

Acko Specially Abled Health Cover Policy Wordings

Hi ACKO Customer,

Welcome to ACKO's Specially Abled Health Cover wordings!

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Section 1: Preamble

This Policy Wording, together with the Schedule of Benefits, is an insurance contract between you and us. On receipt of premium as specified in the Schedule, we promise to provide you insurance for the covers specified in the Schedule, subject to terms and conditions explained in this document.

We promise to cover you basis the statements made in the proposal form, by you or on your behalf and on behalf of all Insured Persons, which is incorporated into the Policy as a copy of the duly completed proposal form. In case such statements and/or information are incorrect, in complete or inaccurate in any way, we shall have the right to re-evaluate the terms of the Benefits for the remainder of the Policy Period. Please do review these details for accuracy completeness and reach out to Us for any amendments required.

Some keywords related to and used in the Policy have been defined in Section 2 (Definitions).

This document explains the following details related to Your Policy:

- General conditions applicable to Benefits
- Benefits
- Exclusions
- Claim process
- Other terms and conditions

Section 2: Definitions

2.1 Standard Definitions

1. **Accident** means sudden, unforeseen, and involuntary event caused by external, visible and violent means.
2. **Any one illness** 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.
3. **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:

1. Having at least 5 in-patient beds;
 2. Having qualified AYUSH Medical Practitioner in charge round the clock;
 3. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 4. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
4. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:
- a) Having qualified registered AYUSH Medical Practitioner(s) in charge;
 - b) Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - c) Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
5. **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 insurer to the extent pre-authorization is approved.
6. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
7. **Congenital Anomaly** means a condition 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
8. **Co-Payment** means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.
9. **Cumulative Bonus:** Cumulative Bonus means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.
10. **Day Care Centre** means any institution established for Day Care Treatment of illness and/or injuries or a medical setup with a Hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criterion as under –
- a) has qualified nursing staff under its employment;
 - b) has qualified Medical Practitioner/s in charge;
 - c) has fully equipped operation theatre of its own where surgical procedures are carried out;
 - d) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
11. **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 hrs because of technological advancement, and
- b) Which would have otherwise required hospitalization of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.
12. **Deductible** means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
13. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and Surgery.
14. **Disclosure to information norm:** The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.
15. **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.
16. **Emergency Care** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the insured person's health.
17. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
18. **Hospital** means any institution established for in-patient care and Day Care Treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said act Or complies with all minimum criteria as under:
- 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;
19. **Hospitalization** 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.
20. **Illness** means a sickness or a disease or 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:
1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 2. it needs ongoing or long-term control or relief of symptoms
 3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 4. it continues indefinitely
 5. it recurs or is likely to recur
21. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
22. **Inpatient care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
23. **Intensive care unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
24. **ICU Charges** means the amount charged by a Hospital towards ICU expenses 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.
25. **Maternity expenses** means;
- a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
 - b) expenses towards lawful medical termination of pregnancy during the policy period.
26. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
27. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
28. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.
29. **Medically Necessary Treatment** 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;
 - 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.
30. **Migration** means, the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.
31. **Network Provider** means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a Cashless facility.
32. **New-born Baby** means baby born during the Policy Period and is aged upto 90 days.
33. **Non-Network** means any hospital, day care centre or other provider that is not part of the network.
34. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
35. **OPD treatment** means the 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.
36. **Pre-Existing Disease** 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 its reinstatement or
 - b) For which Medical Advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.
37. **Pre-hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:
- a) Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - b) The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
38. **Portability** means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for Pre-existing conditions and time bound exclusions, from one insurer to another insurer.
39. **Post-hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:
- a) Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
 - b) The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.
40. **Qualified nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
41. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.
42. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

43. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
44. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or Day Care Centre by a Medical Practitioner.
45. **Unproven/Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

2.2 Specific Definitions

1. **Age or Aged** means the age as on last birthday.
2. **Admission** means Your admission in a Hospital as an in-patient for the purpose of medical treatment of an Injury and/ or Illness.
3. **Ambulance** means a road vehicle operated by a licenced/authorised service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
4. **Annexure** means a document attached and marked as Annexure to this Policy.
5. **Annual Renewal Date** means the anniversary of the Commencement Date each Policy Year or any other date which We and You may agree in writing.
6. **Antiretroviral therapy (ART)** is treatment of people infected with human immunodeficiency virus (HIV) using anti-HIV drugs.
7. **Benefit** means any Benefit shown in the Schedule.
8. **Base Sum Insured** referred herein means the specified amount of Sum Insured against a Benefit or set of Benefits, as specified in the Schedule or/and Certificate of Insurance.
9. **Break in Policy** occurs at the end of the existing Policy term, when the premium due for renewal on a given Policy is not paid on or before the premium renewal date or within 30 days thereof.
10. **CD4** cells are a type of white blood cells, also called as CD4 T lymphocytes or 'helper T cells' which serve as primary receptor for HIV.
11. **Certificate of Insurance** means the certificate We issue to the Insured Person confirming the Insured Person's cover under the Policy.
12. **Claim** means a demand by You or on Your behalf, for payment of Medical Expenses or any other Benefits as covered under the Policy.
13. **Commencement Date:** Commencement Date means the start date of the Policy as specified in the Schedule.
14. **Covered In-patient Medical Expenses** shall include Room Rent, ICU/CCU/HDU charges, nursing charges, operation theatre charges, Surgical Appliance and/or Medical Appliance cost, fees of Medical Practitioner/ surgeon / anaesthetist / Specialist / radiologist / pathologist and diagnostic tests conducted within the same Hospital where the Insured Person has been admitted.
15. **Coverage Period:** Coverage Period means the period specified in the Schedule which commences on the Risk Commencement Date specified in the Schedule and ends on the coverage expiry date specified in the Schedule.
16. **Date of Admission** means the date of the Insured Person's first admission to a Hospital or Day Care Centre in relation to Any One Illness or the Injury sustained in any single Accident.
17. **Diagnostic Centre** means a place where diagnostic tests and exploratory or therapeutic procedures required for the detection, identification and treatment of a medical condition are done.

- 18.
19. **Emergency** shall mean a serious medical condition or symptom resulting from Injury or Illness which arises suddenly and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long term impairment of the Insured Person's health, until stabilisation at which time this medical condition or symptom is not considered an Emergency anymore.
20. **Exclusions** mean specified coverage, hazards, services, conditions, and the like that are not provided for (covered) under this Policy, or set of Benefits under this Policy.
21. **HDU** - High Dependency Unit is an area in a Hospital, usually located closely to the Intensive Care Unit where patients can be cared for more extensively than in a normal ward but not to the point of care provided in the Intensive Care Unit.
22. **Insured Person** means the Primary Insured and/or the Dependents of the Primary Insured named in the Schedule for whom the insurance is proposed and the appropriate premium is paid, and who is covered under this Policy.
23. **IRDAI** means the Insurance Regulatory and Development Authority of India.
24. **Life-threatening emergency** shall mean a serious medical condition or symptom, which arises suddenly and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long-term impairment of the Insured Person's health, until stabilization at which time this medical condition or symptom is not considered an Emergency anymore.
25. **Material Facts** means all relevant information sought by the Company in the Proposal Form and other connected documents to enable it to take informed decision in the context of underwriting the risk.
26. **Medical practitioner** for treatment of mental illnesses means a medical practitioner possessing a post-graduate degree or diploma in psychiatry awarded by an university recognized by the University Grants Commission established under the University Grants Commission Act, 1956, or awarded or recognized by the National Board of Examinations and included in the First Schedule to the Indian Medical Council Act, 1956, or recognized by the Medical Council of India, constituted under the Indian Medical Council Act, 1956, and includes, in relation to any State, any medical officer who having regard to his knowledge and experience in psychiatry, has been declared by the Government of that State to be a psychiatrist for the purposes of this Act.
27. **Mental Health Establishment** means any health establishment, including Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy establishment, by whatever name called, either wholly or partly, meant for the care of persons with mental Illness, established, owned, controlled or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person, where persons with mental Illness are admitted and reside at, or kept in, for care, treatment, convalescence and rehabilitation, either temporarily or otherwise; and includes any general Hospital or general nursing home established or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person; but does not include a family residential place where a person with mental Illness resides with his relatives or friends.
28. **Mental Illness** means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs but does not include mental retardation which is a condition of arrested or

incomplete development of mind of a person, specially characterised by sub normality of intelligence.

29. **Nominee** means the person named in the Schedule (as applicable) who is nominated to receive the Benefits due in respect of an Insured Person or Dependent covered under the Policy in accordance with the terms and conditions of the Policy, if such person is deceased when the Benefit becomes payable.
30. **Out-Patient** means a person who undergoes an OPD treatment or a temporary Hospitalization for a stay of less than 24 hours.
31. **Person with Disability/Disability/Disabled** means a person with long term physical, mental, intellectual, or sensory impairment which, in interaction with barriers, hinders his full and effective participation in society equally with others.
32. **Primary Insured:** Primary Insured means the person named in the Certificate of Insurance who is employed by or is a member of Your organization.
33. **Partner** means the proposer's live-in partner, who is proposed to be covered under the Policy.
34. **Policy** means the statements in the proposal form/personal statement, these terms and conditions, Certificates of Insurance issued to the Insured Persons, group proposal form and the Schedule including any Annexures and endorsements, as amended from time to time which form part of the Policy contract and shall be read together.
35. **Policy Anniversary Date** means the day of the calendar year on which the Coverage Period under the current Policy commenced.
36. **Policy Period** means the period between the Commencement Date and the expiry date of the Policy as specified in the Schedule or the date of cancellation of this Policy, whichever is earlier.
37. **Policy Year** means a period of 12 consecutive months within the Coverage Period commencing from the Policy Anniversary Date.
38. **Room Category** means the type of room accommodation and associated boarding expenses at a Hospital and may be in the nature of a Deluxe AC room, Private/Single AC room, Twin sharing AC room, Non-AC sharing room, or a general ward in a Hospital etc.
39. **Schedule** means the schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the Policy Period, special conditions, and the limits to which Benefits under the Policy are subject to, and as may be amended from time by way of endorsements made to or on it, and where more than one, then the latest in time.
40. **Specialist Medical Practitioner** is a Medical Practitioner who:
- a) Has received advanced specialist training;
 - b) Practices a particular branch of medicine or Surgery;
 - c) Is or has been appointed as a consultant in a Hospital or is or has been appointed to a position in a Hospital which is deemed by Us or 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 as being of equivalent status.
- It is clarified that a physiotherapist who is registered or licensed as such under the laws of the country, state or other regulated area in which the Treatment is provided is only a Specialist Medical Practitioner for the purpose of physiotherapy as described in the list of Benefits.
41. **Sum Insured** means, subject to the terms, conditions and Exclusions of this Policy, the amount specified in the Schedule against a Benefit, or set of Benefits, that represents Our maximum, total liability for any or all claims arising under this Policy for the respective Benefit(s) in respect of an Insured Person or all Insured Persons constituting the Floater Unit, if applicable, and is as specified in the Policy Schedule and/or Certificate of Insurance against the particular Benefit(s).
42. **Surgical Appliance and/or Medical Appliance** means:

- a) An artificial limb, prosthesis or device which is required for the purpose of or in connection with a Surgery;
 - b) An artificial device or prosthesis which is a necessary part of the Treatment immediately following Surgery for as long as such device or prosthesis is required by medical necessity.
 - c) A prosthesis or appliance which is medically necessary and is part of the recuperation process for a reasonably short period of time.
43. **Sub Limit** means the limitation on the amount of coverage available to cover a specific type of claim. A Sub limit is part of, rather than an addition to, the limit that would otherwise apply to the admissible claim amount.
44. **TPA** means any person who is licensed under the IRDAI (Third Party Administrators – Health Services) Regulations 2016 (as may be amended, replaced or modified by the IRDAI) and is engaged for a fee or remuneration by Us for the purposes of providing health services. The list and details of TPA are set out on Our website.
45. **Treatment** means any relevant treatment controlled or administered by a Medical Practitioner to cure or substantially relieve an Illness or an Injury.
46. **Waiting Period** means a time bound exclusion period related to condition(s) specified in the Schedule or Policy which shall be served before a claim related to such condition(s) becomes admissible.
47. **We/Our/Ours/Us** means the Acko General Insurance Company Limited.
48. **You/Your/Yours/Yourself/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

Section 3: Benefits

3.1 General Conditions Applicable to Benefits

- a. **Schedule:** The Schedule specifies which Benefits are in force for the Insured Person(s) under the Policy together with the cover conditions applicable to the Benefits.
- b. **Limitations on the Benefits covered:** Claims made in respect of an Insured Person for any of the Benefits applicable to the Insured Person shall be subject to the availability of the applicable Sum Insured as well as applicable Sub-limits/ Co-Payment /Deductibles/other conditions specified for the Benefits, applicable Waiting Periods (if any), as specified in the Schedule and the terms, conditions and exclusions of this Policy.
- c. **Sum Insured Basis:** The Sum Insured available for the Benefits applicable to the Insured Persons is available on Individual basis as specified in the Schedule. Our maximum, total, and cumulative liability for any and all claims made under a Benefit with respect to the Insured Person will be up to the Sum Insured specified against the Benefit.
- d. **Consequential losses not covered:** We do not assume any liability and shall not be deemed to assume any liability towards any loss or damage arising out of or in relation to any opinion, actual or alleged errors, omissions and representations made by the Network Provider / Empanelled Service Providers in relation to the services availed under this Policy.
- e. **Reasonable and Customary:** We will indemnify only those costs and expenses whether medical or non-medical related, that are Reasonable and Customary Charges.
- f. **Claim Process:** All claims must be made in accordance with the procedure set out in Section 6.1.

3.2 Basic Benefits

All the benefits listed in this part are available to anyone insured under the policy.

3.2.1 Inpatient Hospitalization

The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy Year, up to the Sum insured as specified in the Policy Schedule (other than any sub-limits, co-pay as specified in the policy), for:

- i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to maximum of 1% of the Sum Insured per day.
- ii. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up maximum of 2% of Sum Insured per day.
- iii. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating Medical Practitioner/ surgeon or to the hospital
- iv. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.

Other expenses

- i. Expenses incurred on treatment of cataract subject to the sub limits.
- ii. Dental treatment necessitated due to disease or injury (for inpatient care only).
- iii. Plastic surgery necessitated due to disease or injury.
- iv. All day care treatments

Note:

1. Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment.
2. The above-mentioned Medical Expenses shall be payable only after the first commencement of the Policy with the Company.

3.2.2 AYUSH Treatment

The Company shall indemnify medical expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to 50% of sum insured as specified in the policy schedule in any AYUSH Hospital.

3.2.3 Pre-Hospitalization Medical Expenses:

The Company shall indemnify Pre-Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient care, up to a period of 30 days prior to the date of admissible Hospitalization covered under the Policy during the policy period.

Conditions:

- i. The claim is accepted under Section 3.2.1 (Inpatient Care) or Section 3.2.2 (AYUSH Treatment) or Section 3.2.7 (Modern Treatments) in respect of that Insured Person.
- ii. Pre-hospitalization Medical Expenses can be claimed under this Section on a Reimbursement basis only.

3.2.4 Post-Hospitalization Medical Expenses:

The Company shall indemnify Post Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient Care, up to a period of 60 days from the date of discharge from the Hospital, following an admissible hospitalization covered under the Policy during the policy period.

Conditions:

- i. The claim is accepted under Section 3.2.1 (Inpatient Care) or Section 3.2.2 (AYUSH Treatment) or Section 3.2.7 (Modern Treatments) in respect of that Insured Person.
- ii. Post-hospitalization Medical Expenses can be claimed under this Section on a Reimbursement basis only.

3.2.5 Emergency Ground Ambulance

The Company will reimburse Reasonable and Customary Charges for expenses incurred towards ambulance charges for transportation of an Insured person, per hospitalization as per the limit mentioned in Policy Schedule.

Specific Conditions:

The Company will reimburse payments under this Benefit provided that.

- i. The medical condition of the Insured Person requires immediate ambulance services from the place where the Insured Person is Injured or is suffering from an Illness to a Hospital where appropriate medical treatment can be obtained or from the existing Hospital to another Hospital as advised by the treating Medical Practitioner in writing for management of the current Hospitalization.
- ii. Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalisation.
- iii. The ambulance service is offered by a healthcare or Registered Ambulance Service Provider.
- iv. The original Ambulance bills and payment receipt is submitted to the Company.
- v. The Company has accepted a claim under Section 3.2.1 (Inpatient Care) above in respect of the same period of Hospitalization or Section 3.2.2 (AYUSH Treatment) or Section 3.2.7 (Modern Treatments).
- vi. Any payment under this Benefit will be excluded if the Insured Person is transferred to any Hospital or diagnostic centre for evaluation purposes only.

3.2.6 Cataract Treatment

The company shall indemnify medical expenses incurred for treatment of Cataract, subject to a limit of Rs.40,000/-, per each eye in one policy year.

3.2.7 Modern Treatment

The following procedures will be covered (wherever medically indicated) either as In patient or as part of Day Care Treatment in a Hospital up to 50% of Sum Insured, specified in the Policy Schedule, during the Policy Period.

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

3.2.8 Co-Payment

Every claim under the Policy shall be subject to a Co-payment of 20% applicable to claim amount admissible and payable as per the terms and conditions of the Policy. The amount payable shall be after deduction of the co-payment.

This co-payment can be waived off by paying an additional premium(optional).

Section 4: Exclusions

We shall not be liable to make any payment under this Policy caused by, arising out of or attributable to any of the following. All the Waiting Periods shall be applicable individually for each Insured Person and claims shall be assessed accordingly.

4.1 Standard Exclusions

4.1.1 Pre-Existing Diseases - Code- Excl01

- a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months for pre-existing disability/ 48 months for all pre-existing conditions other than HIV/AIDS and Disability (as mentioned in Policy Schedule) of continuous coverage after the date of inception of the first policy with insurer.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d. Coverage under the policy after the expiry of a number of months (as

mentioned in Policy Schedule) for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

4.1.2 Specified disease/procedure waiting period- Code- Excl02

- e. Expenses related to the treatment of the listed Conditions; surgeries/treatments shall be excluded until the expiry of 24 months as (mentioned in Policy Schedule) of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
- f. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- g. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- h. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- i. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- j. List of Specific Diseases/Procedures:**
 - 1. Benign ENT disorders
 - 2. Tonsillectomy
 - 3. Adenoidectomy
 - 4. Mastoidectomy
 - 5. Tympanoplasty
 - 6. Hysterectomy
 - 7. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps.
 - 8. Benign prostate hypertrophy
 - 9. Cataract and age-related eye ailments
 - 10. Gastric/ Duodenal Ulcer
 - 11. Gout and Rheumatism
 - 12. Hernia of all types
 - 13. Hydrocele
 - 14. Non-Infective Arthritis
 - 15. Piles, Fissures and Fistula in anus
 - 16. Pilonidal sinus, Sinusitis, and related disorders
 - 17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident.
 - 18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.
 - 19. Varicose Veins and Varicose Ulcers

4.1.3 30-day waiting period- Code- Excl03

- a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b. This exclusion shall not, however, apply if the Insured Person has Continuous

- Coverage for more than twelve months.
- c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

4.1.4 Change-of-Gender treatments: Code- Excl07

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

4.1.5 Cosmetic or plastic Surgery: Code- Excl08

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

4.1.6 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.

4.1.7 Breach of law: Code- Excl10

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

4.1.8 Excluded Providers: Code- Excl11

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

4.1.9 Code- Excl12

Treatment for, Alcoholism, drug, or substance abuse or any addictive condition and consequences thereof.

4.1.10 Code- Excl13

Treatments received in health hydro's, 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.

4.1.11 Code- Excl14

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.

4.1.12 Refractive Error: Code- Excl15

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

4.1.13 Sterility and Infertility: Code- Excl17

Expenses related to sterility and infertility. This includes:

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

4.1.14 Unproven Treatments: Code- Excl16

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

4.1.15 Maternity: Code Excl18

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

4.1.16 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.

