage of Pre-existing diseases.
51.	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 all waiting periods.
52.	Unproven/Experimental treatment	means the treatment, including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
53.	Waiting Period	means the period during which we shall not be liable to make payment for any claim within specified number of days from the commencement date of the policy .
54.	War	means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.
55.	We/Our/Us / Insurer	means the Navi General Insurance Limited.
56.	You/Your	means the Policy holder / Primary Insured / Insured Person(s) named in the Policy Schedule / Certificate of Insurance .

2. COVERAGE

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

A. SICKNESS HOSPITAL CASH

If an Insured Person is admitted in a hospital due to an illness and such hospitalisation 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 Hospitalised;
- b) We will pay twice the Daily Benefit amount for each Day the Insured Person is admitted in an Intensive Care Unit,
- c) In case, insured person spends a day partly in ICU and partly in Non-ICU then we will pay twice the Daily Benefit amount for such day, and
- d) Our maximum liability will be limited to the Daily Benefit amount & number of hospitalisation days specified in the Policy Schedule / Certificate of insurance.
- e) We will cover Mental Illness as per the provisions of Mental Healthcare Act, 2017

B. ACCIDENT HOSPITAL CASH

If an Insured Person is admitted in a hospital due to an accidental injury and such hospitalisation 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 Hospitalised,
- b) We will pay twice the Daily Benefit amount for each Day that the Insured Person is admitted in an Intensive Care Unit,
- c) In case, insured person spends a day partly in ICU and partly in Non-ICU then we will pay twice the Daily Benefit amount for such day, and
- d) Our maximum liability will be limited to the Daily Benefit amount & number of hospitalisation days specified in the Policy Schedule / Certificate of insurance.
- e) Such Hospitalisation must be within 30 days of suffering injuries from the date of accident.

C. 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 centre, and such treatment is medically necessary & recommended by the Medical Practitioner, then

- a) We will pay the Daily Benefit amount for the Day Insured Person is Hospitalised,
- b) We will pay the Daily Benefit Amount if the Insured person undertakes any of the procedure as listed in Annexure II.
- c) Our maximum liability will be limited to the Daily Benefit Amount & number of hospitalisation days specified in the Policy Schedule / Certificate of insurance.

3. WAITING PERIODS

All waiting Periods shall apply individually for each Insured Person and claims shall be assessed accordingly.

- 3.1 Waiting Period for 30 days** - We will not pay for any Hospitalisation due to an Accident / Illness , during the first thirty (30) days from inception of first Policy with us.
- 3.2 Waiting Period for Named Ailments** - We will not pay for any Hospitalisation for the treatment of disease/conditions mentioned below or any complication arising from the same except where underlying cause is cancer during the first 12 months from inception of first Policy with us.

S. No.	Organ / Organ Systems	Illness / Surgeries
1.	Ear Nose Throat (ENT)	<ul style="list-style-type: none"> a. Sinusitis b. Chronic Suppurative Otitis Media (CSOM) c. Tonsillectomy d. Adenoidectomy e. Mastoidectomy f. Tympanoplasty g. Surgery for Deviated Nasal Septum h. Surgery for turbinate/Concha i. Any other benign ear, nose and throat disorder or surgery
2.	Eye	<ul style="list-style-type: none"> a. Cataract b. Surgical Management of Glaucoma c. Retinopathy
3.	Gastrointestinal	<ul style="list-style-type: none"> a. Calculus Diseases of Gall Bladder including Cholecystectomy b. All types of Surgery of Hernia c. Fissure/Fistula in anus, Hemorrhoids, Pilonidal Sinus d. Ulcer of Stomach & Duodenum e. Gastroesophageal Reflux Disorder (GRD) f. Perianal / Perineal Abscess g. Rectal Prolapse
4.	Gynaecological	<ul style="list-style-type: none"> a. Cysts, polyps b. Any type of Breast lumps (unless malignant) c. Polycystic Ovarian Disease (PCOD) d. Fibroids (Fibromyoma) e. Myomectomy for fibroids f. Prolapse of Uterus unless necessitated by malignancy g. Adenomyosis h. Endometriosis

		<ul style="list-style-type: none"> i. Menorrhagia and Dysfunctional Uterine Bleeding (DUB) j. Dilatation & Curettage (D & C) k. Hysterectomy unless due to malignancy
5.	Orthopaedic	<ul style="list-style-type: none"> a. Non-Infectious Arthritis b. Gout and Rheumatism c. Osteoarthritis and Osteoporosis d. Ligament, Tendon & Meniscal Tear (other than caused by Accident) e. Spondylitis/Spondylosis/Spondylolisthesis f. Surgery for Prolapsed intervertebral disc (other than caused by Accident) g. Joint Replacement Surgeries (other than caused by Accident)
6.	Urogenital	<ul style="list-style-type: none"> a. Calculus of Urinary system (Kidney Stone/Urinary Bladder/Ureteric Stone) b. Any surgery of the genitourinary system unless necessitated by malignancy. c. Benign Hyperplasia of Prostate d. Surgery for Hydrocele/Rectocele
7.	Others	<ul style="list-style-type: none"> a. Varicose veins and Varicose ulcers
8.	General (Applicable to organ systems/organs/disciplines whether or not described above)	<ul style="list-style-type: none"> a. Any type of cysts / Nodules / Polyps / Internal tumours / Skin tumours / Lump, growth.

3.3 Waiting Period for Pre-Existing Disease / Conditions - We will not pay for any treatment / Hospitalisation with respect to any Pre-Existing Disease/Illness/Injury or any complication arising from the same, during first forty-eight (48) months from the inception of first Policy with Us. However, the coverage under the policy after the expiry of this 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

3.4 Waiting Period for Internal Congenital Conditions - We will not pay for any treatment / Hospitalisation with respect to any illness / injury related to Internal Congenital conditions or any complication arising from the same, during first forty-eight (48) months from the inception of first Policy with Us.

