ABOUT CARE HEALTH INSURANCE LIMITED

CARE Health Insurance Limited (formally known as Religare Health Insurance Company Limited) is focused on the delivery of health insurance services. Our promoter’s expertise in the spectrum of financial services, healthcare delivery and preventive health solutions, coupled with a robust distribution model, offers us a unique edge to deliver and excel in a business environment that hinges on serviceability and scale. Powered by the best-in-class product design and a customer centric approach, CARE Health Insurance Limited is committed to delivering on its innate values of being a responsible, trustworthy and innovative health insurer. CARE Health Insurance Limited is promoted by these strong entities- Religare Enterprise & Union Bank of India.

POLICY CONDITIONS & BENEFITS

<table>
<thead>
<tr>
<th>Eligibility</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cover type</td>
<td>Individual</td>
</tr>
<tr>
<td>Allowed Relationship</td>
<td>Self</td>
</tr>
<tr>
<td>Minimum Entry Age</td>
<td>Adult: 18 Years</td>
</tr>
<tr>
<td>Maximum Entry Age</td>
<td>Adult: 65 Years</td>
</tr>
<tr>
<td>Exit Age</td>
<td>Adult: Lifelong*</td>
</tr>
<tr>
<td>Claims Payout</td>
<td>Re-imbursement</td>
</tr>
<tr>
<td>Claims Servicing</td>
<td>In-House</td>
</tr>
<tr>
<td>Pre-Policy Health Check-up / Issuance Guidelines</td>
<td>NO, Occupation declaration basis</td>
</tr>
<tr>
<td>Tenure</td>
<td>1 Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Covered Benefits</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sum Insured</td>
<td>1 Lac / 5 Lac / 10 Lac</td>
</tr>
<tr>
<td>Accidental Death</td>
<td>100% of SI</td>
</tr>
</tbody>
</table>

Policy Terms and Conditions

Preamble: The proposal and declaration given by the proposer and other documents if any shall form the basis of this Contract and is deemed to be incorporated herein. The two parties to this contract are the Policy Holder/Insured Members (also referred as Insured) and Care Health insurance Ltd. (also referred as Religare Health Insurance Company), and all the Provisions of Indian Contract Act, 1872, shall hold good in this regard. The references to the singular include references to the plural; references to the male include the references to the female; and references to any statutory enactment include subsequent changes to the same and vice versa. The sentence construction and wordings in the Policy documents should be taken in its true sense and should not be taken in a way so as to take advantage of the Company by filing a claim which deviates from the purpose of Insurance.

In return for premium paid, the Company will pay the Insured in case a valid claim is made:
In consideration of the premium paid by the Policy Holder, subject to the terms & conditions contained herein, the Company agrees to pay/indemnify the Insured Member(s)/Claimant, the amount of such expenses that are reasonably and necessarily incurred up to the limits specified against respective benefit in any Cover Period.

Policy Terms & Conditions

For the purposes of interpretation and understanding of the product the Company has defined, herein below some of the important words used in the product and for the remaining language and the words the Company believes to mean the normal meaning of the English language as explained in the standard language dictionaries. The words and expressions defined in the Insurance Act, IRDA Act, regulations notified by the Insurance Regulatory and Development Authority (“Authority”) and circulars and guidelines issued by the Authority shall carry the meanings described therein. The terms and conditions, insurance coverage and exclusions, other benefits, various procedures and conditions which have been built-in to the product are to be construed in accordance with the applicable provisions contained in the product.

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate.

Definitions

1. **Accidental / Accident** is a sudden, unforeseen and involuntary event caused by external and visible means.

2. **Act of God Perils** means and includes lightening, storm, tempest, flood, inundation, subsidence, landslide, earthquake, cyclone, tsunami, volcano and other similar calamities;

3. **Actively at Work** Refers to an employee who is actually at work on his/her eligibility date and performing each and every duty of his/her present occupation on a customary and full-time basis. An employee shall also be deemed actively at work if he/she is on annual leave and is not absent from work due to long term illness, irrecoverable condition etc. If an employee is not actively at work on his/her cover start date, he/she will not be covered.

4. **Activities of Daily Living** Applies to a member (who is eligible for cover under this policy) and who is aged at least five 5 years old who cannot perform the following activities:
   - Dressing: The ability to put on, take off, secure, and unfasten all garments and as appropriate, any braces, artificial limbs, or other surgical appliances;
   - Feeding: The ability to feed one’s self once food has been prepared and made available;
   - Mobility: The ability to move indoors from room to room on level surfaces;
   - Toileting: The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
   - Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
   - Washing: The ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.

5. **Age** means the completed age of the Insured Member as on his last birthday.

6. **Alternative treatments** are forms of treatments other than treatment “Allopathy” or “modern medicine” and include Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

7. **Ambulance** means a road vehicle operated by a licensed/authorized service provider and equipped for the transport and paramedical treatment of persons requiring medical attention.

8. **Annexure** means the document attached and marked as Annexure to this Policy.

9. **Any one illness (not applicable for Travel and Personal Accident Insurance)** means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

10. **AYUSH Hospital** is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by **AYUSH Medical Practitioner(s)** comprising of any of the following:
    a. Central or State Government AYUSH Hospital or
    b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
c. **AYUSH Hospital**, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH *Medical Practitioner* and must comply with all the following criterion:
   i. Having at least 5 in-patient beds;
   ii. Having qualified AYUSH *Medical Practitioner* in charge round the clock;
   iii. Having dedicated AYUSH therapy sections as required;
   iv. Maintaining daily records of the patients and making them accessible to the insurance company’s authorized representative; and
   v. Having either Pre-entry level Certificate (or higher level of certificate) issued by National Accreditation Board for Hospitals and Healthcare Providers (NABH) or State Level Certificate (or higher level of certificate) under National Quality Assurance Standards (NQAS), issued by National Health Systems Resources Centre (NHSRC)

11. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such centre which is registered with the local authorities, wherever applicable, and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH *Medical Practitioner* (s) on day care basis without in-patient services and must comply with all the following criterion:
   i. Having qualified registered AYUSH *Medical Practitioner* (s) in charge;
   ii. Having dedicated AYUSH therapy sections as required;
   iii. Maintaining daily records of the patients and making them accessible to the insurance company’s authorized representative; and
   iv. Having either Pre-entry level Certificate (or higher level of certificate) issued by National Accreditation Board for Hospitals and Healthcare Providers (NABH) or State Level Certificate (or higher level of certificate) under National Quality Assurance Standards (NQAS), issued by National Health Systems Resources Centre (NHSRC)

12. **Assistance Service Provider** means the service provider specified in the Policy Schedule or as appointed by the Company from time to time.

13. **Cashless Facility** means a facility extended by the insurer to the Insured where the payments, of the costs of treatment undergone by the insured in accordance with the Policy terms and conditions, are directly made to the network Provider by the company to the extent pre-authorization approved.

14. **Certificate of Insurance** means the certificate the Company issues to an Insured Member evidencing cover under the Policy.

15. **Claim** means a demand made in accordance with the terms and conditions of the Policy for payment of the specified Benefits in respect of the Insured Member as covered under the Policy.

16. **Claimant** means a person who possesses a relevant and valid Insurance Policy which is issued by the Company and is eligible to file a Claim in the event of a covered loss.

17. **Common Carrier** means any civilian land or water conveyance or Scheduled Airline in each case operated under a valid license for the transportation of passengers for hire.

18. **Company (also referred as Insurer/We/Us)** means CARE Health Insurance Limited ( formally known as Religare Health Insurance Co. Ltd).

19. **Condition Precedent** shall mean a Policy term or condition upon which the Insurer’s liability under the Policy is conditional upon.

20. **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
21. **Co-payment** is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the sum insured.

22. **Cover End Date** means the date specified in Annexure ‘A’ (Certificate of Insurance) for the respective Insured Member on which the Insured Member’s cover under the Policy expires.

23. **Cover Period** means the period commencing from the Cover Start Date and ending on the Cover End Date for each Insured Member as specified in Annexure ‘A’ (Certificate of Insurance).

24. **Cover Start Date:** means the date specified in Annexure ‘A’ (Certificate of Insurance) for the respective Insured Member on which the Insured Member’s cover under the Policy commences.

25. **Country of Residence** means the country in which the Insured Member is currently residing and as specified in the Insured’s address in the Certificate of Insurance.

26. **Day Care Centre** means any institution established for day care treatment of illness and/or 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—
   (a) has qualified nursing staff under its employment;
   (b) has qualified Medical Practitioner/s in-charge;
   (c) has a fully equipped operation theatre of its own, where Day Care Treatment is carried out.
   (d) maintains daily records of patients and will make these accessible to the insurance company’s authorized personnel.

27. **Day Care Treatment** means medical treatment, and/or Surgical Procedure which is:
   (a) undertaken under general or local anesthesia in a Hospital/ Day Care Centre in less than 24 consecutive hours because of technological advancement, and
   (b) which would have otherwise required a Hospitalization of more than 24 consecutive hours.

28. **Deductible** is a cost-sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

   Note: Under this Policy, deductible for a specified number of days/hours is applicable on the following Benefits in addition to the deductible applicable on Indemnity / hospital cash benefits

29. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

30. **Dependent** means a person who is a member of the Primary Insured Member’s family who is legally wedded spouse, natural or legally adopted child, dependent parents, dependent parent-in-law, dependent brothers, dependent sisters and who is named in Annexure “A” to the Policy as an Insured Member;

31. **Dependent Child** refers to a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his/her independent sources of income.

32. **Disclosure to Information Norm:** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, misdescription or non-disclosure of any material fact.

33. **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:
   (a) The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
   (b) The patient takes treatment at home on account of non-availability of room in a Hospital.