4.1.17 Rest Cure, rehabilitation, and respite care- Code- Excl05

- a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

4.1.18 Obesity/ Weight Control: Code- Excl06

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

- 1) Surgery to be conducted is upon the advice of the Doctor

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

4.2 Specific Exclusions

- 4.2.1 Any medical treatment taken outside India.
- 4.2.2 Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.
- 4.2.3 Nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity from:
 - a. any nuclear fuel or from any nuclear waste; or
 - b. from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission);
 - c. nuclear weapons material.
 - d. nuclear equipment or any part of that equipment.
- 4.2.4 War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.
- 4.2.5 Injury or Disease caused by or contributed to by nuclear weapons/materials.
- 4.2.6 Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or as may be necessitated due to an accident.
- 4.2.7 Treatment with alternative medicines or Treatment, experimental or any other treatment such as acupuncture, acupressure, magnetic, osteopath, naturopathy, chiropractic, reflexology and aromatherapy.
- 4.2.8 Suicide, Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event/activity that is against law with a criminal intent.
- 4.2.9 Vaccination or inoculation except as post bite treatment for animal bite.
- 4.2.10 Convalescence, general debility, "Run-down" condition, rest cure, Congenital external illness/disease/defect.

- 4.2.11 Outpatient diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy and expenses related to Domiciliary hospitalization shall not be covered.
- 4.2.12 Dental treatment or Surgery of any kind unless requiring Hospitalisation as a result of accidental Bodily Injury.
- 4.2.13 Venereal/ Sexually Transmitted disease
- 4.2.14 Stem cell storage.
- 4.2.15 Any kind of service charge, surcharge levied by the hospital.
- 4.2.16 Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.
- 4.2.17 Non-Payable items: The expenses that are not covered in this Policy are placed under List-I of Annexure-II
- 4.2.18 Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner.
- 4.2.19 This cover will exclude the cost of any Anti-Retroviral Treatment.

Section 5: General Terms And Conditions

5.1 Standard General Terms and Clauses

5.1.1 Disclosure of Information

The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

"Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

5.1.2 Condition Precedent to Admission of Liability

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

5.1.3 Material Change

The Insured shall notify the Company in writing of any material change in the risk in relation to the declaration made in the proposal form or medical examination report at each Renewal and

the Company may, adjust the scope of cover and / or premium, if necessary, accordingly.

5.1.4 Records to be maintained

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy

5.1.5 Complete Discharge

Any payment to the Insured Person or his/ her nominees or his/ her legal representative or to the Hospital/Nursing Home or Assignee, as the case may be, for any benefit under the Policy shall in all cases be a full, valid and an effectual discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

5.1.7 Territorial Limit

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

5.1.8 Multiple Policies

1. In case of multiple policies taken by an insured during a period from the same or one or more insurers to indemnify treatment costs, the policyholder shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer if chosen by the policy holder shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
2. Policyholder having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies, even if the sum insured is not exhausted. Then the Insurer(s) shall independently settle the claim subject to the terms and conditions of this policy.
3. If the amount to be claimed exceeds the sum insured under a single policy after, the policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.
4. Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

5.1.9 Fraud

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

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

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent, with intent to deceive the insurer or to induce the insurer to issue a insurance Policy:—

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

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

5.1.10 Cancellation

1. The Insured may cancel this Policy by giving 15 days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Cancellation Period	% of Premium
Within 25% of the Coverage Period	75%
25%-50% of the Coverage Period	50%
50%-75% of the Coverage Period	25%
Exceeding 75% of the Coverage Period	0%

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.

2. The Company may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts , fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation ,non-disclosure of material facts or fraud.

5.1.11 Automatic change in Coverage under the policy

The coverage for the Insured Person(s) shall automatically terminate:

1. In the case of his/ her (Insured Person) demise.

However the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other insured persons may also apply to renew the policy. In case, the other insured person

is minor, the policy shall be renewed only through any one of his/her natural guardian or guardian appointed by court. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to the company along with the application. Provided no claim has been made, and termination takes place on account of death of the insured person, pro-rata refund of premium of the deceased insured person for the balance period of the policy will be effective.

2. Upon exhaustion of sum insured, for the policy year. However, the policy is subject to renewal on the due date as per the applicable terms and conditions.

5.1.12 Territorial Jurisdiction

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

5.1.14 Migration

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per extant Guidelines related to Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, as per Guidelines on migration, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as per below:

1. The waiting periods specified in Section 3.2.1, 3.2.2 & 3.2.3 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
2. Migration benefit will be offered to the extent of sum of previous sum insured and accrued bonus/multiplier benefit (as part of the base sum insured), migration benefit shall not apply to any other additional increased Sum Insured.

For Detailed Guidelines on Migration, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987&flag=1

5.1.15 Renewal of Policy

The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. The Company is not bound to give notice that it is due for renewal.

1. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years
2. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.

3. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period.
4. If not renewed within Grace Period after due renewal date, the Policy shall terminate.

5.1.16 Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are affected.

5.1.17 Free look period

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

The insured shall be allowed a period of fifteen days from date of receipt of the Policy to review the terms and conditions of the Policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

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

5.1.18 Endorsements (Changes in Policy)

1. This policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the company. Any change made by the company shall be evidenced by a written endorsement signed and stamped.
2. The policyholder may be changed only at the time of renewal. The new policyholder must be the legal heir/immediate family member. Such change would be subject to acceptance by the company and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break.

The policyholder may be changed during the Policy Period only in case of his/her demise or him/her moving out of India.

5.1.19 Terms and conditions of the Policy

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

5.1.20 Nomination

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

Conditions Precedent to the contract -

5.2.1 Arbitration

1. If any dispute or difference shall arise as to the quantum to be paid by the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).
2. It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the policy.
3. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

5.2.2 Change of Sum Insured

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

5.2.3 Material Change

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

5.2.4 Notice and Communication

1. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
2. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.

3. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule.

5.2.5 Records to be maintained

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy.

5.2.6 Territorial Jurisdiction

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

5.2.7 Eligibility Criteria

All Persons with Disability who have at least one of the disabilities as defined under Specified Disability under The Rights Of Persons With Disabilities Act, 2016 with valid disability certificate are eligible to enrol this product. Or Individuals with HIV/AIDS as defined under the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017.

Conditions applicable during the contract -

5.2.8 Alterations in the Policy

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

5.2.2 Material Information for administration

You must give Us all the written information that is reasonably required to work out the premium and pay any claim / Benefit available under the Policy. You must give Us written notification specifying the details of the Insured Persons to be deleted and the details of the eligible persons proposed to be added to the Policy as Insured Persons. Billing for the Policy will be processed on the exact number of Insured Persons covered under the Policy.

Material information to be disclosed includes every matter that You and/or the Insured Person is aware of, or could reasonably be expected to know, that relates to questions in the proposal form and which is relevant to Us in order to accept the risk of insurance and if so on what terms. You must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement or reinstatement of the Policy. Accordingly, We reserve the right to apply additional options, exclusions and/or adjust the scope of cover and / or premium, if necessary, to reflect any circumstances or material facts declared to Us.

5.2.3 Geography

The geographical scope of this Policy applies to events limited to India unless specified otherwise under this Policy. All admitted or payable claims will only be settled in India.

5.2.4 Premium

The premium payable under this Policy shall be the amount specified in the Schedule. No receipt for premium shall be valid except on Our official form signed by Our duly authorised official. Payment of premium under this Policy will only be allowed yearly basis.

Premium will be subject to revision at the time of Renewal of the Policy and approved in accordance with the IRDAI rules and regulations as applicable from time to time. Further, premium shall be paid only in Indian Rupees and in favour of Acko General Insurance Limited.

5.2.5 Parties to the Policy

The only contracting parties to this Policy are You and Us.

5.2.6 Currency

All payments payable under this Policy will be settled in Indian Rupees (INR) only.

5.2.7 No Constructive Notice

Any knowledge or information of any circumstance or condition in relation to You/Insured Person in Our possession or in the possession of any of Our officials shall not be deemed to be notice or be held to bind or prejudicially affect Us, or absolve You/Insured Person from their duty of disclosure, notwithstanding subsequent acceptance of any premium.

5.2.8 Endorsements

The Policy will allow the following endorsements during the Policy Year. Any request for endorsement must be made only in writing by You. Any endorsement would be effective from the date of the request received from You, or the date of receipt of premium, whichever is later other than for rectification of date of birth or gender which will be with effect from the Commencement Date.

- a) Non-Financial Endorsements – which do not affect the premium.
 - Rectification in name of the proposer / Insured Person.
 - Rectification in gender of the proposer / Insured Person.
 - Rectification in relationship of the Insured Person with the proposer.
 - Rectification of date of birth of the Insured Person (if this does not impact the premium). Change in the correspondence address of the proposer.
 - Change / Update in the contact details viz., phone number, E-mail ID, etc. Update of alternate contact address of the proposer.
 - Change in Nominee details.
- b) Financial Endorsements – which result in alteration in premium
 - Deletion of Insured Person on death or upon separation or You/Insured Person

leaving the country only if no claims are paid / outstanding.

- Change in Age/date of birth.
- Addition of member (including New Born Baby or newly wedded Spouse).
- Change in address (resulting in change in zone).

All endorsement requests may be assessed by the underwriting team and if required additional information/documents may be requested.

5.2.9 Special Conditions

Any special conditions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly. It is further clarified that if any special condition is stipulated in the Schedule, then such special condition shall have effect accordingly.

5.2.10 Grace Period & Renewal

The Policy may be Renewed by mutual consent and in such event the Renewal premium should be paid to Us on or before the coverage expiry date and in no case later than the Grace Period of 30 days from the expiry of the Policy. We shall not be bound to give notice that such Renewal premium is due. We will not be liable to pay for any claim arising out of an insured event if such insured event occurs during the Grace Period. Renewals will not be denied except on grounds of misrepresentation, moral hazard, fraud, non-disclosure of material facts or non-cooperation by the Insured Person.

We may, revise the Renewal premium payable under the Policy or the terms of cover, provided that all such changes are approved in accordance with the IRDAI rules and regulations as applicable from time to time. Renewal premium will not alter based on individual claims experience. We will intimate You of any such changes at least 3 months prior to date of such revision or modification. The provisions of Section 64VB of the Insurance Act, 1938 shall be applicable for commencement of any cover under the Policy. If the Policy is Renewed within the Grace Period, the Insured Persons shall be eligible for continuity of cover.