3.6 Waiting Period for Named Mental Illnesses - We will not pay for any Hospitalisation for the treatment of disease/conditions mentioned below or any complication arising from the same during the first 24 months from inception of first Policy with us.

S. No.	Organ / Organ Systems	Illness / Surgeries
1.	Mental Disorders	<ul style="list-style-type: none"> a. Schizophrenia b. Bipolar Affective Disorders c. Depression d. Obsessive Compulsive Disorders b. Psychosis

4. EXCLUSIONS

4.1 STANDARD EXCLUSIONS APPLICABLE TO ALL POLICIES

- 4.1.1 **Breach of Law** - We will not pay any expense related to Insured Person committing or attempting to commit a breach of law with criminal intent.
- 4.1.2 **Chemical & Nuclear Exposure** - We will not pay for the treatment costs directly or indirectly caused by or contributed to or arising from nuclear weapons/materials, radioactive material, nuclear waste, nuclear fuel, chemical weapons / material or biological weapons/material.
- 4.1.3 **War** - We will not pay for the treatment related to any condition resulting from, or as a consequence of War, invasion, act of foreign enemy, civil war, public defence, rebellion, revolution, insurrection, military or usurped acts.

4.2 EXCLUSIONS SPECIFIC TO THE POLICY WHICH CANNOT BE WAIVED

- 4.2.1 **Alcohol and drug abuse** - We will not pay –
 - a. for the treatment (including cessation programs) resulting from dependency on or abuse of intoxicants or hallucinogenic substances such as alcohol, drugs, nicotine, and any Illness or Injury arising directly or indirectly from such dependency or abuse.
 - b. if being under the influence of drugs, alcohol or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed.
- 4.2.2 **Birth control expenses and Reproductive treatment** - We will not pay for the treatment related to birth control and its procedures including complications arising out of the same, infertility services including artificial insemination and advanced reproductive technologies, In vitro fertilization (IVF), Zygote intrafallopian transfer (ZIFT), Gamete intrafallopian transfer (GIFT), Intracytoplasmic sperm injection (ICSI), Gestational Surrogacy.
- 4.2.3 **Cosmetic surgery** - We will not pay for the plastic surgery or cosmetic surgery or any aesthetic treatment unless medically necessary as a part of treatment certified by the attending Medical Practitioner for reconstruction following an Accident, Cancer or Burns.
- 4.2.4 **Circumcision** - We will not pay for Circumcision unless necessary for the treatment of a disease or necessitated by an Injury.

- 4.2.5 Dental Treatment or Surgery** – We will not pay for Dental Treatment or Surgery of any kind unless requiring hospitalisation.
- 4.2.6 Dangerous Acts (Adventure/Professional Sports/Defence Operation)** - Any Insured Person’s participation or involvement in naval, military or air force operation, or any adventure sports in a professional nature.
- 4.2.7 Experimental treatment** - We will not pay for the treatments which are unproven/ experimental, investigational, which are not consistent with or incidental to the Diagnosis and treatment of the positive existence
- 4.2.9 External Congenital Conditions:** We will not pay for any screening, counselling or treatment related to external congenital conditions.
- 4.2.10 Eyesight** - We will not pay for treatment related to correction of refractive errors of the eye and optometric therapy.
- 4.2.11 Gender Identity/Sexual Dysfunction** - We will not pay for any treatment / Surgery for change of sex or gender reassignments including any complication arising from these treatments.
- 4.2.12 Neurodevelopmental delays and other disorders** - We will not pay any treatment related to erectile dysfunction; treatment for neurodegenerative disorders– Dementia, Parkinson and Alzheimer’s disease; Disorders of speech and language - stammering, dyslexia; treatment of developmental, behavioural or learning disorders - Attention Deficit Hyperactivity Disorder (ADHD) and Physical developmental disorder.
- 4.2.13 Non – Allopathy Treatment** – We will not pay any hospitalisation related to non-allopathic treatment.
- 4.2.14 Obesity** - We will not pay any hospitalisation related to treatment of Obesity and any weight control program.
- 4.2.15 Rehabilitation & Hospice** - We will not pay for any sanatorium treatment (treatment for long term illness), rehabilitation measures, respite care (temporary care of a sick, elderly, or disabled person, providing relief), hospice care (care that focuses on care of a chronically ill, terminally ill patients), custodial care (non-medical assistance for activities of daily life (such as bathing , eating, dressing, cleaning etc) which a person is unable to perform without help), general debility (weakness) or exhaustion (run-down condition)
- 4.2.16 Self-inflicted injuries or attempted suicide** - We will not pay for any treatment/ claim resulting directly or indirectly from self-inflicted Injury or suicide, attempted suicide while sane or insane.
- 4.2.17 Sleep disorders** - We will not pay for treatment related to sleep disorders, sleep apnoea.

4.2.18 Treatment by outside discipline - We will not pay for treatment rendered by someone who is not licensed to practice the discipline.

4.3 EXCLUSIONS SPECIFIC TO THE POLICY, WHICH CAN BE WAIVED ON PAYMENT OF ADDITIONAL PREMIUM

4.3.1 Maternity Expenses - We will not pay for pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth ; abortion or complications except abdominal operation for extra uterine pregnancy (Ectopic Pregnancy), which is proved by submission of Ultra Sonographic Report and Certification by Gynaecologist that it is life threatening one if left untreated.