34. **Diagnosis** means pathological conclusion drawn by a registered medical practitioner, supported by acceptable Clinical, radiological, histological, histo-pathological and laboratory evidence wherever applicable.

35. **Emergency Care (Emergency)** 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 member’s health.
36. **Grace Period** means the specified period of time immediately following the premium due date during which payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-existing Diseases. Coverage is not available for the period for which no premium is received.

37. **Hazardous Activities** (or Adventure sports) means any sport or activity or Adventure sport, which is potentially dangerous to the Insured whether he is trained or not. Such sport/activity includes stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/obstacle riding, bobsleiging/using skeletons, bouldering, boxing, canoeing, caving/pot holing, cave tubing, rock climbing/trekking/mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving, hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labor, marathon running, martial arts, micro – lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/time trials, triathlon, water ski jumping, weight lifting or wrestling of any type.

38. **Hospital** (not applicable for Overseas Travel Insurance) means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
   a. has qualified nursing staff under its employment round the clock;
   b. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
   c. has qualified Medical Practitioner(s) in charge round the clock;
   d. has a fully equipped operation theatre of its own where surgical procedures are carried out;
   e. maintains daily records of patients and makes these accessible to the insurance company’s authorized personnel.

39. **Hospitalization** (not applicable for Overseas Travel Insurance) means admission in a Hospital for a minimum period of 24 consecutive ‘In-patient Care’ hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

40. **Immediate Family Member** means an Insured Member’s lawful spouse, children only.

41. **Indemnity/Indemnify** means compensating the Policy Holder/Insured Member up to the extent of Expenses incurred, on occurrence of an event which results in a financial loss and is covered as the subject matter of the Insurance Cover.

42. **Illness** means a sickness or a disease or a pathological condition leading to the impairment of normal physiological function and requires medical treatment.
   a. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery
   b. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
      I. It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests;
      II. It needs ongoing or long-term control or relief of symptoms;
      III. It requires rehabilitation for the patient or for the patient to be specially trained to cope with
      IV. It continues indefinitely;
      V. It recurs or is likely to recur.

43. **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.

44. **In-patient Care** (not applicable for Overseas Travel Insurance) means treatment for which the Insured Member has to stay in a Hospital for more than 24 hours for a covered event.

45. **Insured Event** means an event that is covered under the Policy; and which is in accordance with the Policy Terms & Conditions.

46. **Insured Member (Insured)** means a person whose name specifically appears under Insured in the Annexure A or the Certificate of Insurance and is a covered group member.
47. **Intensive Care Unit (ICU)** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

48. **ICU Charges** or (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.

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

50. **Medically Dependent** means mentally or physically disabled, unable to perform ‘Activities of Daily living’ without the assistance or direction of another person.

51. **Medical Expenses** means those expenses that an Insured Member 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 Member had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.

52. **Medical Practitioner** (not applicable for Overseas Travel Insurance) is 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 license. For Benefits / optional Extensions effective outside India:
   Medical Practitioner means a person who holds a valid registration issued by the Medical Council/Statutory Regulatory Authority for Medical Education in that Country and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

53. **Medically Necessary** (not applicable for Overseas Travel Insurance) means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:
   (a) Is required for the medical management of the Illness or Injury suffered by the Insured Member;
   (b) Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
   (c) Must have been prescribed by a Medical Practitioner;
   (d) Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

54. **Network Provider** (not applicable for Overseas Travel Insurance) means the Hospitals enlisted by an Insurer, TPA or jointly by an Insurer and TPA to provide medical services to an Insured by a Cashless Facility.

55. **Nominee** means the person named in the Certificate of Insurance who is nominated to receive the benefits under this Policy in accordance with the terms of the Policy, if the Insured Member is deceased.

56. **Non-Allopathic Medical Practitioner** for the purpose of Alternative Forms of Medicine means a Medical Practitioner qualified and practicing Ayurveda or Unani or Sidha or Homeopathic forms of Medicine for treatment of Illness/Injury, and registered as per Indian Medicine Central Council Act, 1970.

57. **Non-Network Provider** means any hospital, day care centre or other provider that is not part of the network.

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

59. **OPD Treatment** (Out-patient Care) is one 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.

60. **Physiotherapist** refers to a person who is licensed to practice as a physiotherapist where the treatment is to take place and is recognized as a physiotherapist.

61. **Preferred Provider** means the Hospital empanelled by the Company or TPA and enlisted on the Preferred Provider Network List, specified in the Policy Schedule (and as updated by the Company from time to time).
An updated list of ‘Preferred Provider Network’ may be obtained from the Company’s website or the call centre.

62. **Policy** means these Policy Terms & Conditions, Optional Extensions (if any), the Proposal Form, Policy Schedule, Endorsements, Member List and Annexures which form part of the policy contract and shall be read together.

63. **Policy Schedule** is a Schedule attached to and forming part of this Policy.

64. **Policy Year** means a period of one year commencing on the Policy Period Start Date or any anniversary thereof.

65. **Policyholder** (also referred as You) means the person or the entity who is the Group Administrator and named in the Policy Schedule as the Policyholder.

66. **Policy Period** means the period commencing from the Policy Period Start Date and ending on the Policy Period End Date of the Policy as specifically appearing in the Policy Schedule.

67. **Policy Period End Date** means the date on which the Policy expires, as specifically appearing in the Policy Schedule.

68. **Policy Period Start Date** means the date on which the Policy commences, as specifically appearing in the Policy Schedule.

69. **Post-hospitalization Medical Expenses** means Medical Expenses incurred during pre-defined number of days immediately after the Insured Member is discharged from the Hospital provided that:
   i. Such Medical Expenses are incurred for the same condition for which the Insured Member’s Hospitalization was required and
   ii. The inpatient Hospitalization claim for such Hospitalization is admissible by the Company.

70. **Pre-existing Diseases** means any condition, ailment, injury or disease:
   a.) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or
   b.) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.
   c.) A condition for which any symptoms and or signs if presented and have resulted within three months of the issuance of the policy in a diagnostic illness or medical condition.

71. **Pre-hospitalization Medical Expenses** means Medical Expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Member, provided that:
   i. Such Medical Expenses are incurred for the same condition for which the Insured Member’s Hospitalization was required, and
   ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

72. **Prescription** Refers to out-patient drugs (excluding supplements, vitamins and traditional medicine) and dressings as prescribed by a medical practitioner for the treatment of a medical condition covered by your member’s plan. For avoidance of doubt, prescription will not include vitamins nor supplements nor over the counter medication even if they are prescribed by a medical practitioner.

73. **Preventive Care** means any kind of treatment taken as a pro-active care measure without actual requirement or symptoms of a disease or illness.

74. **Primary Insured Member** means employee or a member of group who satisfies and continues to satisfy the eligibility criteria specified in the Certificate of Insurance and who is named in Annexure “A” to the Policy as an Insured Member.

75. **Qualified Nurse** (not applicable for Overseas Travel Insurance) is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

76. **Reasonable and Customary Charges** (not applicable for Overseas Travel Insurance) 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.

77. **Rehabilitation** means assisting an Insured Member who, following a medical condition, requires assistance in physical, vocational, independent living and educational pursuits to restore him to the position in which he was in, prior to such medical condition occurring.

78. **Renewal** defines 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.
79. **Room Rent** means the amount charged by a Hospital towards Room & Boarding expenses and shall include the associated medical expenses.

80. **Single Private Room** means an air conditioned room in a Hospital where a single patient is accommodated and which has an attached toilet (lavatory and bath). Such room type shall be the most basic and the most economical of all accommodations available as a Single room in that Hospital.

81. **Senior Citizen** means any person who has completed sixty or more years of age as on the date of commencement or renewal of the policy.

82. **Specialized Practitioner** refers to a or practitioner who specializes in at least one of the following acupuncture, osteopathy, chiropractic or Chinese traditional medicine and is qualified and registered in the country where the out-patient treatment is to take place.

83. **Service Provider** means any person, organization, institution that has been empanelled with the Company to provide Services specified under the benefits.

84. **Subrogation** (Applicable to other than Health Policies and health sections of Travel and PA policies) means the right of the Insurer to assume the rights of the Insured Member to recover expenses paid out under the Policy that may be recovered from any other source.

85. **Sum Insured** (Base Coverage Amount) means the amount specified against each Benefit for Member in the Policy Schedule which represents Our maximum liability for that Insured Member for any and all Claims incurred in respect of that Insured Member during the Cover Period.

86. **Surgery/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 or prolongation of life, performed in a Hospital or a Day Care Centre by a Medical Practitioner.

87. **Third Party Administrator or TPA** means any person who is licensed under the IRDA (Third Party Administrators-Health Services) Regulations, 2001 by the Authority, and is engaged, for a fee or remuneration by an Insurance Company, for the purposes of providing health services.

88. **Twin Sharing Room** means a Hospital room where at least two patients are accommodated at the same time. Such room shall be the most basic and the most economical of all accommodations available as twin sharing rooms in that Hospital.

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

90. **Variable Medical Expenses** means those Medical Expenses as listed below which vary in accordance with the Room Rent or Room Category or ICU Charges applicable in a Hospital:
   (a) Room, boarding, nursing and operation theatre expenses as charged by the Hospital where the Insured Member availed medical treatment;
   (b) Intensive Care Unit charges;
   (c) Fees charged by surgeon, anesthetist, Medical Practitioner;
   (d) Investigation expenses incurred towards diagnosis of ailment requiring Hospitalization.
   Expenses related to the Hospitalization will be considered in proportion to the room rent stated in the Policy.

