Kotak Mahindra General Insurance Company Ltd.
Registered Office: 27 BKC, C 27, G Block, Bandra Kurla Complex, Bandra East, Mumbai – 400051. Maharashtra, India.

KOTAK GROUP SMART CASH
Policy Wordings

PART I OF THE POLICY

This is a contract of insurance between You and Us which is subject to the receipt of the premium in full and the terms, conditions and exclusions of this Policy. This Policy has been issued on the basis of the Disclosure to Information Norm, including the information provided by You, in respect of the Insured Persons in the Proposal Form. Please inform Us immediately of any change in the address, state of health or any other changes affecting You or any Insured Person.

1. DEFINITIONS

For the purposes of this Policy, the terms specified below shall have the meaning set forth wherever appearing/specified in this Policy or related Endorsements:

Where the context so requires, references to the singular shall also include references to the plural and references to any gender shall include references to all genders. Further any references to statutory enactment include subsequent changes to the same.

Accident	means sudden, unforeseen and involuntary event caused by external, visible and violent means.
Admission	means the Insured Person's admission to a Hospital as an inpatient for the purpose of medical treatment of an Injury and/or Illness.
Alternative Treatments (AYUSH)	refers to the medical and/ or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Sidha and Homeopathy systems.
Ambulance	means a road vehicle operated by a healthcare/ ambulance service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
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.
Bank	means a banking company that is registered in India to transact the business of banking in India or overseas.
Certificate of Insurance	means the certificate We issue to the Insured Person confirming the Insured Person's cover under the Policy.
Claim	means a demand made by You for payment of any benefit under the Policy in respect of an Insured Person.
Condition Precedent	means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
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.
Credit Linked Policy	means a policy in which the policy period can be extended upto the underlying credit period not exceeding five years.
Credit	means the sum of money lent at interest or otherwise to the Insured Person by any Bank/Financial Institution as identified by the Account Number specified in the Policy Schedule/ Certificate of Insurance.
Daily Cash Amount	means the per day cash benefit opted for and specified in the Policy Schedule/Certificate of Insurance.
Day care centre	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 – i. has qualified nursing staff under its employment; ii. has qualified medical practitioner/s in charge; iii. has fully equipped operation theatre of its own where surgical procedures are carried out; iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
Day Care Treatment	means medical treatment, and/or surgical procedure which is: i. undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and ii. which would have otherwise required hospitalization of more than 24 hours Treatment normally taken on an out-patient basis is not included in the scope of this definition.
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.
Dental treatment	means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
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.

Domiciliary Hospitalisation	means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances: i. The condition of the patient is such that he/she is not in a condition to be removed to a hospital, or ii. The patient takes treatment at home on account of non-availability of room in a hospital.
Emergency	means a serious medical condition or symptom resulting from Injury or sickness 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.
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
Family Floater	means a Policy described as such in the Policy Schedule where You and Your family members [as mentioned in Eligibility (Part III)] named in the Schedule are insured under this Policy as at the Policy Period Start Date The maximum number of days covered for a Family Floater means the number of days shown in the Schedule which represents Our maximum liability with respect to the number of days for any and all claims made by You and/or all of Your family members mentioned in the Policy Schedule during each Policy Period.
Franchise	means a cost sharing requirement under this policy that provides that the Company will not be liable for a specified number of days/hours (specified period) in case of hospital cash policies. On completion of the specified period, the Insured Person is eligible for the benefits from the first day of hospitalisation.
Financial Institution	Shall have the same meaning assigned to the term under section 45 I of the Reserve Bank of India Act, 1934 and shall include a Non Banking Financial Company as defined under section 45 I of the Reserve Bank of India Act, 1934.
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.
Hospital	For non-AYUSH treatments: means any institution established for in-patientcare and day care treatment of illness and / or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulations) 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: i. has qualified nursing staff under its employment round the clock; ii. has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and at-least 15 inpatient beds in all other places; iii. has qualified medical practitioner (s) in charge round the clock; iv. has a fully equipped operation theatre of its own where surgical procedures are carried out. v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel. For AYUSH treatment: i. Teaching hospitals of AYUSH college recognised by Central Council of Indian Medicine (CCIM) Central Council of Homeopathy (CCH). ii. AYUSH Hospitals having registration with a Government authority under appropriate Act in the State/UT compiles with the following as minimum criteria: a) Has at least 15 in-patient beds; b) Has minimum 5 qualified and registered AYUSH doctors; c) Has qualified paramedical staff under its employment round the clock; d) Has dedicated AYUSH therapy sections; e) Maintains daily records of patient and makes these accessible to the insurance company's authorized personnel. iii. Government hospital or in any institute recognized by government and/or accredited by Quality Council of India or National Accreditation Board on Health.
Hospitalisation	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.
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 your rehabilitation or for you to be specially trained to cope with it. 4. it continues indefinitely. 5. it recurs or is likely to recur.
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.
Inpatient care	means treatment for which the insured person has to stay in a Hospital for more than 24 hours for a covered event.
Instalment Premium	Shall mean the defined proportion of the applicable annual premium with respect to the Insured Person(s) payable at regular frequency as defined in the Policy Schedule/Certificate of Insurance.
Insured Person(s)	means the person(s) named in the Policy Schedule/Certificate of Insurance, who is/are covered under this Policy, for whom the insurance is proposed and the appropriate premium received. Insured Person will include Self (Group member) and/or the following relationships of the Group member: Lawfully wedded spouse (more than one wife)/ Partner (including same sex partners) and Live-in Partner, children (biological/ adopted/others), parents (biological/ foster), siblings (biological/ step), mother in-law, father in-law, son in-law, daughter in-law, brother in-law, sister in-law. For the purpose of this Policy, Partner/Live-in partner shall be taken as declared at the time of Start of the Policy Period and no change in the same would be accepted during a Policy Period. However, an Insured Person may request for change at the time of Renewal of the cover.
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.
ICU Charges	ICU (Intensive Care Unit) 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.
Maternity expenses	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.
Medical Advice	means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
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.
Medically Necessary Treatment	means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which i. is required for the medical management of the illness or injury suffered by the insured; ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity; iii. must have been prescribed by a Medical Practitioner; iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
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. The term Medical Practitioner would include physician, specialist, anaesthetist and surgeon but would exclude You and Your Immediate Family. "Immediate Family would comprise of Your spouse, children, brother(s), sister(s) and parent(s).
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.
New Born Baby	New born baby means baby born during the Policy Period and is aged upto 90 days.
Non-Network Provider	means any Hospital, day care centre or other provider that is not part of the network.
Notification of Claim	means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
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.

Policy	means these Policy wordings, the Policy Schedule/ Certificate of Insurance and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to You, what is excluded from the cover and the terms & conditions on which the Policy is issued to You.
Policy Period	means the period commencing from Policy start date and time as specified in Policy Schedule/ Certificate of Insurance and terminating at midnight on the Policy End Date as specified in Policy Schedule/ Certificate of Insurance.
Policy Schedule	means the schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy are subject to, including any Annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.
Policy Year	means a period of twelve months beginning from the Policy Period Start Date and ending on the last day of such twelve-month period. For the purpose of subsequent years, "Policy Year" shall mean a period of twelve months beginning from the end of the previous Policy Year and lapsing on the last day of such twelve-month period, till the Policy Period End Date, as specified in the Policy Schedule/ Certificate of Insurance.
Portability	means the right accorded to an individual health insurance policyholder (including family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another or from one plan to another plan of the same insurer.
Pre-existing Disease	means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.
Pre-Hospitalisation Medical Expenses	means medical expenses incurred during predefined number of days preceding the hospitalization of the Insured Person, provided that: i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
Post Hospitalisation Medical Expenses	means medical expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital provided that: i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and ii. The inpatient hospitalization claim for such hospitalization is admissible by the Insurance Company.
Professional Sports	means a sport, which would remunerate a player in excess of 50% of his or her annual income as a means of their livelihood.
Physical Separation	means as regards the hand, actual separation at or above the wrists, and as regards the foot means actual separation at or above the ankle.
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.
Reasonable & 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.
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.
Scheduled Airline	means civilian scheduled air carrier operating civilian flights, holding a certificate, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular or chartered flights operated by such carrier.
Sum Insured	means the sum/amount shown in the Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Period.
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.
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.
You/Your/Policyholder	Means the policyholder/ Insured Persons named in the Policy Schedule or Certificate of Insurance.
We/ Our/Us	means Kotak Mahindra General Insurance Company Limited.

PART II

1. BASE COVERS

The Benefits available under this Policy are described below. Benefits will be payable subject to the terms, conditions and exclusions of this Policy and subject to Deductible/ Franchise, if any and specified in respect of that Benefit and any limits applicable for the Insured Person as specified in the Policy Schedule/ Certificate of Insurance.

1.1 HOSPITAL DAILY CASH BENEFIT

We will pay the Daily Cash Amount,subject to Deductible/ Franchise, as specified in the Policy Schedule/ Certificate of Insurance under this Benefit for each and every completed day of the Insured Person's Hospitalisation for Inpatient Care during this Policy Period.

We shall be liable to make payment only for the maximum number of days per policy year per Insured Person/ per family as specified in the Policy Schedule/Certificate of Insurance for this Cover.

In case of Individual Policy, themaximum number of days will be on individual basis and in case of Floater Policy the maximum number of \ days will be on floater basis.

1.2 ACCIDENT DAILY CASH BENEFIT

We will pay the Daily Cash Amount, subject to Deductible/ Franchise, as specified in the Policy Schedule/ Certificate of Insurance under this Benefit for each and every completed day of the Insured Person's Hospitalisation for Inpatient Care during this Policy Period provided that:

(a) The Hospitalisation is following an Injury due to an Accident during this Policy Period

We shall be liable to make payment only for the maximum number of days per policy year per Insured Person/ per family as specified in the Policy Schedule/Certificate of Insurance for this Cover.

In case of Individual Policy, the maximum number of days will be on individual basis and in case of Floater Policy the maximum number of days will be on floater basis.

1.3 ICU DAILY CASH BENEFIT

We will pay the Daily Cash Amount, subject to Deductible/ Franchise, specified in the Policy Schedule/ Certificate of Insurance under this Benefit for each and every completed day of the Insured Person's Hospitalisation for Inpatient Care in an ICU during this Policy Period.

If only Base Cover 1.2 Accident Daily Cash Benefit is opted for along with this cover, payout under this benefit will be restricted to Hospitalisation in an ICU following an Injury due to an Accident.

We shall be liable to make payment only for the maximum number of days per policy year per Insured Person/ per family as specified in the Policy Schedule/Certificate of Insurance for this Cover.

In case of Individual Policy, the maximum number of days will be on individual basis and in case of Floater Policy the maximum number of days will be on floater basis.

You can opt for any one of the Base Covers or a combination of 2 Base Covers or all 3 Base Covers.

2. OPTIONAL COVERS

The following covers are available under the Policy only if We have received the applicable premium due for that cover in full and the Policy Schedule/ Certificate of Insurance specifies that the cover is in force for the Insured Person.

The Optional covers available are described below. Benefit/ reimbursement under the section will be payable as per the amount/Sum Insured shown in the Policy Schedule / Certificate of Insurance, subject to

- An event or occurrence described in such covers that occurs during the Policy Period.
- Availability of Daily Cash Amount and any limits applicable under the Product/ Covers in force for the Insured Person.
- The terms, conditions and exclusions of this Policy.

2.1 CONVALESCENCE BENEFIT

We will pay the Sum Insured specified in the Policy Schedule/Certificate of Insurance for this Benefit if the Insured Person is admitted in a Hospital for a minimum period as specified in the Policy Schedule/ Certificate of Insurance provided that:

(a) We have accepted a Claim for the Base Cover under the Policy in respect of the same Hospitalisation;

(b) We shall be liable to make payment under this cover in respect of an Insured Person only once during the Policy Year.

(c) This benefit is applicable on an individual basis irrespective of type of policy (Individual/ Floater).

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

2.2 COMPANION BENEFIT

We will pay the Daily Cash Amount, specified in the Policy Schedule/ Certificate of Insurance under this Benefit towards expenses incurred on one accompanying person at the Hospital/Nursing Home for each and every completed day of the Insured Person's Hospitalisation during this Policy Period provided that:

(a) We have accepted a Claim for the Base Cover under the Policy in respect of the same Hospitalisation;

(b) In case of Individual Policy, the maximum number of days will be on individual basis and in case of Floater Policy the maximum number of days will be on floater basis.

We shall be liable to make payment only for the maximum number of days per policy year per Insured Person/ per family as specified in the Policy Schedule/Certificate of Insurance for this Cover.

Companion will include "Your spouse, children, siblings and parent(s)"

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

2.3 JOINT HOSPITALISATION

We will pay the Sum Insured specified in the Policy Schedule/ Certificate of Insurance under this Benefit if two or more Insured Persons (Insured Person and his Family members) under the same Policy are jointly hospitalized as an inpatient during the Policy Period provided that:

(a) We have accepted a Claim for the Base Cover under the Policy in respect of the same Hospitalisation for any one Insured Person;

(b) This benefit is payable on lump sum basis irrespective of number of insured persons jointly hospitalized under this Policy (individual/floater).

We shall be liable to make payment under this cover only once during the Policy Year.