4.3.2 Time Bound Exclusions: We will not pay for any specific time bound exclusion(s) applied by Us and mentioned in the Policy Schedule/Certificate of Insurance and accepted by the policyholder.

4.3.3 Private Duty nursing: We will not pay for skilled nursing care utilised to assist the Insured person to develop caregiver competencies through training and education, and to optimize patient health status and outcomes.

4.3.4 Geography - We will not cover for the hospitalisation outside Republic of India.

5. GENERAL TERMS & CONDITIONS

5.1 CONDITION PRECEDENT TO THE CONTRACT

- 5.1.1 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.
- 5.1.2 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.
- 5.1.3 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.
- 5.1.4 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.
- 5.1.5 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.

5.2 CONDITIONS APPLICABLE DURING CONTRACT

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

5.2.2 Cancellation of Policy –

- ✚ **Cancellation by You** - You may cancel this Policy/ certificate of Insurance at any time by sending fifteen (15) days notice in writing to Us, stating when cancellation is to take effect. In the event of such cancellation, We shall refund premium for the period this Policy / certificate of Insurance has been in force in accordance with the short-period rate table below. However, there will be no refund of premium in respect of the Insured Person for whom a claim has been paid or is payable under the Policy.

Months	1 year	2 years	3 years	4 years	5 years
1	72%	81%	84%	86%	87%
2	64%	77%	81%	84%	85%
3	56%	73%	79%	82%	83%
4	48%	69%	76%	80%	82%
5	40%	65%	74%	78%	80%
6	32%	61%	71%	76%	79%
7	24%	57%	68%	74%	77%
8	16%	53%	66%	72%	75%
9	2%	49%	63%	70%	74%
10	0%	45%	60%	68%	72%
11	0%	41%	58%	66%	71%
12	0%	37%	55%	64%	69%
13		34%	52%	62%	68%
14		30%	50%	60%	66%
15		26%	47%	58%	64%
16		22%	44%	56%	63%
17		18%	42%	54%	61%
18		14%	39%	52%	60%
19		10%	37%	50%	58%
20		5%	34%	48%	56%
21		0%	31%	46%	55%
22		0%	29%	44%	53%
23		0%	26%	42%	52%
24		0%	23%	40%	50%
25			21%	38%	48%
26			18%	36%	47%
27			15%	34%	45%
28			13%	32%	44%
29			10%	30%	42%
30			7%	28%	41%
31			5%	26%	39%
32			2%	24%	37%

Navi Health Group HospiCash Policy | UIN: NAVHLP21366V022021

Navi General Insurance Limited

Registered Office: AMR Tech Park, Ground Floor, No. 23 & 24, Hosur Road, Bommanahalli, Bengaluru-560 068, Karnataka

Toll-free number: 1800 123 0004 | Website: www.naviinsurance.com | Email: insurance.help@navi.com

CIN: U66000KA2016PLC148551 | IRDAI Registration Number: 155

33			0%	22%	36%
34			0%	20%	34%
35			0%	18%	33%
36			0%	16%	31%
37				14%	29%
38				12%	28%
39				10%	26%
40				8%	25%
41				6%	23%
42				4%	22%
43				2%	20%
44				0%	18%
45				0%	17%
46				0%	15%
47				0%	14%
48				0%	12%
49					10%
50					9%
51					7%
52					6%
53					4%
54					2%
55					1%
56					0%
57					0%
58					0%
59					0%
60					0%

✚ Cancellation by Us - We may cancel this Policy/ certificate of insurance on grounds of misrepresentation, fraud, non-disclosure of Material Facts, non-cooperation by You or anyone acting on Your behalf. When such cancellation of the Policy/ certificate of Insurance will be on the grounds of misrepresentation, fraud, non-disclosure of Material Facts, it will be from inception date or the Renewal date (as the case may be) upon fifteen (15) days written notice delivered to or mailed to Your last address as shown in Our records followed by an endorsement without refund of any premium. In case of cancellation of the Policy/certificate of insurance by Us on account of non-cooperation, You shall be entitled to get refund of pro-rata premium for the unexpired portion of the Policy on the date of cancellation except for those Insured Person(s) for whom a claim has been paid or is payable under the Policy.

5.2.3 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 authorised to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing.
- iii) Notice and instructions will be deemed served ten (10) days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.
- iv) You must immediately bring to Our notice any change in the address or contact details. If You fail to inform Us, We shall send notice to the last known address and it would be considered that the notice has been sent to You.
- v) You shall immediately notify Us in writing in regard to change in occupation / business at Your own expense and We may adjust the scope of cover and/or premium after analysing the risk of such a change, if necessary, accordingly.

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

5.2.4 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.

5.2.5 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: 015/IRDA/Life/Circular/GI Guidelines/2005 dated 14th July 2005 and any amendments thereto are being adhered. 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.

5.2.6 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 fifteen (15) 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 atleast 15 days prior to the due date of instalment premium if you wish to discontinue with the ECS facility.
5. Non-payment of premium on due date as opted by You in the mandate form subject to an additional 15 days of relaxation period will lead to termination of the policy.

5.2.7 Protection of Policy Holders Interest - This Policy is subject to IRDAI (Protection of Policyholders' Interest) Regulation, 2017 and any amendment thereof.

5.2.8 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.

5.2.9 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.

5.2.10 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 at least ninety (90) days prior to the effective date of modification or revision coming into effect.

5.2.11 Termination of Policy - This Policy terminates on earliest of the following events-

- a. Cancellation of Policy as per the cancellation provision.

Navi Health Group HospiCash Policy | UIN: NAVHLGP21366V022021

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b. On the policy expiry date.