91. **Medical Practitioner** means a person who holds a valid registration issued by the Medical Council/Statutory Regulatory Authority for Medical Education in that Country and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. Refers to a person (other than you, your member, or a business partner or a relative of yours or your member) has the primary degrees in the practice of Allopathy and surgery following attendance at a recognized medical school and who is licensed to practice Allopathy by the relevant licensing authority where the treatment is given. By ‘recognized medical school’ we mean “a medical school which is listed in AVICENNA Directory, which is in collaboration with the World Health Organization and the World Federation for Medical Education”.

92. **Network Provider** means Hospitals enlisted by an insurer or by a Assistance Service Provider together to provide services to an insured on payment by a cashless facility;

93. **Qualified Nurse** means a person who holds a valid registration issued by the Nursing Council/Statutory Regulatory Authority for Medical Education in that Country and thereby entitled to render Nursing Care within the scope and jurisdiction of license.

94. **Reasonable and customary (R&C)** means charges or treatment for medical care which shall be considered by the Company or by Company’s medical advisers to be reasonable and customary to the extent that they do not exceed the general level of charges or treatment being made by others of similar standing in the locality where the charges or treatment are incurred when giving like or comparable treatment.
If the charges are higher than customary or the treatment is not reasonable and customary, the Company will only pay the amount which is, in the Company’s experience, customarily charged and Insured has to pay the rest.

**Accidental Death**
If the Insured Member dies within twelve calendar months from the date of occurrence of the Injury, We will pay the Sum Insured provided that death is solely and directly due to the Injury.

**Permanent Exclusions**
Below mentioned are the common exclusions which are applicable to all the Base and Optional benefits of Group Care 360:-

1. Any item or condition or treatment specified in List of Non-Medical Items (Annexure – II).
2. Any pre-existing injury / illness or disability and any complications thereof and its associated medical conditions unless we had agreed otherwise in writing
3. Excluded Providers: Code- Excl11
   Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
   **Note:** Refer BLACKLISTED hospital list on www.carehealthinsurance.com for list of excluded hospitals.
4. Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human T-Cell Lymphotropic Virus Type III (HTLV–III or IITLB–III) or Lymphadinopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind;
5. Maternity: Code Excl18
   a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
   b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
   c. Any treatment directly related to surrogacy whether the member is acting as surrogate, or is the intended parent;
   d. Any treatment begun or for which the need has arisen during the first ninety (90) days after birth, for any child conceived by artificial means or any form of assisted conception or if the child is born via surrogacy;
   a. Expenses related to Birth Control, sterility and infertility. This includes:
   b. Any type of contraception, sterilization
   c. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
7. Gestational Surrogacy
8. Reversal of sterilization;
9. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication;
10. Charges incurred in connection with routine eye examinations and ear examinations, dentures, crowns, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment;
11. Refractive Error: (Code- Excl15)
   Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres
12. 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.
13. Expenses incurred on advanced treatment methods other than as mentioned in clause 2.1 (h)
14. Any expenses incurred on providing or fitting any external prosthesis or orthosis or appliance or medical aids or durable medical equipment of any kind, like wheelchairs, walkers, crutches, ambulatory devices, unless allowed under the Policy, cost of Cochlear implants;

15. Any treatment related to sleep disorder or sleep apnea syndrome, general debility convalescence and any treatment in an establishment that is not a Hospital;

16. Treatment of any external Congenital Anomaly or Illness or defects or anomalies including their associated medical conditions or chronic medical conditions or vegetative state cover (on the basis of declaration by the treating doctor) or treatment relating to external birth defects;

17. We define vegetative state as a condition of profound non-responsiveness with no sign of awareness or consciousness or a functioning mind, even if the Insured can open their eyes and breathe unaided, and the person does not respond to stimuli such as calling their name or touching. This state must have remained for at least four (4) weeks with no sign of improvement or there could be no recovery;
   a. Treatment whilst staying in a hospital for more than ninety (90) continuous days for permanent neurological damage on the basis of declaration by the treating doctor. It is stated that treatment up to 90 days for permanent neurological damage will be covered under this Policy;

18. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability

19. Obesity/ Weight Control(Code- Excl06)
   a. Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:
      b. Surgery to be conducted is upon the advice of the Doctor
      c. The surgery/Procedure conducted should be supported by clinical protocols
      d. The member has to be 18 years of age or older and
   e. Body Mass Index (BMI);
      i. greater than or equal to 40 or
      ii. 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:
         1. Obesity-related cardiomyopathy
         2. Coronary heart disease
         3. Severe Sleep Apnea
         4. Uncontrolled Type2 Diabetes

20. 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;

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

22. Out-patient treatment;

23. Treatment received outside India;

24. Domiciliary hospitalization or treatment;

25. 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;

26. Rest Cure, rehabilitation and respite care- Code- Excl05
   Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
   a. 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.
   b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs;
27. An Insured Member operating or learning to operate any aircraft, or performing duties as a member of
the crew on any aircraft or Scheduled Airline or any airline personal;
28. An Insured Member flying in an aircraft other than as a fare paying passenger in a Scheduled Airline;
29. Participation in actual or attempted felony, riot, civil commotion or criminal misdemeanor or activity;
30. Professional fees charged by a member of the Insured Member’s immediate family or by a person
normally resident in the household of the Insured or under his employment;
31. Training for or participating in professional sport of any kind or any sport for which the insured receives a
salary or monetary reimbursement, including grants or sponsorship;
32. The Insured Member serving in any branch of the military, navy, air force or any branch of armed forces
or any paramilitary forces;
33. Radioactive contamination whether arising directly or indirectly ionizing radiation, toxic, explosive or
other hazardous properties of nuclear material;
34. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident;
35. All preventive care, Vaccination including Inoculation and Immunizations (except in case of post-bite
treatment) and tonics;
36. 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);
37. All expenses related to donor treatment, including screening, surgery to remove organs from the donor,
in case of transplant surgery;
38. Non-Allopathic Treatment or treatment related to any unrecognized systems of medicine;
39. 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;
40. 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;
41. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness
or Injury attributable to consumption, use, misuse or abuse of tobacco, Areca nut intoxicating drugs and
alcohol or hallucinogens;
42. Any charges incurred to procure documents related to treatment or Illness pertaining to any period of
Hospitalization or Illness or any administration costs or any other charges of a non-medical nature in
connection with the provision and/or performance of medical supplies and/or services;
43. Personal comfort and convenience items or services including but not limited to T.V. (wherever
specifically charged separately), charges for access to cosmetics, hygiene articles, body care products and
bath additives, as well as similar incidental services and supplies;
44. Expenses related to any kind of RMO charges, Service charge, Surcharge, night charges levied by the
hospital under whatever head or any room upgrades, menu items not included as standard or visitors
meals;
45. 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;
   d. In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly
      arising out of, contributed to, caused by, resulting from, or in connection with any action taken in
controlling, preventing, suppressing, minimizing or in any way relating to the above is also excluded.

46. Impairment of an Insured Person’s intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner;

47. Continuous ambulatory peritoneal dialysis. Coverage for ‘Continuous ambulatory peritoneal dialysis’ is available on OPD basis and as part of Pre-Post hospitalization expenses;

48. Charges for items not listed in the policy schedule applicable to the member or considered as not medically necessary or which may be considered as elective;

49. Alopecia wigs and/or toupee and all hair or hair fall treatment and products including any investigations; all forms of acne;

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

51. Any medical or physical condition or treatment or service, which is specifically excluded under the Policy Schedule including the associated medical conditions shown on the endorsement;

52. Cryopreservation or harvesting or storage of stem cells as a preventive measure against possible disease/illness/injury, or implantation or re-implantation of living cells or living tissue whether autologous or provided by a donor;

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

54. Any other weight management services, treatment and supplies unless requires hospitalization and surgery;

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

56. Hormone Replacement Therapy;

57. 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;

58. The evacuation would involve moving Insured Member from a remote location where there is no or limited access;

59. Dental, Orthodontics, Periodontics, Endodontic or any preventative dentistry no matter who gives the treatment;

60. Charges for residential stays in Hospital which are not medically necessary or are incurred for social or domestic reasons or for reasons which are not directly connected with treatment or where the Hospital has effectively become the place of domicile or permanent abode;

61. Any charges made by the medical practitioner, hospital, laboratory or any such medical services which are not reasonable and customary;

62. Genetic tests undertaken to establish whether or not the Insured may be genetically disposed to the development of a medical condition in the future unless requires for current medical treatment;

63. Insured Person suffering from or has been diagnosed with or has been treated for Down’s Syndrome/Turner’s Syndrome/Sickle Cell Anaemia/ Thalassemia Major/G6PD deficiency prior to the first Policy Start Date, then costs of treatment related to or arising from the disorder whether directly or indirectly will be treated as a Pre-existing Disease and will not be covered within first 48 months from the date of first issuance of the Policy

64. Ear or body piercing and tattooing or treatment needed as a result of any of these;

65. Any charges for treatment incurred during a period for which the premium is not paid;

66. Any claim or part of a claim in which the member has to pay a deductible or co-insurance (where applicable). In such a claim, we will only pay the balance of the claim after we have deducted the excess (or deductible or co-insurance) amount;

67. All bank or credit or foreign exchange charges when the claims payment is made in a currency other than the policy currency upon the member’s request;

68. Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound);

69. Any other conditions at the discretion of Underwriter

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

---

**CLAIMS**

**How to file your Claim**

Our principal purpose for our existence is to ensure that Insured Members enjoy hassle-free access to best-in-class healthcare delivery facilities, and we live this objective through our seamless claim process.

Please refer to the following steps in the claim procedure to ensure smooth processing of the same

**Reimbursement of treatment expenses incurred at Network/Non Network Hospitals:**

**Step 1: Claim Intimation**

In case of unplanned hospitalization, call and inform us/ Our TPA within 24 hours of your admission. However, if your hospitalization is planned, kindly intimate Us / Our TPA 48 hours prior to your admission.