5.2.11 Our Right of Termination

Termination of Policy

Prior to the termination of the Policy, at the expiry of the period shown in the Schedule, cover will end immediately for all Insured Persons, if:

- a. there is misrepresentation, fraud, non-disclosure of material fact by You / Insured Person and without any refund of premium, by giving 30 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to Your last known address.
- b. there is non-cooperation by You / Insured person, and with refund of premium on pro rata basis after deducting Our expenses, by giving 30 days' notice in writing by Registered Post Acknowledgment Due /recorded delivery to Your last known address.
- c. You/Insured Person does not pay the premiums owed under the Policy within the Grace Period/applicable revival period.

Upon termination, cover and services under the Policy shall end immediately. Costs incurred

towards any Treatment undergone after the date of termination shall not be paid. If Treatment has been authorised or an approval for Cashless Facility has been issued, We will not be held responsible for any Treatment costs if the Policy ends or an Employee or member or dependant leaves the Policy before Treatment has taken place. However, We will be liable to pay in respect of all claims where the Treatment/admission has commenced before the date of termination of such Policy.

Termination for Insured Person's cover

Cover under the Policy will end for an Insured Person or Dependent on occurrence of the following:

- a. If You/Insured Person stops paying premiums for the Insured Person(s) and their Dependants (if any);
- b. When this Policy terminates at the coverage expiry date specified shown in the Schedule.
- c. If he or she dies;
- d. When he or she ceases to be a Dependant;

5.2.12 Portability

The Insured Person will have the option to port the Policy to other insurers as per extant Guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance plan with an Indian General/Health insurer as per Guidelines on portability, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as under:

1. The waiting periods specified in Section 3.2.1, 3.2.2 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
2. Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the base sum insured), portability benefit shall not apply to any other additional increased Sum Insured.

Upon the Insured Person ceasing to be an employee/member of the group administrator/master policyholder, such Insured Person shall have the option to migrate to an approved retail health insurance policy available with Us, provided that:

- a. We have discontinued or withdrawn this product or the Insured Person will not be eligible to Renew as he/she ceases to be a member of the group, such Insured Person will have the option to migrate to the nearest substitute policy being issued by Us with continuity of Benefits and in accordance with the Portability guidelines issued by the IRDAI (to the extent applicable).
- b. Continuity of Benefits will be provided for the period based on the number of years of continuous coverage under this Policy with Us.
- c. The application for Portability should have been received by Us at least 30 days before ceasing to be a member of the group/Employee of Your Organization.
- d. For porting to another health insurance policy available with Us, We may subject such proposal to Our medical underwriting and decide the terms and conditions upon which

We may offer cover, the decision as to which shall be in Our sole and absolute discretion.

- e. Subject to the decision of Our underwriting team, We will decide the terms and conditions upon which We may offer cover, the decision as to which shall be in Our sole and absolute discretion.
- f. Subject to board approved Underwriting Policy.
- g. After maintaining the retail health insurance policy with Us, the Insured Person may port the policy to any other retail product offered in the market in accordance with applicable law.

For Detailed Guidelines on Portability, kindly refer the link

<https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines/Layout.aspx?page=PageNo3987&flag=1>

5.2.13 Underwriting Loadings

- a. We may apply a risk loading on the premium payable (excluding statutory levies and taxes) or special conditions on the Policy based upon the health status of the persons proposed to be insured and declarations made at the time of enrolment. These loadings will be applied from the Commencement Date of the first Policy including subsequent Renewal(s) with Us. There will be no loadings based on individual claims experience.
- b. We may apply a specific Sub Limit on a medical condition/ailment depending on the past history and declarations, or additional Waiting Periods on Pre-Existing Diseases as part of the special Conditions specified in the Schedule.
- c. We shall inform You about the applicable risk loading or special condition through a counter offer letter and You would be required to respond with Your consent and additional premium (if any) within 7 working days of the issuance of such counter offer letter.
- d. In case, You neither accept the counter offer nor respond to Us within 7 working days, We shall cancel Your application and refund the premium paid. Your Policy will not be issued unless We receive Your consent.

5.2.14 Operation of Policy & Policy Schedule

The Policy shall be issued for the duration as specified in the Schedule. The Policy for the Insured Person takes effect on the Risk Commencement Date specified in the Schedule and/or the Certificate of Insurance and ends on the coverage expiry date of the Policy..

5.2.15 Electronic Transactions

You agree to comply with all the terms and conditions of electronic transactions as We shall prescribe from time to time, and confirm that all transactions effected facilities for conducting remote transactions such as the internet, world wide web, electronic data interchange, call centres, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, in respect of this Policy, or Our other products and services, shall constitute legally binding when done in compliance with Our terms for such facilities.

5.2.16 Communications & Notices

Any communication or notice or instruction under this Policy shall be in writing and will be sent to:

You/ any Insured Person, at the address as specified in the Schedule

To Us, at Our address as specified in the Schedule.

No insurance agents, brokers, other person or entity is authorised to receive any notice on behalf of Us unless explicitly stated in writing by Us.

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.

Section 6: Other Terms And Conditions

6.1 Claims Procedure

There are two modes of submitting a claim and you can utilize either one of the following -

1. You can file a reimbursement claim directly with ACKO
2. You can file a cashless claim with ACKO or at any of our cashless network hospital providers.

You can view our network hospital list directly in the ACKO app or on the ACKO website, or by calling our customer service number

Note:

- Our network hospital list occasionally changes, so ACKO recommends you check our network hospital link before your hospitalization for the most updated list of hospitals. As an insurance company, ACKO reserves the right to modify, add or restrict the list of network hospitals where you can avail a cashless policy.

6.1.1 Claims conditions

- For claims, we require you to submit any requested claims document within a set timelines to receive a payout.
- If you do not submit all of your documentation on time, we unfortunately may not be able to pay your claim.
- However, if it was not possible for you to submit the documentation earlier, we will make exceptions to pay your claim to you.
- If you buy a policy from ACKO, you agree to assist our representatives in understanding whether your claim is admissible under the policy you have bought.
- As an ACKO customer, you agree to allow our medical practitioners and ACKO representatives to review your medical and hospitalization records and to investigate facts around your claim.
- There may be cases where we require you to go through a medical examination for confirmation before we pay your claim. ACKO will pay for your medical examination in such cases.

6.1.2 Claim registration

When you decide to go for a hospitalization which you plan to claim for, you or your dependents / nominee must notify ACKO - either directly through our app, email or call centre or through our TPA partners at the hospital cashless desk.

If you are planning a hospitalization, as an ACKO customer, you agree to inform us about the hospitalization ~3 days in advance of the planned hospitalization. If you have to undergo an emergency hospitalization, as an ACKO customer, you agree to inform us about your hospitalization within 48 hours of being admitted, before discharge. In case you delay informing ACKO outside these timelines, ACKO can choose to deny your claim.

When you notify ACKO or our network hospitals that you plan to go for a cashless hospitalization, you will be required to provide ACKO with the following -

- a copy of your policy card (available in the app)
- a photo ID proof
- an address proof (e.g. a voter ID card / driving license / passport / PAN card / any other identity proof as approved by ACKO).

When you file a claim with ACKO, you may be required to inform ACKO of the following:

- Your policy number / UHID number
- The name of the policyholder
- The name of the insured person for whom you are claiming
- The nature of the injury / medical issue
- The name and address of the hospital and name of your doctor
- The date of admission (start date of the hospitalization)
- Other information related to your claim

6.1.3 Cashless claims process

Cashless claims is a process where you can have your insurance company pay a network hospital directly before discharge rather than requiring you to register a reimbursement claim after discharge from a hospital.

In most cases, you will have some part of the claim to pay after you are discharged (except if you have paid for add-ons that cover these costs and they are applicable), e.g. any non-covered expenses, any expenses exceeding your sum insured or sub-limits, a co-pay or a deductible. You will be responsible to pay this amount directly to the hospital.

Pre-Authorisation Process

The Insured Person can avail Cashless facility at the time of admission into any Network Provider by presenting the health card as provided by Us with this Policy along with a photo identification proof and address proof (voter ID card / driving license / passport / PAN card / any other identity proof as approved by Us).

1. For Planned Hospitalization:

- a) You shall at least 3 days prior to the Date of Admission to the Hospital approach the Network Provider for Hospitalization for undergoing medical Treatment.

- b) The Network Provider will issue the request for authorisation letter for Hospitalization in the pre authorisation form.
- c) The Network Provider shall send the pre-authorisation form along with all the relevant details to the 24 hour authorisation/ cashless department along with contact details of the treating Medical Practitioner and the Insured Person.
- d) Upon receiving the pre-authorisation form and all related medical information from the Network Provider, We will verify the eligibility of cover under the Policy.
- e) Wherever the information provided in the request is sufficient to ascertain the authorisation and the claim is admissible, We shall issue the authorisation letter to the Network Provider.
- f) Wherever additional information or documents are required, We will call for the same from the Network Provider and upon satisfactory receipt of the last necessary documents, the authorisation will be issued.
- g) The authorisation letter will include details of sanctioned amount, diagnosis, and date of approval.
- h) The authorisation letter shall be valid only for a period of 15 days from the date of issuance of authorisation.

2. In case of Emergency Hospitalization

- a) You may approach the Network Provider for Hospitalization for medical Treatment.
- b) The Network Provider shall forward the request for authorisation to Us within 48 hours of admission to the Hospital as per the process specified under Section 6.1.3 1 above.
- c) It is agreed and understood that We may continue to discuss the Insured Person's condition with the treating Medical Practitioner till Our recommendations on eligibility of coverage for the Insured Person are finalized.
- d) In the interim, the Network Provider may either consider treating the Insured Person by taking a token deposit or treating him as per their norms in the event of any situation which requires saving of life, limb, sight or any other Emergency Care.
- e) The Network Provider shall refund such deposit amount to the Insured Person less any token amount to take care of non-covered expenses once the pre-authorisation is issued.