5.2.12 Withdrawal of Product - The product will be withdrawn only after due approval from the Authority. We will inform the Group Organiser /Administrator in the event We may decide to withdraw the product.

In such cases, where Policy is falling due for Renewal within 15 days from the date of withdrawal, We will provide the Group Organiser/Administrator 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 15 days from the date of withdrawal will have to migrate to 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 Migration norms in vogue. If the Individual member migrates to the similar Health Insurance product available with Us, We will give credit for the accrued waiting period for Pre-existing disease so that the total waiting period for pre-existing disease does not exceed the waiting period applicable in the withdrawn product.

The Group Organiser/Administrator will inform individual members about such withdrawal of product by Us.

However, even if the Group Organiser/Administrator does not respond to Our intimation in case of such withdrawal, the Policy will stand withdrawn on the Renewal date.

5.3 CONDITIONS FOR RENEWAL OF CONTRACT

5.3.1 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 migration guidelines issued by the Authority.

5.3.2 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.

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560095 Toll-free number: 1800 123 0004 | Website: www.naviinsurance.com | Email: insurance.help@navi.com

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5.4 CONDITIONS WHEN A CLAIM ARISES

- 5.4.1 Arbitration** - If We admit liability for any claim but any difference or dispute arises as to the amount payable for any claim the same shall be decided by reference to Arbitration. The Arbitrator shall be appointed in accordance with the provisions of the Arbitration and Conciliation Act, 1996 or any amendment thereof. No reference to Arbitration shall be made unless We have admitted Our liability for a claim in writing.
- 5.4.2 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.
- 5.4.3 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.
- 5.4.4 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-cooperation 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.
- 5.4.5 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.

5.4.5.1. 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 # 5.4.5.2 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.

5.4.5.2. 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
- 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

5.4.5.3. 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
3. Final Hospital Bill with Bill break up and receipt (photocopy)
4. Copy of attested Death Certificate issued by Hospital and Local Authority
5. MLC/FIR Report/Post Mortem Report (if applicable and conducted) duly attested by concern authority.
6. Copy of KYC documents (Photo ID proof, Pan Card, Aadhar Card etc.)
7. Cancelled cheque for NEFT payment

5.4.5.4. 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.

5.4.5.5. 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*.

5.4.5.6. 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.

5.4.5.7. 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.

6. GRIEVANCE REDRESSAL PROCEDURE

At Navi General Insurance, we want your relationship with insurance to soar beyond what you've experienced yet. To understand, appreciate, and enjoy insurance—we're here for you. However, if you aren't satisfied—please feel free to connect with us on the following channels.

- a. Call us on our Toll Free 1800-123-0004 for any queries that you may have!
- b. Email your queries to insurance.help@navi.com.
- c. For Senior Citizens, we have a special cell and our Senior Citizen customers can email us at seniorcare@navi.com for priority resolution
- d. Visit our website www.naviinsurance.com
- e. Please walk in to any of our branches or partner locations
- f. You can also dispatch your letters to us at:

Navi General Insurance Limited

Salarpuria Business Centre,
4th B Cross Road, 5th Block,
Koramangala Industrial Layout,
Bengaluru, Karnataka – 560095

We request you to please mention your complete details: Full Name, Policy Number and Contact Details in all your communications, to enable our customer experience expert to connect with you and provide you with quickest possible solution.

We'll make sure to acknowledge your service request within 3 working days—and try and resolve it to your satisfaction within 15 working days. That's a promise!

Escalation

Level 1 : While we attempt to give you best-in-class and prompt resolution for any concerns—sometimes it may not be perfect. If you felt that you weren't offered a perfect resolution, please feel free to share your feedback to our Customer Experience team at Manager.CustomeExperience@navi.com

Level 2 : If you still are not happy about the resolution provided then you may please write to our Head Customer Experience and Grievance Redressal Officer at Head.CustomerExperience@navi.com

Level 3: If you are not happy with the resolution, you may approach IRDAI by calling on the Toll Free no. [155255](tel:155255) (or) [1800 4254 732](tel:18004254732). You can also register an online complaint on the website <http://igms.irda.gov.in>.

If your concern remains unresolved after having followed the above escalation procedure then you may please approach the Insurance Ombudsman for Redressal. To know who your Insurance Ombudsman is—simply refer to the list below/overleaf.

Ombudsman & Addresses: Refer the link - <http://ecoi.co.in/ombudsman.html>

S. No.	CONTACT DETAILS	JURISDICTION OF OFFICE
1	AHMEDABAD 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@ecoi.co.in	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu
2	BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka
3	BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	States of Madhya Pradesh and Chattisgarh.
4	BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	State of Orissa
5	CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.
6	CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044 - 24333668 / 24335284	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).

	<p>Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in</p>	
7	<p>DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@ecoi.co.in</p>	State of Delhi
8	<p>GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@ecoi.co.in</p>	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
9	<p>HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in</p>	States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry
10	<p>JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in</p>	State of Rajasthan
11	<p>ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in</p>	Kerala, Lakshadweep, Mahe-a part of Pondicherry

<p>12</p>	<p>KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in</p>	<p>States of West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands</p>
<p>13</p>	<p>LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in</p>	<p>District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar.</p>
<p>14</p>	<p>MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in</p>	<p>States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>
<p>15</p>	<p>NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514251 / 2514253 Email: bimalokpal.noida@ecoi.co.in</p>	<p>States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur</p>
<p>16</p>	<p>PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in</p>	<p>States of Bihar and Jharkhand</p>

17	PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 - 32341320 Email: bimalokpal.pune@ecoi.co.in	States of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region
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IRDAI Regulation No 17: This Policy is subject to regulation 17 of IRDAI (Protection of Policyholder's Interests) Regulation 2017 or any amendment thereof from time to time.