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

2.4 Parent Accommodation

We will pay the Daily Cash Amount towards accommodation of parents of the Insured Person specified in the Policy Schedule for this Benefit for each and every completed day of the Insured Person's Hospitalization during this Policy Period provided that:

(a) We have accepted a Claim for the Base Cover under the Policy in respect of the same Hospitalisation;

(b) The Insured Person hospitalized is a Child aged 12 years or below.

(c) In case of Individual Policy, the maximum number of days will be on individual basis and in case of Floater Policy the maximum number of days will be on floater basis.

We shall be liable to make payment only for the maximum number of days per policy year per Insured Person/per family as specified in the Policy Schedule/Certificate of Insurance for this Cover.

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

2.5 DAY CARE PROCEDURE BENEFIT

We will pay the Sum Insured specified in the of Policy Schedule/ Certificate Insurance for this Benefit if an Insured Person undergoes a Day Care Procedure as an inpatient for less than 24 hours in a Hospital or Day Care Centreduring the Policy Period.

We will only pay for this Benefit for those Day Care Treatments which are listed in Annexure II of this Policy. The complete list of Day Care Treatments covered is also available on Our website [www.kotakgeneralinsurance.com].

We shall be liable to make payment under this cover in respect of an Insured Person only once during the Policy Year.

This benefit is applicable on an individual basis irrespective of type of policy (Individual/ Floater).

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

2.6 SURGERY BENEFIT

We will pay the Sum Insured specified in the Policy Schedule/ Certificate of Insurance,for this Benefitin the event of Insured Person's Hospitalisation for Inpatient Care during the Policy Period if an Insured Person undergoes a Surgery/ Surgical Procedure.

We shall be liable to make payment under this cover in respect of an Insured Person only once during the Policy Year.

This benefit is applicable on an individual basis irrespective of type of policy (Individual/ Floater).

The payment under the Surgery Benefit is payable in respect of those surgeries/ treatments which are not listed under Day Care Treatments in Annexure II of this Policy.

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

2.7 ACCIDENTAL HOSPITALISATION BENEFIT

If an Insured Person suffers an Injury due to an Accident during the Policy Period that requires Inpatient Hospitalisation then, We shall reimburse the amount up to the limit specified against this benefit in the Policy Schedule / Certificate of Insurance, towards the Medical

Expenses incurred in respect of a medical treatment or Surgery for the Injury sustained, provided that:

(a) The Hospitalisation is for a minimum and continuous period of 24 hours.

(b) the Hospitalisation is for Medically Necessary Treatment and follows the written advice of a Medical Practitioner;

(c) the Medical Expenses incurred are Reasonable and Customary Charges;

(d) All non-medical expenses listed in Annexure III of the Policy are not payable.

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

This benefit is applicable on an individual basis irrespective of type of policy (Individual/ Floater).

2.8 BROKEN BONES

We will pay the amount as per percentage mentioned below in table of the Sum Insured as specified in the Policy Schedule / Certificate of Insurance if an Insured Person sustains Broken Bones directly due to an Accident that occurs during this Policy Period and which results in conditions specified in the table below:

Sr. No.	Particulars	Percentage of Sum Insured payable
1	Fractures of the Skull:	
	a) Compound fracture with damage to the brain tissue	100%
	b) Compound fracture without damage to the brain tissue	75%
	c) All other fractures	50%
2	Fractures of hip or pelvis (excluding thigh or coccyx):	
	a) Multiple fractures (at least one compound & one complete)	100%
	b) All other compound fractures	50%
	c) Multiple fractures, at least one complete	30%
	d) All other fractures	20%
3	Fracture of thigh or heel:	
	a) Multiple fractures (at least one compound & one complete)	50%
	b) All other compound fractures	40%
	c) Multiple fractures, at least one complete	30%
	d) All other fractures	20%
4	Fracture of Lower Leg, Clavicle, Ankle, Elbow, Upper or Lower Arm (including wrist, but excluding Colles-type fracture):	
	a) Multiple fractures (at least one compound & one complete)	40%
	b) All other compound fractures	30%
	c) Multiple fractures, at least one complete	20%
	d) All other fractures	12%
5	Fractures of Lower Jaw:	
	a) Multiple fractures (at least one compound & one complete)	30%
	b) All other compound fractures	20%
	c) Multiple fractures, at least one complete	16%
	d) All other fractures	8%
6	Fractures of Shoulder Blade, Kneecap, Sternum, Hand (excluding fingers and wrist), Foot (excluding toes and heel):	
	a) All compound fractures	20%
	b) All other fractures	10%
7	Colles type fracture to the Lower Arm:	
	a) Compound	20%
	b) Other	10%
8	Fractures of Spinal Column (Vertebrae but excluding coccyx):	
	a) All compression fractures	50%
	b) All spinous, transverse process or pedicle fractures	30%
	c) All other vertebral fractures	20%
9	Fractures of Rib or Ribs, Cheekbone, Coccyx, Upper Jaw, Nose, Toe and toes, finger or fingers:	
	a) Multiple fractures (at least one compound & one complete)	16%
	b) All other compound fractures	12%
	c) Multiple fractures, at least one complete	8%
	d) All other fractures	4%

The Benefit specified above will be payable provided that:

(a) Any Fracture which results due to any Illness or disease (including malignancy) or due to osteoporosis shall not be payable under this benefit;

(b) If an Insured Person suffers a Fracture not specified in the table above but the Fracture is due to an Injury that is suffered during the Policy Period solely and directly due to an Accident that occurs during the Policy Period, then Our medical advisors will determine the amount payable, if any

(c) This benefit is applicable on an individual basis irrespective of type of policy (Individual/ Floater).

Maximum amount payable in respect of multiple nature of fracture (more than 100%) would be restricted to Sum Insured opted by the Insured for this Benefit as mentioned in the Policy Schedule / Certificate of Insurance during the Policy Year.

2.9 Burns

We will pay the amount specified in the table below to the Insured Person up to the limit specified in the Policy Schedule / Certificate of Insurance if an Insured Person sustains burns directly due to an Accident that occurs during the Policy Period which results in conditions specified in the table below, provided that:

(a) The burns are not self-inflicted by the Insured Person in any way; and

(b) A Medical Practitioner has confirmed the diagnosis of the burn and the percentage of the surface area of the burn to Us in writing.

(c) If the bodily injury results in more than one of the nature of burns specified below, We shall be liable to pay for only the highest benefit among all.

(d) This benefit is applicable on an individual basis irrespective of type of policy (Individual/ Floater).

Maximum amount payable in respect of multiple nature of disablement (more than 100%) would be restricted to Sum Insured opted by the Insured for this Benefit as mentioned in the Policy Schedule / Certificate of Insurance during the Policy Year.

Nature of Burns		Percentage of Sum Insured payable
1.	**Head**	
a.	Third degree burns of 8% or more of the total head surface area	100%
b.	Second degree burns of 8% or more of the total head surface area	50%
c.	Third degree burns of 5% or more, but less than 8% of the total head surface area	80%
d.	Second degree burns of 5% or more, but less than 8% of the total head surface area	40%
e.	Third degree burns of 2% or more, but less than 5% of the total head surface area	60%
f.	Second degree burns of 2% or more, but less than 5% of the total head surface area	30%
2.	**Rest of the body**	
a.	Third degree burns of 20% or more of the total body surface area	100%
b.	Second degree burns of 20% or more of the total body surface area	50%
c.	Third degree burns of 15% or more, but less than 20% of the total body surface area	80%

d.	Second degree burns of 15% or more, but less than 20% of the total body surface area	40%
e.	Third degree burns of 10% or more, but less than 15% of the total body surface area	60%
f.	Second degree burns of 10% or more, but less than 15% of the total body surface area	30%
g.	Third degree burns of 5% or more, but less than 10% of the total body surface area	20%
h.	Second degree burns of 5% or more, but less than 10% of the total body surface area	10%

2.10 MATERNITY BENEFIT

We will pay the Daily Cash Amount, specified in the Policy Schedule/ Certificate of Insurance under the Maternity Benefit for the delivery of the Insured Person's child (including cesarean section) or for the Medically necessary and lawful termination of pregnancy for each and every completed day of the Insured Person's Hospitalisation during this Policy Period subject to the following:

(a) The treatment is taken as an In-patient in a Hospital

(b) A waiting period as mentioned in the Policy Schedule is applicable

(c) This benefit is applicable on an individual basis irrespective of | type of policy (Individual/ Floater).

Permanent Exclusion 4.5(m) of the Policy Wordings stands deleted to the extent of this Benefit only.

2.11 NEW BORN BABY BENEFIT

We will pay the Daily Cash Amount, specified in the Policy Schedule/ Certificate of Insurance under the New Born Baby Benefit for each and every completed day of the Hospitalisation of the Insured Person's New Born Baby during this Policy Period subject to the following:

(a) The treatment is taken as an In-patient in a Hospital

(b) A waiting period as mentioned in the Policy Schedule is applicable

(c) This benefit is applicable on an individual basis irrespective of type of policy (Individual/ Floater).

You can cover the New Born Baby beyond 90 days on payment of requisite premium for the New Born Baby by way of an endorsement or at the next Renewal, whichever is earlier.

2.12 ALTERNATIVE TREATMENT BENEFIT

We will pay the Daily Cash Amount, subject to Deductible/ Franchise, as specified in the Policy Schedule/ Certificate of Insurance under this Benefit for each and every completed day of the Insured Person's Hospitalisation for Alternative treatment during this Policy Period subject to the following:

(a) The Insured Person is admitted in a Hospital (For AYUSH treatment) as an In-patient for Alternative Treatment to be administered.

(b) The Alternative Treatment is administered by a medical Practitioner

(c) In case of Individual Policy, the maximum number of days will be on individual basis and in case of Floater Policy the maximum number of days will be on floater basis.

We shall be liable to make payment only for the maximum number of days per policy year per Insured Person/per family as specified in the Policy Schedule/Certificate of Insurance for this Cover.

Permanent Exclusion 4.5(y) of the Policy Wordings stands deleted to the extent of this Benefit only.

2.13 WORLDWIDE COVER

We will pay the Daily Cash Amount, subject to Deductible/ Franchise, as specified in the Policy Schedule/ Certificate of Insurance under this Benefit for each and every completed day of the Insured Person's Hospitalisation during this Policy Period outside India subject to the following:

(a) The Insured Person undergoes Medically Necessary treatment of an Illness or an Injury

(b) In case of Individual Policy, the maximum number of days will be on individual basis and in case of Floater Policy the maximum number of days will be on floater basis.

We shall be liable to make payment only for the maximum number of days per policy year per Insured Person/per family as specified in the Policy Schedule/Certificate of Insurance for this Cover.

Permanent Exclusion 4.5(v) of the Policy Wordings stands deleted to the extent of this Benefit only.

2.14 PERSONAL ACCIDENT BENEFIT

We will pay Sum Insured upto the limit specified in the Policy Schedule for the covers mentioned herein, subject to the following:

(a) We shall be liable to make payment under this Cover only once in respect of any Insured Person across all Policy Periods;

(b) This cover is applicable on an individual basis irrespective of type of policy (Individual/ Floater)

(c) Notwithstanding any provision to the contrary in the Policy, this Cover will be applicable on a worldwide basis;

2.14.1 ACCIDENTAL DEATH

We will pay the Sum Insured upto the limit specified in the Policy Schedule if the Insured Person dies solely and directly due to an Injury sustained in an Accident which occurs during the Policy Period, provided that the Insured Person's death occurs within 12 months from the date of that Accident.

Once a Claim has been accepted and paid under this Benefit then this Policy will automatically terminate in respect of that Insured Person only.

2.14.2 PERMANENT TOTAL DISABLEMENT (PTD)

We will pay the Sum Insured upto the limit specified in the Policy Schedule if the Insured Person suffers Permanent Total Disablement of the nature specified below solely and directly due to an Accident which occurs during the Policy Period provided that the Permanent Total Disablement occurs within 12 months from the date of that Accident:

- Loss of Use of both eyes, or Physical Separation/ Loss of Use of two entire hands or two entire feet, or one entire hand and one entire foot, or of such Loss of Use of one eye and such Physical Separation/ Loss of Use of one entire hand or one entire foot.
- Physical Separation/ Loss of Use of two hands or two feet, or of one hand and one foot, or of Loss of Use of one eye and Loss of Use of one hand or one foot.
- If such Injury shall as a direct consequence thereof, permanently, and totally, disable the Insured Person from engaging in any employment or occupation of any description whatsoever.

Once a Claim has been accepted and paid under this Benefit then the Personal Accident Cover will automatically terminate in respect of that Insured Person only.

We shall not be liable to make any payment under of this Benefit directly or indirectly for, caused by, based upon, arising out of or howsoever attributable to any of the exclusions listed below:

(i) Disease, Injury, death or disablement directly or indirectly due to war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other end's invasion, act of foreign enemy hostilities or civil commotion or rebellion, military, naval or air service or breach of law, hunting, steeple chasing, revolution, insurrection, mutiny.

(ii) Any Injury present prior to the commencement of Policy Period, whether or not if the same has been treated, or for which Medical Advice, diagnosis, care or treatment has been sought before the commencement of this Policy. Any Illness, complication or ailment arising out of or connected to such Injury.

(iii) Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), Injury, disease, Illness, Hospitalisation of Insured Person

(a) from intentional self-injury, suicide or attempted suicide;

(b) whilst under the influence of intoxicating liquor or drugs;

(c) whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world, or engaging in any kind of adventure sports for personal gratification.

[Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by

appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a Scheduled Airline or whether such an aircraft has a single engine or multiengine;]

(d) directly or indirectly caused by venereal disease or insanity or mental, nervous or emotional disorder;

(e) arising or resulting from the Insured Person committing any breach of law

(iv) Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), of Insured Person from participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which the Insured Person is untrained, unless specifically covered under the Policy.

(v) Arising from ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission or nuclear fusion.

(vi) Nuclear weapon materials.

(vii) Death, disablement (whether of a permanent nature or of a temporary nature), Injury, disease, Illness, Hospitalisation of Insured Person resulting directly or indirectly arising out of, contributed to or caused by, or resulting from or in connection with any act of Nuclear, Chemical, Biological Terrorism (as defined below) regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

(a) For the purpose of this exclusion "Nuclear, Chemical, Biological Terrorism" shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent (as defined hereunder) during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

(b) "Chemical" agent shall mean any compound, which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants, or material property.

(c) "Biological" agent shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause Illness and/or death in humans, animals or plants.

The aforementioned exclusions are over and above the Permanent Exclusions 4.4 applicable to this cover 2.14

2.15 CRITICAL ILLNESS BENEFIT

If the Insured Person is first diagnosed to be suffering from any of the following Critical Illnesses during the Policy Period, We will pay Sum Insured upto the limit specified in the Policy Schedule for this Cover, subject to the following:

(a) We shall not be liable to accept any Claim under this Cover if it pertains to any Critical Illness diagnosed within 90 days of the commencement of the first Policy Period of this Cover with Us;

(b) We shall not be liable in case any of the Critical Illnesses is a consequence of or arises out of any Pre-Existing Condition(s)/ Disease.

(c) We shall not be liable to make payment under this Cover for more than once in respect of any Insured Person across all Policy Periods;

Further,

(a) This cover is applicable on an individual basis irrespective of type of policy (Individual/ Floater) and available for Insured Persons aged 18 years or above.

(a) Once a Claim has been accepted and paid for any of the listed Critical Illness, this benefit shall cease in respect of that Insured Person, but shall continue to be in force for other Insured Persons.

(b) Notwithstanding any provision to the contrary in the Policy, this Cover will be applicable on a worldwide basis;

(c) In the event of a Claim arising under this Cover, We shall be given written notice of the Claim within 30 days from the date of the first diagnosis of the Critical Illness and We shall be provided the following information and documentation:

(i) The Claim documents stated in the Policy, provided that We will accept duly certified copies of the listed documents if the originals are required to be submitted to any other insurance company;

(ii) Written confirmation of the diagnosis of the Critical Illness from the treating Medical Practitioner;

"Critical Illness" for the purpose of this Cover is as mentioned below:

- First diagnosis of the below-mentioned Illnesses more specifically described below

1. Cancer of specified severity
2. Kidney failure requiring regular dialysis;
3. Multiple Sclerosis with persisting symptoms;
4. Motor Neurone Disease with Permanent Symptoms
5. Benign Brain Tumor
6. Primary Pulmonary Hypertension
7. End Stage Liver Failure

- Undergoing for the first time of the following surgical procedures, more specifically described below:

8. Major Organ / Bone Marrow Transplant;
9. Open heart replacement or repair of heart valves
10. Open chest CABG
11. Aorta Graft Surgery

- Occurrence for the first time of the following medical events more specifically described below:

12. Coma of Specified Severity
13. Stroke resulting in permanent symptoms;
14. Permanent Paralysis of Limbs;
15. First Heart Attack of specified severity.
16. Third Degree (or Major) Burns
17. Deafness
18. Loss of Speech

The Critical Illnesses and the conditions applicable to the same are more particularly described in Annexure IV.

2.16 PRE-EXISTING DISEASE WAITING PERIOD WAIVER

Any claim arising out of, relating to or howsoever attributable to pre-existing diseases or any complication arising from the same will be covered from inception of the Policy or as per specifically opted waiting period as stated in the Policy Schedule/ Certificate of Insurance in which case the coverage will be applicable post the continuous coverage with Us

Exclusion No. 4.1 will not be applicable.

2.17 30 days Waiting Period Waiver

This benefit provides for waiver of Exclusion No. 4.2 of the Policy and the coverage under the Policy will commence from day one of the Policy period without any waiting period.

2.18 FIRST YEAR WAITING PERIOD WAIVER

This benefit provides for waiver of Exclusion No. 4.3 of the Policy and treatment in respect of diseases, illness, and injury as mentioned in Exclusion No. 4.3 of this Policy shall stand covered from day one of the Policy period without any waiting period.

2.19 MATERNITY BENEFIT WAITING PERIOD WAIVER

This benefit provides for waiver of Exclusion No. 4.4 of the Policy in respect of Maternity Benefit claims, and coverage under the Policy for Maternity claims will commence from day one of the Policy period.

3 SPECIAL CONDITIONS APPLICABLE FOR CLAIMS

3.1 DEDUCTIBLE/ FRANCHISE

In case the Policy covers Hospital Daily Cash Benefit, ICU Daily Cash Benefit and Accident Daily Cash Benefit, the Deductible/ Franchise will be applied only once on the entire duration of the stay in the hospital.

Illustration:

Scenario 1:

Maximum number of days: 30. The Insured Person stays in the Hospital for 10 days and Policy Deductible is 3 days. Out of the 10 days, first 4 days is Normal Room and remaining 6 days is ICU.

The Deductible will be applied for the first 3 days. The Insured will get the Hospital Daily Cash Benefit for the 4th day and for the remaining 6 days, he will get the ICU Daily Cash Benefit.

Scenario 2:

Maximum number of days: 30. The Insured Person stays in the Hospital for 10 days and Policy Deductible is 3 days. Out of the 10 days, first 4 days is ICU and remaining 6 days is Normal Room.

The Deductible will be applied for the first 3 days. The Insured will get the ICU Daily Cash Benefit for the 4th day and for the remaining 6 days, he will get the Hospital Daily Cash Benefit.

Scenario 3:

Maximum number of days: 30. The Insured Person stays in the Hospital for 10 days and Policy Franchise is 3 days. Out of the 10 days, first 4 days is ICU and remaining 6 days is Normal Room.

As the Franchise limit of first 3 days is crossed, the Insured will get the ICU Daily Cash Benefit for 4 days and for the remaining 6 days, he will get the Hospital Daily Cash Benefit.

3.2 MAXIMUM PAYOUT

In case the Insured Person's Hospitalisation covers Hospital Daily Cash Benefit or ICU Daily Cash Benefit or Accident Daily Cash Benefit or combination of these, the highest of the Daily Cash Amount applicable will be paid in respect of each and every completed day depending on the type of Hospitalisation (Illness/ ICU/ Accident). There will be no cumulative payout under these 3 Benefits and only the highest of the payout applicable will be paid.

Illustration:

Scenario 1:

Maximum number of days: 30

Hospital Daily Cash Benefit – Rs. 1000 per day

ICU Daily Cash Benefit – Rs. 2000 per day

Policy Deductible – 1 day

The Insured Person gets hospitalised and stays in the Hospital for 10 days. Out of the 10 days, first 4 days is Normal Room and remaining 6 days is ICU.

In this case, the payout(*) The Insured is eligible for the higher payout of ICU Benefit in this scenario will be as follows:

	Total number of days	Total Payout
Hospital Daily Cash Benefit (after one day Deductible)	3 days	3 x 1000 per day = Rs. 3000
ICU Daily Cash Benefit (*)	6 days	6 x 2000 per day = Rs. 12000

Payable amount – Rs. 15000/-

(*) The Insured is eligible for the higher payout of ICU Benefit in this scenario.

Scenario 2:

Maximum number of days: 30

Hospital Daily Cash Benefit – Rs. 1000 per day

Accident Daily Cash Benefit – Rs. 2000 per day

Policy Deductible – 1 day

The Insured Person gets hospitalised due to Accident and stays in the Hospital in a Normal Room for 10 days.

In this case, the payout will be as follows

	Total number of days	Total Payout
Accident Daily Cash Benefit (after e day Deductible)	9 days	9 * 2000 per day = Rs. 18000

Payable amount – Rs. 18000/-

As the Accident Daily Cash Payout is higher, only the higher payout is made in the above scenario.

Scenario 3:

Maximum number of days: 30

Hospital Daily Cash Benefit – Rs. 1000 per day

Accident Daily Cash Benefit – Rs. 2000 per day

ICU Daily Cash Benefit – Rs. 3000 per day

Policy Deductible – 1 day:

The Insured Person gets hospitalised due to Accident and stays in the Hospital in a Normal Room for first 4 days and ICU for next 6 days.

In this case, the payout will be as follows:

	Total number of days	Total Payout
Accident Daily Cash Benefit (after one day Deductible)	3 days	3 x 2000 per day = Rs. 6000
ICU Daily Cash Benefit	6 days	6 x 3000 per day = Rs. 18000

Payable amount – Rs. 24000/-

As the Accident Daily Cash Payout is higher, only the higher payout is made in the above scenario for first 4 days.ICU Daily Cash Benefitis also provided for the remaining 6 days

3.3 MAXIMUM COVERAGE LIMIT

- The maximum number of days coverage will be as mentioned in the Policy Schedule/ Certificate of Insurance per Insured Person/ per family. If all claims in a Policy Year do not meet the Maximum Coverage Limit, then it is agreed and understood that there will be no carry-over of days to the subsequent Policy Year or any future renewals of the Policy.
- In case the Policy covers Hospital Daily Cash Benefit or ICU Daily Cash Benefit or Accident Daily Cash Benefit or combination of these, the maximum number of days under each Benefit will be considered individually as mentioned in the Policy Schedule/ Certificate of Insurance.

Illustration:

Maximum number of days for Hospital Daily Cash: 30 days

Maximum number of days for ICU Daily Cash: 15 days

Hospital Daily Cash Benefit – Rs. 1000 per day

ICU Daily Cash Benefit – Rs. 2000 per day

Policy Deductible – 1 day

The Insured Person gets hospitalised and stays in the Hospital for 50 days. Out of the 50 days, first 20 days is in ICU and remaining 30 days is Normal Room.

In this case, the payout will be as follows:

	Total number of days	Total Payout
ICU Daily Cash Benefit (after one day Deductible)	15 days	15 x 2000 per day = Rs. 30000
Hospital Daily Cash Benefit (*)	29 days	29 x 1000 per day = Rs. 29000

Payable amount – Rs. 59000/-

(*) The Insured is eligible for the Hospital Daily Cash payout in this scenario from the 16th day although the Insured is in ICU as the 15 days of ICU Benefit have been utilised. From the 16th day, Insured will get a Hospital Daily Cash Benefit upto the maximum number of days opted.

4. WHAT WE WILL NOT PAY (EXCLUSIONS APPLICABLE UNDER THE POLICY)

4.1 Pre-Existing Disease Waiting Period

Any Pre-Existing Disease will not be covered until 48 months of continuous coverage has elapsed for the Insured Person, since the inception of the first Policy with Us.

This waiting period will be reduced by number of continuous preceding years of coverage of the Insured Person under previous health insurance policy by Us or any other health insurance plan with an Indian non-life insurer/ health insurer as per guidelines on portability issued by the insurance regulator.

4.2 30 Days Waiting Period

Any Illness contracted or Medical Expenses incurred in respect of an Illness will not be covered during the first 30 days from the Policy Period Start Date. This exclusion does not apply to any Medical Expenses incurred as a result of Injury or to Renewals of the Policy with Us or to any Insured Person whose Policy has been accepted under the Portability Benefit under this Policy.

`4.3 First Year Waiting Period

Any Medical Expenses incurred on the treatment of any of the following illnesses/ conditions (whether medical or surgical and including Medical Expenses incurred on complications arising from such Illnesses/conditions) shall not be covered during the first year from inception of the first Policy with Us or date of the Insured Person being included under the Policy, whichever is later:

(a) Cataract;

(b) Benign Prostatic Hypertrophy;

(c) Myomectomy, Hysterectomy unless because of malignancy;

(d) All types of Hernia, Hydrocele;

(e) Fissures and/or Fistula in anus, haemorrhoids/piles;

(f) Arthritis, gout, rheumatism and spinal disorders;

(g) Joint replacements unless due to Accident;

(h) Sinusitis and related disorders;

(i) Stones in the urinary and biliary systems;

(j) Dilatation and curettage, Endometriosis;

(k) All types of skin and internal tumors / cysts / nodules / polyps of any kind including breast lumps unless malignant;

(l) Dialysis required for chronic renal failure;

(m)Tonsillitis, adenoids and sinuses;

(n) Gastric and duodenal erosions and ulcers;

(o) Deviated nasal septum;

(p) Varicose Veins/ Varicose Ulcers.

In the event that any of the above Illnesses/conditions are Pre-existing Diseases at the Policy Period Start Date or are subsequently found to be Pre-Existing Diseases, then that Illness/condition shall be covered in accordance with the terms, conditions and exclusions of the Policy after the completion of the Pre-Existing Diseases waiting period stated above under Exclusion No. 4.1.

