

Health QuBE Super Top Up

Policy Wordings

1. 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.

2. 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 Centre, following Medical Advice of a duly qualified Medical Practitioner, the Company shall indemnify Medically Necessary, Reasonable and Customary Medical Expenses towards the Coverage mentioned the policy schedule.

Provided further that, any amount payable under the Policy shall be subject to the terms of coverage (including any co-pay, sub limits, deductibles), 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 and Cumulative Bonus (if any) specified in the Schedule.

3. 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.

3.1 **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

3.2 **Age** means age of the Insured person on last birthday as on date of commencement of the Policy.

3.3 **Aggregate Deductible:** Aggregate deductible is a cost-sharing requirement under this Policy that provides that the Company will not be liable for a specified rupee amount of the covered expenses, which will apply before any benefits are payable by the Company. A deductible does not reduce the Sum Insured. The deductible is applicable in aggregate towards hospitalization expenses covered and admissible as per terms and conditions of this policy and incurred during the policy period by insured (individual policy) or insured family (in case of floater policy)

3.4 **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.

3.5 **AYUSH** Treatment refers to hospitalization treatments given Ayurveda, Yoga and Naturopathy, Unani, Sidha and Homeopathy systems.

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

- a) Central or State Government AYUSH Hospital; or
- b) Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
- c) AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
- d) 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.

3.7 **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:

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

3.8 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

3.9 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.

3.10 Condition Precedent means a Policy term or condition upon which the Company's liability under the Policy is conditional upon.

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

a) Internal Congenital Anomaly

Congenital anomaly which is not in the visible and accessible parts of the body.

b) External Congenital Anomaly

Congenital anomaly which is in the visible and accessible parts of the body.

3.12 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.

3.13 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

vi. maintains daily records of patients and shall make these accessible to the Company's authorized personnel.

3.14 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.

iii. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

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

- 3.16 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.
- 3.17 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: the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or the patient takes treatment at home on account of non-availability of room in a hospital.
- 3.18 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.
- 3.19 Family** means, the Family that consists of the proposer and any one or more of the family members as mentioned below:
- i. legally wedded spouse.
 - ii. Parents and Parents-in-law.
 - iii. Dependent Children (i.e. natural or legally adopted) between the age 3 months to 18 years. However male child can be covered up to the age of 25 years if he is a bonafide regular student and financially dependent on the proposer. Female child can be covered until she gets married. Divorced and widowed daughters are also eligible for coverage under the policy, irrespective of age. If the child above 18 years is financially independent or if the girl child is married, he or she shall be ineligible for coverage in the subsequent renewal.
- 3.20 Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue the Policy in force without loss of continuity benefits pertaining to all the credits (Sum Insured, No claim bonus, Specific waiting periods and waiting period for pre-existing diseases, moratorium period, etc.) accrued under the policy. Coverage will not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.
Provided we the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.
- 3.21 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.
- 3.22 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.
- 3.23 Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and requires medical treatment.
- I. **Acute Condition** means a disease, illness or injury that is likely to response quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.
 - ii. **Chronic Condition** means a disease, illness, or injury that has one or more of the following characteristics

- a) it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
- b) it needs ongoing or long-term control or relief of symptoms
- c) it requires rehabilitation for the patient or for the patient to be special trained to cope with it
- d) it continues indefinitely
- e) it recurs or is likely to recur

3.24 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.

3.25 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.

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

3.27 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.

3.28 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.

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

3.30 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.

3.31 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 licence.

3.32 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.

3.33 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.

3.34 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.

3.35 No claim Bonus means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium or discount in renewal premium

- 3.36 Non- Network Provider** means any hospital that is not part of the network.
- 3.37 Notification of Claim** means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.
- 3.38 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.
- 3.39 Pre-Existing Disease (PED):** Pre-existing disease means any condition, ailment, injury or disease
- 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
 - 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.
- 3.40 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.
- 3.41 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:
- Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
 - The inpatient hospitalization claim for such hospitalization is admissible by the Insurance Company.
- 3.42 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.
- 3.43 Policy period** means period of one policy year/ two policy years/ three policy years as mentioned in the schedule for which the Policy is issued
- 3.44 Policy Schedule** means the Policy Schedule attached to and forming part of Policy.
- 3.45 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 twelvemonth 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
- 3.46 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.
- 3.47 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.
- 3.48 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.
- 3.49 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.
- 3.50 Room Rent** means the amount charged by a hospital towards Room and Boarding expenses and shall include the associated medical expenses.
- 3.51 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.

- 3.52 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.
- 3.53 Specific Waiting Periods** means a period up to 12/36 months from the commencement of a Health Insurance Policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break
- 3.54 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 center by a medical practitioner.
- 3.55 Third Party Administrator (TPA)** means a Company registered with the Authority, and engaged by an insurer, for a fee or remuneration, by whatever name called and as may be mentioned in the agreement, for providing health services.
- 3.56 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.
- 3.57 We/Our/Us / Insurer** means Raheja QBE General Insurance Company Limited.
- 3.58 You/Your** means the Policy holder / Primary Insured / Insured Person(s) named in the Policy Schedule / Certificate of Insurance.
- 3.59 Unproven/Experimental Treatment** is a treatment including drug experimental therapy, which is based on established medical practice in India, is a treatment experimental or unproven.

4. COVERAGE

The covers listed below are in-built Policy benefits and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.