7. ANNEXURES

I. OPTIONAL COVERS

A. **DELETION OF 30 DAYS WAITING PERIOD**

Deletion of Waiting Period –Waiting Period for 30 days (3.1) under Section 3 stands deleted as specified in the Policy Schedule/ Certificate of Insurance for all Insured Persons covered under this Policy.

B. **DELETION OF WAITING PERIOD FOR NAMED AILMENTS**

Deletion of Waiting Period – 12 months waiting period for “Named Ailments” (3.2) under Section 3 stands deleted as specified in the Policy Schedule / Certificate of Insurance for all Insured Persons covered under this Policy.

C. **DELETION / REDUCTION OF WAITING PERIOD FOR PRE-EXISTING DISEASE / CONDITION**

Deletion of Waiting Period – 48 months waiting period for “Pre-existing Disease / Conditions” (3.3) under Section 3 stands deleted as specified in the Policy Schedule/ Certificate of Insurance for all Insured Persons covered under this Policy.

Reduction of Waiting Period – 48 months Waiting Period for “Pre-existing Disease / Conditions” (3.3) under Section 3 stands reduced to the duration as specified in the Policy Schedule/ Certificate of Insurance for all Insured Persons covered under this Policy.

D. **CONVALESCENCE BENEFIT**

If an Insured Person suffers an Illness or accident during the Policy Year that requires hospitalisation for more than 10 days then,

- a) We will pay a lumpsum amount as mentioned in the policy schedule/certificate of insurance for the number of days as opted by the Insured Person.
- b) This benefit is payable only if there is an admissible claim under any of the daily cash benefits in section 2 A) or 2 B) above.
- c) The payment under this benefit will be in addition to the payment under 2 A) or 2 B), as the case may be.

Subject to other terms, conditions, exceptions of the policy.

E. **PRIVATE NURSING CARE**

If the Insured Person suffers an Illness or accident during the Policy Year that requires a hospitalisation for more than 10 days and upon discharge from hospital a nurse is recommended by the treating medical practitioner for Medically Necessary reasons then,

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- a) We will pay Daily nursing amount as mentioned in the policy schedule for maximum 10 days in a policy year provided a registered private nurse is hired to attend the Insured Person at his/her home immediately following his discharge from Hospital,
- b) This benefit is payable only if there is an admissible claim under any of the daily cash benefits in section 2 A) or 2 B) above.
- c) The payment under this benefit will be in addition to the payment under 2 A) or 2 B), as the case may be.

Subject to other terms, conditions, exceptions of the policy.

F. MATERNITY BENEFIT COVER

We will pay Daily Benefit amount towards Hospitalization for child birth during the Policy Year provided that –

- a) This benefit is payable to female Insured Person only;
- b) A waiting period as mentioned in the Policy Schedule/ Certificate of Insurance shall apply to the female Insured person.
- c) This benefit will be payable for first two living children only. In case the first delivery is a twin (more than 1 child) delivery, then the second delivery will not be covered.
- d) We will pay a lumpsum amount as mentioned in the policy schedule for the number of hospitalisation days as opted by the Insured Person.
- e) Exclusion # 4.3.1 stands covered to the extent provided under this benefit.

Subject to other terms, conditions, exceptions of the policy.

G. ACCOMMODATION BENEFIT

If an Insured Person suffers an Illness or accident during the Policy Year that requires continuous hospitalisation for more than 3 Days then,

- a) We will pay an amount equal to Daily Benefit amount towards Parent/Companion accommodation upto a maximum of 10 days per policy Year.
- b) This benefit is payable only if there is an admissible claim under section 2 A) or 2 B) .The payment under this benefit will be in addition to the payment under 2 A) or 2 B), as the case may be.

Subject to other terms, conditions, exceptions of the policy.

H. ACCIDENTAL DOUBLE CASH COVER

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

- a) We will pay an amount equal to the amount payable under Section 2 B) - Accident Hospital Cash Benefit.

- b) This benefit is payable only if there is an admissible claim under section 2 B) .
- c) The payment under this benefit will be in addition to the payment under 2 B).

Subject to other terms, conditions, exceptions of the policy.

I. ACCIDENTAL DEATH BENEFIT

We will pay the amount as stated in the Policy Schedule/ Certificate of Insurance against the said benefit, If the Insured Person suffers an Injury directly due to an Accident that occurs during the Policy Period, resulting in the Insured Person's death within twelve (12) months of the occurrence of the Accident.

We will also pay for Loss of Life if Insured Person's body cannot be located within twelve (12) months after the forced landing, stranding, sinking or wrecking of a conveyance in which Insured Person was a passenger or as a result of any Acts of God, in which case it shall be deemed, subject to all other terms and provisions of the Policy, that Insured Person has suffered loss of life within the meaning of the Policy due to an Accident that occurred during the Policy Period.

In case any claim is admitted under this Benefit, coverage under the Policy for that Insured Person shall immediately and automatically terminate.

Subject to other terms, conditions, exceptions of the policy.

J. 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 hospitalisation is medically necessary & recommended by the Medical Practitioner, then We will pay twice the Daily Benefit amount for the number of days Insured Person is Hospitalized. Our maximum liability will be limited to the number of days specified in the Policy Schedule / Certificate of insurance.

Subject to other terms, conditions, exceptions of the policy.

K. EMERGENCY AMBULANCE / REPATRIATION OF MORTAL REMAINS (RMR) / FUNERAL EXPENSES

If we have accepted claim under section 2 then We will pay the lumpsum amount as stated in the Policy Schedule/ Certificate of Insurance, if the Insured Person requires treatment on emergency basis and ambulance is utilised for –

- i. Transferring the Insured Person from the place of incident to Hospital or from one Hospital to another Hospital or to a diagnostic centre for advanced diagnostic treatment where such facility is not available at the existing Hospital and advised by the treating Medical Practitioner.