Enhancement to Pre-Authorised Amount:

In the event that the cost of Hospitalization exceeds the authorized limit as mentioned in the authorisation letter:

- The Network Provider shall request Us for an enhancement of authorisation limit including details of the specific circumstances which have led to the need for increase in the previously authorized limit. We will verify the eligibility and evaluate the request for enhancement on the availability of further limits.
- We shall duly intimate Our acceptance or declinature of such request for enhancement of pre authorized limit for enhancement to the Network Provider.
- In the event of any change in the diagnosis, plan of Treatment, cost of Treatment during Hospitalization to the Insured Person, the Network Provider shall obtain a fresh

authorisation letter from Us in accordance with the process described under 6.1.3 1 above.

Discharge Process:

At the time of discharge -

- The Network Provider may forward a final request for authorisation for any residual amount to Us along with the discharge summary and the detailed bill break up in accordance with the process described at 6.1.3 1 above.
- Upon receipt of the final authorisation letter from Us, the Insured Person may be discharged by the Network Provider.

Note:

- Applicable to Section 6.1.3 1 and Section 6.1.3 2 Cashless Facility for Hospitalization expenses shall be limited exclusively to Medical Expenses incurred for Treatment undertaken in a Network Provider for Illness or Injury, as the case may be which are specified to be covered under the applicable Benefits under the Policy.
- For all cashless authorisations, the Insured Person will, in any event, be required to settle all non-admissible expenses, expenses above specified Sub Limits (if applicable), Co Payments and / or opted Deductible (Per claim / Aggregate) (if applicable), directly with the Hospital.

Submission of Claim Documents:

- The Network Provider will send the claim documents along with the invoice and discharge voucher, duly signed by the Insured Person directly to Us.
- The following claim documents should be submitted to Us within 15 days from the date of discharge of the Insured Person from the Hospital:
 - Original pre-authorisation request
 - Copy of pre-authorisation approval letter (s)
 - Documents listed under Section 6.1.4 (Reimbursement Claim Process).
- We may call for any additional documents as required based on the circumstances of the claim.

Note:

- There can be instances where We may deny Cashless Facility for Hospitalization due to insufficient Sum Insured or insufficient information to determine admissibility in which case the Insured Person may be required to pay for the Treatment and submit the claim for reimbursement to Us in accordance with Section 6.1.4, which will be considered subject to the Policy terms and conditions.

6.1.4 Claim Reimbursement Process

Wherever you have opted for a reimbursement of Medical Expenses, you may submit the following documents for reimbursement of the claim to Our branch or head office at your own expense not later than 15 days from the date of discharge from the Hospital. You can obtain a claim form from any of Our branch offices or download a copy from Our website www.acko.com.

List of necessary claim documents to be submitted for reimbursement are as following:

The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

- i. Duly Completed claim form.
 - ii. Photo Identity proof of the patient
 - iii. Medical practitioner's prescription advising admission.
 - iv. Original bills with itemized break-up
 - v. Payment receipts
 - vi. Discharge summary including complete medical history of the patient along with other details. vii. Investigation/ Diagnostic test reports etc. supported by the prescription from attending medical practitioner
 - vii. OT notes or Surgeon's certificate giving details of the operation performed (for surgical cases).
 - viii. Sticker/invoices of the Implants, wherever applicable.
 - ix. MLR (Medico Legal Report copy if carried out and FIR (First information report) if registered, wherever applicable.
 - x. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque.
 - xi. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines
 - xii. Legal heir/succession certificate, wherever applicable
 - xiii. Any other relevant document required by Company/TPA for assessment of the claim.
- a) The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted.
 - b) In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company.
 - c) Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person
 - d) In case of lumpsum payment for HIV/AIDS, Insured will need to submit the below mentioned documents for the processing of Claim:
 - a. Identity proof of the claimant
 - b. Dully filled Claim form
 - c. Copy of Hospital summary/Discharge card/treatment advise / medical reference
 - d. Copy of Medical reports/records
 - e. Copy of Investigation reports
 - f. Medical Practitioner's certificate
 - g. Any other relevant document as requested by the Insurer.
 - h. On receipt of claim documents from Insured

Insurer shall assess the admissibility of claim as per Policy terms and conditions. Upon satisfactory completion of assessment and admission of claim, the Insurer will make the payment of benefit as per the contract. In case if the claim is repudiated Insurer will inform the Insured about the same in writing with reason for repudiation.

We may call for any additional documents/information as required based on the circumstances of the claim wherever the claim is under further investigation or available documents do not provide clarity.

In case there is a delay in notification of a claim or submission of claim documents as specified above, then in addition to the documents mentioned above, the Insured Person will also be required to provide Us the reason for such delay in writing.

We will condone the delay on merit for delayed claims where the delay has been proved to be for reasons beyond the claimant's control.

6.1.5 Scrutiny of Claim Documents

- We shall scrutinize the claim form and the accompanying documents. Any deficiency in the documents shall be intimated to the Insured Person / Network Provider as the case may be.
- If the deficiency in the necessary claim documents is not met or are partially met in 10 working days of the first intimation, We shall remind the Insured Person/Network Provider of the same every 10 (ten) days thereafter.
- We will send a maximum of 3 (three) reminders.
- We may, at Our sole discretion, decide to deduct the amount of claim for which deficiency is intimated to the Insured Person and settle the claim if we observe that such a claim is otherwise valid under the Policy.
- In case a reimbursement claim is received when a pre-authorisation letter has been issued, before approving such a claim, a check will be made with the Network Provider whether the pre-authorisation has been utilized as well as whether the Insured Person has settled all the dues with the Network Provider. Once such a check and declaration is received from the Network Provider, the case will be processed.
- The Pre and Post-Hospitalization Medical Expenses Cover claim per Basic Benefit 3.2.4 (Pre and Post-Hospitalization Medical Expenses) shall be processed only after the Hospitalization claim has been admitted under Basic Benefit 3.2.1 (In-patient Hospitalization).

6.1.6 Claim Assessment

We will pay the fixed or indemnity amount as specified in the applicable Basic Benefit or Basic Benefit Option in accordance with the terms of this Policy.

We will assess all admissible claims under the Policy in the following progressive order –

- If any Sub-Limit on Medical Expenses are applicable as specified in the Schedule, Our liability to make payment shall be limited to the extent of the applicable Sub Limit for that Medical Expense.

- Opted Deductible (Per claim / Aggregate), if any, shall be applicable on the amount payable by Us after applying the above.
- Co-Payments if any, shall be applicable on the amount payable by Us after applying the above.
- The claim amount assessed under the Policy will be deducted from the following amounts in the following progressive order (after applying Sub Limit, where applicable)

Claim Assessment for fixed benefits:

We will pay fixed benefit amounts as specified in the Schedule in accordance with the terms of this Policy. We are not liable to make any reimbursements of Medical Expenses or pay any other amounts not expressly specified in the Policy.

6.1.7 Claims Investigation

We shall make the payment of admissible claim (as per terms and conditions of the Policy) OR communicate Our rejection/non admissibility of claim under the Policy within 30 days of submission of all necessary documents and information and any other additional information required for the settlement of the claim.

All claims which in Our view require an investigation, will be investigated and settled in accordance with the applicable regulatory guidelines, including the IRDAI (Protection of Policyholders Interests) Regulations, 2017, as amended from time to time. Where the circumstances of a claim warrant an investigation in Our opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of the last necessary document. In such cases, We shall settle or reject the claim, as may be the case, within 30 days from the date of receipt of the last necessary document.

6.1.8 Pre and Post-Hospitalization Medical Expenses Cover claims

The Insured Person should submit the Post-Hospitalization Medical Expenses claim documents at his/her own expense within 15 days of completion of the Post-Hospitalization period of cover.

We shall receive Pre and Post- Hospitalization Medical Expenses Cover claim documents either along with papers for Basic Benefit 3.2.1 (In-patient Hospitalization) or separately and process the same based on merit of the claim derived on the basis of the documents received.

6.1.9 Settlement and Repudiation of a claim

As an insurance, We shall settle the claim within 30 days from the date of receipt of the last necessary document in accordance with the provisions of the IRDAI (Health Insurance) Regulations, 2016, as amended from time to time.

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

However, where the circumstances of a claim warrant an investigation in Our opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of the last necessary document. In such cases, We shall settle the claim

within 45 days from the date of receipt of the last necessary document. In such cases, if there is a delay beyond stipulated 45 days We shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of the last necessary document to the date of payment of claim.

6.1.10 Representation against Rejection

Where a rejection is communicated by Us, the Insured Person may, if so desired, within 15 days from the date of receipt of the claim's decision represent to Us for reconsideration of the decision.

6.1.11 Claim Payment Terms

- We shall have no liability to make payment of a claim under the Policy in respect of an Insured Person once the applicable Sum Insured for that Insured Person is exhausted.
- All claims will be payable in India and in Indian rupees.
- The Sum Insured opted under the Policy shall be reduced by the amount payable / paid under the Policy terms and conditions and any covers applicable under the Policy and only the balance shall be available as the Sum Insured for the unexpired Coverage Period or Policy Year, as the case may be.
- If the Insured Person suffers a relapse within 45 days from the date of discharge from the Hospital for which a claim has been made, then such relapse shall be deemed to be part of the same claim and all the limits for "Any one illness" under this Policy shall be applied as if they were under a single claim.

For Cashless claims, the payment shall be made to the Network Provider whose discharge would be complete and final.

For Reimbursement claims, the payment shall be made to the Insured Person. In the unfortunate event of the Insured Person's death, We will pay the Nominee (as named in the Schedule) and in case of no Nominee, to the legal heir who holds a succession certificate or indemnity bond to that effect, whichever is available and whose discharge shall be treated as full and final discharge of Our liability under the Policy.

6.2 Grievance Redressal

If You/Insured Person may have a grievance that requires to be redressed, You/ Insured Person may contact Us with the details of the grievance through:

For resolution of any query, insured may contact the company on our helpline number **1800 266 2256** or may write an e-mail at hello@acko.com.

For resolution of grievance, insured may contact the company on our toll-free helpline number **1800 210 4990** (Operating hours: 10 AM – 7 PM, all days of the week).

Senior Citizens Support: Phone: **080-62370023** Email: grievance.healthseniorcitizen@acko.com

you can also write to grievance@acko.com. Your complaint will be acknowledged by us within 24 working hours.