4.4 Maternity Benefit Waiting Period

Maternity Benefit will not be applicable during the first 9 months from the Policy Period Start Date. This exclusion does not apply to Renewals of the Policy with Us or to any Insured Person whose Policy has been accepted under the Portability Benefit under this Policy

4.5 Permanent Exclusions

(a) Costs of routine medical, eye or ear examinations preventive health check-ups, spectacles, laser surgery for correction of refractory errors, contact lenses, hearing aids, dentures or artificial teeth;

(b) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, crutches, instruments used in treatment of sleep apnoea syndrome or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for bronchial asthmatic condition, cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively;

(c) Expenses incurred on all dental treatment unless necessitated due to an Accident and treated as an in-patient;

(d) Any expenses incurred on personal comfort, cosmetics, convenience and hygiene related items and services;

(e) Any acupressure, acupuncture, magnetic and such other therapies;

(f) Circumcision unless necessary for treatment of an Illness or necessitated due to an Accident;

(g) Vaccination or inoculation of any kind, unless it is post animal bite and treated as an in-patient;

(h) Sterility, venereal disease or any sexually transmitted disease;

(i) Intentional self-injury (whether arising from an attempt to commit suicide or otherwise) and Injury or Illness due to use, misuse or abuse of intoxicating drugs or alcohol;

(j) Any expenses incurred on treatment of mental Illness, stress, psychiatric or psychological disorders;

(k) Any aesthetic treatment, cosmetic surgery or plastic surgery including any complications arising out of or attributable to these, unless necessitated due to Accident or as a part of any Illness;

(l) Any treatment/surgery for change of sex or treatment/surgery /complications/Illness arising as a consequence thereof;

(m) Any expenses incurred on treatment arising from or traceable to pregnancy (including lawful voluntary termination of pregnancy, childbirth, miscarriage(unless caused due to accident), abortion or complications of any of these, including caesarean section) and any fertility, infertility, sub fertility or assisted conception treatment or sterilization or procedure, birth control procedures and hormone replacement therapy. However, this exclusion does not apply to ectopic pregnancy proved by diagnostic means and which is certified to be life threatening by the Medical Practitioner;

(n) Treatment relating to Congenital external Anomalies;

(o) All expenses arising out of any condition directly or indirectly caused to or associated with Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human T-Cell Lymphotropic Virus Type III (HTLV–III or IITLB-III) or Lymphadinopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind;

(p) Charges incurred at Hospital primarily for evaluative or diagnostic or observation purposes for which no active treatment is given, X-Ray or laboratory examinations or other diagnostic studies, not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, whether or not requiring Hospitalization;

(q) Expenses on supplements, vitamins and tonics unless forming part of treatment for Injury or Illness as certified by the attending Medical Practitioner;

(r) Weight management services and treatment, vitamins and tonics related to weight reduction programs including treatment of obesity (including morbid obesity), any treatment related to sleep disorder or sleep apnoea syndrome, general debility, convalescence, run-down condition or rest cures;

(s) Costs incurred for any health check-up or for the purpose of issuance of medical certificates and examinations required for employment or travel or any other such purpose;

(t) Experimental, unproven or non-standard treatment which is not consistent with or incidental to the usual diagnosis and treatment of any Illness or Injury;

(u) Any Claim directly or indirectly related to criminal acts;

(v) Any treatment taken outside India;

(w) Any treatment taken from anyone not falling within the scope of definition of Medical Practitioner. Any treatment charges or fees charged by any Medical Practitioner acting outside the scope of licence or registration granted to him by any medical council;

(x) Any Illness or Injury resulting or arising from or occurring during the commission of continuing perpetration of a violation of law by the Insured Person with criminal intent;

(y) Non- allopathic treatment/ Alternative treatment

(z) Domiciliary Hospitalisation

(aa) Any consequential or indirect loss arising out of or related to Hospitalization;

(bb) Any Injury or Illness directly or indirectly caused by or arising from or attributable to 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;

(cc) Any Illness or Injury directly or indirectly caused by or contributed to by nuclear weapons/materials or contributed to by or arising from ionising radiation or contamination by radioactivity by any nuclear fuel or

from any nuclear waste or from the combustion of nuclear fuel;

(dd) Any Injury, disease, illness, Hospitalization of Insured Person from participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which the Insured Person is untrained, unless specifically covered under the Policy.

(ee) Any OPD treatment will not be covered

(ff) Admission primarily for diagnostic purposes not related to Illness for which Hospitalization has been done.

(gg) Medical supplies including elastic stockings, diabetic test strips, and similar products.

(hh) Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.

(ii) Treatment for Age Related Macular Degeneration (ARMD), Treatment such as External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy will not be covered unless it forms a part of in-patient treatment in case of hospitalisation or part of discharge advice upto the Post hospitalisation period as specified in the policy Schedule/ Certificate of Insurance.

5. CLAIMS PROCESS

5.1 Claim Administration

The fulfilment of the terms and conditions of this Policy (including payment of premium by the due dates mentioned in the Policy Schedule/ Certificate of Insurance) insofar as they relate to anything to be done or complied with by You or any Insured Person, including complying with the following in relation to claims, shall be Condition Precedent to admission of Our liability under this Policy:

a) On the occurrence or discovery of any Illness or Injury that may give rise to a Claim under this Policy, the Claims Procedure set out below shall be followed;

b) If requested by Us and at Our cost, We may conduct Medical examination by any Medical Practitioner for this purpose when and so often as We may reasonably require. Such medical examination will be carried out only in case of reimbursement claims with prior consent of the Insured Person and We/Our representatives must be permitted to inspect the medical and Hospitalisation records pertaining to the Insured Person's treatment and to investigate the facts surrounding the Claim;

c) We/Our representatives must be given all reasonable co-operation in investigating the Claim in order to assess Our liability and quantum in respect of such Claim;

d) If the Insured Person suffers a relapse within 45 days of the date of discharge from Hospital for a Claim that has been made, then such relapse shall be deemed to be part of the same Claim and all limits for Any One Illness under this Policy shall be applied as if they were part of a single claim.

5.2 Claims Intimation

In the event of a Hospitalization claim under the Policy, We must be notified either at Our call centre or in writing within 48 hours of the Hospitalization but not later than discharge from the Hospital. In case of an Accidental Death or Permanent Total Disablement/ Critical Illness claim under Benefit 2.10 and 2.11 of the Policy, We must be notified either at Our call centre or in writing within 10 days from the date of occurrence of the Accident.

We shall be provided the following necessary information and documentation in respect of the Claims is within 30 days of the Insured Person's occurred Injury/ Hospitalisation:

(a) Policy Number

(b) Name of the Policyholder

(c) Name of the Insured Person in whose relation the Claim is being lodged

(d) Nature of Accident (if Accident Case)

(e) Name and address of the attending Medical Practitioner and Hospital (if Admission has taken place)

(f) Date of Admission if applicable

(g) Any other information, documentation as requested by Us

In Case of Claim Contact Us at:

Toll Free number: 1800 266 4545 (8AM to 8PM) or may write an e- mail at care@kotak.com

In the event of claims, please send the relevant documents to:

Claims Manager

Kotak Mahindra General Insurance Company Ltd.

8th Floor, Zone IV, Kotak Infiniti, Bldg. 21, Infinity IT Park,

Off WEH, Gen. AK Vaidya Marg, Dindoshi, Malad (E),

Mumbai – 400097. India.

If the Claim is not notified to Us within the time period specified above, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

5.3 Claims Documents

a) Basic documents required for all Claims:

(i) Applicable KYC documents along with latest photographs, Valid Photo ID, address proof, etc.

(ii) Duly completed and signed Claim form in original as prescribed by Us.

b) Benefit-wise Additional Documents:

Sr. No.	Name of the Cover	Documents
1.	Hospital Daily Cash Benefit	Hospital discharge card/ summary, copy of treatment papers, medical investigation reports and copy of hospital bill
2.	Accident Daily Cash Benefit	Hospital discharge card/ summary, copy of treatment papers, medical investigation reports and copy of hospital bill
3.	ICU Daily Cash Benefit	Hospital discharge card/ summary, copy of treatment papers, medical investigation reports and copy of hospital bill
4.	Convalescence Benefit	Hospital discharge card/ summary
5.	Companion Benefit	Hospital discharge card/ summary and document to confirm relationship with the Patient
6.	Joint Hospitalisation	Hospital discharge card/ summary of each Insured Person hospitalised
7.	Parent Accommodation	Copy of discharge card and document to confirm relationship with the Patient
8.	Day Care Procedure Benefit	Hospital discharge card/ summary, copy of treatment papers, medical investigation reports and copy of hospital bill
9.	Surgery Benefit	Hospital discharge card/ summary, copy of treatment papers, medical investigation reports and copy of hospital bill
10.	Accidental Hospitalisation Benefit	Medical investigation report, Original hospital bill & receipts and Treatment papers,, FIR (if done) or MLC (if conducted) for Accident cases
11.	Broken Bones	a. X-Ray/ MRI/ CT-Scan/ Radiology Films/ Reports confirming the extent of fracture, Copy of treatment papers
12.	Burns	Certificate from the treating doctor certifying the extent of burns injury, Copy of treatment papers

c) In case of Accidental Death:

(i) Original Death certificate issued by the office of Registrar of Birth & Deaths;

(ii) Death summary issued by a Hospital;

(iii) Post Mortem Report (if conducted);

(iv) Copies of Medical records (if available), investigation reports (if available), if admitted to hospital

(v) Identity proof of Nominee or Original Succession Certificate/Original Legal Heir Certificate or any other proof to the satisfaction of the Company for the purpose of a valid discharge in case nomination is not filed by deceased.

d) Documents required in case of Permanent Total Disablement

(i) Original treating Medical Practitioner's certificate describing the disablement;

(ii) Original Discharge summary from the Hospital;

(iii) Photograph of the Insured Person reflecting the disablement;

(iv) Prescriptions and consultation papers of the treatment; Disability certificate issued by civil surgeon or equivalent appointed by the District/State or Government Board.

(v) Copies of Medical records (if available), investigation reports (if available), if admitted to hospital.

(vi) Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable

e) Documents required in case of Critical Illness Claims

(i) Duly completed claim form;

(ii) Certificate from the attending Medical Practitioner of the Insured Person confirming, inter alia,

(iii) Name of the Insured Person;

(iv) Name, date of occurrence and medical details confirming the event giving rise to the Claim.

(v) Written confirmation from the treating Medical Practitioner that the event giving rise to the Claim does not relate to any Pre-Existing Disease or any Illness or Injury which was diagnosed within the first 90 days of commencement of first Policy Period with Us.

(vi) Original Policy document;

(vii) Original Discharge Certificate/Death Summary/Card from the hospital/ Medical Practitioner;

(viii) Original investigation test reports, indoor case papers;

(ix) In the cases where Critical Illness arises due to an Accident, FIR copy or medico legal certificate (if done/conducted) will also be required wherever conducted. We may call for any additional necessary documents/information as required based on the circumstances of the claim.

(x) Any other documents as may be required by Us.

Specific Documentation Required for each of the Critical Illnesses

Please note that the following are illustrative lists and we may seek additional documentation based on the facts and circumstances of the Claim and if done/conducted/available

1) CANCER OF SPECIFIED SEVERITY

i. Hospital Discharge Card photocopy

ii. Hospital Bills photocopy

iii. Photocopy of Pharmacy/Investigations Bills

iv. Investigations Reports

v. Details of the treatment received by the Insured Person from the inception of the ailment.

vi. Letter from treating consultant stating presenting complaints with duration and the past medical history.

vii. Histopathology/Cytology/FNAC/Biopsy/Immuno-histochemistry reports.

viii. X-Ray / CT scan / MRI scan / USG / Radioisotope / Bone scan Reports.

ix. Blood Tests.

x. Any other specific investigation done to support the diagnosis like the Pap smear/ Mammography, etc.

xi. Any other documents as may be required by Us.

2) KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

i. Hospital Discharge Card photocopy

ii. Photocopy of Hospital Bills.

iii. Photocopy of Pharmacy/Investigations Bills

iv. Investigations Reports

v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.

vi. Blood Tests- Renal Function Tests specifically: Serum Creatinine, Blood Urea Nitrogen, Serum Electrolytes done in the recent past (Not more than Two Week period from the date of intimation of Loss)

vii. Dialysis Papers/Receipts done in recent past.

viii. Renal scan

ix. Letter from the nephrologists stating the diagnosis of End Stage Kidney Failure.

x. Any other documents as may be required by Us.

3) MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

i. Hospital Discharge Card photocopy

ii. Photocopy of Hospital Bills.

iii. Photocopy of Pharmacy/Investigations Bills

iv. Investigations Reports

v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.

vi. MRI / CT Scan Report.

vii. Electro-myogram report

viii. Biopsy / Cytology Report

ix. Specific Blood Tests: Creatinine Phosphokinase /Anti-nuclear antibodies, C- reactive protein /autoimmune work up

x. Any other relevant Blood investigations.

xi. Confirmation from the Central/State Government Hospital about diagnosis of Multiple Sclerosis and the duration of the same.

xii. Any other documents as may be required by Us.

4) MOTOR NEURONE DISEASE WITH PERMANENT SYMPTOMS

i. Hospital Discharge Card photocopy (in case of Hospitalization)

ii. Investigations Reports like Blood tests, EEG, Nerve Conduction test, etc

iii. MRI / CT scan Reports or any other Imaging technique Used during the diagnosis and treatment

iv. Electro-myogram Report

v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.

vi. Subsequent details of the Treatment, with the Consultation papers from the Treating Neurologist/ Physician stating the Neurological deficit and the degree/current status

vii. Any other document as may be required by the company

5) BENIGN BRAIN TUMOR

i. Hospital Discharge Card photocopy

ii. Hospital Bills photocopy

iii. Photocopy of Pharmacy/Investigations Bills

iv. Investigations Reports

v. Details of the treatment received by the Insured Person from the inception of the ailment.

vi. Letter from treating consultant stating presenting complaints with duration and the past medical history.

vii. Histopathology/Cytology/FNAC/Biopsy/Immuno-histochemistry reports.

viii. X-Ray / CT scan / MRI scan / USG / Radioisotope / Bone scan Reports.

ix. Blood Tests.

x. Neurological examination report by Neurologist

xi. Any other documents as may be required by Us.