- 4.1 . Hospitalization Expenses:** The Company shall indemnify Medical Expense incurred for Hospitalization of the Insured Person during the Policy year, up to the Sum Insured and Cumulative Bonus specified in the Policy Schedule, for,
- i. Room Rent, Boarding Expenses, Nursing Expenses as provided by the Hospital/ nursing home upto Single Private AC Room and we shall pay additional allowance of Rs. 1000/- per day upto the chosen sum insured limits, if insured has opted for the shared accommodation.
 - ii. Intensive Care Unit (ICU) / Intensive Cardiac Cate Unit (ICCU) expenses covered without any sublimit.
 - iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees provided they form part of and included in the Hospital Bill
 - iv. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.
 - v. Daycare treatments as mentioned in the annexure in policy wordings.
 - vi. Dental treatment necessitated due to disease or injury.

Conditions - The above coverage is subject to fulfilment of following conditions:

1. Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment.
2. In case of admission to a room higher than the Single Private AC Room, i.e. Super Deluxe room, Suite or any other premium category room over and above Single Private AC room, all the rates exceeding the aforesaid limits, the reimbursement/payment of all other expenses incurred at the Hospital, with the exception of cost of medicines, shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent (including but not limited to boarding and nursing expenses)charges.

3. Occurrence of same illness after a lapse of 45 days will be considered as fresh illness for the purpose of this Policy.

4.2 . **AYUSH Treatment:** The Company shall indemnify Medical Expenses incurred for Inpatient Care treatment under Ayurveda, Yoga and Naturopathy, Unani, Sidha and Homeopathy systems of medicines during the Policy Period up to the limit of sum insured as specified in the policy schedule in any AYUSH Hospital

4.3 . **Organ Donor:**

The Company shall indemnify Medical expenses subject to mentioned limit in the policy schedule, during each Policy Year as specified in the policy schedule, incurred for an organ donor's treatment for the harvesting of the organ donated provided that:

- i. The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011 and the organ donated is for the use of the Insured Person, and
- ii. We will not pay the donor's screening expenses or pre and post hospitalization expenses or for any other medical treatment for the donor consequent on the harvesting
- iii. We have accepted claim under hospitalization for the Insured Person and the Insured Person has been Medically Advised to undergo an organ transplant;
- iv. Costs directly or indirectly associated with the acquisition of the donor's organ will not be covered.
- v. These expenses shall be covered under the recipient's policy.

4.4 **Domiciliary hospitalization expenses:**

Domiciliary Hospitalization - Reasonable and Customary Charges towards Domiciliary Hospitalization exceeding 3 days as defined in Policy definition subject the Sum Insured maximum up to INR 50,000 whichever is less. However domiciliary hospitalization benefits shall not cover Expenses incurred for treatment for any of the following Diseases:-

- i. Asthma
- ii. Bronchitis
- iii. Chronic Nephritis and Nephritic Syndrome
- iv. Diarrhea and all type of Dysenteries including Gastro-enteritis
- v. Diabetes Mellitus and Insipidus
- vi. Epilepsy
- vii. Hypertension
- viii. Influenza, Cough and Cold
- x. Pyrexia of unknown Origin for less than 10 days
- xi. Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis
- xii. Arthritis, Gout and Rheumatism

4.5 **Pre-Hospitalization:**

The Company shall indemnify Pre-Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient Care, for a period of 60 days prior to the date of admissible Hospitalization covered under the Policy.

4.6 . **Post-Hospitalization:** The Company shall indemnify Post Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient Care, for a period of 90 days from the date of discharge from the

Hospital, towards Consultant fees, Diagnostic charges, Medicines and Drugs wherever required and recommended by the Hospital/ Medical Practitioner, where the treatment was taken, following an admissible Hospitalization covered under the Policy.

5. No Claim Bonus (NCB)

If no claim has been made under Section 4 of this Policy and the Policy is renewed with Us without any break, then insured is eligible for a No Claim Bonus which can be redeemed by choosing any one of the following options prior to policy inception while making application of insurance to us:

Option 1: Increase in Sum insured

Sum insured will be increased by 10% in respect of each claim free policy year (no claims are made), provided the policy is continuously renewed/ maintained with the company without a break subject to maximum of 50% of the sum insured under the current policy year. If a claim is made in any particular year, the cumulative bonus accrued shall be reduced at the same rate at which it has accrued. However, sum insured will be maintained and will not be reduced in the policy year.

If the Insured Persons in the expiring policy are covered on individual basis and thus have accumulated the NCB for each member in the expiring policy, and such expiring policy is renewed with Us on a Family Floater basis, then the NCB which will be carried forward for credit in the Policy will be the least NCB amongst all the Insured Persons.

The portability benefit under this Policy will be offered to the extent of sum of previous sum insured and accrued NCB, portability benefit shall not apply to any other additional increased Sum Insured.

In policies with a two-year Policy Period, the application of above provisions of NCB shall become applicable only after the completion of the first Policy Year.

Option 2: Discount in renewal Premium-

A discount of 2% shall be awarded on renewal premium. In case a claim is made in any particular year, no discount in premium will be offered at the time of renewal.

If a claim is made in the expiring Policy Year and is notified to Us after the acceptance of Renewal premium any discount awarded shall be withdrawn and same needs to be paid to us before policy renewal or Grace period, for policy to be effective and in-force.