The following information is to be provided during the claim intimation-

- Policy holder’s name
- Claimant’s name and customer ID
- Hospital details
- Diagnosis and treatment details
- Approximate claim amount
- Date of admission

We will provide a reference ID for all future communication pertaining to the claim request

**Step 2: Initiating the Claim process**

The Claim form can be downloaded from our website [www.careinsurance.com](http://www.careinsurance.com)

The completed claim form has to be sent to us along with the following documents –

- Duly filled and signed claim form
- Original receipts/bills and discharge voucher of the hospital/nursing home
- Original bills of chemists supported by prescriptions
- Original Investigation reports and payment receipts
- Other case papers as mentioned in Claims Form
- Doctor consultation papers and bills
- Any other document which is required by Us/Our TPA to adjudicate the claim

Additional documents needed to claim under Personal Accident benefit:-

It is a condition precedent to our liability under these Benefits that the following information and documentation shall be submitted to us immediately and in any event within 30 days of the event giving rise to the Claim under these Benefits:

- Medical reports giving the details of the Accident, nature of Injury and the details of treatment provided, Admission and Death Summary, Accident Report
- Original Death Certificate; if applicable
- Disability Certificate issued by CMO (Chief Medical Officer) as appointed by the Hospital Authorities; if applicable
- A newspaper cutting about accident (if available)
- Certificate from Bank for outstanding amount of loan
The claim form and additional documents are to be sent to us at the following address:
CARE Health Insurance Limited
Unit No. 604 - 607, 6th Floor, Tower C,
Unitech Cyber Park, Sector-39,
Gurugram-122001 (Haryana)

You can also submit the claim form and additional documents in case You have selected TPA, the name, contact details etc. is mentioned in the Policy certificate for the selected TPA.

Step 3: Claim Processing and Reimbursement

If your request for reimbursement of expenses is approved, you will be duly intimated by us/ Our TPA.

In case of any information deficiency or further information requirements, you will be communicated instantly to ensure resolution of the same at the earliest

If your request for claims is declined, you will be communicated the same along with valid reason(s) for rejection. However, if the Insured Member/ Insured Member’s representative has further documents to enhance/substantiate his case for claim, the same can also be sent to us/ Our TPA; and if found rational, the case will be reopened for review of the documents and response, if any.

We /Our TPA will ensure that you are updated at all important stages of your claim process. To help us serve you better, please ensure the following:

- The Pre-authorization/claim form is filled completely, sincerely and truly and all the required documents are submitted along with the form and in original, wherever specified
- Retain a copy of the duly filled forms
- Please quote the member ID/reference number for all communication related to the above.

Additional Claim documents for Personal Accident:

It is a condition precedent to our liability under these Benefits that the following information and documentation shall be submitted to us immediately and in any event within 30 days of the event giving rise to the Claim under these Benefits:

1. Medical reports giving the details of the Accident, nature of Injury and the details of treatment provided, Admission and Death Summary, Accident Report
2. Original Death Certificate; if applicable
3. Disability Certificate issued by CMO (Chief Medical Officer) as appointed by the Hospital Authorities; if applicable
4. A newspaper cutting about accident (if available)
5. Certificate from Bank for outstanding amount of loan

Free Look Period

- The Policyholder/Insured Member may, within 15 days from the receipt of the Policy document, return the Policy stating reasons for his objection, if the Policyholder disagrees with any Policy terms and conditions.
- If no Claim has been made during the free look period under the Policy, then CARE Health Insurance will refund the full premium through FLIPKART. All rights under the Policy will immediately stand extinguished on the free look cancellation of the Policy.
- Provision for Free look period is not applicable and available at the time of renewal of the Policy.
Cancellation / Termination

You may also give 15 days’ notice in writing, to Us, for the cancellation of this Policy, in which case We shall from the date of receipt of the notice cancel the Policy and refund the premium for the unexpired period of this Policy at the short period scales as mentioned below, provided that no refund shall be made for those Insured Member who has incurred Claim under the Policy.

<table>
<thead>
<tr>
<th>Cancellation date from Policy Period Start Date</th>
<th>Policy Tenure – 1 Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 1 month</td>
<td>75.00%</td>
</tr>
<tr>
<td>1 month to 3 months</td>
<td>50.00%</td>
</tr>
<tr>
<td>3 months to 6 months</td>
<td>25.00%</td>
</tr>
<tr>
<td>6 months to 12 months</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

Refund % to be applied on total premium received as on the date of receipt of the cancellation request.

In case of demise of the Primary Insured Member,

- Where the Policy covers only the Primary Insured Member, this Policy shall stand null and void from the date and time of demise of the Primary Insured Member.
- Where the Policy covers other Insured Members, this Policy shall continue till the end of Cover Period for the other Insured Members. If the other Insured Members wish to continue with the same Policy, the Company will renew the Policy subject to the appointment of a Primary Insured Member provided that:
  - Written notice in this regard is given to the Company before the Cover End Date; and
  - A Person who satisfies the Company’s criteria to become a Primary Insured Member. The criteria being:
    (a) He / She should become a member of the Group against whom the Master policy is issued.
    (b) He / She should satisfy the age limit criteria as mentioned in the product

- If Policyholder cancels the Policy after the Free look period or demise of Insured where he/she is the only insured in the Policy, then the Company will refund 50% of the instalment premium for the unexpired instalment period, provided no Claim has been made under the Policy

Limitation of Liability

Any Claim under this Policy for which the notification or intimation of Claim is received 12 calendar months after the event or occurrence giving rise to the Claim shall not be admissible, unless the Policyholder or the Insured Member proves to the Company satisfaction that the delay in reporting of the Claim was for reasons beyond the Insured Member’s control.

Communication

- Any communication meant for the Company must be in writing and be delivered to its address shown in the Policy Schedule/ Certificate of Insurance. Any communication meant for the Policyholder or Insured Member will be sent by the Company to his last known address or the address as shown in the Policy Schedule/ Certificate of Insurance.
- All notifications and declarations for the Company must be in writing and sent to the address specified in the Policy Schedule/ Certificate of Insurance. Agents are not authorized to receive notices and declarations on the Company’s behalf.
- Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

Alterations in the Policy

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

Out of all the details of the various benefits provided in the Policy Terms and Conditions, only the details pertaining to benefits chosen by policyholder as per Policy Schedule shall be considered relevant.
Electronic Transactions

The Policyholder and Insured Member agrees to adhere to and comply with all such 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. Any terms and conditions related to electronic transactions shall be within the approved Policy Terms and Conditions.

Continuity Benefits

The company will grant continuity of benefits which were available to the Insured Members under a group insurance policy in the immediately preceding Cover Period provided that:

i. The company shall be liable to provide continuity of only those benefits (for e.g: Initial wait period, wait period of Specific Diseases etc) which are applicable under the Policy;
ii. The Insured Members to whom continuity benefits will be provided should be covered under the group insurance policy;
iii. Insured Members covered under this Policy shall have the right to migrate from this Policy to an individual health insurance policy or a family floater policy offered by the company and the credit for wait periods would be given in the opted individual health insurance policy or a family floater policy offered by the company. Application for this Policy is made within 45 days before, but not earlier than 60 days from the expiry of that group insurance policy.
iv. Insured Member can apply only at the time of renewal of the group Policy.

Obligation in respect to minor

If an Insured Member is less than 18 years of age, the Primary Insured Member shall be responsible for ensuring compliance with all terms and conditions of this Policy on behalf of that Insured Member.

Nominee

The Primary Insured Member can at the inception or at any time before the expiry of the Policy, make the nomination for the purpose of payment of Claims.

Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement to the Policy is made by the Company.

In case of any Insured Member other than the Primary Insured Member under the Policy, for the purpose of payment of Claims in the event of death, the default nominee would be the Primary Insured Member.

Proximate Clause

The Company covers the Policyholder/Insured Member only to the extent of Proximity cause which means active and efficient cause that sets in motion a chain of events which brings about a result, without the intervention of any force started and working actively from a new and independent source.

Sanctions and Compliance with Laws

This insurance does not apply to the extent that trade or economic sanctions or other similar laws or regulations prohibit the coverage provided by this insurance.
The Company has developed proper procedures and effective mechanism to address complaints, if any of the customers. The company is committed to comply with the Regulations, standards which have been set forth in the Regulations, Circulars issued from time to time in this regard.

If you or the Insured Member or Dependent have a grievance that You or the Insured Member or Dependent wish Us to redress, You or the Insured Member may contact Us with the details of their grievance through:

<table>
<thead>
<tr>
<th>Website</th>
<th><a href="http://www.careinsurance.com">www.careinsurance.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail</td>
<td><a href="mailto:customerfirst@careinsurance.com">customerfirst@careinsurance.com</a></td>
</tr>
<tr>
<td>Customer Care</td>
<td>1800-102-4488 / 1860-500-4488</td>
</tr>
<tr>
<td>Post /Courier</td>
<td>Any of Our branch offices or our correspondence address, during normal business days</td>
</tr>
</tbody>
</table>

If the Insured Member is not satisfied with our redressal of their grievance through one of the above methods, You or the Insured Member may contact Our Head of Customer Service at:

The Grievance Cell,
Unit No. 604 - 607, 6th Floor, Tower C,
Unitech Cyber Park,
Sector-39, Gurugram-122001 (Haryana)

If the Insured Member is not satisfied with our redressal of their grievance through one of the above methods, You or the Insured Member may approach the nearest Insurance Ombudsman for resolution of their grievance.

DISCLAIMER

This is only a summary of product features. The actual benefits available are as described in the policy, and will be subject to the policy Terms and Conditions. Please seek the advice of your insurance advisor if you require any further information or clarification or contact us.

STATUTORY WARNING

Prohibition of Rebates (under section 41 of Insurance Act, 1938): No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property, in India any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurers.