- ii. Transferring the Insured Person to a better Hospital facility due to lack of super speciality treatment in the existing Hospital.
- iii. Transferring the Insured Person to home after discharge from the Hospital. The medical condition of Insured Person is such that it requires services of Ambulance and is certified by treating Medical Practitioner.
- iv. Transporting the mortal remains of Insured person from Hospital to home and/or to cremation ground for funeral purpose or towards Cremation /Coffin Charges.

Subject to other terms, conditions, exceptions of the policy.

L. DEDUCTIBLE

All hospitalisation claims under this Policy is subject to the Deductible (days) as specified in the Policy Schedule/ Certificate of Insurance for all Insured Persons covered under this Policy.

Note – This shall not apply on any claim admissible under 2C – Day Care Procedure Cash.

M. FRANCHISE

All hospitalisation claims under this Policy is subject to the Franchise (days) as specified in the Policy Schedule / Certificate of Insurance for all Insured Persons covered under this Policy.

Note – This shall not apply on any claim admissible under 2C – Day Care Procedure Cash.

II. DAY CARE PROCEDURES

Sr. No	System	Procedure
1	ENT	Adenoidectomy with Grommet insertion
2		Adenoidectomy without Grommet insertion
3		Conchoplasty
4		Endolymphatic Sac Surgery for Meniere's Disease
5		Excision and destruction of lingual tonsils
6		Excision of Angioma Septum
7		Fenestration of the inner ear
8		Incision & Drainage of Pharyngeal Abscess
9		Incision and drainage - Hematoma Auricle
10		Incision and drainage of perichondritis
11		Labyrinthectomy for severe Vertigo
12		Myringoplasty
13		Myringotomy with Grommet Insertion
14		Ossiculoplasty
15		Palatoplasty
16		Pseudocyst of the Pinna - Excision
17		Reduction of fracture of Nasal Bone
18		Removal of Tympanic Drain under LA
19		Septoplasty
20		Stapedectomy under GA
21		Stapedectomy under LA
22		Stapedotomy
23		Thyroplasty Type I
24		Tonsillectomy with adenoidectomy
25		Tonsillectomy without adenoidectomy
26		Tracheoplasty
27		Tracheostomy
28		Transoral incision and drainage of a pharyngeal abscess
29		Turbinectomy
30		Turbinoplasty
31		Tympanoplasty
32		Uvulo Palato Pharyngo Plasty
33		Vestibular Nerve section
34		Vocal Cord lateralisation Procedure
35		Mastoidectomy
36	Ophthalmology	Biopsy of tear gland
37		Corrective surgery of blepharoptosis
38		Corrective surgery of the entropion and ectropion

39		Excision and destruction of the diseased tissue of the eyelid
40		Incision of diseased eyelids
41		Incision of tear glands
42		Incision of the cornea
43		Operation on the canthus and epicanthus
44		Operations for pterygium
45		Removal of foreign body from eye
46		Surgery for cataract
47		Treatment of retinal lesion
48		Other operation on the tear ducts
49		Other operations on the cornea
50		Enucleation of Eye Without Implant
51		Dacryocystorhinostomy for Various Lesions of Lacrimal Gland
52	Oncology	2D Radiotherapy
53		3D Brachytherapy
54		3D Conformal Radiotherapy
55		Adjuvant chemotherapy
56		Adjuvant Radiotherapy
57		Afterloading Catheter Brachytherapy
58		CCRT-Concurrent Chemo + RT
59		Conditioning Radiotherapy for BMT
60		Consolidation chemotherapy
61		Continuous Infusional Chemotherapy
62		Electron Therapy
63		External mould Brachytherapy
64		Extracorporeal Irradiation of Blood Products
65		Extracorporeal Irradiation to the Homologous Bone grafts
66		FSRT-Fractionated SRT
67		Gamma knife SRS
68		HBI-Hemibody Radiotherapy
69		HDR Brachytherapy
70		Helical Tomotherapy
71		IGRT- Image Guided Radiotherapy
72		Implant Brachytherapy
73		IMRT- DMLC
74		IMRT- Step & Shoot
75		Induction chemotherapy
76		Infusional Bisphosphonates
77		Infusional Chemotherapy
78		Infusional Targeted therapy
79		Interstitial Brachytherapy

80		Intracavity Brachytherapy
81		intraluminal Brachytherapy
82		Intravesical Brachytherapy
83		IV Push Chemotherapy
84		LDR Brachytherapy
85		Maintenance chemotherapy
86		Neoadjuvant chemotherapy
87		Neoadjuvant radiotherapy
88		Palliative chemotherapy
89		Palliative Radiotherapy
90		Radical chemotherapy
91		Radical Radiotherapy
92		Rotational Arc Therapy
93		SBRT-Stereotactic Body Radiotherapy
94		SC administration of Growth Factors
95		SRS-Stereotactic Radiosurgery
96		SRT-Stereotactic Arc Therapy
97		TBI- Total Body Radiotherapy
98		Tele gamma therapy
99		Telecesium Therapy
100		Telecobalt Therapy
101		Template Brachytherapy
102		TSET-Total Electron Skin Therapy
103		VMAT-Volumetric Modulated Arc Therapy
104		X-Knife SRS
105	Plastic Surgery	Breast reconstruction surgery after mastectomy
106		Construction skin pedicle flap
107		Fibro myocutaneous flap
108		Gluteal pressure ulcer-Excision
109		Muscle-skin graft duct fistula
110		Muscle-skin graft, leg
111		Myocutaneous flap
112		Plastic surgery to the floor of the mouth under GA
113		Removal cartilage graft
114		Removal of bone for graft
115		Sling operation for facial palsy
116		Split Skin Grafting under RA
117		Wolfe skin graft
118	Urology	Anderson hynes operation
119		AV fistula - wrist
120		Bladder Neck Incision