6. Advance Treatment

We will pay the cost of the treatment listed below or part of the treatments (wherever medically indicated) either as in-patient or as part of domiciliary hospitalization or as day care treatment in a hospital. A co-payment of 50% will be applicable for all admissible claims under this benefit.

- a. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- b. Balloon Sinuplasty
- c. Deep Brain stimulation
- d. Oral chemotherapy
- e. Immunotherapy- Monoclonal Antibody to be given as injection
- f. Intravitreal injections
- g. Robotic surgeries
- h. Stereotactic radio surgeries
- i. Bronchial Thermoplasty
- j. Vaporization of the prostate (Green laser treatment or holmium laser treatment)
- k. IONM - (Intra Operative Neuro Monitoring)
- l. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for hematological conditions to be covered.

7. . Optional Cover

7.1 Restoration of Sum Insured: If insured has opted for this cover, We will restore up to 100% of the Sum insured once in a policy year in case the Sum insured including accrued Additional Sum Insured (if any) is insufficient as a result of previous claims in that policy year, provided that:

- i. The total amount of restore will not exceed the Sum Insured for that policy year
- ii. The restore amount can only be used for all future claims within the same policy year, not related to the illness/ disease/ injury for which a claim has been paid in that policy year for the same person
- iii. Restore will not trigger for the first claim
- iv. For individual policies, restore Sum Insured will be available on individual basis whereas for floater policies, it will be available on floater basis
- v. Any unutilized restore Sum Insured will not be carried forward to subsequent policy year
- vi. Such restore will be available only once during a Policy year to each insured in case of individual policy and can be utilized by insured persons who stand covered under the Policy before the Sum Insured was exhausted.
- vii. For any single claim during a policy year, the maximum claim amount payable shall not exceed the sum of
 1. The Sum Insured, and
 2. No claim bonus Sum Insured
- viii. During a Policy Year, the aggregate claim amount payable, shall not exceed the sum of:
 1. The Sum Insured
 2. No claim bonus Sum Insured
 3. Restore of Sum Insured Following extensions are being offered to You as an optional cover under this product. These benefits are available w.r.t. the members, for whom these optional covers have been opted by You by paying additional premium

8. Waiting Period The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

8.1 Pre-Existing Diseases: (Code- Excl01)

- a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI Insurance Regulatory and Development Authority of India (Insurance Products) Regulations, 2024 read with Master Circular on IRDAI (Insurance Products) Regulations 2024 - Health Insurance as amended from time to time, 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.

8.2 Specific Illness Waiting Period: (Code- Excl02)

- a) Expenses related to the treatment of the listed Conditions; surgeries/treatments shall be excluded until the expiry of 12/36 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) 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:

1. Benign ENT disorders
2. Tonsillectomy
3. Adenoidectomy
4. Mastoidectomy
5. Tympanoplasty
6. Hysterectomy
7. All internal or external benign tumors, cyst, sinus, polyps of any kind including benign breast lump
8. Benign prostate hypertrophy
9. Cataract and Senile Cataract
10. Gastric and Duodenal Ulcer
11. Gout and Rheumatism
12. Hernia of all types / Hydrocele
13. Non-Infective Arthritis
14. Piles, Fissures and Fistula in anus
15. Pilonidal sinus, Sinusitis
16. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident
17. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.
18. Varicose Veins and Varicose Ulcers

List of applicable disease for 36 months waiting period are:

1. Waiting period of 36 months will be applicable under the Policy to all Pre-existing Diseases, and those specifically declared and accepted at the time of proposal
2. Treatment for joint replacement unless arising from an accident.
3. Osteoarthritis and Osteoporosis

4. Pre-Existing Disease

5. Schizophrenia (ICD code: F20 to F29)

6. Psychosis (ICD code: F29)

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

8.3. First Thirty Days Waiting Period: (Code- Excl03)

i. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

iii. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

9. EXCLUSIONS

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

9.1 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.

9.2 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.

9.3 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

9.4 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.

9.5 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.

9.6 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.

9.7 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.

9.8 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 or 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.)

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

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

9.11 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)

9.12 Refractive Error: (Code- Excl15)

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

9.13 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.

9.14 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

9.15 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.

- 9.16 War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
- 9.17 Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
- a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.
- b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
- c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.
- 9.18 Any expenses incurred on Outpatient treatment (OPD treatment).
- 9.19 Treatment taken outside the geographical limits of India.
- 9.20 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).
- 9.21 Any medical expenses incurred on new-born /children below age of 91 days will not be covered under the Policy.
- In respect of existing diseases, disclosed by the insured and mention in the policy schedule (based on the insured consent), policy holder is not entitled to get the coverage for specified ICD codes.