6) PRIMARY PULMONARY HYPERTENSION

i. Hospital Discharge Card photocopy

ii. Photocopy of Hospital Bills.

iii. Photocopy of Pharmacy/Investigations Bills

iv. Investigations Reports

v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.

vi. MRI / CT Scan Report.

vii. Echocardiography report

viii. Computed tomography (CT), magnetic resonance imaging (MRI), and lung scanning

ix. Pulmonary angiography

x. Any other documents as may be required by Us.

7) END STAGE LIVER DISEASE / FAILURE

i. Hospital Discharge Card photocopy

ii. Photocopy of Hospital Bills.

iii. Photocopy of Pharmacy/Investigations Bills

iv. Investigations Reports

v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.

vi. Ultrasound scan of liver

vii. CT and/or MRI scan of the liver

viii. X-ray and Liver function test

ix. Biopsy / FNAC (where applicable)

x. Any other documents as may be required by Us.

8) MAJOR ORGAN /BONE MARROW TRANSPLANT

i. Hospital Discharge Card photocopy

ii. Photocopy of Hospital Bills.

iii. Photocopy of Pharmacy/Investigations Bills

iv. Investigations Reports

v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.

vi. Scan / Histopathology / Cytology / FNAC / Biopsy report suggesting irreversible & non-compensatory changes of the particular organ. 8 Bone Marrow Biopsy Reports (Specifically In Case of Bone Marrow Transplant)

vii. Letter from a specialist Doctor confirming the need of transplantation (Organs Specified are: Heart, lung, Liver, pancreas, kidney, bone marrow)

viii. Any other documents as may be required by Us.

9) OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

i. Hospital Discharge Card photocopy

ii. Photocopy of Hospital Bills.

iii. Photocopy of Pharmacy/Investigations Bills

iv. Investigations Reports

v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.

vi. X-ray and 2D-Echocardiography Report.

vii. Letter from the Cardiologist/Cardiothoracic Surgeon suggesting valve replacement with the type of valve to be used.

viii. Any other documents as may be required by Us.

10) OPEN CHEST CABG

i. Photocopy of Hospital Discharge Card

ii. Photocopy of Hospital Bills.

iii. Photocopy ofPharmacy/Investigations Bills

iv. Investigations Reports

v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.

vi. ECG at the time of detection of Coronary Artery Disease and Subsequent ECG's

vii. Stress test/ Tread Mill Test

viii. Letter from treating consultant suggesting Coronary Angiography and CABG

ix. Coronary Angiography report / CT Angiography Report

x. Cardiac Enzymes Tests: Troponin T/Troponin I, CPK / CPK-MB, SGOT / SGPT,

xi. LDH / Electrolytes

xii. X-ray / 2D-Echocardiography Report

xiii. Thallium Scan Report

xiv. Any other documents as may be required by Us.

11) AORTA GRAFT SURGERY

i. Photocopy of Hospital Discharge Card

ii. Photocopy of Hospital Bills.

iii. Photocopy of Pharmacy/Investigations Bills

iv. Investigations Reports

v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.

vi. ECG at the time of detection of Coronary Artery Disease and Subsequent ECG's

vii. Stress test/ Tread Mill Test

viii. Letter from treating consultant suggesting Coronary Angiography and CABG

ix. Coronary Angiography report / CT Scan

x. Cardiac Enzymes Tests: Troponin T/Troponin I, CPK / CPK-MB, SGOT / SGPT,

xi. LDH / Electrolytes

xii. X-ray / 2D-Echocardiography Report

xiii. Thallium Scan Report

xiv. Bio-markers for Aortic dissection

xv. Any other documents as may be required by Us.

12) COMA OF SPECIFIED SEVERITY

i. Hospital Discharge Card photocopy

ii. Investigations Reports like Blood tests, EEG, etc

iii. MRI / CT scan Reports or any other Imaging technique Used during the diagnosis and treatment

iv. Subsequent details of the Treatment, with the Consultation papers from the Treating Neurologist/ Physician stating the Glasgow coma scale grading.

v. Indoor case papers and / or ICU case papers indicating the history, signs, symptoms, line of treatment and daily charts like TPR, etc

vi. FIR / MLC / Panchnama for accident induced coma

vii. Any other document as may be required by the company

13) STROKE RESULTING IN PERMANENT SYMPTOMS

i. Hospital Discharge Card photocopy

ii. Photocopy of Hospital Bills.

iii. Photocopy ofPharmacy/Investigations Bills

iv. Investigations Reports

v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.

vi. Subsequent details of the Treatment, with the Consultation papers from the Treating Neurologist/ Physician stating the Neurological deficit.

vii. MRI / CT scan/ 2D Echocardiography Reports or any other Imaging technique Used during the diagnosis and treatment of the Stroke

viii. Blood tests (Lipid profile/Random Blood Sugar / Prothrombin Time/APTT/ Bleeding Time/ Clotting Time/Homocystiene levels)

ix. Any other documents as may be required by Us.

14) PERMANENT PARALYSIS OF LIMBS

i. Hospital Discharge Card photocopy
ii. Investigations Reports
iii. MRI / CT scan Reports or any other Imaging technique Used during the diagnosis and treatment of the Stroke
iv. Electro-myogram Report
v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
vi. Subsequent details of the Treatment, with the Consultation papers from the Treating Neurologist/ Physician stating the Neurological deficit and the degree/current status and duration of the Paralysis.
vii. Any other document as may be required by the company

15) FIRST HEART ATTACK - OF SPECIFIED SEVERITY

i. Hospital Discharge Card photocopy
ii. Photocopy of Hospital Bills.
iii. Photocopy ofPharmacy/Investigations Bills
iv. Investigations Reports
v. Casualty Medical Officers/Emergency room papers with all details of Presenting Complaints and the Medical Examination by the attending physician.
vi. Subsequent Consultation Papers with the treating Medical Practitioner and the treatment received
vii. ECG on admission and subsequent ECG's
viii. Stress test/ Tread Mill Test
ix. Cardiac Enzymes Tests: Troponin T/Troponin I, CPK / CPK-MB, SGOT / SGPT, LDH / Electrolytes
x. X-ray / 2D-Echocardiography Report
xi. Thallium Scan Report
xii. Any other documents as may be required by Us.

16) THIRD DEGREE (OR MAJOR) BURNS

i. Hospital Discharge Card photocopy
ii. Photocopy of Hospital Bills.
iii. Photocopy ofPharmacy/Investigations Bills
iv. Investigations Reports, treatment papers
v. Certificate from the treating specialist Doctor indicating the classification / degree of burns
vi. Following medico-legal documents if applicable
    (i) FIR
    (ii) Panchnama
    (iii) Inquest Panchnama
    (iv) Police Final Report/Charge Sheet (Based on FIR)
vii. Any other documents as may be required by Us.

17) DEAFNESS OR LOSS OF HEARING

i. Hospital Discharge Card photocopy
ii. Photocopy of Hospital Bills.
iii. Pharmacy/Investigations Bills
iv. Investigations Reports
v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
vi. Pure tone testing report
vii. Audiometry report
viii. Confirmation of Diagnosis by ENT specialist along with duration
ix. All treatment papers and medical investigation test reports
x. Any other documents as may be required by Us.

18) LOSS OF SPEECH

i. Hospital Discharge Card photocopy
ii. Photocopy of Hospital Bills.
iii. Pharmacy/Investigations Bills
iv. Investigations Reports
v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
vi. Confirmation of Diagnosis by ENT specialist along with cause and duration
vii. All treatment papers and medical investigation test reports
viii. Any other documents as may be required by Us.

Note:

If the original documents mentioned above are submitted to any other insurance company, self-attested copies along with certificate from that Insurance Company to be submitted under this Policy.

5.4 Claims Investigation, Settlement & repudiation

a) We may investigate claims at Our own discretion to determine the validity of a claim. This investigation will be conducted within 15 days of the date of assigning the claim for investigation and not later than 30 days from the date of receipt of last necessary document. All costs of investigation will be borne by Us and all investigations will be carried out by those individuals/entities that are authorised by Us in writing.

b) We shall settle or repudiate a Claim within 30 days of the receipt of the last necessary information and documentation. In case of suspected frauds, where Investigation is initiated. We shall settle the claim within 45 days from the date of receipt of the last necessary document.

c) Payment for Claims will be made to the Insured Person. In the unfortunate event of the Insured Person's death, We will pay the Nominee named in the Policy Schedule / Certificate of Insurance or to the Insured person's legal heir or legal representatives holding a valid succession certificate.

d) In case of delay in payment, We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the Claim is reviewed by Us.

PART III

GENERAL TERMS AND CONDITIONS

1. Eligibility

Minimum Entry Age	1 day
Maximum Entry Age	No Limit

Insured Person will include Self (Group member) and the following relationships of the Group member: Lawfully wedded spouse (more than one wife)/ Partner (including same sex partners) and Live-in Partner, children (biological/ adopted/others), parents (biological/ foster), siblings (biological/ step), mother in-law, father in-law, son in-law, daughter in-law, brother in-law, sister in-law.

For the purpose of this Policy, Partner shall be taken as declared at the time of Start of the Policy Period and no change in the same would be accepted during a Policy Period. However, an Insured Person may request for change at the time of Renewal of the cover.

2. Disclosure of Information

The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or on non-disclosure in any material particulars in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a Claim being fraudulent or any fraudulent means or devices being used by You/Insured Person or any one acting on Your/Insured Person's behalf to obtain any benefit under this Policy.

3. Observance of terms and conditions

The due observance and fulfilment of the terms, conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by You, shall be a condition precedent to any of Our liability to make any payment under this Policy.

4. Material Change

Material information to be disclosed to Us includes every matter that You are 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 and the terms of acceptance of the risk.

5. No constructive Notice

Any knowledge or information of any circumstances or condition in Your connection in possession of any of Our personnel and not specifically informed to Us by You shall not be held to bind or

prejudicially affect Us notwithstanding subsequent acceptance of any premium.

6. Terms and condition of the Policy

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

7. Multiple Policies

a. If two or more policies are taken by an Insured during a period from one or more insurers, the contribution shall not be applicable where the cover/ benefit offered:

- Is fixed in nature;
- Does not have any relation to the treatment costs;

b. In case of multiple policies which provide fixed benefits, on the occurrence of the Insured event in accordance with the terms and conditions of the policies, each insurer shall make the claim payments independent of payments received under other similar policies.

c. If two or more policies are taken by an insured during a period from one 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 who has issued the chosen policy 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.
- Policyholder having multiple policies shall also have the right to prefer claims from other policy/ policies for the amount disallowed under the earlier chosen policy / policies, even if the sum insured is not exhausted. Then the Insurer(s) shall settle the claim subject to the terms and conditions of the other policy / policies so chosen.

d. If the amount to be claimed exceeds the Sum Insured under a single policy after considering the deductible or co-pays, the policy holder shall have the right to choose insurers from whom he/she wants to claim balance amount.

e. 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.

8. Cancellation/ Termination/ Refund

(a) For Policyholder's initiated cancellation, the Company would compute refund amount as pro-rata (for the unexpired duration) premium. This would further be deducted by 25% of computed refundable premium.

This is provided no claim has been made under the Policy.

(b) No refund of premium is applicable when policy is cancelled by the Insurer on grounds of misrepresentation, fraud, nondisclosure or non-cooperation of the Insured

9. Cause of Action/ Currency for payments

No Claims shall be payable under this Policy unless the cause of action arises in India, unless otherwise specifically provided in Policy. All Claims shall be payable in India and shall be in Indian Rupees only.

10. Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreedby both You and Us to be adjudicated or interpreted in accordance with Indian law and only competent Courts of India shall have the exclusive jurisdiction to try all or any matters arising hereunder. The matter shall be determined or adjudicated in accordance with the law and practice of such Court.

11. Portability& Continuity Benefits

It is agreed and understood that, Upon the Insured Person ceasing to be an Employee/member of the Policyholder, such Insured Person shall have the option to migrate to an approved retail health insurance policy available with Us in accordance with the Portability guidelines issued by the IRDAI, provided that:

(a) Portability benefit will be offered to the extent of sum of previous Sum Insured (if opted for), and Portability shall not apply to any other additional increased Sum Insured

(b) We will apply the waiting periods under Sections 4 individually for each Insured Person based on his previous policy details and claims shall be assessed accordingly.

(c) We should have received Your application for Portability with complete documentation at least 45 days before ceasing to be an Employee of the Policyholder

(d) Portability benefit will be offered to the nearest Sum Insured, in case exact Sum Insured option is not available.

(e) Portability benefit will be offered to any other suitable policy, in case exact option is not available.

(f) We may subject Your proposal to Our medical underwriting, restrict the terms upon which We may offer cover, the decision as to which shall be as per our underwriting practices and underwriting policy of the Company.

(g) There is no obligation on Us to insure all Insured Persons on the proposed terms, even if You have given Us all documentation.

(h) We should have received the database and claim history from the previous insurance company for Your previous policy.

