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

KOTAK HEALTH CARE - PRIME PLAN
PROSPECTUS

PLAN DETAILS

Plan Name	**Prime**	
Base Annual Sum Insured*	10 lac/ 15 lac/ 20 lac/ 25 lac/ 50 lac/ 75 lac/ 100 lac	
Basic Covers	Inpatient Hospitalization	
	Pre-hospitalisation up to 30 days	
	Post hospitalisation up to 60 days	
	150 Named Day-care Surgeries & Procedures	
	Ambulance Cover of ₹ 1500	
	Free Health Check-up - for each Insured Person above 18 years of Age, each Policy Year for the specified tests	
	Cumulative Bonus - 10% of the Sum Insuredfor each claim free year, upto a maximum of 50%	
Optional	Option 1	Hospital Daily Cash (₹ 500 per day for minimum Extensions3 days subject to maximum of 10 days
	Option 2	Convalescence Benefit- ₹ 10,000 (minimum hospitalisation of 10 days)
	Option 3	Donor Expenses (upto Base Annual Sum Insured)
	Option 4	Critical Illness Cover (Additional Sum Insured of ₹ 5 lacs)
	Option 5	Double Sum Insured for Hospitalization due to Accident (Additional Sum Insured equivalent to Base Annual Sum Insured)
	Option 6	Domiciliary Hospitalization Cover (upto Base Annual Sum Insured)
	Option 7	Alternative Treatment (upto ₹ 50,000 within Base Annual Sum Insured)
	Option 8	Maternity Benefit: ₹ 50,000
	Option 9	New Born Baby Cover (Upto base Annual Sum Insured)
	Option 10	Compassionate Visit: ₹ 10,000
	Option 11	Restoration of Sum Insured (Additional Sum Insured equivalent to Base Annual Sum Insured)
Mandatory Medical check-up	Every Individual member greater than 18 years	
Individual / Floater	Both	
Waiting period for Pre-existing Illnesses	4 years for all age groups	
Free Health Check-up	One free health check up for each insured person that is above 18 years of Age for the specified tests	

*Base Annual Sum Insured means the amount specified in the Policy Schedule which is Our maximum, total and cumulative liability for any and all Claims during the Policy Year in respect of all Insured Persons. If the Policy Period is more than one year, then the Base Annual Sum Insured will apply afresh to each Policy Year in the Policy Period, but any portion of the Base Annual Sum Insured which remains un-utilised in any Policy Year shall not be carried forward to any subsequent Policy Year in the Policy Period

The named benefits below shall have sum insured in addition to the opted Base Annual Sum Insured.

- Hospital Daily Cash
- Convalescence benefit
- Critical Illness cover
- Double Sum Insured for Hospitalization due to Accident
- Restoration of Sum Insured

Rest of the benefits names as under shall share the same sum insured as base covers.

- Domiciliary Hospitalization Cover
- Donor Expenses
- Alternative Treatment
- New born baby cover

1. What is covered?

1.1. Basic covers (Mandatory Covers)

- **In-patient Treatment**

We will indemnify the Medical Expenses incurred on the Insured Person's Hospitalization during the Policy Period following an Illness or Injury for a minimum and continuous period of 24 hours that occurs during the Policy Period provided that:

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

(b) the Medical Expenses incurred are Reasonable and Customary;

- **Day Care Treatments**

We will indemnify the Medical Expenses incurred on the Insured Person's Day Care Treatment during the Policy Period following an Illness or Injury that occurs during the Policy Period provided that:

(a) The Day Care Treatment is for Medically Necessary Treatment and follows the written advice of a Medical Practitioner;

(b) The Medical Expenses incurred are Reasonable and Customary;

(c) We will only cover the Medical Expenses for those Day Care Treatments which are listed in Annexure to this this Prospectus. The complete list of Day Care Treatments covered is also available on Our website [www.kotakgeneralinsurance.com];

(d) We will not cover any OPD Treatment under this Benefit.