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

11. CLAIM PROCEDURE

- 11.1 Cashless Facility:** (applicable where the Insured Person/s has opted for cashless facility in a Network Hospital) - The Insured Person must call the helpline and furnish membership number and Policy Number and take an eligibility number to confirm communication. The same has to be quoted in the claim form.
- The call must be made 48 hours before admission to Hospital and details of hospitalization like diagnosis, name of Hospital, duration of stay in Hospital should be given. In case of emergency hospitalization the call should be made within 24 hours of admission.
- I. The company may provide Cashless facility for Hospitalization expenses either directly or through the TPA if treatment is undergone at a Network Hospital by issuing Pre-Authorization letter to the health care service provider.
 - II. For the purpose of considering Pre-Authorization and Cashless facility, the Insured Person/s/Hospital shall submit to the TPA complete information of the disease, requiring treatment along with necessary certification from the Hospital/Medical Practitioner
 - III. If the claim for treatment appears admissible, the Company either directly or through the TPA shall issue Pre-Authorization to the Hospital concerned for cashless facility whereby hospitalization expenses shall be paid directly by the Company/ through the TPA as confirmed in the Pre-Authorization.
 - IV. Cashless facility will not be available in Non-network Hospital and may be declined even for treatment at a network

hospital where the information available does not conclusively establish that a claim in respect of the treatment would be admissible. In such cases, the Insured Person/s shall bear such expenses and claim reimbursement immediately after discharge from the Hospital.

- V. The list of Network hospitals where we are having cash less arrangement would be made available to the Policy holder and subsequent amendments to the same would also be duly communicated by us/ the TPA service provider.
- VI. In case where initial covered Medical expenses were not expected to exceed the deductible but subsequently found to be exceeding the opted deductible, notification must be done immediately along with the copy of intimation made to other Insurer (if covered under any other Health Insurance Policy).

11.2 Reimbursement: Notice of claim with particulars relating to Policy numbers, name of the Insured Person in respect of whom claim is made, nature of illness/ injury and name and address of the attending Medical Practitioner/ Hospital/ Nursing Home should be given to Us immediately on hospitalization/ injury/ death, failing which admission of claim would be based on the merits of the case at our discretion. The Insured Person/s shall after intimation as aforesaid, further submit at his/her own expense to the TPA as specified below.

Sr No	Type of Claim	Prescribed Time Limit
1.	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within 30 days of date of discharge
2.	Reimbursement of post hospitalization expenses	Within 30 days from completion of post hospitalization treatment.

11.2.1 Documents to be submitted:

- I. Claim form duly completed in all respects
- II. Original Bills, Receipt and Discharge certificate / card from the Hospital.
- III. Original Cash Memos from Hospital(s)/Chemist(s), supported by proper prescriptions.
- IV. Original Receipt and Pathological test reports from a Pathologist supported by the note from the attending Medical Practitioner / Surgeon demanding such Pathological tests.
- V. Surgeon's certificate stating nature of operation performed and Surgeons' original bill and receipt.
- VI. Attending Doctor's / Consultant's / Specialist's / - Anesthetist's original bill and receipt, and certificate regarding diagnosis.
- VII. Medical Case History / Summary.
- VIII. Original bills & receipts for claiming Ambulance Charges The Insured Person/s shall at any time as may be required authorize and permit the TPA and/or Company to obtain any further information or records from the Hospital, Medical Practitioner, Lab or other agency, in connection with the treatment relating to the claim.
- IX. In case original documents being provided to any other Insurance Company or to a reimbursement provider, We shall accept verified photocopies of such documents attested by such other Insurance Company/ reimbursement provider.

The Company may call for additional documents / information and / or carry out verification on a case to case basis to ascertain the facts collect additional information/documents of the case to determine the extent of loss. Verification carried out will be done by professional Investigators or a member of the Service Provider and costs for such investigations shall be borne by the Company.

11.3 The Company may accept claims where documents have been provided after a delayed interval in case such delay is proved to be for reasons beyond the control of the Insured/ Insured Person/s. The Insured shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.

11.4 Payment of Claims:

I. We shall be under no obligation to make any payment under this Policy unless We have received all the premium payments in full and all payments have been realized and We have been provided with the documentation and information. We have requested to establish the circumstances of the claim, its quantum or Our liability for it.

II. We will only make payment to You under this Policy. In the event of Your death, We will make payment to the Nominee (as named in the Policy Schedule)/ legal heir as the case may be.

III. Payments under this Policy shall only be made in Indian Rupees.

IV. Our liability to make payment under this policy will only begin when the Aggregate Deductible as mentioned in Schedule is exceeded.

V. All admissible claims shall be assessed basis following order:

a) Basis of claim payment shall be aggregate of Medical expenses incurred for all hospitalization (s) incepting during each policy year payable under this Policy and which exceeds the Aggregate Deductible applicable per policy year basis as mentioned in the Policy Schedule.

b) Any claim under this Policy shall be payable by Us only if the sum of the amount of covered Medical Expenses in respect to Hospitalization(s) of Insured Person (on Individual basis in case of Individual Policy and on Family Floater basis in case of Family Floater Policy) exceeds the Aggregate Deductible applicable on per year.

Note: In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents listed under condition and claim settlement advice, duly certified by the other insurer.

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

i. Documents supporting the pre-hospitalization and hospitalization claim must be submitted within 30 days from the date of discharge from the Hospital.

ii. Documents supporting the post hospitalization claim must be submitted within 30 days from completion of post hospitalization treatment.

iii. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person.

iv. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer or reimbursement provider, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer or reimbursement provider.

11.6 Claim Settlement (provision for Penal Interest):

i. The Company shall settle or reject a claim, as may be the case, within 15 days from the date of receipt of last necessary document.

ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of

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

iv. In case of delay beyond stipulated 45 days the Insurer shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

11.7 Services Offered by TPA:

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

The services offered by a TPA shall not include:

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

11.8 Disclaimer:

If the Company shall disclaim liability to the insured person for any claim hereunder and if the insured person shall not within twelve calendar months from the date of receipt of the notice of such disclaimer 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 hereunder.