Any person making default in complying with the provision of this section shall be punished with fine, which may extent to five hundred rupees.

Insurance is a subject matter of solicitation.
IRDA Registration number: 148
ANNEXURE I

List of Day Care Surgeries

Cardiology Related:
1. CORONARY ANGIOGRAPHY

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

Dental Related:
7. SPLINTING OF AVULSED TEETH
8. SUTURING LACERATED LIP
9. SUTURING ORAL MUCOSA
10. FNAC
11. SMEAR FROM ORAL CAVITY

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

Gastroenterology Related:

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

General Surgery Related:

94. INCISION OF A PILONIDAL SINUS / ABSCESS
95. FISSURE IN ANO SPHINCTEROTOMY
96. SURGICAL TREATMENT OF A VARICOCELE AND A HYDROCELE OF THE SPERMATIC CORD
97. ORCHIDOPEXY
98. ABDOMINAL EXPLORATION IN CRYPTORCHIDISM
99. SURGICAL TREATMENT OF ANAL FISTULAS
100. DIVISION OF THE ANAL SPHINCTER (SPHINCTEROTOMY)
101. EPIDIDYMECTOMY
102. INCISION OF THE BREAST ABSCESS
103. OPERATIONS ON THE NIPPLE
104. EXCISION OF SINGLE BREAST LUMP
105. INCISION AND EXCISION OF TISSUE IN THE PERIANAL REGION
106. SURGICAL TREATMENT OF HEMORRHOIDS
107. OTHER OPERATIONS ON THE ANUS
108. ULTRASOUND GUIDED ASPIRATIONS
109. SCLEROTHERAPY, ETC.
110. LAPAROTOMY FOR GRADING LYMPHOMA WITH SPLENECTOMY/LIVER/LYMPH NODE BIOPSY
111. THERAPEUTIC LAPAROSCOPY WITH LASER
112. APPENDICECTOMY WITH/OUT DRAINAGE
113. INFECTED KELOID EXCISION
114. AXILLARY LYMPHADENECTOMY
115. WOUND DEBRIDEMENT AND COVER
116. ABSCESS-DECOMPRESSION
117. CERVICAL LYMPHADENECTOMY
118. INFECTED SEBACEOUS CYST
119. INGUINAL LYMPHADENECTOMY
120. INCISION AND DRAINAGE OF ABSCESS
121. SUTURING OF LACERATIONS
122. SCALP SUTURING
123. INFECTED LIPOMA EXCISION
124. MAXIMAL ANAL DILATATION
125. PILES
126. AJINJECTION SCLEROTHERAPY
127. BJ PILES BANDING
128. LIVER ABSCESS- CATHETER DRAINAGE
129. FISSURE IN ANO- FISSURECTOMY
130. FIBROADENOMA BREAST EXCISION
131. ESOPHAGEAL VARICES SCLEROTHERAPY
132. ERCP - PANCREATIC DUCT STONE REMOVAL
133. PERIANAL ABSCESS I&D
134. PERIANAL HEMATOMA EVACUATION
135. UGI SCOPY AND POLYPECTOMY OESOPHAGUS
136. BREAST ABSCESS I & D
137. FEEDING GASTROSTOMY
138. ESOPHAGOSCOPY AND BIOPSY OF GROWTH OESOPHAGUS
139. ERCP - BILE DUCT STONE REMOVAL
140. ILEOSTOMY CLOSURE
141. COLONOSCOPY
142. POLYPECTOMY COLON
143. SPLENIC ABSCESSES LAPAROSCOPIC DRAINAGE
144. UGI SCOPY AND POLYPECTOMY STOMACH
145. RIGID OESOPHAGOSCOPY FOR FB REMOVAL
146. FEEDING JEJUNOSTOMY
147. COLOSTOMY
148. ILEOSTOMY
149. COLOSTOMY CLOSURE
150. SUBMANDIBULAR SALIVARY DUCT STONE REMOVAL
151. PNEUMATIC REDUCTION OF INTUSSUSCEPTION
152. VARICOSE VEINS LEGS - INJECTION SCLEROTHERAPY
153. RIGID OESOPHAGOSCOPY FOR PLUMMER VINSON SYNDROME
154. PANCREATIC PSEUDOCYSTS ENDOSCOPIC DRAINAGE
155. ZADEK’S NAIL BED EXCISION
156. SUBCUTANEOUS MASTECTOMY
157. EXCISION OF RANULA UNDER GA
158. RIGID OESOPHAGOSCOPY FOR DILATION OF BENIGN STRICTURES
159. EVERSION OF SAC
160. UNILATERAL
161. ILATERAL
162. LORD’S PLICATION
163. JABOULAY’S PROCEDURE
164. SCROTOPLASTY
165. CIRCUMCISION FOR TRAUMA
166. MEATOPLASTY
167. INTERSPHINCTERIC ABCESS INCISION AND DRAINAGE
168. PSOAS ABCESS INCISION AND DRAINAGE
169. THYROID ABCESS INCISION AND DRAINAGE
170. TIPS PROCEDURE FOR PORTAL HYPERTENSION
171. ESOPHAGEAL GROWTH STENT
172. PAIR PROCEDURE OF HYDATID CYST LIVER
173. TRU CUT LIVER BIOPSY
174. PHOTODYNAMIC THERAPY OR ESOPHAGEAL TUMOUR AND LUNG TUMOUR
175. EXCISION OF CERVICAL RIB
176. LAPAROSCOPIC REDUCTION OF INTUSSUSCEPTION
177. MICROdochectomy BREAST
178. SURGERY FOR FRACTURE PENIS
179. SENTINEL NODE BIOPSY
180. PARASTOMAL HERNIA
181. REVISION COLOSTOMY
182. PROLAPSED COLOSTOMY- CORRECTION
183. TESTICULAR BIOPSY
184. LAPAROSCOPIC CARDIOMYOTOMY( HELLERS)
185. SENTINEL NODE BIOPSY MALIGNANT MELANOMA
186. LAPAROSCOPIC PYLOROMYOTOMY( RAMSTEDT)

**Gynecology Related:**

187. OPERATIONS ON BARTHOLIN’S GLANDS (CYST)
188. INCISION OF THE OVARY
189. INSUFFLATIONS OF THE FALLOPIAN TUBES
190. OTHER OPERATIONS ON THE FALLOPIAN TUBE
191. DILATATION OF THE CERVICAL CANAL
192. CONISATION OF THE UTERINE CERVIX
193. THERAPEUTIC CURETTAGE WITH COLPOSCOPY/BIOPSY/DIATHERMY/CRYOSURGERY/
194. LASER THERAPY OF CERVIX FOR VARIOUS LESIONS OF UTERUS
195. OTHER OPERATIONS ON THE UTERINE CERVIX
196. INCISION OF THE UTERUS (Hysterectomy)
197. LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE VAGINA AND THE POUCH OF DOUGLAS
198. INCISION OF VAGINA
199. INCISION OF VULVA
200. CULDOTOMY
201. SALPINGO-OOPHORECTOMY VIA LAPAROTOMY
202. ENDOSCOPIC POLYPECTOMY
203. Hysteroscopic removal of myoma
204. D&C
205. HYSTEROSCOPY RESECTION OF SEPTUM
206. THERMAL CAUTERISATION OF CERVIX
207. MIRENA INSERTION
208. HYSTEROSCOPIC ADHESIOLYSIS
209. LEPP
210. CRYOCAUTERISATION OF CERVIX
211. POLYPECTOMY ENDOMETRIUM
212. HYSTEROSCOPIC RESECTION OF FIBROID
213. LLETZ
214. CONIZATION
215. POLYPECTOMY CERVIX
216. HYSTEROSCOPIC RESECTION OF ENDOMETRIAL POLYP
217. VULVAL WART EXCISION
218. LAPAROSCOPIC PARAOVARIAN CYST EXCISION
219. UTERINE ARTERY EMBOLIZATION
220. LAPAROSCOPIC CYSTECTOMY
221. HYMENECTOMY (IMPERFORATE HYMEN)
222. ENDOMETRIAL ABLATION
223. VAGINAL WALL CYST EXCISION
224. VULVAL CYST EXCISION
225. LAPAROSCOPIC PARATUBAL CYST EXCISION
226. REPAIR OF VAGINA (VAGINAL ATRESIA)
227. HYSTEROSCOPY, REMOVAL OF MYOMA
228. TURBT
229. URETEROCOELE REPAIR - CONGENITAL INTERNAL
230. VAGINAL MESH FOR POP
231. LAPAROSCOPIC MYOMECTOMY
232. SURGERY FOR SUI
233. REPAIR RECTO VAGINA FISTULA
234. PELVIC FLOOR REPAIR (EXCLUDING FISTULA REPAIR)
235. URS + LL
236. LAPAROSCOPIC OOPHORECTOMY
237. NORMAL VAGINAL DELIVERY AND VARIANTS
Neurology Related:

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

Oncology Related:

252. RADIOTHERAPY FOR CANCER
253. CANCER CHEMOTHERAPY
254. IV PUSH CHEMOTHERAPY
255. HBI-HEMIBODY RADIOTHERAPY
256. INFUSIONAL TARGETED THERAPY
257. SRT-STEREOTACTIC ARC THERAPY
258. SC ADMINISTRATION OF GROWTH FACTORS
259. CONTINUOUS INFUSIONAL CHEMOTHERAPY
260. INFUSIONAL CHEMOTHERAPY
261. CCRT-CONCURRENT CHEMO + RT
262. 2D RADIOTHERAPY
263. 3D CONFORMAL RADIOTHERAPY
264. IGRT- IMAGE GUIDED RADIOTHERAPY
265. IMRT- STEP & SHOOT
266. INFUSIONAL BISPHOSPHONATES
267. IMRT- DMLC
268. ROTATIONAL ARC THERAPY
269. TELE GAMMA THERAPY
270. FSRT-FRACTIONATED SRT
271. VMAT-VOLUMETRIC MODULATED ARC THERAPY
272. SBRT-STEREOTACTIC BODY RADIOTHERAPY
273. HELICAL TOMOTHERAPY
274. SRS-STEREOTACTIC RADIOSURGERY
275. X-KNIFE SRS
276. GAMMAKNIFE SRS
277. TBI- TOTAL BODY RADIOTHERAPY
278. INTRALUMINAL BRACHYTHERAPY
279. ELECTRON THERAPY
280. TSET-TOTAL ELECTRON SKIN THERAPY
281. EXTRACORPOREAL IRRADIATION OF BLOOD PRODUCTS
282. TELECOBALT THERAPY
283. TELECESIUM THERAPY
284. EXTERNAL MOULD BRACHYTHERAPY
285. INTERSTITIAL BRACHYTHERAPY
286. INTRACAVITY BRACHYTHERAPY
287. 3D BRACHYTHERAPY
288. IMPLANT BRACHYTHERAPY
289. INTRAVESICAL BRACHYTHERAPY
290. ADJUVANT RADIOTHERAPY
291. AFTERLOADING CATHETER BRACHYTHERAPY
292. CONDITIONING RADIOTHERAPY FOR BMT
293. EXTRACORPOREAL IRRADIATION TO THE HOMOLOGOUS BONE GRAFTS
294. RADICAL CHEMOTHERAPY
295. NEOADJUVANT RADIOTHERAPY
296. LDR BRACHYTHERAPY
297. PALLIATIVE RADIOTHERAPY
298. RADICAL RADIOTHERAPY
299. PALLIATIVE CHEMOTHERAPY
300. TEMPLATE BRACHYTHERAPY
301. NEOADJUVANT CHEMOTHERAPY
302. ADJUVANT CHEMOTHERAPY
303. INDUCTION CHEMOTHERAPY
304. CONSOLIDATION CHEMOTHERAPY
305. MAINTENANCE CHEMOTHERAPY
306. HDR BRACHYTHERAPY

Operations on the salivary glands & salivary ducts:

307. INCISION AND LANCING OF A SALIVARY GLAND AND A SALIVARY DUCT
308. EXCISION OF DISEASED TISSUE OF A SALIVARY GLAND AND A SALIVARY DUCT
309. RESECTION OF A SALIVARY GLAND
310. RECONSTRUCTION OF A SALIVARY GLAND AND A SALIVARY DUCT
311. OTHER OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS

Operations on the skin & subcutaneous tissues:

312. OTHER INCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
313. SURGICAL WOUND TOILET (WOUND DEBRIDEMENT) AND REMOVAL OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
314. LOCAL EXCISION OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
315. OTHER EXCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
316. SIMPLE RESTORATION OF SURFACE CONTINUITY OF THE SKIN AND SUBCUTANEOUS TISSUES
317. FREE SKIN TRANSPLANTATION, DONOR SITE
318. FREE SKIN TRANSPLANTATION, RECIPIENT SITE
319. REVISION OF SKIN PLASTY
320. OTHER RESTORATION AND RECONSTRUCTION OF THE SKIN AND SUBCUTANEOUS TISSUES.
CHEMOSURGERY TO THE SKIN.
DESTRUCTION OF DISEASED TISSUE IN THE SKIN AND SUBCUTANEOUS TISSUES
RECONSTRUCTION OF DEFORMITY/DEFECT IN NAIL BED
EXCISION OF BURSITIS
TENNIS ELBOW RELEASE

Operations on the Tongue:
INCISION, EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TONGUE
PARTIAL GLOSSECTOMY
GLOSSECTOMY
RECONSTRUCTION OF THE TONGUE
OTHER OPERATIONS ON THE TONGUE

Ophthalmology Related:
SURGERY FOR CATARACT
INCISION OF TEAR GLANDS
OTHER OPERATIONS ON THE TEAR DUCTS
INCISION OF DISEASED EYELIDS
EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE EYELID
OPERATIONS ON THE CANThUS AND EPICANTHUS
CORRECTIVE SURGERY FOR ENTROPION AND ECTROPION
CORRECTIVE SURGERY FOR BLEPHAROPTOSIS
REMOVAL OF A FOREIGN BODY FROM THE CONJUNCTIVA
REMOVAL OF A FOREIGN BODY FROM THE CORNEA
INCISION OF THE CORNEA
OPERATIONS FOR PTERYGIUM
OTHER OPERATIONS ON THE CORNEA
REMOVAL OF A FOREIGN BODY FROM THE LENS OF THE EYE
REMOVAL OF A FOREIGN BODY FROM THE POSTERIOR CHAMBER OF THE EYE
REMOVAL OF A FOREIGN BODY FROM THE ORBIT AND EYEBALL
CORRECTION OF EYELID PTOSIS BY LEVATOR PALPEBRAE SUPERIORIS RESECTION (BILATERAL)
CORRECTION OF EYELID PTOSIS BY FASCIA LATA GRAFT (BILATERAL)
DIATHERMY/CYROTHERAPY TO TREAT RETINAL TEAR
ANTERIOR CHAMBER PARACENTESIS/CYCLODIATHERMY/CYCLOCYROTHERAPY/GONIOTOMY/TRABECULOTOMY AND FILTERING AND ALLIED OPERATIONS TO TREAT GLAUCOMA
ENUCLEATION OF EYE WITHOUT IMPLANT

Orthopedics Related:
SURGERY FOR MENISCUS TEAR
INCISION ON BONE, SEPTIC AND ASEPTIC
CLOSED REDUCTION ON FRACTURE, LUXATION OR EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
SUTURE AND OTHER OPERATIONS ON TENDONS AND TENDON SHEATH
REDUCTION OF DISLOCATION UNDER GA
ARTHROSCOPIC KNEE ASPIRATION
SURGERY FOR LIGAMENT TEAR
SURGERY FOR HEMOARThROSIS/PyOARThROSIS
REMOVAL OF FRACTURE PINS/NAILS
REMOVAL OF METAL WIRE
CLOSED REDUCTION ON FRACTURE, LUXATION
REDUCTION OF DISLOCATION UNDER GA
EPHYSEOLYSIS WITH OSTEOSYNTHESIS
EXCISION OF VARIOUS LESIONS IN COCCYX
ARTHROSCOPIC REPAIR OF ACL TEAR KNEE
CLOSED REDUCTION OF MINOR FRACTURES
ARTHROSCOPIC REPAIR OF PCL TEAR KNEE
TENDON SHORTENING
ARTHROSCOPIC MENISCECTOMY - KNEE
TREATMENT OF CLAVICLE DISLOCATION
HAEMARTHROSIS KNEE- LAVAGE
ABSCESS KNEE JOINT DRAINAGE
CARPAL TUNNEL RELEASE
CLOSED REDUCTION OF MINOR DISLOCATION
REPAIR OF KNEE CAP TENDON
ORIF WITH K WIRE FIXATION- SMALL BONES
RELEASE OF MIDFOOT JOINT
ORIF WITH PLATING- SMALL LONG BONES
IMPLANT REMOVAL MINOR
K WIRE REMOVAL
POP APPLICATION
CLOSED REDUCTION AND EXTERNAL FIXATION
ARTHROTONMY HIP JOINT
SYME'S AMPUTATION
ARTHROPLASTY
PARTIAL REMOVAL OF RIB
TREATMENT OF SESAMOID BONE FRACTURE
SHOULDER ARTHROSCOPY / SURGERY
ELBOW ARTHROSCOPY
AMPUTATION OF METACARPAL BONE
RELEASE OF THUMB CONTRACTURE
INCISION OF FOOT FASCIA
398. CALCANEUM SPUR HYDROCORT INJECTION
399. GANGLION WRIST HYALASE INJECTION
400. PARTIAL REMOVAL OF METATARSAL
401. REPAIR / GRAFT OF FOOT TENDON
402. AMPUTATION FOLLOW-UP SURGERY
403. EXPLORATION OF ANKLE JOINT
404. REMOVE/GRAFT LEG BONE LESION
405. REPAIR/GRAFT ACHILLES TENDON
406. REMOVE OF TISSUE EXPANDER
407. BIOPSY ELBOW JOINT LINING
408. REMOVE OF TISSUE EXPANDER
409. BIOPSY FINGER JOINT LINING
410. TREATMENT OF SHOULDER DISLOCATION
411. LENGTHENING OF HAND TENDON
412. FIXATION OF KNEE JOINT
413. TREATMENT OF FOOT DISLOCATION
414. SURGERY OF BUNION
415. INTRA ARTICULAR STEROID INJECTION
416. TREATMENT OF ULNA FRACRTURE
417. TREATMENT OF SCAPULA FRACTURE
418. REMOVAL OF TUMOR OF ARM/ELBOW UNDER RA/GA
419. EXCISION OF FISTULA-IN-ANO
420. EXCISION JUVENILE POLYPS RECTUM
421. VAGINOPLASTY
422. DILATATION OF ACCIDENTAL CAUSTIC STRICTURE OESOPHAGEAL
423. PRESCRACAL TERATOMAS EXCISION
424. EXCISION SIGMOID POLYP
425. CONSTRUCTION SKIN PEDICLE FLAP
426. GLUTEAL PRESSURE ULCER-EXCISION
427. TREATMENT OF FRACTURE OF RADIUS & ULNA
428. REPAIR OF RUPTURED TENDON
429. DECOMPRESS FOREARM SPACE
430. EXTERNAL INCISION AND DRAINAGE IN THE REGION OF THE MOUTH, JAW AND FACE
431. INCISION OF THE HARD AND SOFT PALATE
432. INCISION OF THE PROSTATE
433. TRANSURETHRAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
434. OTHER OPERATIONS IN THE MOUTH
435. EXCISION OF CERVICAL SYMPATHETIC CHAIN THORACOSCOPY
436. LASER ABLATION OF BARRETT'S OESOPHAGUS
437. PLEURODESIS
438. THORACOSCOPY AND LUNG BIOPSY
439. THORACOSCOPY ASSISTED EMPYEMA DRAINAGE
440. THORACOSCOPY AND PLEURAL BIOPSY
441. EBUS + BIOPSY
442. THORACOSCOPY LIGATION THORACIC DUCT
443. THORACOSCOPY LIGATION THORACIC DUCT
444. HAEMODIALYSIS
445. LITHOTRIPSY/NEPHROLITHOTOMY FOR RENAL CALCULUS
446. EXCISION OF CERVICAL TERATOMA
447. RECTAL- MYOMECTOMY
448. RECTAL PROLAPSE (DELORME'S PROCEDURE)
449. DETORSION OF TORSION TESTIS
450. EUA + BIOPSY MULTIPLE FISTULA IN ANO
451. CYSTIC HYGROMA - INJECTION TREATMENT
452. PLASTIC SURGERY TO THE FLOOR OF THE MOUTH UNDER GA
453. CONSTRUCTION SKIN PEDICLE FLAP
454. GLUTEAL PRESSURE ULCER-EXCISION
455. MUSCLE-SKIN GRAFT, LEG
456. REMOVAL OF BONE FOR GRAFT
457. MUSCLE-SKIN GRAFT DUCT FISTULA
458. REMOVAL CARTILAGE GRAFT
459. MYOCUTANEOUS FLAP
460. FIBRO MYOCUTANEOUS FLAP
461. THORACOSCOPY LIGATION THORACIC DUCT
462. SLING OPERATION FOR FACIAL PALSY
463. SPLIT SKIN GRAFTING UNDER RA
464. WOLFE SKIN GRAFT
465. THORACOSCOPY AND PLEURAL BIOPSY
466. THORACOSCOPY AND LUNG BIOPSY
467. EXCISION OF CERVICAL SYMPATHETIC CHAIN THORACOSCOPY
468. LASER ABLATION OF BARRETT'S OESOPHAGUS
469. PLEURODESIS
470. THORACOSCOPY AND PLEURAL BIOPSY
471. EBUS + BIOPSY
472. THORACOSCOPY LIGATION THORACIC DUCT
473. THORACOSCOPY ASSISTED EMPYEMA DRAINAGE
474. HAEMODIALYSIS
475. LITHOTRIPSY/NEPHROLITHOTOMY FOR RENAL CALCULUS
476. EXCISION OF RENAL CYST
477. DRAINAGE OF PYONEPHROSIS/PERINEPHRIC ABSCESS
478. INCISION OF THE PROSTATE
479. TRANSURETHRAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE

Other operations on the mouth & face:

Plastic Surgery Related:

Thoracic surgery Related:

Urology Related:
480. TRANSURETHRAL AND PERCUTANEOUS DESTRUCTION OF PROSTATE TISSUE
481. OPEN SURGICAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
482. RADICAL PROSTATOVESICULECTOMY
483. OTHER EXCISION AND DESTRUCTION OF PROSTATE TISSUE
484. OPERATIONS ON THE SEMINAL VESICLES
485. INCISION AND EXCISION OF PERIPROSTATIC TISSUE
486. OTHER OPERATIONS ON THE PROSTATE
487. INCISION OF THE SCROTUM AND TUNICA VAGINALIS TESTIS
488. OPERATION ON A TESTICULAR HYDROCELE
489. EXCISION AND DESTRUCTION OF DISEASED SCROTAL TISSUE
490. OTHER OPERATIONS ON THE SCROTUM AND TUNICA VAGINALIS TESTIS
491. INCISION OF THE TESTES
492. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TESTES
493. UNILATERAL ORCHIDECTOMY
494. BILATERAL ORCHIDECTOMY
495. SURGICAL REPOSITIONING OF AN ABDOMINAL TESTIS
496. RECONSTRUCTION OF THE TESTIS
497. IMPLANTATION, EXCHANGE AND REMOVAL OF A TESTICULAR PROSTHESIS
498. OTHER OPERATIONS ON THE TESTIS
499. EXCISION IN THE AREA OF THE EPIDIDYMIS
500. OPERATIONS ON THE FORESKIN
501. LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE PENIS
502. AMPUTATION OF THE PENIS
503. OTHER OPERATIONS ON THE PENIS
504. CYSTOSCOPICAL REMOVAL OF STONES
505. CATHETERISATION OF BLADDER
506. LITHOTRIPSY

507. BIOPSY OF TEMPORAL ARTERY FOR VARIOUS LESIONS
508. EXTERNAL ARTERIO-VENOUS SHUNT
509. AV FISTULA - WRIST
510. URSL WITH STENTING
511. URSL WITH LITHOTRIPSY
512. CYSTOSCOPIC LITHOLAPAXY
513. ESWL
514. BLADDER NECK INCISION
515. CYSTOSCOPY & BIOPSY
516. CYSTOSCOPY AND REMOVAL OF POLYP
517. SUPRAPUBIC CYSTOSTOMY
518. PERCUTANEOUS NEPHROSTOMY
519. CYSTOSCOPY AND "SLING" PROCEDURE
520. TUNA- PROSTATE
521. EXCISION OF URETHRAL DIVERTICULUM
522. REMOVAL OF URETHRAL STONE
523. EXCISION OF URETHRAL PROLAPSE
524. MEGA-URETER RECONSTRUCTION
525. KIDNEY RENOSCOPY AND BIOPSY
526. URETER ENDOSCOPY AND TREATMENT
527. VESICO URETERIC REFUX CORRECTION
528. SURGERY FOR PELVI URETERIC JUNCTION OBSTRUCTION
529. ANDERSON HYNES OPERATION
530. KIDNEY ENDOSCOPY AND BIOPSY
531. PARAPHIMOSIS SURGERY
532. INJURY PREPUCE- CIRCUMCISION
533. FRENULAR TEAR REPAIR
534. MEATOTOMY FOR MEATAL STENOSIS
535. SURGERY FOR FOURNIER'S GANGRENE SCROTUM
536. SURGERY FILARIAL SCROTUM
537. SURGERY FOR WATERING CAN PERINEUM
538. REPAIR OF PENILE TORSION
539. DRAINAGE OF PROSTATE ABSCESS
540. ORCHIECTOMY
541. CYSTOSCOPY AND REMOVAL OF FB
## ANNEXURE –II