- **Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses**

We will indemnify the Insured Person's Pre-Hospitalisation Medical Expenses and/or Post-Hospitalisation Medical Expenses following an Illness or Injury that occurs during the Policy Period provided that:

(a) We have accepted a Claim for In-patient Treatment or Day Care Treatment under this Policy and the Pre-Hospitalisation Medical Expenses and/or Post-Hospitalisation Medical Expenses relate to the same Illness/medical condition;

(b) We will not be liable to pay Pre-Hospitalisation Medical Expenses for more than 30 days immediately preceding the Insured Person's Admission to Hospital for In-patient Care or Day Care Treatment;

(c) We will not be liable to pay Post-Hospitalisation Medical Expenses for more than 60 days immediately following the Insured Person's discharge from Hospital following In-patient Care or Day Care Treatment.

- **Ambulance Cover**

We will indemnify the Reasonable and Customary Charges incurred up to the limit specified in the Policy Schedule towards transportation of the

Insured Person by a registered healthcare or Ambulance service provider to a Hospital for treatment of an Illness or Injury following an Emergency provided that:

(a) The necessity of the use of the Ambulance is certified by the treating Medical Practitioner;

(b) We will also provide cover under this Benefit if the Insured Person is required to be transferred from one Hospital to another Hospital or diagnostic centre for advanced diagnostic treatment where such facility is not available at the existing Hospital or the Insured Person is required to be moved to a better Hospital facility due to lack of available/adequate treatment facilities at the existing Hospital.

(c) The limit under Ambulance cover is applicable for each claim admitted under the policy.

- **Free Health Check-up**

We will arrange for one free health check-up at Our Network Provider for each Insured Person that is above 18 years of Age, each Policy Year for the specified tests. Availing the Free Health Check-up will not impact the Base Annual Sum Insured or the Cumulative Bonus.

This will be offered regardless of any claim admitted/ registered in the Policy.

The present free health check-up will consist of the following tests for all eligible Insured Persons:

(a) CBC;

(b) MER;

(c) Serum Cholesterol;

(d) Serum Creatinine;

(e) SGPT /SGOT

(f) ECG;

(g) Random Blood Sugar.

- **Cumulative Bonus**

We will increase Your Base Annual Sum Insured by 10% at the end of the Policy Year if the Policy is renewed with Us provided that:

(a) If the Policy is a Family Floater Policy, then the Cumulative Bonus will accrue only if no claims have been made in respect of all the Insured Persons in the expiring Policy Year;

(b) If the Policy is an Individual policy, then Cumulative Bonus will accrue only if no claim has been made in respect of that Insured Person;

(c) The Cumulative Bonus under a Family Floater Policy will be available only to those Insured Persons who were Insured Persons in the immediately completed Policy Year;

(d) If any Claim is made under the Policy after a Cumulative Bonus has been applied under the Policy, then the accrued Cumulative Bonus under the Policy will reduce by 10% on the commencement of the next Policy Year or the next Renewal of the Policy (as applicable);

(e) The Cumulative Bonus will not accrue in excess of 50% of the Base Annual Sum Insured;

(f) If the Base Annual Sum Insured is increased at the time of Renewal, then the Cumulative Bonus will be calculated based on the Base Annual Sum Insured of the immediately completed Policy Year;

(g) If the Base Annual Sum Insured is reduced at the time of Renewal, then the applicable cumulative bonus will be applicable on the renewed policy Annual Sum Insured.

(h) Cumulative bonus will be carried forward to the next policy year, provided the Insured Person renews the policy before the expiry of the grace period.

(i) If the Policy Period is more than one year, then any Cumulative Bonus that has accrued for the Policy Year will be credited at the end of the Policy Year and shall be available for any claims made in the subsequent Policy Year.

1.2. Optional Packs of Extensions that can be availed under the Policy on payment of additional premium:-

Option 1

- **Hospital Daily Cash**

We will pay the Daily Cash Amount of ₹ 500 for this Extension for each and every completed day of the Insured Person's Hospitalization during the Policy Period provided that:

a) We have accepted a Claim for In-patient Treatment under the Policy;

b) The Insured Person's Hospitalization extends for at least 3 consecutive days, in which case We will make payment under this Extension from the first day of Hospitalization.

c) We shall not be liable to make payment for more than the maximum number of days per policy year specified in the Policy Schedule for this Extension.