11.9 Payment of Claim:

All claims under the policy shall be payable in Indian currency and through NEFT/ RTGS/ Cheque or DD only.

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

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

12. GENERAL TERMS & CONDITIONS

12.1 Disclosure of Information:

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

12.2 Condition Precedent to Admission of Liability

The due observance and fulfillment of the terms and conditions of the policy, by the insured person, shall be a condition precedent to any liability of the Company to make any payment for claim(s) arising under the policy.

12.3 Material Change: Insured Person shall disclose to Us in writing of any material change in the health condition at the time of seeking Renewal of this Policy, irrespective of any claim arising or made. The terms and conditions of the existing policy will not be altered.

12.4 Records to be Maintained:

The Insured Person shall keep an accurate record containing medical records mentioned in 11.4.1 and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as the Company may require under this Policy at any time during the Policy Period or until the final adjustment, if any and resolution of all Claims under this Policy.

12.5 No Constructive Notice:

Any knowledge or information of any circumstances or condition in relation to the Insured Person which is in the possession of the Company other than that expressly disclosed in the Proposal Form or otherwise in writing to, shall not be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.

12.6 Complete Discharge: Any payment to the insured person or his/ her nominees or his/ her legal representative or to the Hospital/Nursing Home or assignee, as the case may be, for any benefit under the policy shall in all cases be a full, valid and an effectual discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

12.7 Notice & Communication:

- i. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- ii. Such communication shall be sent to the address of the Company specified in the Policy Schedule.
- iii. The Company shall communicate to the Insured at the address mentioned in the schedule.

12.8 Territorial Limit:

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

12.9 Sanctions Limitation And Exclusion

We shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provisions of such cover, payment of such claim or provision of such benefit would expose us to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, or United States of America or any other applicable national economic or trade sanction law or regulations.

12.10 Application of Aggregate Deductible: The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed to pay and/or reimburse actual expenses incurred in excess of the Aggregate Deductible as specified in the Policy Schedule. The company will pay for the Medical Expenses, in excess of aggregate deductible stated in the Policy Schedule on the aggregate of covered medical expenses exceeds the aggregate deductible applicable on policy per year basis depending upon the plan opted. However, Our total liability under this Policy for payment of any and all Claims in aggregate during each Policy Year of the Policy Period shall not exceed the Sum Insured and Restored Sum Insured if any available to the Insured and stated in the Policy Schedule.

12.11 Multiple Policies:

I. In case of multiple policies taken by an insured during a period from the same or one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer if chosen by the policy holder shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

II. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies, even if the sum insured is not exhausted. Then the Insurer(s) shall independently settle the claim subject to the terms and conditions of this policy.

III. If the amount to be claimed exceeds the sum insured under a single policy, the Insured person shall have the right to choose insurers from whom he/she wants to claim the balance amount.

IV. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

12.12 Fraud:

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy shall be forfeited.

Any amount already paid against claims which are found fraudulent later under this Policy shall be repaid by all person(s) named in the Policy Schedule, who shall be jointly and severally liable for such repayment.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

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

The Company shall not repudiate the policy on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

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

- i. Grace Period of as per the following Days would be given to Pay the instalment premium due for the Policy.

Options	Installment Premium Option	Grace Period Applicable
Option 1	Yearly	30 Days
Option 2	Half Yearly	30 Days
Option 3	Quarterly	30 Days

- ii. The Benefits provided under – “Waiting Periods”, “Specific Waiting Periods” Sections shall continue in the event of payment of premium within the stipulated grace Period.

- iii. No interest or any additional charges will be levied If the instalment premium is not paid on due date.

- iv. In case of failure of transaction in ECS mode of payment and/or instalment premium due not received within the grace period, the policy will get cancelled and fresh policy would be issued with fresh waiting periods after obtaining consent from the customer.

- v. In case of change in terms and conditions of the policy contract or in premium rate, the ECS authorization shall be obtained afresh ensuring an informed choice to the policy holder.

- vi. The insurer can withdraw ECS mode of payment by giving 15 days' notice prior to the due date of premium payable.

- vii. All terms and conditions for this product is as per the Insurance Regulatory and Development Authority of India (Insurance Products) Regulations, 2024 read with Master Circular on IRDAI (Insurance Products) Regulations 2024 - Health Insurance as amended from time to time, in respect of break in policy.

12.14 Cancellation:

- 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.

12.15 Automatic change in Coverage under the policy:

The coverage for the Insured Person shall automatically terminate: In the case of his/ her (Insured Person) demise. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other Insured Persons may also apply to renew the Policy. In case, the Insured Person is minor, the Policy shall be renewed only through any one of his/her natural guardian or guardian appointed by Court. All relevant particulars in respect of such person (including his/her relationship with the Insured person) must be submitted to the Company along with the application. Provided no Claim has been made, and termination takes place on account of death of the Insured Person, pro-rata refund of premium of the deceased Insured Person for the balance period of the Policy will be effective.

12.16 Territorial Jurisdiction: All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

12.17 Portability:

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

For Detailed Guidelines on portability, kindly refer the link: <https://www.rahejaqbe.com/uploads/images/health-basic-guideline/pdf/download/Portability%20and%20Migration%20Guidelines.pdf>

12.18 Renewal of Policy:

The Policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person provided that the policy is not withdrawn and also subject to conditions stated under clause 12.19. The renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof.