12. Role of Group Administrator/ Policyholder

(a) The Policy holder should provide the complete list of members to Us at the time of policy issuance and renewal. Further intimation should be provided to Us on the entry and exit of the members at periodic intervals. Insurance will cease once the member leaves the group except when it is agreed in advance to continue the benefit even if the member leaves the group.

(b) In case of employer-employee policies, the employer may issue confirmation of insurance protection to the individual employees with clear reference to the Group Insurance policy and the benefits secured thereby.

(c) In case of such policies, claims of the individual employees may be processed through the employer

(d) In case of non-employer-employee policies,We shall generally issue the Certificate of Insurance. However, We may provide the facility to the Group Administrator to issue the Certificate of Insurance to the members.

(e) In case of such policies, the Group Administrator may facilitate the claims process for the members however the payment will be made only to the beneficiary which is the Insured Person

13. Free Look Period

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

(a) The insured will be allowed a period of at least 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable

(b) If the insured has not made any claim during the free look period, the insured shall be entitled to

- A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or;
- Where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;
- Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

14. Grace Period & Renewal

(a) A health insurance Policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured, provided the Policy is not withdrawn.

(b) The Policy will automatically terminate at the end of the Policy Period and must be renewed within the Grace Period of at least 30 days or as informed by Insurer from time to time. The provisions of Section 64VB of the Insurance Act 1938 shall be applicable. All policies Renewed within the Grace Period shall be eligible for continuity of cover.

(c) If We have discontinued or withdrawn this product/plan You will have the option to renewal under the nearest substitute Policy being issued by Us, provided however benefits payable shall be subject to the terms contained in such other policy which has been approved by IRDAI

(d) You shall make a full disclosure to Us in writing of any material change in the health condition of any Insured Person at the time of seeking Renewal of this Policy, irrespective of any claim arising

or made. The terms and condition of the existing policy will not be altered.

(e) We may, revise the Renewal premium payable under the Policy or the terms of cover, provided that all such changes are approved by IRDAI and 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 90 days prior to date of such revision or modification.

15. Special Provision for Insured Person who are Senior citizen

The premium charged for health Insurance products offered to Senior citizens shall be fair, justified, transparent and duly disclosed upfront. The insured shall be informed in writing of any underwriting loading charged over and above the premium and the specific consent of the policyholder for such loadings shall be obtained before issuance of policy.

16. Communications & Notices

Any communication, notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to:

In Your case, at Your last known address per Our records in respect of this Policy.

In Our case, at Our address specified in the Policy Schedule/ Certificate of Insurance.

No insurance agent, broker or any other person is authorised to receive any notice on Our behalf.

17. Customer Service

If at any time You require any clarification or assistance, You may contact Our offices at the address specified in the Policy Schedule/ Certificate of Insurance, during normal business hours or contact Our call centre.

18. Instalment Facility:

If You have opted for a Policy Period of one year and payment of premium on an instalment basis of monthly / quarterly / half yearly, as specified in the Policy Schedule/ Certificate of Insurance, the following conditions shall apply (notwithstanding any terms contained elsewhere in the Policy):

(a) Premiums on policies may be accepted in instalment provided that the instalments covering a particular period shall be received within the 15 days relaxation period from the due date of payment of instalment premium.

(b) The Policy will get cancelled in the event of non-receipt of premium within the relaxation period.

(c) Coverage will be available during the relaxation period of 15 days.

(d) In case of any admissible claim in a Policy year:

- If the claim amount is equivalent or higher than the balance of the instalment premiums payable in that Policy Year would be recoverable from the admissible claim amount payable in respect of the Insured Person.
- If the claim amount is lesser than the balance premium payable, then no claim would be payable till the applicable premium is recovered.

19. Electronic Transactions

You agree to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

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

20. Assignment Clause

An assignment of this policy of insurance, wholly or in part, whether with or without consideration, may be made only by an endorsement upon the policy itself or by a separate instrument, signed in either case by the assignor and attested by at least one witness, specifically setting forth the fact of transfer or assignment and the reasons thereof, the antecedents of the assignee and the terms on which the assignment is made. Such assignment shall be operative as against the Company effective from the date the Company receives a written notice of the assignment/request and endorses the same on the Policy.

The Company may, accept the assignment, or decline to act upon any endorsement, where it has sufficient reason to believe that such transfer or assignment is not bona fide or is not in the interest of the policyholder or in public interest or is for the purpose of trading of insurance policy. However, by recording the assignment the Company does not express any opinion upon the validity nor accepts any responsibility on the assignment.

21. Grievances

For resolution of any query or grievance, insured may contact the respective branch office of the Company or may call at 18002664545 or may write an e- mail at care@kotak.com

For senior citizens, please contact the respective branch office of the Company or call at 18002664545 or may write an e- mail at seniorcitizen@kotak.com

In case the insured is not satisfied with the response of the office, insured may contact the Grievance Officer of the Company at grievanceofficer@kotak.com. In the event of unsatisfactory response from the Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. The details of the Insurance Ombudsman is available at website: www.kotakgeneralinsurance.com

The updated details of Insurance Ombudsman offices are also available on the website of Executive Council of Insurers: www.ecoi.co.in/ombudsman.html

The details of the Insurance Ombudsman is available at Annexure I

Annexure I Details of Insurance Ombudsman

Office Details	Jurisdiction of Office Union Territory, District
Ahmedabad: Office of the Insurance Ombudsman, 6th Floor, Jeevan Prakash Bldg, Tilak Marg, Relief Road, Ahmedabad - 380001. Tel.: 079 –25501201/ 02/ 05/ 06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
Bengaluru: Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049. Email: bimalokpal.bengaluru@ecoi.co.inBhopal:	Karnataka.
Bhopal: Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 003. Tel.:- 0755-2769201 / 2769202, Fax : 0755-2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh and Chattisgarh.
Bhubneshwar: Office of the Insurance Ombudsman, 62, Forest park,Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455, Fax: 0674 - 2596429, Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.

Chandigarh: Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468, Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana,Himachal Pradesh, Jammu & Kashmir, Chandigarh.
Chennai: Office of the Insurance Ombudsman,Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284, Fax: 044 - 24333664, Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
New Delhi: Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@ecoi.co.in	Delhi
Guwahati: Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205, Fax: 0361 - 2732937 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
Hyderabad: Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122, Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
Jaipur: Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@ecoi.co.in	Rajasthan.
Ernakulam: Office of the Insurance Ombudsman,2nd floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, Ernakulum - 682 015. Tel.:- 0484-2358759 / 2359338, Fax:- 0484-2359336, Email: bimalokpal.ernakulum@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
Kolkata: Office of the Insurance Ombudsman,Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340, Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
Lucknow: Office of the Insurance Ombudsman,6th Floor, Jeevan Bhawan, Phase-II,Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331, Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
Mumbai: Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052. Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Regionexcluding Navi Mumbai & Thane.
Noida: Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Distt: Gautam Buddh Nagar, Noida, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253. Email:- bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
Patna: Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Tel.: 0612-2680952. Email:- bimalokpal.patna@ecoi.co.in	Bihar and Jharkhand.
Pune: Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth,Pune – 411 030. Tel.: 020 - 41312555. Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbaiand Thane excluding Mumbai Metropolitan Region.

Annexure II: List of Day Care Surgeries

Sr. No.	ENT
1	Stapedotomy
2	Myringoplasty (Type I Tympanoplasty)
3	Revision stapedectomy
4	Labyrinthectomy for severe Vertigo
5	Stapedectomy under GA
6	Ossiculoplasty
7	Myringotomy with Grommet Insertion
8	Tympanoplasty (Type III)
9	Stapedectomy under LA
10	Revision of the fenestration of the inner ear
11	Tympanoplasty (Type IV)
12	Endolymphatic Sac Surgery for Meniere's Disease
13	Turbinectomy
14	Removal of Tympanic Drain under LA
15	Endoscopic Stapedectomy
16	Fenestration of the inner ear
17	Incision and drainage of perichondritis
18	Septoplasty
19	Vestibular Nerve section

20	Thyroplasty Type I
21	Pseudocyst of the Pinna - Excision
22	Incision and drainage - Haematoma Auricle
23	Tympanoplasty (Type II)
24	Reduction of fracture of Nasal Bone
25	Excision and destruction of lingual tonsils
26	Conchoplasty
27	Thyroplasty Type Ii
28	Tracheostomy
29	Excision of Angioma Septum
30	Turbinoplasty
31	Incision & Drainage of Retro Pharyngeal Abscess
32	UvuloPalatoPharyngoPlasty
33	Palatoplasty
34	Tonsillectomy without adenoidectomy
35	Adenoidectomy with Grommet insertion
36	Adenoidectomy without Grommet insertion
37	Vocal Cord lateralisation Procedure
38	Incision & Drainage of Para Pharyngeal Abscess
39	Transoral incision and drainage of a pharyngeal abscess
40	Tonsillectomy with adenoidectomy
41	`Tracheoplasty
42	Excision of Ranula under GA
43	Meatoplasty
	OPHTHALMOLOGY
44	Incision of tear glands
45	Other operation on the tear ducts
46	Incision of diseased eyelids
47	Excision and destruction of the diseased tissue of the eyelid
48	Removal of foreign body from the lens of the eye
49	Corrective surgery of the entropion and ectropion
50	Operations for pterygium
51	Corrective surgery of blepharoptosis
52	Removal of foreign body from conjunctiva
53	Biopsy of tear gland
54	Removal of Foreign body from cornea
55	Incision of the cornea
56	Other operations on the cornea
57	Operation on the canthus and epicanthus
58	Removal of foreign body from the orbit and the eye ball
59	Surgery for cataract
60	Treatment of retinal lesion
61	Removal of foreign body from the posterior chamber of the eye
62	Glaucoma surgery
	ONCOLOGY
63	IV Push Chemotherapy
64	HBI-Hemibody Radiotherapy
65	Infusional Targeted therapy

66	SRT-Stereotactic Arc Therapy
67	SC administration of Growth Factors
68	Continuous Infusional Chemotherapy
69	Infusional Chemotherapy
70	CCRT-Concurrent Chemo + Rt
71	2D Radiotherapy
72	3D Conformal Radiotherapy
73	IGRT- Image Guided Radiotherapy
74	IMRT- Step & Shoot
75	Infusional Bisphosphonates
76	IMRT- DMLC
77	Rotational Arc Therapy
78	Tele gamma therapy
79	FSRT-Fractionated SRT
80	VMAT-Volumetric Modulated Arc Therapy
81	SBRT-Stereotactic Body Radiotherapy
82	Helical Tomotherapy
83	SRS-Stereotactic Radiosurgery
84	X-Knife SRS
85	Gammaknife SRS
86	TBI- Total Body Radiotherapy
87	intraluminal Brachytherapy
88	Electron Therapy
89	TSET-Total Electron Skin Therapy
90	Extracorporeal Irradiation of Blood Products
91	Telecobalt Therapy
92	Telecesium Therapy
93	External mould Brachytherapy
94	Interstitial Brachytherapy
95	Intracavity Brachytherapy
96	3D Brachytherapy
97	Implant Brachytherapy
98	Intravesical Brachytherapy
99	Adjuvant Radiotherapy
100	Afterloading Catheter Brachytherapy
101	Conditioning Radiothearpy for BMT
102	Extracorporeal Irradiation to the Homologous Bone grafts
103	Radical chemotherapy
104	Neoadjuvant radiotherapy
105	LDR Brachytherapy
106	Palliative Radiotherapy
107	Radical Radiotherapy
108	Palliative chemotherapy
109	Template Brachytherapy
110	Neoadjuvant chemotherapy
111	Adjuvant chemotherapy
112	Induction chemotherapy
113	Consolidation chemotherapy

114	Maintenance chemotherapy
115	HDR Brachytherapy
116	Mediastinal lymph node biopsy
117	High Orchidectomy for testis tumours
	PLASTIC SURGERY
118	Construction skin pedicle flap
119	Gluteal pressure ulcer-Excision
120	Muscle-skin graft, leg
121	Removal of bone for graft
122	Muscle-skin graft duct fistula
123	Removal cartilage graft
124	Myocutaneous flap
125	Fibro myocutaneous flap
126	Breast reconstruction surgery after mastectomy
127	Sling operation for facial palsy
128	Split Skin Grafting under RA
129	Wolfe skin graft
130	Plastic surgery to the floor of the mouth under GA
	UROLOGY
131	AV fistula - wrist
132	URSL with stenting
133	URSL with lithotripsy
134	Cystoscopic Litholapaxy
135	ESWL
136	Haemodialysis
137	Bladder Neck Incision
138	Cystoscopy & Biopsy
139	Cystoscopy and removal of polyp
140	Suprapubic cystostomy
141	percutaneous nephrostomy
142	Cystoscopy and "SLING" procedure
143	TUNA- prostate
144	Excision of urethral diverticulum
145	Removal of urethral Stone
146	Excision of urethral prolapse
147	Mega-ureter reconstruction
148	Kidney renoscopy and biopsy
149	Ureter endoscopy and treatment
150	Vesico ureteric reflux correction
151	Surgery for pelvi ureteric junction obstruction
152	Anderson hynes operation
153	Kidney endoscopy and biopsy
154	Paraphimosis surgery
155	Injury prepuce- circumcision
156	Frenular tear repair
157	Meatotomy for meatal stenosis
158	Surgery for fournier's gangrene scrotum
159	Surgery filarial scrotum
160	Surgery for watering can perineum
161	Repair of penile torsion
162	Drainage of prostate abscess
163	Orchiectomy
164	Cystoscopy and removal of Fb
165	Surgery for SUI
166	URS + LL
	NEUROLOGY
167	Facial nerve physiotherapy
168	Nerve biopsy
169	Muscle biopsy
170	Epidural steroid injection
171	Glycerol rhizotomy
172	Spinal cord stimulation
173	Motor cortex stimulation
174	Stereotactic Radiosurgery
175	Percutaneous Cordotomy
176	Intrathecal Baclofen therapy
177	Entrapment neuropathy Release
178	Diagnostic cerebral angiography
179	VP shunt
180	Ventriculoatrial shunt
	THORACIC SURGERY
181	Thoracoscopy and Lung Biopsy
182	Excision of cervical sympathetic Chain Thoracoscopic
183	Laser Ablation of Barrett's oesophagus
184	Pleurodesis
185	Thoracoscopy and pleural biopsy
186	EBUS + Biopsy
187	Thoracoscopy ligation thoracic duct
188	Thoracoscopy assisted empyaema drainage
	GASTROENTEROLOGY
189	Pancreatic pseudocyst EUS & drainage
190	RF ablation for barrett's Oesophagus
191	ERCP and papillotomy
192	Esophagoscope and sclerosant injection
193	EUS + submucosal resection
194	Construction of gastrostomy tube
195	EUS + aspiration pancreatic cyst
196	Small bowel endoscopy (therapeutic)
197	Colonoscopy ,lesion removal
198	ERCP
199	Colonscopy stenting of stricture
200	Percutaneous Endoscopic Gastrostomy
201	EUS and pancreatic pseudo cyst drainage
202	ERCP and choledochoscopy
203	Proctosigmoidoscopy volvulus detorsion
204	ERCP and sphincterotomy