121		Cystoscopic Litholapaxy
122		Cystoscopy & Biopsy
123		Cystoscopy and "SLING" procedure.
124		Cystoscopy and removal of FB
125		Cystoscopy and removal of polyp
126		Drainage of prostate abscess
127		ESWL
128		Excision of urethral diverticulum
129		Excision of urethral prolapse
130		Frenular tear repair
131		Haemodialysis
132		injury prepuce- circumcision
133		Kidney endoscopy and biopsy
134		Meatotomy for meatal stenosis
135		Mega-ureter reconstruction
136		Orchiectomy
137		Paraphimosis surgery
138		Percutaneous nephrostomy
139		Removal of urethral Stone
140		Repair of penile torsion
141		Suprapubic cystostomy
142		Surgery filarial scrotum
143		Surgery for fournier's gangrene scrotum
144		Surgery for pelvi ureteric junction obstruction
145		Surgery for watering can perineum
146		TUNA- prostate
147		Ureter endoscopy and treatment
148		URSL with lithotripsy
149		URSL with stenting
150		Vesico ureteric reflux correction
151	Neurology	Diagnostic cerebral angiography
152		Entrapment neuropathy Release
153		Epidural steroid injection
154		Facial nerve physiotherapy
155		Glycerol rhizotomy
156		Intrathecal Baclofen therapy
157		Motor cortex stimulation
158		Muscle biopsy
159		Nerve biopsy
160		Percutaneous Cordotomy
161		Spinal cord stimulation

162		Stereotactic Radiosurgery
163		Ventriculoatrial shunt
164		VP shunt
165	Thoracic Surgery	Brochosopic treatment of bleeding lesion
166		Brochosopic treatment of fistula / stenting
167		Bronchoalveolar lavage & biopsy
168		Coronary Angiography
169		Direct Laryngoscopy with biopsy
170		EBUS + Biopsy
171		Endoscopic thoracic sympathectomy
172		Laser Ablation of Barrett's oesophagus
173		Pleurodesis
174		Thoracoscopy and Lung Biopsy
175		Thoracoscopy and pleural biopsy
176		Thoracoscopy assisted empyema drainage
177		Thoracoscopy ligation thoracic duct
178		Gastroenterology
179	Colonoscopy stenting of stricture	
180	Construction of gastrostomy tube	
181	ERCP	
182	ERCP + placement of biliary stents	
183	ERCP and choledochoscopy	
184	ERCP and papillotomy	
185	ERCP and sphincterotomy	
186	Esophageal stent placement	
187	Esophagoscope and sclerosant injection	
188	EUS + aspiration pancreatic cyst	
189	EUS + coeliac node biopsy	
190	EUS + submucosal resection	
191	EUS and pancreatic pseudo cyst drainage	
192	Pancreatic pseudocyst EUS & drainage	
193	Percutaneous Endoscopic Gastrostomy	
194	Proctosigmoidoscopy volvulus detorsion	
195	RF ablation for barrett's Esophagus	
196	Sigmoidoscopy	
197	Small bowel endoscopy (therapeutic)	
198	General Surgery	Abscess-Decompression
199		Axillary lymphadenectomy
200		Breast abscess I& D
201		Cervical lymphadenectomy
202		Circumcision for Trauma

203	Colonoscopy
204	Colostomy
205	colostomy closure
206	Drainage of pyelonephrosis / perinephric abscess
207	Epididymectomy
208	ERCP - Bile duct stone removal
209	ERCP - pancreatic duct stone removal
210	Esophageal Growth stent
211	Eversion of Sac
212	Excision of Cervical RIB
213	Excision of Ranula under GA
214	Feeding Gastrostomy
215	Feeding Jejunostomy
216	Fibroadenoma breast excision
217	Fissure in Ano- fissurectomy
218	Fissure in ano sphincterotomy
219	Glossectomy
220	Surgical treatment of Hydrocele
221	Ileostomy
222	Ileostomy closure
223	Incision and drainage of Abscess
224	Incision of a pilonidal sinus / abscess
225	Infected keloid excision
226	Infected lipoma excision
227	Infected sebaceous cyst
228	Inguinal lymphadenectomy
229	Intersphincteric abscess incision and drainage
230	Jaboulay's Procedure
231	Laparoscopic cardiomyotomy (Hellers)
232	Laparoscopic pyloromyotomy (Ramstedt)
233	Laparoscopicreduction of intussusception
234	Liver Abscess- catheter drainage
235	Lord's plication
236	Maximal anal dilatation
237	Meatoplasty
238	Microdochectomy breast
239	Oesophageal varices Sclerotherapy
240	Oesophagoscopy and biopsy of growth oesophagus
241	PAIR Procedure of Hydatid Cyst liver
242	Pancreatic Pseudocysts Endoscopic Drainage
243	Parastomal hernia