- i. The Company shall endeavor to give notice for renewal. However, the Company is not bound to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years.
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break-in Policy. Coverage is not available during the grace period.
- v. If not renewed within Grace Period after due renewal date, the Policy shall terminate.
- vi. No loading shall apply on renewals based on individual claims experience

12.19 Possibility of Revision of Terms of the Policy Including the Premium Rates: The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified before the changes are effected.

12.20 Withdrawal of Policy:

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.

12.21 Free look period:

The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting the policy.

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

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

12.22 Alterations in the Policy: This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved, evidenced by a written endorsement signed and stamped by the Company.

12.23 Change of Sum Insured: Sum insured can be changed (increased/ decreased) only at the time of renewal, subject to underwriting by the Company. For any increase in SI, the waiting period shall start afresh for the incremental portion of the sum insured.

12.24 Terms and condition of the Policy:

The terms and conditions contained herein and in the Policy Schedule shall be deemed to form part of the Policy and shall be read together as one document.

12.25 Electronic Transactions: The Insured agrees to adhere to and comply with policy terms and conditions as the Company may prescribe from time to time, 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 centers, 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 the Company, 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 the Company's terms and conditions for such facilities, as may be prescribed from time to time.

Sales through such electronic transactions shall ensure that all conditions of Section 41 of the Insurance Act, 1938 prescribed for the proposal form and all necessary disclosures on terms and conditions and exclusions are made known to the Insured. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and such consent will be subsequently validated/confirmed by the Insured.

12.26 PRE-ACCEPTANCE MEDICAL TEST REQUIREMENT

All Individuals upto 55 years (age last birthday as at Policy inception date): The Company will rely on the declarations made on the Proposal Form. In case the declaration reveals any medical adversity, the Company may require the individual to undergo appropriate medical tests.

For age above 55 years (age last birthday as at Policy inception date):

The Individuals would be required to undergo pre-acceptance medical tests as follows-Medical Examination Report, Treadmill Test/ECG, Lipid Profile, HbA1C, Serum Creatinine, Complete Blood Count, Urinalysis.

The Company reserves its right to require any individual to undergo such medical tests or where required any further additional tests, subject to underwriting guideline, to determine the acceptance of a Proposal.

12.27 Migration:

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company policy by applying for migration of the policy 30 days before the premium due date of his/her existing policy as per extant guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the proposed insured person will get the accrued continuity benefits in waiting periods as per extant guidelines on migration.

For detailed guidelines on migration kindly refer the below link. Link:

<https://www.rahejaqbe.com/uploads/images/health-basic-guideline/pdf/download/Portability%20and%20Migration%20Guidelines.pdf>

12.28 Nomination:

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

13. 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
Gujarat, UT of Dadra and Nagar Haveli, Daman and Diu	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6 th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02 Email: oio.ahmedabad@cioins.co.in
Karnataka	Office of the Insurance Ombudsman, Jeevansoudha 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: oio.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 / 2769203 Email: oio.bhopal@cioins.co.in
Odisha	Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar – 750009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: oio.bhubaneswar@cioins.co.in
Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.	Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: oio.chandigarh@cioins.co.in
Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4 th Floor,453, Anna Salai, Teynampet, Chennai 600018. Tel. 044 – 24333668/ 24333678. Email: oio.chennai@cioins.co.in
Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel: 011 - 46013992/ 23213504/23232481 Email: oio.delhi@cioins.co.in
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Pan Bazar, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: oio.guwahati@cioins.co.in
Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Hyundai Showroom, A.C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: oio.hyderabad@cioins.co.in

Rajasthan	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363 Email: oio.jaipur@cioins.co.in
Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.	Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi - 682 011. Tel: 0484 – 2358759 Email: oio.ernakulam@cioins.co.in
West Bengal, Sikkim, Andaman & Nicobar Islands.	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: oio.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 - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: oio.lucknow@cioins.co.in
List of wards under Mumbai Metropolitan Region excluding wards in Mumbai – i.e M/E, M/W, N , S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai.	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: oio.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, Farrukhabad, Firozbad, Gautam Buddha nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: oio.noida@cioins.co.in
Bihar, Jharkhand	Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: oio.patna@cioins.co.in
State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region	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.: 020-24471175 Email: oio.pune@cioins.co.in
Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai , M/East, M/West, N, S and T."	Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasantrya Naik Mahamarg, Thane (West)- 400604 Tel.: 022-20812868/69 Email: oio.thane@cioins.co.in

The details of Insurance Ombudsman are available on website: <https://www.cioins.co.in/Ombudsman>

On the website of General Insurance Council: www.gicouncil.in and our website www.rahejaqbe.com or from any of the Our offices.