If in case you are dissatisfied with the decision/resolution provided through details indicated above on your Complaint or have not received any response within 14 working days, you may write or email to Chief Grievance Officer:

Email: gro@acko.com

Postal Address: Acko General Insurance Limited 36/5 Hustlehub One East, Somasandrapalya, 27th Main Road Sector 2, HSR Layout, Karnataka Bangalore – 560102

The Chief Grievance Officer will provide a final response within 7 days of receipt of the escalation. If in case your issue remains unresolved within 14 days of lodging a complaint with us and you wish to pursue other avenues for redressal of grievances, you may approach IRDAI by calling on the Toll-Free no. 155255 or you can register an online complaint on the website <https://irdai.gov.in/igms1>

Insurance Ombudsman for Redressal, whose details are given below:

General Manager Consumer Affairs Department- Grievance Redressal Cell

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

In the event of an unsatisfactory response from the Grievance Officer, he/she may register a complaint in the Integrated Grievance Management System (IGMS) of the IRDAI.

Where the grievance is not resolved, the insured may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. The details of the Insurance Ombudsman are available below:

Sl. No	Office of Insurance Ombudsman	Address	Email	Landline NOs.
1	AHMEDABAD	Jeevan Prakash, 6th floor Near S.V.College, Relief Road Tilak Maro. Ahmedabad- 380 001. Gujarat	oio.ahmedabad@cioins.co.in	079-25501201 079-25501202
2	BENGALURU	Jeevan Soudha Building,PID No.57-27-N-19,Ground Floor No. 19/19,24th Main Rd. 1st Phase,J.P. Nagar, Bengaluru-560 078.	oio.benaaluru@cioins.co.in	080-26652048 080-26652049
3	BHOPAL	LIC of India Zonal Office Bldg. 1st Floor South Wing,Jeevan Shikha Opp. Gayatri Mandir 60-B Hoshangabad Road Bhopal-462 011	oio.bhooal@cioins.co.in	0755-2769201 0755-2769202 0755-2769203 0755-2769200
4	BHUBANESWAR	62 Forest Park,Bhubaneswar PIN -751 009.	oio.bhubaneswar@cioins.co.in	0674-2596455 0674-2596429 0674-2596003 0674-2596461
5	CHANDIGARH	Jeevan Deep, Ground Floor LIC of India Belda. SCO 20-27, Sector 17-A Chandigarh -160 017	oio.chandiaarh@cioins.co.in	0172-2706468 0172-2773101 0172-2990938 0172-2706196 0172-2707468 0172-2772101 0172-2990942
6	CHENNAI	Fatima Akhtar Court 4th floor.453 (old 312). Anna Salai Teynampet Chennai 600 018	oio.chennai@cioins.co.in	044-24333668 044-24333678
7	DELHI	2/2 A. 1st Floor Universal Ins. Building,Asaf Ali Road New Delhi- 110 002.	oio.delhi@cioins.co.in	011-46013992
8	GUWAHATI	Jeevan Nivesh Bldg,5th Floor, Near Pan Bazar,S.S. Road, Guwahati-781 001	oio.guwahati@cioins.co.in	0361-2631307 0361-2632204 0361-2732937 0361-2632205

9	HYDERABAD	6-2-46 1st Floor. Moin Court, Lane OPP. Hyundai Showroom A. C. Guards Lakdi-ka-pool, Hyderabad 500 004	oio.hvderabad@cioins.co.in	040-23376991 040-23312122 040-23376599 040-23328709 040-23325325
10	JAIPUR	Jeevan Nidhi II Ground Floor, Bhawani Sinah Road Ambedkar Circle, Jaipur -302 005.	oio.iaipur@cioins.co.in	0141-2740363
11	KOCHI	10th Floor. LIC Bldg..Jeevan Prakash, OPP Maharai Colleae Ground, M.G.Road, Ernakulam Kochi- 682 011	oio.ernakulam@cioins.co.in	0484-2358759 0484-2358734 0484-235833 6
12	KOLKATA	7th Floor of Hindusthan Building (Annex), 4 C R Avenue Kolkata-700 072	oio.kolkata@cioins.co.in	033-22124339 033-22124341
13	LUCKNOW	Jeevan Bhavan, Phase II, 6th Floor Nawal Kishore Road Hazratganj Lucknow- 226 001.	oio.lucknow@cioins.co.in	0522-4002082
14	MUMBAI	Hird Floor Jeevan Seva (Annex) S.V.Road Santacruz West Mumbai-400 054.	oio.mumbai@cioins.co.in	022-69038800/ 69038827/8829 ,69038831/883 2,69038833
15	NOIDA	Bhagwan Sahai Palace ,4th flr, Main Road• Nava Bans• Sector 15 Noida-201301, Dist: G.B.Naaar Uttar Pradesh	oio.noida@cioins.co.in	0120- 2514252 0120-2514253 0120-4027589
16	PATNA	2nd Floor Lalit Bhawan, Bailev Road Patna- 800 001	oio.Patna@cioins.co.in	061-22547067 061-22547068
17	PUNE	3rd Floor. Jeevan Darshan -LIC of India Bldg, N.C. Kelkar Road Narayan Peth, Pune- 411 030.	oio.pune@cioins.co.in	020-24471175
18	THANE	2nd Floor Jeevan Chintamani Building, Vasantrao Naik Mahamarq, Thane (West), Thane - 400 604	oio.thane@cioins.co.in	022-20812868 022-20812869

The updated details of Insurance Ombudsman offices are also available at the IRDAI website www.irda.gov.in, or on the website of Governing Body of Insurance Council www.ecoi.co.in or on the Company's website at www.acko.com/gi.

Annexure 1: List of non-payable medical expenses

List 1 – Items for which coverage is not available in the policy.

Sr. No.	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED

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Sr. No.	Item
	CHARGE
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER FOR USAGE OUTSIDE THE HOSPITAL
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOTWEAR
45	KNEE BRACES LONG/ SHORT/ HINGED
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets

Sr. No.	Item
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

List 2 – Items that are subsumed into Room Charges

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

Sr. No.	Item
12	TOOTH-PASTE
13	TOOTH-BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	1M IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/VVARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES NOT EXPLAINED
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List 3 – Items that are assumed into Procedure Charges.

Sr. No.	Item
1	HAIR REMOVAL CREAM

Sr. No.	Item
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	CAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL, SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List 4 – Items that are to be assumed into costs of treatment.

Sr. No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALIZATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES

Sr. No.	Item
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP- COST
8	HYDROGEN PEROXIDE/SPIRIT/DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer & Strips
18	URINE BAG

Annexure 2: Indicative List of Day Care Procedures

SR	Procedure Name	SR	Procedure Name
1	Coronary Angiography	270	Intravesical Brachytherapy
2	Suturing Oral Mucosa	271	Adjuvant Radiotherapy
3	Myringotomy With Grommet Insertion	272	After loading Catheter Brachytherapy
4	Tympanoplasty (closure Of An Eardrum Perforation reconstruction Of the Auditory Ossicles)	273	Conditioning RadiotherapyForBmt
5	Removal Of a Tympanic Drain	274	Extracorporeal Irradiation to The Homologous Bone Grafts
6	Keratoses Removal Under Ga	275	Radical Chemotherapy
7	Operations On theTurbinate's (nasal Concha)	276	Neoadjuvant Radiotherapy
8	Removal Of Keratoses Obturans	277	LDR Brachytherapy
9	Stapedotomy To Treat Various Lesions In Middle Ear	278	Palliative Radiotherapy
10	Revision Of A Stapedectomy	279	Radical Radiotherapy
11	Other Operations On The Auditory Ossicles	280	Palliative Chemotherapy
12	Myringoplasty (post-aura/endaural Approach As Well As Simple Type-i Tympanoplasty)	281	Template Brachytherapy
13	Fenestration Of The Inner Ear	282	Neoadjuvant Chemotherapy
14	Revision Of A Fenestration Of The Inner Ear	283	Induction Chemotherapy

15	Palatoplasty	284	Consolidation Chemotherapy
16	Transoral Incision And Drainage Of A Pharyngeal Abscess	285	Maintenance Chemotherapy
17	Tonsillectomy Without Adenoidectomy	286	HDR Brachytherapy
18	Tonsillectomy With Adenoidectomy	287	Incision And Lancing Of A Salivary Gland And A Salivary Duct
19	Excision And Destruction Of A Lingual Tonsil	288	Excision Of Diseased Tissue Of A Salivary Gland And A Salivary Duct
20	Revision Of A Tympanoplasty	289	Resection Of A Salivary Gland
21	Other Microsurgical Operations On The Middle Ear	290	Reconstruction Of A Salivary Gland And A Salivary Duct
22	Incision Of The Mastoid Process And Middle Ear	291	Other Operations On The Salivary Glands And Salivary Ducts
23	Mastoidectomy	292	Other Incisions Of The Skin And Subcutaneous Tissues
24	Reconstruction Of The Middle Ear	293	Surgical Wound Toilet (wound Debridement) And Removal Of Diseased Tissue Of The Skin And Subcutaneous Tissues
25	Other Excisions Of The Middle And Inner Ear	294	Local Excision Of Diseased Tissue Of The Skin And Subcutaneous Tissues
26	Incision (opening) And Destruction (elimination) Of The Inner Ear	295	Other Excisions Of The Skin And Subcutaneous Tissues
27	Other Operations On The Middle And Inner Ear	296	Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues
28	Excision And Destruction Of Diseased Tissue Of The Nose	297	Free Skin Transplantation, Donor Site
29	Other Operations On The Nose – (other operation of the nose is very broad if any drainage of local pus will be considered as OPD)	298	Free Skin Transplantation, Recipient Site
30	Nasal Sinus Aspiration	299	Revision Of Skin Plasty
31	Foreign Body Removal From Nose (if same is removed without using any anaesthesia at OPD)	300	Other Restoration and Reconstruction Of The Skin And Subcutaneous Tissues
32	Other Operations on The Tonsils And Adenoids	301	Chemotherapy To the Skin
33	Adenoidectomy	302	Destruction Of Diseased Tissue in The Skin And Subcutaneous Tissues
34	Labyrinthectomy For Severe Vertigo	303	Reconstruction Of Deformity/defect In Nail Bed
35	Stapedectomy Under Ga	304	Excision Of Bursitis
36	Stapedectomy Under La	305	Tennis Elbow Release
37	Tympanoplasty (Type IV)	306	Incision, Excision and Destruction Of Diseased Tissue Of The Tongue
38	Endolymphatic Sac Surgery for Meniere's Disease	307	Partial Glossectomy
39	Turbinectomy	308	Glossectomy
40	Endoscopic Stapedectomy	309	Reconstruction Of the Tongue
41	Incision And Drainage of Perichondritis	310	Other Operations On The Tongue
42	Septoplasty	311	Surgery For Cataract
43	Vestibular Nerve Section	312	Incision Of Tear Glands
44	Thyroplasty Type I	313	Other Operations On The Tear Ducts
45	Pseudocyst Of The Pinna - Excision	314	Incision Of Diseased Eyelids
46	Incision And Drainage - Haematoma Auricle	315	Excision And Destruction Of Diseased Tissue Of The Eyelid
47	Tympanoplasty (Type II)	316	Operations On The Canthus And Epicanthus
48	Reduction Of Fracture Of Nasal Bone	317	Corrective Surgery For Entropion And Ectropion