205	Esophageal stent placement
206	ERCP + placement of biliary stents
207	Sigmoidoscopy w / stent
208	EUS + coeliac node biopsy
	GENERAL SURGERY
209	Infected keloid excision
210	Incision of a pilonidal sinus / abscess
211	Axillary lymphadenectomy
212	Wound debridement and Cover
213	Abscess-Decompression
214	Cervical lymphadenectomy
215	Infected sebaceous cyst
216	Inguinal lymphadenectomy
217	Incision and drainage of Abscess
218	Suturing of lacerations
219	Scalp Suturing
220	Infected lipoma excision
221	Maximal anal dilatation
222	Piles A) Injection Sclerotherapy B) Piles banding
223	liver Abscess- catheter drainage
224	Fissure in Ano- fissurectomy
225	Fibroadenoma breast excision
226	Oesophageal varices Sclerotherapy
227	ERCP - pancreatic duct stone removal
228	Perianal abscess I&D
229	Perianal hematoma Evacuation
230	Fissure in anosphincterotomy
231	UGI scopy and Polypectomy oesophagus
232	Breast abscess I& D
233	Feeding Gastrostomy
234	Oesophagoscopy and biopsy of growth oesophagus
235	UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers
236	ERCP - Bile duct stone removal
237	Ileostomy closure
238	Colonoscopy
239	Polypectomy colon
240	Splenic abscesses Laparoscopic Drainage
241	UGI SCOPY and Polypectomy stomach
242	Rigid Oesophagoscopy for FB removal
243	Feeding Jejunostomy
244	Colostomy
245	Ileostomy
246	colostomy closure
247	Submandibular salivary duct stone removal
248	Pneumatic reduction of intussusception
249	Varicose veins legs - Injection sclerotherapy
250	Rigid Oesophagoscopy for Plummer vinson syndrome

251	Pancreatic Pseudocysts Endoscopic Drainage
252	ZADEK's Nail bed excision
253	Subcutaneous mastectomy
254	Rigid Oesophagoscopy for dilation of benign Strictures
255	Eversion of Sac a) Unilateral b) Bilateral
256	Lord's plication
257	Jaboulay's Procedure
258	Scrotoplasty
259	Surgical treatment of varicocele
260	Epididymectomy
261	Circumcision for Trauma
262	Intersphincteric abscess incision and drainage
263	Psoas Abscess Incision and Drainage
264	Thyroid abscess Incision and Drainage
265	TIPS procedure for portal hypertension
266	Esophageal Growth stent
267	PAIR Procedure of Hydatid Cyst liver
268	Tru cut liver biopsy
269	Photodynamic therapy or esophageal tumour and Lung tumour
270	Excision of Cervical RIB
271	laparoscopic reduction of intussusception
272	Microdochectomy breast
273	Surgery for fracture Penis
274	Sentinel node biopsy
275	Parastomal hernia
276	Revision colostomy
277	Prolapsed colostomy- Correction
278	Testicular biopsy
279	laparoscopic cardiomyotomy(Hellers)
280	Sentinel node biopsy malignant melanoma
281	laparoscopic pyloromyotomy(Ramstedt)
282	Keratosis removal under GA
283	Excision Sigmoid Polyp
284	Rectal-Myomectomy
285	Rectal prolapse (Delorme's procedure)
286	Orchidopexy for undescended testis
287	Detorsion of torsion Testis
288	lap.Abdominal exploration in cryptorchidism
289	EUA + biopsy multiple fistula in ano
290	Excision of fistula-in-ano
291	TURBT
	ORTHOPEDICS
292	Arthroscopic Repair of ACL tear knee
293	Closed reduction of minor Fractures
294	Arthroscopic repair of PCL tear knee
295	Tendon shortening
296	Arthroscopic Meniscectomy - Knee

297	Treatment of clavicle dislocation
298	Arthroscopic meniscus repair
299	Haemarthrosis knee- lavage
300	Abscess knee joint drainage
301	Carpal tunnel release
302	Closed reduction of minor dislocation
303	Repair of knee cap tendon
304	ORIF with K wire fixation- small bones
305	Release of midfoot joint
306	ORIF with plating- Small long bones
307	Implant removal minor
308	K wire removal
309	POP application
310	Closed reduction and external fixation
311	Arthrotomy Hip joint
312	Syme's amputation
313	Arthroplasty
314	Partial removal of rib
315	Treatment of sesamoid bone fracture
316	Shoulder arthroscopy / surgery
317	Elbow arthroscopy
318	Amputation of metacarpal bone
319	Release of thumb contracture
320	Incision of foot fascia
321	calcaneum spur hydrocort injection
322	Ganglion wrist hyalase injection
323	Partial removal of metatarsal
324	Partial removal of metatarsal
325	Revision/Removal of Knee cap
326	Amputation follow-up surgery
327	Exploration of ankle joint
328	Remove/graft leg bone lesion
329	Repair/graft achilles tendon
330	Remove of tissue expander
331	Biopsy elbow joint lining
332	Removal of wrist prosthesis
333	Biopsy finger joint lining
334	Tendon lengthening
335	Treatment of shoulder dislocation
336	Lengthening of hand tendon
337	Removal of elbow bursa
338	Fixation of knee joint
339	Treatment of foot dislocation
340	Surgery of bunion
341	Intra articular steroid injection
342	Tendon transfer procedure
343	Removal of knee cap bursa
344	Treatment of fracture of ulna
345	Treatment of scapula fracture
346	Removal of tumor of arm/ elbow under RA/GA
347	Repair of ruptured tendon
348	Decompress forearm space
349	Revision of neck muscle (Torticollis release)
350	Lengthening of thigh tendons
351	Treatment fracture of radius & ulna
352	Repair of knee joint
	PAEDIATRIC SURGERY
353	Excision Juvenile polyps rectum
354	Vaginoplasty
355	Dilatation of accidental caustic stricture oesophagea
356	PresacralTeratomas Excision
357	Removal of vesical stone
358	SternomastoidTenotomy
359	Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
360	Excision of soft tissue rhabdomyosarcoma
361	Excision of cervical teratoma
362	Cystic hygroma - Injection treatment
	GYNAECOLOGY
363	Hysteroscopic removal of myoma
364	D&C
365	Hysteroscopic resection of septum
366	thermal Cauterisation of Cervix
367	MIRENA insertion
368	Hysteroscopicadhesiolysis
369	LEEP
370	Cryocauterisation of Cervix
371	Polypectomy Endometrium
372	Hysteroscopic resection of fibroid
373	LLETZ
374	Conization
375	Polypectomy cervix
376	Hysteroscopic resection of endometrial polyp
377	Vulval wart excision
378	Laparoscopic paraovarian cyst excision
379	Uterine artery embolization
380	Bartholin Cyst excision
381	Laparoscopic cystectomy
382	Hymenectomy(imperforate Hymen)
383	Endometrial ablation
384	Vaginal wall cyst excision
385	Vulval cyst Excision
386	Laparoscopic paratubal cyst excision
387	Repair of vagina (vaginal atresia)
388	Hysteroscopy, removal of myoma
389	Ureterocoele repair - congenital internal
390	Vaginal mesh For POP

391	Laparoscopic Myomectomy
392	Repair recto- vagina fistula
393	Pelvic floor repair(excluding Fistula repair)
394	Laparoscopic oophorectomy
	CRITICAL CARE
395	Insert non- tunnel CV cath
396	Insert PICC cath (peripherally inserted central catheter)
397	Replace PICC cath (peripherally inserted central catheter
398	Insertion catheter, intra anterior

399	Insertion of Portacath
	DENTAL
400	Splinting of avulsed teeth
401	Suturing lacerated lip
402	Suturing oral mucosa
403	Oral biopsy in case of abnormal tissue presentation
404	FNAC
405	Smear from oral cavity

Annexure III List of Expenses Generally Excluded ('Non-admissible Expenses') in Hospitalisation Policy

Sr. No.	Items	Suggestions
	I Toiletries/Cosmetics/Personal Comfort or Convenience Items/Similar Expenses	
1	Hair Removing Cream	Not Payable
2	Baby Charges (unless specified/indicated)	Not Payable
3	Baby Food	Not Payable
4	Baby Utilites Charges	Not Payable
5	Baby Set	Not Payable
6	Baby Bottles	Not Payable
7	Brush	Not Payable
8	Cosy Towel	Not Payable
9	Hand Wash	Not Payable
10	Moisturiser Paste Brush	Not Payable
11	Powder	Not Payable
12	Razor	Payable
13	Shoe Cover	Not Payable
14	Beauty Services	Not Payable
15	Belts/ Braces	Essential and Should be Paid at least Specifically for Cases who have undergone surgery of Thoracic or Lumbar Spine.
16	Buds	Not Payable
17	Barber Charges	Not Payable
18	Caps	Not Payable
19	Cold Pack/Hot Pack	Not Payable
20	Carry Bags	Not Payable
21	Cradle Charges	Not Payable
22	Comb	Not Payable
23	Disposable Razor Charges (For Site Preparations)	Payable
24	Eau-De-Cologne / Room Freshners	Not Payable
25	Eye Pad	Not Payable
26	Eye Sheild	Not Payable
27	Email / Internet Charges	Not Payable
28	Food Charges (other than Patient's Diet Provided by Hospital)	Not Payable
29	Foot Cover	Not Payable
30	Gown	Not Payable
31	Leggings	Essential in Bariatric and Varicose Vein Surgery and may be considered for at least these conditions where Surgery itself is Payable.
32	Laundry Charges	Not Payable

33	Mineral Water	Not Payable
34	Oil Charges	Not Payable
35	Sanitary Pad	Not Payable
36	Slippers	Not Payable
37	Telephone Charges	Not Payable
38	Tissue Paper	Not Payable
39	Tooth Paste	Not Payable
40	Tooth Brush	Not Payable
41	Guest Services	Not Payable
42	Bed Pan	Not Payable
43	Bed Under Pad Charges	Not Payable
44	Camera Cover	Not Payable
45	Cliniplast	Not Payable
46	Crepe Bandage	Not Payable/ Payable by the Patient
47	Curapore	Not Payable
48	Diaper Of Any Type	Not Payable
49	DVD, CD Charges	Not Payable (However if CD is specifically sought by Insurer/TPA then Payable)
50	Eyelet Collar	Not Payable
51	Face Mask	Not Payable
52	Flexi Mask	Not Payable
53	Gause Soft	Not Payable
54	Gauze	Not Payable
55	Hand Holder	Not Payable
56	Hansaplast/ Adhesive Bandages	Not Payable
57	Infant Food	Not Payable
58	Slings	Reasonable costs for one sling in case of Upper Arm Fractures may be considered
59	Weight Control Programs/ Supplies/ Services	Exclusion in Policy unless otherwise specified
60	Cost Of Spectacles/ Contact Lenses/ Hearing Aids Etc.,	Exclusion in Policy unless otherwise specified
61	Dental Treatment Expenses that do not require Hospitalisation	Exclusion in Policy unless otherwise specified
62	Hormone Replacement Therapy	Exclusion in Policy unless otherwise specified
63	Home Visit Charges	Exclusion in Policy unless otherwise specified
64	Infertility/ Subfertility/ Assisted Conception Procedure	Exclusion in Policy unless otherwise specified
65	Obesity (including Morbid Obesity) Treatment if Excluded in Policy	Exclusion in Policy unless otherwise specified
66	Psychiatric & Psychosomatic Disorders	Exclusion in Policy unless otherwise specified
67	Corrective Surgery for Refractive Error	Exclusion in Policy unless otherwise specified
68	Treatment of Sexually Transmitted Diseases	Exclusion in Policy unless otherwise specified
69	Donor Screening Charges	Exclusion in Policy unless otherwise specified
70	Admission/Registration Charges	Exclusion in Policy unless otherwise specified
71	Hospitalisation for Evaluation/ Diagnostic Purpose	Exclusion in Policy unless otherwise specified
72	Expenses for Investigation/ Treatment irrelevant to the Disease for which admitted or diagnosed	Exclusion in Policy not payable unless otherwise specified
73	Any Expenses when the Patient is diagnosed with Retro Virus + or suffering from /HIV/ Aids etc is detected/ directly or indirectly	Not Payable as per HIV/ AIDS Exclusion
74	Stem Cell Implantation/ Surgery & Storage	Not Payable except Bone Marrow Transplantation where covered by Policy
75	Ward and Theatre Booking Charges	Payable Under OT Charges, Not Payable Separately