Annexure-I : Items for which optional cover may be offered by Insurers

List I – Non Payable Items

SI No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE

38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

List II – Items that are to be subsumed into Room Charges

Sl No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER

12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III – Items that are to be subsumed into Procedure Charges

Sl No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM

17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV – Items that are to be subsumed into costs of treatment

Sl No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALIZATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer& Strips
18	URINE BAG

ANNEXURE II: LIST OF DAY CARE PROCEDURES (Indicative)

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	Turbinectomy
8	Suturing Oral Mucosa	47	Endoscopic Stapedectomy
9	Oral Biopsy In Case Of Abnormal Tissue Presentation	48	Incision And Drainage Of Perichondritis
10	Myringotomy With Grommet Insertion	49	Septoplasty
11	Tymanoplasty (closure Of An Eardrum Perforation reconstruction Of The Auditory Ossicles)	50	Vestibular Nerve Section
		51	Thyroplasty Type I
12	Removal Of A Tympanic Drain	52	Pseudocyst Of The Pinna - Excision
13	Keratoses Removal Under Ga	53	Incision And Drainage - Haematoma Auricle
14	Operations On The Turbinates (nasal Concha)	54	Tympanoplasty (Type II)
15	Removal Of Keratoses 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	Turbino-plasty
		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
87	Colonoscopy Stenting Of Stricture	135	Liver Abscess- Catheter Drainage
88	Percutaneous Endoscopic Gastrostomy	136	Fissure In Ano- Fissurectomy
89	Eus And Pancreatic Pseudo Cyst Drainage	137	Fibroadenoma Breast Excision
90	ERCP And Choledochoscopy	138	Oesophageal Varices Sclerotherapy
91	Proctosigmoidoscopy Volvulus Detorsion	139	ERCP - Pancreatic Duct Stone Removal
92	ERCP And Sphincterotomy	140	Perianal Abscess I&d
93	Esophageal Stent Placement	141	Perianal Hematoma Evacuation
94	ERCP + Placement Of Biliary Stents	142	Ugi Scopy And Polypectomy Oesophagus
95	Sigmoidoscopy W / Stent	143	Breast Abscess I& D
96	Eus + Coeliac Node Biopsy	144	Feeding Gastrostomy
97	Ugi Scopy And Injection Of Adrenaline, Sclerosants Bleeding Ulcers	145	Oesophagoscopy And Biopsy Of Growth Oesophagus
		146	ERCP - Bile Duct Stone Removal
98	Incision Of A Pilonidal Sinus / Abscess	147	Ileostomy Closure
99	Fissure In Ano Sphincterotomy	148	Colonoscopy
100	Surgical Treatment Of A Varicocele And A Hydrocele Of the Spermatic Cord	149	Polypectomy Colon

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

182	Excision Of Cervical Rib	230	Laparoscopic Cystectomy
183	Laparoscopic Reduction Of Intussusception	231	Hymenectomy(Imperforate Hymen)
184	Microdocheotomy Breast	232	Endometrial Ablation
185	Surgery For Fracture Penis	233	Vaginal Wall Cyst Excision
186	Sentinel Node Biopsy	234	Vulval Cyst Excision
187	Parastomal Hernia	235	Laparoscopic Paratubal Cyst Excision
188	Revision Colostomy	236	Repair Of Vagina (Vaginal Atresia)
189	Prolapsed Colostomy- Correction	237	Hysteroscopy, Removal Of Myoma
		238	Turbt
190	Testicular Biopsy	239	Ureterocoele Repair - Congenital Internal
191	Laparoscopic Cardiomyotomy(Hellers)	240	Vaginal Mesh For Pop
192	Sentinel Node Biopsy Malignant Melanoma	241	Laparoscopic Myomectomy
193	Laparoscopic Pyloromyotomy(Ramstedt)	242	Surgery For Sui
194	Operations On Bartholin's Glands (cyst)	243	Repair Recto- Vagina Fistula
195	Incision Of The Ovary	244	Pelvic Floor Repair(Excluding Fistula Repair)
196	Insufflations Of The Fallopian Tubes	245	URS + LL
197	Other Operations On The Fallopian Tube	246	Laparoscopic Oophorectomy
198	Dilatation Of The Cervical Canal	247	Normal Vaginal Delivery And Variants
199	Conisation Of The Uterine Cervix	248	Facial Nerve Glycerol Rhizotomy
200	Therapeutic Curettage With Colposcopy.	249	Spinal Cord Stimulation
201	Therapeutic Curettage With Biopsy	250	Motor Cortex Stimulation
202	Therapeutic Curettage With Diathermy	251	Stereotactic Radiosurgery
203	Therapeutic Curettage With Cryosurgery	252	Percutaneous Cordotomy
204	Laser Therapy Of Cervix For Various Lesions Of Uterus	253	Intrathecal Baclofen Therapy
205	Other Operations On The Uterine Cervix	254	Entrapment Neuropathy Release
206	Incision Of The Uterus (hysterectomy)	255	Diagnostic Cerebral Angiography
207	Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas	256	Vp Shunt
		257	Ventriculoatrial Shunt
208	Incision Of Vagina	258	Radiotherapy For Cancer
209	Incision Of Vulva	259	Cancer Chemotherapy
210	Culdotomy	260	IV Push Chemotherapy
211	Salpingo-oophorectomy Via Laparotomy	261	HBI - Hemibody Radiotherapy
212	Endoscopic Polypectomy	262	Infusional Targeted Therapy
213	Hysteroscopic Removal Of Myoma	263	SRT - Stereotactic Arc Therapy
214	D&C	264	Sc Administration Of Growth Factors
215	Hysteroscopic Resection Of Septum	265	Continuous Infusional Chemotherapy
216	Thermal Cauterisation Of Cervix	266	Infusional Chemotherapy
217	Mirena Insertion	267	CCRT - Concurrent Chemo + Rt