49	Thyroplasty (Type II)	318	Corrective Surgery For Blepharoptosis
50	Tracheostomy	319	Removal Of A Foreign Body From The Conjunctiva
51	Excision Of Angioma Septum	320	Removal Of A Foreign Body From The Cornea
52	Turbinoplasty	321	Incision Of The Cornea
53	Incision & Drainage Of Retro Pharyngeal Abscess	322	Operations For Pterygium
54	UvuloPalato Pharyngoplasty	323	Other Operations On The Cornea
55	Adenoidectomy With Grommet Insertion	324	Removal Of A Foreign Body From The Lens Of The Eye
56	Adenoidectomy Without Grommet Insertion	325	Removal Of A Foreign Body From The Posterior Chamber Of The Eye
57	Vocal Cord Lateralisation Procedure	326	Removal Of A Foreign Body From The Orbit And Eyeball
58	Incision & Drainage Of Para Pharyngeal Abscess	327	Correction Of Eyelid Ptosis By Levator Palpebrae Superioris Resection (bilateral)
59	Tracheoplasty	328	Correction Of Eyelid Ptosis By Fascia Lata Graft (bilateral)
60	Cholecystectomy	329	Diathermy/cryotherapy To Treat Retinal Tear
61	Choledocho-jejunostomy	330	Anterior Chamber Paracentesis.
62	Duodenostomy	331	Anterior Chamber Cyclotherapy
63	Gastrostomy	332	Anterior Chamber Cyclotherapy
64	Exploration Common Bile Duct	333	Anterior Chamber Goniotomy
65	Esophagoscopy.	334	Anterior Chamber Trabeculotomy
66	Gastrosocopy	335	Anterior Chamber Filtering
67	Duodenoscopy with Polypectomy	336	Allied Operations to Treat Glaucoma
68	Removal of Foreign Body	337	Enucleation Of Eye Without Implant
69	Diathery Of Bleeding Lesions	338	Dacryocystorhinostomy For Various Lesions Of Lacrimal Gland
70	Pancreatic Pseudocyst Eus & Drainage	339	Laser Photocoagulation To Treat Retinal Tear
71	Rf Ablation For Barrett's Oesophagus	340	Biopsy Of Tear Gland
72	Ercp And Papillotomy	341	Treatment Of Retinal Lesion
73	Esophagoscope And Sclerosant Injection	342	Surgery For Meniscus Tear
74	Eus + Submucosal Resection	343	Incision On Bone, Septic And Aseptic
75	Construction Of Gastrostomy Tube	344	Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis
76	Eus + Aspiration Pancreatic Cyst	345	Suture And Other Operations On Tendons And Tendon Sheath
77	Small Bowel Endoscopy (therapeutic)	346	Reduction Of Dislocation Under Ga
78	Colonoscopy ,lesion Removal –(only for investigation purpose is considered under investigation purpose)	347	Arthroscopic Knee Aspiration
79	ERCP	348	Surgery For Ligament Tear
80	Colonoscopy Stenting Of Stricture	349	Surgery For Hemoarthrosis/pyoarthrosis
81	Percutaneous Endoscopic Gastrostomy	350	Removal Of Fracture Pins/nails
82	Eus And Pancreatic Pseudo Cyst Drainage	351	Removal Of Metal Wire
83	ERCP And Choledochoscopy	352	Closed Reduction On Fracture, Luxation
84	Proctosigmoidoscopy Volvulus Detorsion	353	Reduction Of Dislocation Under Ga
85	ERCP And Sphincterotomy	354	Epiphyseolysis With Osteosynthesis
86	Esophageal Stent Placement	355	Excision Of Various Lesions In Coccyx

87	ERCP + Placement Of Biliary Stents	356	Arthroscopic Repair OfAcl Tear Knee
88	Sigmoidoscopy W / Stent	357	Arthroscopic Repair OfPcl Tear Knee
89	Eus + Coeliac Node Biopsy	358	Tendon Shortening
90	UgiScopy And Injection Of Adrenaline, Sclerosants Bleeding Ulcers	359	Arthroscopic Meniscectomy - Knee
91	Incision Of A Pilonidal Sinus / Abscess	360	Treatment Of Clavicle Dislocation
92	Fissure In AnoSphincterotomy	361	Haemarthrosis Knee- Lavage
93	Surgical Treatment Of A Varicocele And A Hydrocele Of the Spermatic Cord	362	Abscess Knee Joint Drainage
94	Orchidopexy	363	Carpal Tunnel Release
95	Abdominal Exploration In Cryptorchidism	364	Closed Reduction Of Minor Dislocation
96	Surgical Treatment Of Anal Fistulas	365	Repair Of Knee Cap Tendon
97	Division Of The Anal Sphincter (sphincterotomy)	366	Orif With K Wire Fixation- Small Bones
98	Epididymectomy	367	Release Of Midfoot Joint
99	Incision Of The Breast Abscess	368	Orif With Plating- Small Long Bones
100	Operations On The Nipple	369	Implant Removal Minor
101	Excision Of Single Breast Lump	370	Closed Reduction And External Fixation
102	Incision And Excision Of Tissue In The Perianal Region	371	Arthrotomy Hip Joint
103	Surgical Treatment OfHemorrhoids	372	Syme's Amputation
104	Other Operations On The Anus	373	Arthroplasty
105	Ultrasound Guided Aspirations	374	Partial Removal Of Rib
106	Sclerotherapy, Etc	375	Treatment Of Sesamoid Bone Fracture
107	Laparotomy For Grading Lymphoma With Splenectomy.	376	Shoulder Arthroscopy / Surgery
108	Laparotomy For Grading Lymphoma with Liver Biopsy	377	Elbow Arthroscopy
109	Laparotomy For Grading Lymphoma with Lymph Node Biopsy	378	Amputation Of Metacarpal Bone
110	Therapeutic Laparoscopy With Laser	379	Release Of Thumb Contracture
111	Appendicectomy With Drainage	380	Incision Of Foot Fascia
112	Appendicectomy without Drainage	381	Partial Removal Of Metatarsal
113	Infected Keloid Excision	382	Repair / Graft Of Foot Tendon
114	Axillary Lymphadenectomy	383	Revision/removal Of Knee Cap
115	Wound Debridement And Cover	384	Exploration Of Ankle Joint
116	Abscess-decompression	385	Remove/graft Leg Bone Lesion
117	Cervical Lymphadenectomy	386	Repair/graft Achilles Tendon
118	Infected Sebaceous Cyst	387	Remove Of Tissue Expander
119	Inguinal Lymphadenectomy	388	Biopsy Elbow Joint Lining
120	Infected Lipoma Excision	389	Removal Of Wrist Prosthesis
121	Maximal Anal Dilatation	390	Biopsy Finger Joint Lining
122	Piles	391	Tendon Lengthening
123	A) Injection Sclerotherapy	392	Treatment Of Shoulder Dislocation
124	B) Piles Banding	393	Lengthening Of Hand Tendon
125	Liver Abscess- Catheter Drainage	394	Removal Of Elbow Bursa
126	Fissure In Ano- Fissurectomy	395	Fixation Of Knee Joint
127	Fibroadenoma Breast Excision	396	Treatment Of Foot Dislocation
128	OesophagealVaricesSclerotherapy	397	Surgery Of Bunion

129	ERCP - Pancreatic Duct Stone Removal	398	Tendon Transfer Procedure
130	Perianal Abscess I&d	399	Removal Of Knee Cap Bursa
131	Perianal Hematoma Evacuation	400	Treatment Of Fracture Of Ulna
132	UgiScopy And PolypectomyOesophagus	401	Treatment Of Scapula Fracture
133	Breast Abscess I& D	402	Removal Of TumorOf Arm Under GA
134	Feeding Gastrostomy	403	Removal of Tumor of Arm under RA
135	Oesophagoscopy And Biopsy Of Growth Oesophagus	404	Removal of TumorOf Elbow Under GA
136	ERCP - Bile Duct Stone Removal	405	Removal of TumorOf Elbow Under RA
137	Ileostomy Closure	406	Repair Of Ruptured Tendon
138	Polypectomy Colon	407	Decompress Forearm Space
139	Splenic Abscesses Laparoscopic Drainage	408	Revision Of Neck Muscle (torticollis Release)
140	UgiScopy And Polypectomy Stomach	409	Lengthening Of Thigh Tendons
141	Rigid OesophagoscopyFor Fb Removal	410	Treatment Fracture Of Radius & Ulna
142	Feeding Jejunostomy	411	Repair Of Knee Joint
143	Colostomy	412	External Incision And Drainage In The Region Of The Mouth.
144	Ileostomy	413	External Incision And Drainage in the Region Of the Jaw.
145	Colostomy Closure	414	External Incision And Drainage in the Region Of the Face.
146	Submandibular Salivary Duct Stone Removal –	415	Incision Of The Hard And Soft Palate
147	Pneumatic Reduction Of Intussusception	416	Excision And Destruction Of Diseased Hard Palate
148	Varicose Veins Legs - Injection Sclerotherapy	417	Excision And Destruction of Diseased Soft Palate
149	Rigid OesophagoscopyFor Plummer Vinson Syndrome	418	Incision, Excision And Destruction In The Mouth
150	Pancreatic Pseudocysts Endoscopic Drainage	419	Other Operations In The Mouth
151	Zadek's Nail Bed Excision	420	Excision Of Fistula-in-ano
152	Subcutaneous Mastectomy	421	Excision Juvenile Polyps Rectum
153	Excision Of Ranula Under Ga	422	Vaginoplasty
154	Rigid OesophagoscopyFor Dilation Of Benign Strictures	423	Dilatation Of Accidental Caustic Stricture Oesophageal
155	Eversion Of Sac	424	PresacralTeratomas Excision
156	Unilateral	425	Removal Of Vesical Stone
157	Bilateral	426	Excision Sigmoid Polyp
158	Lord's Plication	427	SternomastoidTenotomy
159	Jaboulay's Procedure	428	Infantile Hypertrophic Pyloric Stenosis Pyloromyotomy
160	Scrotoplasty	429	Excision Of Soft Tissue Rhabdomyosarcoma
161	Circumcision For Trauma	430	High Orchidectomy For Testis Tumours
162	Meatoplasty	431	Excision Of Cervical Teratoma
163	Intersphincteric Abscess Incision And Drainage	432	Rectal myomectomy
164	Psoas Abscess Incision And Drainage	433	Rectal Prolapse (delorme's Procedure)
165	Thyroid Abscess Incision And Drainage	434	Detorsion Of Torsion Testis
166	Tips Procedure For Portal Hypertension	435	Eua + Biopsy Multiple Fistula InAno
167	Esophageal Growth Stent	436	Construction Skin Pedicle Flap
168	Pair Procedure Of Hydatid Cyst Liver	437	Gluteal Pressure Ulcer-excision
169	Tru Cut Liver Biopsy	438	Muscle-skin Graft, Leg