244		Perianal abscess I&D
245		Perianal hematoma Evacuation
246		Photodynamic therapy or esophageal tumour and Lung tumour
247		Piles
248		Pneumatic reduction of intussusception
249		Polypectomy colon
250		Prolapsed colostomy- Correction
251		Psoas Abscess Incision and Drainage
252		Resection of Salivary Gland
253		Rigid Oesophagoscopy for dilation of benign Strictures
254		Rigid Oesophagoscopy for FB removal
255		Rigid Oesophagoscopy for Plummer vinson syndrome
256		Scalp Suturing
257		Scrotoplasty
258		Sentinel node biopsy
259		Sentinel node biopsy malignant melanoma
260		Splenic abscesses Laparoscopic Drainage
261		Subcutaneous mastectomy
262		Submandibular salivary duct stone removal
263		Surgery for fracture Penis
264		Surgical treatment of varicocele
265		Suturing of lacerations
266		Testicular biopsy
267		Thyroid abscess Incision and Drainage
268		TIPS procedure for portal hypertension
269		Tru cut liver biopsy
270		UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers
271		UGI scopy and Polypectomy oesophagus
272		UGI Scopy and Polypectomy stomach
273		Varicose veins legs - Injection sclerotherapy
274		Wound debridement and Cover
275		ZADEK's Nail bed excision
276	Orthopedic	Abscess knee joint drainage
277		Amputation follow-up surgery
278		Amputation of metacarpal bone
279		Arthroplasty
280		Arthroscopic Meniscle repiar
281		Arthroscopic Repair of ACL tear knee
282		Arthroscopic repair of PCL tear knee
283		Arthroscopic Shoulder surgery
284		Arthrotomy Hip joint

285	Aspiration of Hematoma
286	Biopsy elbow joint lining
287	Biopsy finger joint lining
288	Calcaneum spur hydrocort injection
289	Carpal tunnel release
290	Closed reduction and external fixation
291	Closed reduction of dislocation / Fracture
292	Decompress forearm space
293	Elbow arthroscopy
294	Excision of dupuytren's contracture
295	Excision of various lesions in Coccyx
296	Exploration of ankle joint
297	Fixation of knee joint
298	Ganglion wrist hyalase injection
299	Haemarthrosis knee- lavage
300	Implant removal minor
301	Incision of foot fascia
302	Intra articular steroid injection
303	Joint Aspiration - Diagnostic / Therapeutic
304	K wire removal
305	Lengthening of hand tendon
306	Lengthening of thigh tendons
307	ORIF with K wire fixation- small bones
308	ORIF with plating- Small long bones
309	Partial removal of metatarsal
310	Partial removal of rib
311	POP application under GA
312	Release of midfoot joint
313	Release of thumb contracture
314	Removal of elbow bursa
315	Removal of fracture pins/ nails
316	Removal of knee cap bursa
317	Removal of tumor of arm/ elbow under RA/GA
318	Removal of wrist prosthesis
319	Remove/graft bone lesion
320	Repair of knee joint
321	Repair of ruptured tendon
322	Revision of neck muscle (Torticollis release)
323	Revision/Removal of Knee cap
324	Surgery of bunion
325	Syme's amputation

326		Tendon lengthening
327		Tendon shortening
328		Tendon transfer procedure
329		Tennis elbow release
330		Treatment fracture of radius & ulna
331		Treatment of clavicle dislocation
332		Treatment of foot dislocation
333		Treatment of fracture of ulna
334		Treatment of scapula fracture
335		Treatment of sesamoid bone fracture
336		Treatment of shoulder dislocation
337		Excision of any other bursitis
338	Paediatric surgery	Cystic hygroma - Injection treatment
339		Detorsion of torsion Testis
340		Dilatation of accidental caustic stricture oesophageal
341		EUA + biopsy multiple fistula in ano
342		Excision Juvenile polyps rectum
343		Excision of cervical teratoma
344		Excision of fistula-in-ano
345		Excision of soft tissue rhabdomyosarcoma
346		Excision Sigmoid Polyp
347		High Orchidectomy for testis tumours
348		Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
349		lap.Abdominal exploration in cryptorchidism
350		Mediastinal lymph node biopsy
351		Orchidopexy for undescended testis
352		Presacral Teratomas Excision
353		Rectal prolapse (Delorme's procedure)
354		Rectal-Myomectomy
355		Removal of vesical stone
356		Sternomastoid Tenotomy
357	Vaginoplasty	
358	Gynaecology	Bartholin Cyst excision
359		Conization
360		Cryocauterisation of Cervix
361		Dilatation and Curettage
362		Endometrial ablation
363		Hymenectomy (imperforate Hymen)
364		Hysteroscopic adhesiolysis
365		Hysteroscopic removal of myoma
366		Hysteroscopic resection of endometrial polyp

367		Hysteroscopic resection of fibroid
368		Hysteroscopic resection of septum
369		Laparoscopic cystectomy
370		Laparoscopic Myomectomy
371		Laparoscopic oophorectomy
372		Laparoscopic cyst excision
373		Large loop excision of the transformation zone
374		Loop Electrosurgical excision procedure
375		MIRENA insertion for therapeutic use
376		Pelvic floor repair(excluding Fistula repair)
377		Polypectomy
378		Repair of vagina (vaginal atresia)
379		Repair recto- vagina fistula
380		Surgery for Stress Urinary Incontinence
381		Thermal Cauterisation of Cervix
382		Transurethral Resection of Bladder Tumour
383		Ureterocoele repair - congenital internal
384		Uterine artery embolization
385		Vaginal mesh For POP
386		Vaginal wall cyst excision
387		Vulval cyst Excision
388		Vulval wart excision
389	Dental	FNAC
390		Oral biopsy in case of abnormal tissue presentation
391		Splinting of avulsed teeth
392		Suturing lacerated lip
393		Suturing oral mucosa

Note –

1. The above list is exhaustive. Any addition / deletion in this list shall be subject to IRDAI's approval.
2. The standard exclusions and waiting periods are applicable to all of the above Day Care Procedures.