218	Hysteroscopic Adhesiolysis	268	2D Radiotherapy
219	Leep	269	3D Conformal Radiotherapy
220	Cryocauterisation Of Cervix	270	IGRT - Image Guided Radiotherapy
221	Polypectomy Endometrium	271	IMRT - Step & Shoot
222	Hysteroscopic Resection Of Fibroid	272	Infusional Bisphosphonates
223	Lletz	273	IMRT - DMLC
224	Conization	274	Rotational Arc Therapy
225	Polypectomy Cervix	275	Tele Gamma Therapy
226	Hysteroscopic Resection Of Endometrial Polyp	276	FSRT - Fractionated Srt
227	Vulval Wart Excision	277	VMAT - Volumetric Modulated Arc Therapy
278	SBRT - Stereotactic Body Radiotherapy	324	Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues
279	Helical Tomotherapy		
280	SRS - Stereotactic Radiosurgery	325	Free Skin Transplantation, Donor Site
281	X - Knife Srs	326	Free Skin Transplantation, Recipient Site
282	Gammaknife Srs	327	Revision Of Skin Plasty
283	TBI - Total Body Radiotherapy	328	Other Restoration And Reconstruction Of The Skin And Subcutaneous Tissues
284	Intraluminal Brachytherapy		
285	TSET - Total Electron Skin Therapy	329	Chemosurgery To The Skin
286	Extracorporeal Irradiation Of Blood Products	330	Destruction Of Diseased Tissue In The Skin And Subcutaneous Tissues
287	Telecobalt Therapy		
288	Telescesium Therapy	331	Reconstruction Of Deformity/defect In Nail Bed
289	External Mould Brachytherapy	332	Excision Of Bursirtis
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	343	Excision And Destruction Of Diseased

Homologous Bone Grafts		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 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
383	Excision Of Various Lesions In Coccyx	433	Removal of Tumor of Arm Under GA
384	Arthroscopic Repair Of Acl Tear Knee	434	Removal of Tumor of Arm under RA
385	Closed Reduction Of Minor Fractures	435	Removal of Tumor of Elbow Under GA
386	Arthroscopic Repair Of Pcl Tear Knee	436	Removal of Tumor of Elbow Under RA
387	Tendon Shortening	437	Repair of Ruptured Tendon
388	Arthroscopic Meniscectomy - Knee	438	Decompress Forearm Space
389	Treatment of Clavicle Dislocation	439	Revision Of Neck Muscle (torticollis Release)
390	Haemarthrosis Knee- Lavage	440	Lengthening of Thigh Tendons
391	Abscess Knee Joint Drainage	441	Treatment Fracture of Radius & Ulna
392	Carpal Tunnel Release	442	Repair of Knee Joint
393	Closed Reduction of Minor Dislocation	443	External Incision and Drainage in The Region of The Mouth.
394	Repair of Knee Cap Tendon	444	External Incision and Drainage in the Region of the Jaw.
395	Orif With K Wire Fixation- Small Bones	445	External Incision and Drainage in the Region of the Face.
396	Release of Midfoot Joint	446	Incision of The Hard and Soft Palate
397	Orif With Plating- Small Long Bones	447	Excision and Destruction of Diseased Hard Palate
398	Implant Removal Minor	448	Excision and Destruction of Diseased Soft Palate

399	K Wire Removal	449	Incision, Excision and Destruction in The Mouth
400	Closed Reduction and External Fixation	450	Other Operations in The Mouth
401	Arthrotomy Hip Joint	451	Excision of Fistula-in-ano
402	Syme's Amputation	452	Excision Juvenile Polyps Rectum
403	Arthroplasty	453	Vaginoplasty
404	Partial Removal of Rib	454	Dilatation of Accidental Caustic Stricture Oesophageal
405	Treatment of Sesamoid Bone Fracture	455	Presacral Teratomas Excision
406	Shoulder Arthroscopy / Surgery	456	Removal of Vesical Stone
407	Elbow Arthroscopy	457	Excision Sigmoid Polyp
408	Amputation of Metacarpal Bone	458	Sternomastoid Tenotomy
409	Release of Thumb Contracture	459	Infantile Hypertrophic Pyloric Stenosis Pyloromyotomy
410	Incision Of Foot Fascia	460	Excision Of Soft Tissue Rhabdomyosarcoma
411	Partial Removal Of Metatarsal	461	Mediastinal Lymph Node Biopsy
412	Repair / Graft Of Foot Tendon	462	High Orchidectomy For Testis Tumours
413	Revision/removal Of Knee Cap	463	Excision Of Cervical Teratoma
414	Amputation Follow-up Surgery	464	Rectal-myomectomy
415	Exploration Of Ankle Joint	465	Rectal Prolapse (delorme's Procedure)
466	Detorsion Of Torsion Testis	516	Operations On The Foreskin
467	Eua + Biopsy Multiple Fistula In Ano	517	Local Excision And Destruction Of Diseased Tissue Of The Penis
468	Construction Skin Pedicle Flap		
469	Gluteal Pressure Ulcer-excision	518	Amputation Of The Penis
470	Muscle-skin Graft, Leg	519	Other Operations On The Penis
471	Removal Of Bone For Graft	520	Cystoscopic Removal Of Stones
472	Muscle-skin Graft Duct Fistula	521	Lithotripsy
473	Removal Cartilage Graft	522	Biopsy Of temporal 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 Tissue	548	Frenular Tear Repair
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