170	Photodynamic Therapy Or Esophageal Tumour And Lung Tumour	439	Removal Of Bone For Graft
171	Excision Of Cervical Rib	440	Muscle-skin Graft Duct Fistula
172	Laparoscopic Reduction Of Intussusception	441	Removal Cartilage Graft
173	Microdochectomy Breast	442	Myocutaneous Flap
174	Surgery For Fracture Penis	443	Fibro Myocutaneous Flap
175	Parastomal Hernia	444	Breast Reconstruction Surgery After Mastectomy
176	Revision Colostomy	445	Sling Operation For Facial Palsy
177	Prolapsed Colostomy- Correction	446	Split Skin Grafting Under Ra
178	Laparoscopic Cardiomyotomy(Hellers)	447	Wolfe Skin Graft
179	Laparoscopic Pyloromyotomy(Ramstedt)	448	Plastic Surgery To The Floor Of The Mouth Under Ga
180	Operations On Bartholin's Glands (cyst)	449	Thoracoscopy And Lung Biopsy
181	Incision Of The Ovary	450	Excision Of Cervical Sympathetic Chain Thoracoscopic
182	Insufflations Of The Fallopian Tubes	451	Laser Ablation Of Barrett's Oesophagus
183	Other Operations On The Fallopian Tube	452	Pleurodesis
184	Conisation Of The Uterine Cervix	453	Thoracoscopy And Pleural Biopsy
185	Therapeutic Curettage With Colposcopy.	454	Ebus + Biopsy
186	Therapeutic Curettage With Biopsy	455	Thoracoscopy Ligation Thoracic Duct
187	Therapeutic Curettage With Diathermy	456	Thoracoscopy Assisted Empyema Drainage
188	Therapeutic Curettage With Cryosurgery	457	Haemodialysis
189	Laser Therapy Of Cervix For Various Lesions Of Uterus	458	Lithotripsy/nephrolithotomy For Renal Calculus
190	Other Operations On The Uterine Cervix	459	Excision Of Renal Cyst
191	Incision Of The Uterus (hysterectomy)	460	Drainage Of Pyonephrosis Abscess
192	Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas	461	Drainage Of Perinephric Abscess
193	Incision Of Vagina	462	Incision Of The Prostate
194	Incision Of Vulva	463	Transurethral Excision And Destruction Of Prostate Tissue
195	Culdotomy	464	Transurethral And Percutaneous Destruction Of Prostate Tissue
196	Salpingo-oophorectomy Via Laparotomy	465	Open Surgical Excision And Destruction Of Prostate Tissue
197	Endoscopic Polypectomy	466	Radical Prostatovesiculectomy
198	Hysteroscopic Removal Of Myoma	467	Other Excision And Destruction Of Prostate Tissue
199	D&C –	468	Operations On The Seminal Vesicles
200	Hysteroscopic Resection Of Septum	469	Incision And Excision Of Periprosthetic Tissue
201	Thermal Cauterisation Of Cervix	470	Other Operations On The Prostate
202	Hysteroscopic Adhesiolysis	471	Incision Of The Scrotum And Tunica Vaginalis Testis
203	Polypectomy Endometrium	472	Operation On A Testicular Hydrocele
204	Hysteroscopic Resection Of Fibroid	473	Excision And Destruction Of Diseased Scrotal Tissue
205	Lletzt	474	Other Operations On The Scrotum And Tunica Vaginalis Testis
206	Conization	475	Incision Of The Testes
207	Polypectomy Cervix	476	Excision And Destruction Of Diseased Tissue Of The Testes
208	Hysteroscopic Resection Of Endometrial Polyp	477	Unilateral Orchidectomy

209	Vulval Wart Excision	478	Bilateral Orchidectomy
210	Laparoscopic Paraovarian Cyst Excision	479	Surgical Repositioning Of An Abdominal Testis
211	Uterine Artery Embolization	480	Reconstruction Of The Testis
212	Laparoscopic Cystectomy	481	Implantation, Exchange And Removal Of A Testicular Prosthesis
213	Hymenectomy(Imperforate Hymen)	482	Other Operations On The Testis
214	Endometrial Ablation	483	Excision In The Area Of The Epididymis
215	Vaginal Wall Cyst Excision	484	Operations On The Foreskin
216	Vulval Cyst Excision	485	Local Excision And Destruction Of Diseased Tissue Of The Penis
217	Laparoscopic Paratubal Cyst Excision	486	Amputation Of The Penis
218	Repair of Vagina (Vaginal Atresia)	487	Other Operations On The Penis
219	Hysteroscopy, Removal Of Myoma	488	Cystoscopic Removal Of Stones
220	Turbt	489	Lithotripsy
221	Ureterocoele Repair - Congenital Internal	490	Biopsy Of Temporal Artery For Various Lesions
222	Vaginal Mesh For Pop	491	External Arterio-venous Shunt
223	Laparoscopic Myomectomy	492	Av Fistula - Wrist
224	Surgery For Sui	493	Ursl With Stenting
225	Repair Recto- Vagina Fistula	494	Ursl With Lithotripsy
226	Pelvic Floor Repair(Excluding Fistula Repair)	495	Cystoscopic Litholapaxy
227	URS + LL	496	Eswl
228	Laparoscopic Oophorectomy	497	Bladder Neck Incision
229	Percutaneous Cordotomy	498	Cystoscopy & Biopsy
230	Intrathecal Baclofen Therapy	499	Cystoscopy And Removal Of Polyp
231	Entrapment Neuropathy Release	500	Suprapubic Cystostomy
232	Diagnostic Cerebral Angiography	501	Percutaneous Nephrostomy
233	Vp Shunt	502	Cystoscopy And "sling" Procedure
234	Ventriculoatrial Shunt	503	Tuna- Prostate
235	Radiotherapy For Cancer	504	Excision Of Urethral Diverticulum
236	Cancer Chemotherapy	505	Removal Of Urethral Stone
237	IV Push Chemotherapy	506	Excision Of Urethral Prolapse
238	HBI - Hemibody Radiotherapy	507	Mega-ureter Reconstruction
239	Infusional Targeted Therapy	508	Kidney Renoscopy And Biopsy
240	SRT - Stereotactic Arc Therapy	509	Ureter Endoscopy And Treatment
241	Sc Administration Of Growth Factors	510	Vesical Ureteric Reflux Correction
242	Continuous Infusional Chemotherapy	511	Surgery For Pelvic Ureteric Junction Obstruction
243	Infusional Chemotherapy	512	Anderson Hynes Operation
244	CCRT - Concurrent Chemo + Rt	513	Kidney Endoscopy And Biopsy
245	2D Radiotherapy	514	Paraphimosis Surgery
246	3D Conformal Radiotherapy	515	Injury Prepuce- Circumcision
247	IGRT - Image Guided Radiotherapy	516	Frenula Tear Repair
248	IMRT - Step & Shoot	517	Meatotomy For Meatal Stenosis
249	IMRT – DMLC	518	Surgery For Fournier's Gangrene Scrotum
250	Rotational Arc Therapy	519	Surgery Filarial Scrotum

251	Tele Gamma Therapy	520	Surgery For Watering Can Perineum
252	FSRT - Fractionated Srt	521	Repair Of Penile Torsion
253	VMAT - Volumetric Modulated Arc Therapy	522	Drainage Of Prostate Abscess
254	SBRT - Stereotactic Body Radiotherapy	523	Orchiectomy
255	Helical Tomotherapy	524	Cystoscopy And Removal Of Fb
256	SRS - Stereotactic Radiosurgery	525	RF Ablation Heart
257	X - Knife Srs	526	RF Ablation Uterus
258	GammaknifeSrs	527	RF Ablation Varicose Veins
259	TBI - Total Body Radiotherapy	528	Percutaneous nephrolithotomy (PCNL)
260	Intraluminal Brachytherapy	529	Laryngoscopy Direct Operative with Biopsy
261	TSET - Total Electron Skin Therapy	530	Treatment of Fracture of Long Bones
262	Extracorporeal Irradiation Of Blood Products	531	Treatment of Fracture of Short Bones
263	Telecobalt Therapy	532	Treatment of Fracture of Foot
264	Teleseism Therapy	533	Treatment of Fracture of Hand
265	External Mould Brachytherapy	534	Treatment of Fracture of Wrist
266	Interstitial Brachytherapy	535	Treatment of Fracture of Ankle
267	Intracavity Brachytherapy	536	Treatment of Fracture of Clavicle
268	3D Brachytherapy	537	Chalazion Surgery
269	Implant Brachytherapy		