76	Arthroscopy & Endoscopy Instruments	Rental Charged By The Hospital Payable. Purchase of Instruments Not Payable.
77	Microscope Cover	Payable Under OT Charges, Not Payable Separately
78	Surgical Blades,Harmonic Scalpel, Shaver	Payable Under OT Charges, Not Payable Separately
79	Surgical Drill	Payable Under OT Charges, Not Payable Separately
80	Eye Kit	Payable Under OT Charges, Not Payable Separately
81	Eye Drape	Payable Under OT Charges, Not Payable Separately
82	X-Ray Film	Payable Under Radiology Charges, Not as Consumable
83	Sputum Cup	Payable Under Investigation Charges, Not as Consumable
84	Boyles Apparatus Charges	Part Of OT Charges, Not Separately
85	Blood Grouping and Cross Matching of Donors Samples	Part Of Cost Of Blood, Not Payable
86	Antiseptic & Disinfectant Lotions	Not Payable-Part of Dressing Charges
87	Band Aids, Bandages, Sterile Injections, Needles, Syringes	Not Payable - Part of Dressing Charges
88	Cotton	Not Payable-Part of Dressing Charges
89	Cotton Bandage	Not Payable-Part of Dressing Charges
90	Micropore/ Surgical Tape	Not Payable-payable by the Patient when Prescribed, otherwise included as Dressing Charges
91	Blade	Not Payable
92	Apron	Not Payable -Part of Hospital Services/Disposable Linen to be Part of OT/ ICU Charges
93	Torniquet	Not Payable (service is charged by Hospitals, Consumables cannot be separately charged)
94	Orthobundle, Gynaec Bundle	Part of Dressing Charges
95	Urine Container	Not Payable
	II Elements of Room Charge	
96	Luxury Tax	Policy Exclusion - Not Payable. If there is no Policy Exclusion, then Actual Tax Levied by Government is Payable - Part of Room Charge for Sub Limits
97	HVAC	Part of Room Charge Not Payable Separately
98	House Keeping Charges	Part of Room Charge Not Payable Separately
99	Service Charges where Nursing Charge also charged	Part of Room Charge Not Payable Separately
100	Television & Air Conditioner Charges	Payable Under Room Charges Not if separately levied
101	Surcharges	Part of Room Charge Not Payable Separately
102	Attendant Charges	Not Payable - Part of Room Charges
103	IM/ IV Injection Charges	Part of Nursing Charges, Not Payable
104	Clean Sheet	Part of Laundry/housekeeping Not Payable Separately
105	Extra Diet of Patient(other than that which forms part of Bed Charge)	Not Payable. Patient Diet Provided by Hospital is Payable
106	Blanket/Warmer Blanket	Not Payable- Part of Room Charges
	III Administrative or Non-medical Charges	
107	Admission Kit	Not Payable
108	Birth Certificate	Not Payable
109	Blood Reservation Charges and Ante Natal Booking Charges	Not Payable
110	Certificate Charges	Not Payable
111	Courier Charges	Not Payable
112	Conveyance Charges	Not Payable
113	Diabetic Chart Charges	Not Payable
114	Documentation Charges / Administrative Expenses	Not Payable
115	Discharge Procedure Charges	Not Payable

116	Daily Chart Charges	Not Payable
117	Entrance Pass / Visitors Pass Charges	Not Payable
118	Expenses Related to Prescription on Discharge	To be Claimed by Patient under Post -Hospitalisation where admissible
119	File Opening Charges	Not Payable
120	Incidental Expenses / Misc. Charges (not Explained)	Not Payable
121	Medical Certificate	Not Payable
122	Maintenance Charges	Not Payable
123	Medical Records	Not Payable
124	Preparation Charges	Not Payable
125	Photocopies Charges	Not Payable
126	Patient Identification Band / Name Tag	Not Payable
127	Washing Charges	Not Payable
128	Medicine Box	Not Payable
129	Mortuary Charges	Payable Upto 24 Hrs, Shifting Charges Not Payable
130	Medico Legal Case Charges (MLC Charges)	Not Payable
	IV External Durable Devices	
131	Walking Aids Charges	Not Payable
132	Bipap Machine	Not Payable
133	Commode	Not Payable
134	CPAP/ CPAD Equipments	Not Payable
135	Infusion Pump - Cost	Not Payable
136	Oxygen Cylinder (for Usage outside the Hospital)	Not Payable
137	Pulseoxymeter Charges	Not Payable
138	Spacer	Not Payable
139	Spirometre	Not Payable
140	SPO2 Probe	Not Payable
141	Nebulizer Kit	Not Payable
142	Steam Inhaler	Not Payable
143	Armsling	Not Payable
144	Thermometer	Not Payable (paid By Patient)
145	Cervical Collar	Not Payable
146	Splint	Not Payable
147	Diabetic Foot Wear	Not Payable
148	Knee Braces (Long/ Short/ Hinged)	Not Payable
149	Knee Immobilizer/Shoulder Immobilizer	Not Payable
150	Lumbo Sacral Belt	Essential and should be paid at least specifically for cases who have undergone Surgery of Lumbar Spine
151	Nimbus Bed or Water or Air Bed Charges	Payable for any ICU Patient requiring more than 3 Days in ICU; All Patients with Paraplegia/Quadriplegia for any reason and at Reasonable Cost of approximately Rs 200/Day
152	Ambulance Collar	Not Payable
153	Ambulance Equipment	Not Payable
154	Microsheild	Not Payable
155	Abdominal Binder	Essential and should be Paid at least in Post Surgery Patients of Major Abdominal Surgery Including TAH, LSCS, Incisional Hernia Repair, Exploratory Laparotomy for Intestinal Obstruction, Liver Transplant Etc.

	V Items Payable if Supported by a Prescription	
156	Betadine \ Hydrogen Peroxide\spirit\ Disinfectants Etc	May be Payable when prescribed for Patient, Not Payable for Hospital use in OT or Ward or for dressings ward or for dressings
157	Private Nurses Charges- Special Nursing Charges	Post Hospitalization Nursing Charges Not Payable
158	Nutrition Planning Charges - Dietician Charges- Diet Charges	Patient Diet provided by Hospital is Payable
159	Sugar Free Tablets	Payable -Sugar Free variants of admissible medicines are not Excluded
160	Cream Powder Lotion (Toileteries are Not Payable, only Prescribed Medical Pharmaceuticals Payable)	Payable when Prescribed
161	Digestion Gels	Payable when Prescribed
162	ECG Electrodes	Upto 5 Electrodes are Required for every case visiting OT or ICU. For longer stay in ICU, may Require a Change and at least one set every second day must be Payable.
163	Gloves	Sterilized Gloves Payable / Unsterilized Gloves not payable
164	HIV Kit	Payable - Pre-Operative Screening
165	Listerine/ Antiseptic Mouthwash	Payable When Prescribed
166	Lozenges	Payable When Prescribed
167	Mouth Paint	Payable When Prescribed
168	Nebulisation Kit	If used during Hospitalization is Payable Reasonably
169	Novarapid	Payable When Prescribed
170	Volini Gel/ Analgesic Gel	Payable When Prescribed
171	Zytee Gel	Payable When Prescribed
172	Vaccination Charges	Routine Vaccination Not Payable / Post Bite Vaccination Payable
	VI Part of Hospital's own Costs and not Payable	
173	AHD	Not Payable - Part of Hospital's Internal Cost
174	Alcohol Swabes	Not Payable - Part of Hospital's Internal Cost
175	Scrub Solution/ Sterillium	Not Payable - Part of Hospital's Internal Cost
	VII Others	
176	Vaccine Charges for Baby	Not Payable
177	Aesthetic Treatment / Surgery	Not Payable
178	TPA Charges	Not Payable
179	Visco Belt Charges	Not Payable
180	Any Kit with no details mentioned [Delivery Kit, Orthokit, Recovery Kit, Etc]	Not Payable
181	Examination Gloves	Not Payable
182	Kidney Tray	Not Payable
183	Mask	Not Payable
184	Ounce Glass	Not Payable
185	Outstation Consultant's/ Surgeon's Fees	Not Payable, Except For Telemedicine Consultations Where Covered by Policy
186	Oxygen Mask	Not Payable
187	Paper Gloves	Not Payable
188	Pelvic Traction Belt	Should be Payable in case of PIVD requiring traction as this is generally not reused
189	Referal Doctor's Fees	Not Payable
190	Accu Check (Glucometery/ Strips)	Not Payable. Pre-Hospitalisation or Post-Hospitalisation / Reports and Charts Required/ Device Not Payable
191	Pan Can	Not Payable
192	Sofnet	Not Payable

193	Trolly Cover	Not Payable
194	Urometer, Urine Jug	Not Payable
195	Ambulance	Payable - Ambulance from home to Hospital or inter-hospital shifts is Payable/ RTA - As Specific Requirement for critical injury is Payable
196	Tegaderm / Vasofix Safety	Payable - Maximum of 3 in 48 Hrs and then 1 in 24 Hrs
197	Urine Bag	Payable where medically necessary till a reasonable cost - Maximum 1 Per 24 Hrs
198	Softovac	Not Payable
199	Stockings	Essential for case like CABG etc. Where it should be paid.

Annexure IV Critical Illness

1) CANCER OF SPECIFIED SEVERITY

I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

II. The following are excluded –

I. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -

2 and CIN-3.

ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

iii. Malignant melanoma that has not caused invasion beyond the epidermis;

iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0

v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

vi. Chronic lymphocytic leukaemia less than RAI stage 3

vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,

viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

ix. All tumors in the presence of HIV infection.

2) OPEN CHEST CABG

I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

II. The following are excluded:

I. Angioplasty and/or any other intra-arterial procedures

3) MYOCARDIAL INFARCTION (First Heart Attack Of Specified Severity)

I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)

ii. New characteristic electrocardiogram changes

iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

II. The following are excluded:

i. Other acute Coronary Syndromes

ii. Any type of angina pectoris

iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure

4) KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

5) MAJOR ORGAN /BONE MARROW TRANSPLANT

I. The actual undergoing of a transplant of:

i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or

ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

II. The following are excluded:

i. Other stem-cell transplants

ii. Where only islets of langerhans are transplanted

6) STROKE RESULTING IN PERMANENT SYMPTOMS

I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

II. The following are excluded:

i. Transient ischemic attacks (TIA)

ii. Traumatic injury of the brain

iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

7) PERMANENT PARALYSIS OF LIMBS

I. Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

8) OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

I. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

9) COMA OF SPECIFIED SEVERITY

I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

i. No response to external stimuli continuously for at least 96 hours;

ii. life support measures are necessary to sustain life; and

iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

10) MOTOR NEURONE DISEASE WITH PERMANENT SYMPTOMS

I. Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

11) MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and

ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

II. Other causes of neurological damage such as SLE and HIV are excluded.

12) BENIGN BRAIN TUMOR

I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or

ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

III. The following conditions are excluded:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

13) AORTA GRAFT SURGERY

The actual undergoing of major Surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "Aorta" shall mean the thoracic and abdominal aorta but not its branches.

(i) The following conditions are excluded:

a. Surgery performed using only minimally invasive or intra-arterial techniques.

b. Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures.

(ii) The diagnosis to be evidenced by any two of the following:

a. Computerized tomography (CT) scan

b. Magnetic Resonance Imaging (MRI) scan

c. Echocardigraphy (an ultrasound of the heart)

d. Angiography (Injecting X ray dye)

e. Abdominal ultrasound

14) THIRD DEGREE BURNS

I. There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

15) PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION

I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

II. The NYHA Classification of Cardiac Impairment are as follows:

i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

ii. Class IV: Unable to engage in any physical activity without discomfort.

Symptoms may be present even at rest.

III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

16) END STAGE LIVER FAILURE

I. Permanent and irreversible failure of liver function that has resulted in all three of the following:

i. Permanent jaundice; and

ii. Ascites; and

iii. Hepatic encephalopathy.

II. Liver failure secondary to drug or alcohol abuse is excluded.

17) DEAFNESS

I. Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing" in both ears.

18) LOSS OF SPEECH

I. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

II. All psychiatric related causes are excluded.

Kotak Mahindra General Insurance Company Ltd. (Formerly Kotak Mahindra General Insurance Ltd.)
CIN: U66000MH2014PLC260291. **Registered Office:** 27 BKC, C 27, G Block, Bandra Kurla Complex, Bandra East, Mumbai – 400051. Maharashtra, India.
Office: 8th Floor, Zone IV, Kotak Infiniti, Bldg. 21, Infinity IT Park, Off WEH, Gen. AK Vaidya Marg, Dindoshi, Malad (E), Mumbai – 400097. India.
Toll Free: 1800 266 4545 Email: care@kotak.com Website: www.kotakgeneralinsurance.com IRDAI Reg. No. 152.