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Annexure – II List of Expenses Generally Excluded (&quot;Non-medical&quot;) in Hospital Indemnity Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>List I – Optional Items</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>BABY FOOD</td>
<td>BABY UTILITIES CHARGES</td>
</tr>
<tr>
<td>BEAUTY SERVICES</td>
<td>BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES</td>
</tr>
<tr>
<td>BELTS/ BRACES</td>
<td>SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED</td>
</tr>
<tr>
<td>BUDS</td>
<td>Television Charges</td>
</tr>
<tr>
<td>COLD PACK/HOT PACK</td>
<td>SURCHARGES</td>
</tr>
<tr>
<td>CARRY BAGS</td>
<td>ATTENDANT CHARGES</td>
</tr>
<tr>
<td>EMAIL / INTERNET CHARGES</td>
<td>EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)</td>
</tr>
<tr>
<td>FOOD CHARGES (OTHER THAN PATIENT’s DIET PROVIDED BY HOSPITAL)</td>
<td>BIRTH CERTIFICATE</td>
</tr>
<tr>
<td>LEGGINGS</td>
<td>CERTIFICATE CHARGES</td>
</tr>
<tr>
<td>LAUNDRY CHARGES</td>
<td>COURIER CHARGES</td>
</tr>
<tr>
<td>MINERAL WATER</td>
<td>CONVEYANCE CHARGES</td>
</tr>
<tr>
<td>SANITARY PAD</td>
<td>MEDICAL CERTIFICATE</td>
</tr>
<tr>
<td>TELEPHONE CHARGES</td>
<td>MEDICAL RECORDS</td>
</tr>
<tr>
<td>GUEST SERVICES</td>
<td>PHOTOCOPIES CHARGES</td>
</tr>
<tr>
<td>CREPE BANDAGE</td>
<td>MORTUARY CHARGES</td>
</tr>
<tr>
<td>DIAPER OF ANY TYPE</td>
<td>WALKING AIDS CHARGES</td>
</tr>
<tr>
<td>CERVICAL COLLAR</td>
<td>OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)</td>
</tr>
<tr>
<td>SPLINT</td>
<td>SPACER</td>
</tr>
<tr>
<td>DIABETIC FOOT WEAR</td>
<td>SPIROMETRE</td>
</tr>
<tr>
<td>KNEE BRACES (LONG/ SHORT/ HINGED)</td>
<td>NEBULIZER KIT</td>
</tr>
<tr>
<td>KNEE IMMOBILIZER/SHOULDER IMMOBILIZER</td>
<td>STEAM INHALER</td>
</tr>
<tr>
<td>LUMBO SACRAL BELT</td>
<td>ARMSLING</td>
</tr>
<tr>
<td>NIMBUS BED OR WATER OR AIR BED CHARGES</td>
<td>THERMOMETER</td>
</tr>
<tr>
<td>AMBULANCE COLLAR</td>
<td>KIDNEY TRAY</td>
</tr>
<tr>
<td>AMBULANCE EQUIPMENT</td>
<td>MASK</td>
</tr>
<tr>
<td>ABDOMINAL BINDER</td>
<td>OUNCE GLASS</td>
</tr>
<tr>
<td>PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES</td>
<td>OXYGEN MASK</td>
</tr>
<tr>
<td>SUGAR FREE Tablets</td>
<td>PELVIC TRACTION BELT</td>
</tr>
<tr>
<td>CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)</td>
<td>PAN CAN</td>
</tr>
<tr>
<td>ECG ELECTRODES</td>
<td>TROLLEY COVER</td>
</tr>
<tr>
<td>GLOVES</td>
<td>UROMETER, URINE JUG</td>
</tr>
<tr>
<td>NEBULISATION KIT</td>
<td>AMBULANCE</td>
</tr>
<tr>
<td>ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]</td>
<td>VASOFIX SAFETY</td>
</tr>
<tr>
<td>Sr. No.</td>
<td>List of Expenses Generally Excluded (&quot;Non-medical&quot;) in Hospital Indemnity Policy</td>
</tr>
<tr>
<td>---------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td><strong>List II – Items that are to be subsumed into Room Charges</strong></td>
</tr>
<tr>
<td></td>
<td><strong>BABY CHARGES (UNLESS SPECIFIED/INDICATED)</strong></td>
</tr>
<tr>
<td></td>
<td>TISSUE PAPER</td>
</tr>
<tr>
<td></td>
<td><strong>HAND WASH</strong></td>
</tr>
<tr>
<td></td>
<td>TOOTH PASTE</td>
</tr>
<tr>
<td></td>
<td><strong>SHOE COVER</strong></td>
</tr>
<tr>
<td></td>
<td>TOOTH BRUSH</td>
</tr>
<tr>
<td></td>
<td><strong>CAPS</strong></td>
</tr>
<tr>
<td></td>
<td>BED PAN</td>
</tr>
<tr>
<td></td>
<td><strong>CRADLE CHARGES</strong></td>
</tr>
<tr>
<td></td>
<td>FACE MASK</td>
</tr>
<tr>
<td></td>
<td><strong>COMB</strong></td>
</tr>
<tr>
<td></td>
<td>FLEXI MASK</td>
</tr>
<tr>
<td></td>
<td><strong>EAU-DE-COLOGNE / ROOM FRESHNERS</strong></td>
</tr>
<tr>
<td></td>
<td>HAND HOLDER</td>
</tr>
<tr>
<td></td>
<td><strong>FOOT COVER</strong></td>
</tr>
<tr>
<td></td>
<td>SPUTUM CUP</td>
</tr>
<tr>
<td></td>
<td><strong>GOWN</strong></td>
</tr>
<tr>
<td></td>
<td>DISINFECTANT LOTIONS</td>
</tr>
<tr>
<td></td>
<td><strong>SLIPPERS</strong></td>
</tr>
<tr>
<td></td>
<td>LUXURY TAX</td>
</tr>
<tr>
<td></td>
<td><strong>HVAC</strong></td>
</tr>
<tr>
<td></td>
<td>DISCHARGE PROCEDURE CHARGES</td>
</tr>
<tr>
<td></td>
<td><strong>HOUSE KEEPING CHARGES</strong></td>
</tr>
<tr>
<td></td>
<td>DAILY CHART CHARGES</td>
</tr>
<tr>
<td></td>
<td><strong>AIR CONDITIONER CHARGES</strong></td>
</tr>
<tr>
<td></td>
<td>ENTRANCE PASS / VISITORS PASS CHARGES</td>
</tr>
<tr>
<td></td>
<td><strong>IM IV INJECTION CHARGES</strong></td>
</tr>
<tr>
<td></td>
<td>EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE</td>
</tr>
<tr>
<td></td>
<td><strong>CLEAN SHEET</strong></td>
</tr>
<tr>
<td></td>
<td>FILE OPENING CHARGES</td>
</tr>
<tr>
<td></td>
<td><strong>BLANKET/WARMER BLANKET</strong></td>
</tr>
<tr>
<td></td>
<td>INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)</td>
</tr>
<tr>
<td></td>
<td><strong>ADMISSION KIT</strong></td>
</tr>
<tr>
<td></td>
<td>PATIENT IDENTIFICATION BAND / NAME TAG</td>
</tr>
<tr>
<td></td>
<td><strong>DIABETIC CHART CHARGES</strong></td>
</tr>
<tr>
<td></td>
<td>PULSOXYMETER CHARGES</td>
</tr>
<tr>
<td></td>
<td><strong>DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>List of Expenses Generally Excluded (&quot;Non-medical&quot;) in Hospital Indemnity Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>List III – Items that are to be subsumed into Procedure Charges</strong></td>
</tr>
<tr>
<td></td>
<td><strong>HAIR REMOVAL CREAM</strong></td>
</tr>
<tr>
<td></td>
<td>MICROSCOPE COVER</td>
</tr>
<tr>
<td></td>
<td><strong>DISPOSABLES RAZORS CHARGES (for site preparations)</strong></td>
</tr>
<tr>
<td></td>
<td>SURGICAL BLADES, HARMONICSCALPEL,SHAVER</td>
</tr>
<tr>
<td></td>
<td><strong>EYE PAD</strong></td>
</tr>
<tr>
<td></td>
<td>SURGICAL DRILL</td>
</tr>
<tr>
<td></td>
<td><strong>EYE SHEILD</strong></td>
</tr>
<tr>
<td></td>
<td>EYE KIT</td>
</tr>
<tr>
<td></td>
<td><strong>CAMERA COVER</strong></td>
</tr>
<tr>
<td></td>
<td>EYE DRAPE</td>
</tr>
<tr>
<td></td>
<td><strong>DVD, CD CHARGES</strong></td>
</tr>
<tr>
<td></td>
<td>X-RAY FILM</td>
</tr>
<tr>
<td></td>
<td><strong>GAUSE SOFT</strong></td>
</tr>
<tr>
<td></td>
<td>BOYLES APPARATUS CHARGES</td>
</tr>
<tr>
<td></td>
<td><strong>GAUZE</strong></td>
</tr>
<tr>
<td></td>
<td>COTTON</td>
</tr>
<tr>
<td></td>
<td><strong>WARD AND THEATRE BOOKING CHARGES</strong></td>
</tr>
<tr>
<td></td>
<td>COTTON BANDAGE</td>
</tr>
<tr>
<td></td>
<td><strong>ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS</strong></td>
</tr>
<tr>
<td></td>
<td>SURGICAL TAPE</td>
</tr>
<tr>
<td></td>
<td><strong>APRON</strong></td>
</tr>
<tr>
<td></td>
<td>TORNQUIET</td>
</tr>
<tr>
<td></td>
<td><strong>ORTHOBUNDLE, GYNAEC BUNDLE</strong></td>
</tr>
</tbody>
</table>
### List IV – Items that are to be subsumed into costs of treatment

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ADMISSION/REGISTRATION CHARGES</td>
<td>HIV KIT</td>
</tr>
<tr>
<td></td>
<td>HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE</td>
<td>ANTIMICROBIAL MOUTHWASH</td>
</tr>
<tr>
<td></td>
<td>URINE CONTAINER</td>
<td>LOZENGES</td>
</tr>
<tr>
<td></td>
<td>BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES</td>
<td>MOUTH PAINT</td>
</tr>
<tr>
<td></td>
<td>BIPAP MACHINE</td>
<td>VACCINATION CHARGES</td>
</tr>
<tr>
<td></td>
<td>CPAP/ CAPD EQUIPMENTS</td>
<td>ALCOHOL SWABES</td>
</tr>
<tr>
<td></td>
<td>INFUSION PUMP-- COST</td>
<td>SCRUB SOLUTION/STERILLIUM</td>
</tr>
<tr>
<td></td>
<td>HYDROGEN PEROXIDE/SPIRIT\ DISINFECTANTS ETC</td>
<td>Glucometer &amp; Strips</td>
</tr>
<tr>
<td></td>
<td>NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES</td>
<td>URINE BAG</td>
</tr>
</tbody>
</table>

### List V – Additional Non Payable Items

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BRUSH</td>
<td>WASHING CHARGES</td>
</tr>
<tr>
<td></td>
<td>COSY TOWEL</td>
<td>MEDICINE BOX</td>
</tr>
<tr>
<td></td>
<td>MOISTURISER PASTE BRUSH</td>
<td>COMMODE</td>
</tr>
<tr>
<td></td>
<td>POWDER</td>
<td>Digestion gels</td>
</tr>
<tr>
<td></td>
<td>BARBER CHARGES</td>
<td>NOVARAPID</td>
</tr>
<tr>
<td></td>
<td>OIL CHARGES</td>
<td>VOLINI GEL/ ANALGESIC GEL</td>
</tr>
<tr>
<td></td>
<td>BED UNDER PAD CHARGES</td>
<td>ZYTEE GEL</td>
</tr>
<tr>
<td></td>
<td>COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS, ETC.,</td>
<td>AHD</td>
</tr>
<tr>
<td></td>
<td>DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION</td>
<td>VISCO BELT CHARGES</td>
</tr>
<tr>
<td></td>
<td>HOME VISIT CHARGES</td>
<td>EXAMINATION GLOVES</td>
</tr>
<tr>
<td></td>
<td>DONOR SCREENING CHARGES</td>
<td>OUTSTATION CONSULTANT'S/ SURGEON'S FEES</td>
</tr>
<tr>
<td></td>
<td>BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES</td>
<td>PAPER GLOVES</td>
</tr>
<tr>
<td></td>
<td>BLADE</td>
<td>REFERAL DOCTOR'S FEES</td>
</tr>
<tr>
<td></td>
<td>MAINTAINANCE CHARGES</td>
<td>SOFNET</td>
</tr>
<tr>
<td></td>
<td>PREPARATION CHARGES</td>
<td>SOFTOVAC</td>
</tr>
<tr>
<td></td>
<td>STOCKINGS</td>
<td></td>
</tr>
</tbody>
</table>