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

e) The payment under this benefit is over and above the opted Base Annual Sum Insured.

Option 2

- **Convalescence Benefit**

We will pay a benefit amount of ₹ 10,000 once during the Policy Period, if the Insured Person is Admitted in Hospital for a minimum period of 10 consecutive days or more provided that:

a) We have accepted a Claim for In-patient Treatment under the Policy in respect of the same Hospitalization;

b) We shall not be liable to make payment under this Extension in respect of an Insured Person more than once during the Policy Year.

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

d) The payment under this benefit is over and above the opted Base Annual Sum Insured.

Option 3

- **Donor Expenses**

We will indemnify the In-patient Hospitalisation Medical Expenses towards the donor for harvesting the organ up to the limits of the Annual Sum Insured (subject to availability of opted Base Annual Sum Insured), provided that:

a. The organ donor is any person in accordance with the Transplantation of Human Organs Act 1994 (amended) and other applicable laws and rules;

b. The organ donated is for the use of the Insured Person who has been asked to undergo an organ transplant on Medical Advise;

c. We have accepted a Claim for In-patient Treatment under the Policy in respect of the Insured Person;

d. In case of Individual policy, this payout will available on Individual basis and In case of floater the payout will be available on floater basis.

e. The payment under this benefit is within the Annual Sum Insured.

f. We will not cover expenses towards the donor in respect of:

(i) Any Pre-Hospitalization Medical Expenses or Post-Hospitalization Medical Expenses;

(ii) Costs directly or indirectly associated to the acquisition of the organ;

(iii) Any other medical treatment or complication in respect of the donor, consequent to harvesting.

Exclusion 3.4(aa) of the Policy Wordings stands deleted to the extent of this Extension only.

Option 4

- **Critical Illness Cover:** On payment of additional premium, cover would be provided to each individual on the opted limit of amount (Sum Insured) for the policy period. This cover would be applicable on individual sum insured basis.

We will once during the lifetime of the Insured Person pay separate Critical Illness Sum Insured if the Insured Person is first diagnosed with one of the following critical illnesses during the Policy Period:

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

- Cancer of specified severity
- Kidney failure requiring regular dialysis;
- Multiple Sclerosis with persisting symptoms;
- Motor Neurone Disease with Permanent Symptoms
- Benign Brain Tumour
- Primary Pulmonary Arterial Hypertension
- End Stage Liver Disease/Failure

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

- Major Organ / Bone Marrow Transplant;
- Open heart replacement or repair of heart valves
- Open chest CABG
- Aorta Graft Surgery

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

- Coma of Specified Severity
- Stroke resulting in permanent symptoms;

- Permanent Paralysis of Limbs;
- First Heart Attack- of specified severity.
- Third Degree (or Major) Burns
- Deafness or Loss of Hearing
- Loss of Speech

Provided that:

a. We shall not be liable to accept any Claim under this Extension if it pertains to any Critical Illness diagnosed within 90 days of the commencement of the first Policy Period of this Extension with Us.
b. We shall not be liable to make payment under this Extension more than once in respect of any Insured Person across all Policy Periods;
c. Payment under this Extension will not impact the opted Base Annual Sum Insured or the Cumulative Bonus (if any).
d. This benefit is applicable on an individual basis irrespective of type of policy (Individual/ floater).
e. The payment under this benefit is over and above the opted Base Annual Sum Insured.
f. Once a claim has been accepted and paid for a particular Critical Illness, this extension shall cease in respect of that Insured Person, but shall continue to be in force for other Insured Persons.
g. Notwithstanding any provision to the contrary in the Policy, under this Extension alone We will cover Claims occurring worldwide;

Option 5

- **Double Sum Insured for hospitalization due to Accident**

We will indemnify Medical Expenses incurred in respect of the Insured Person's Hospitalization during the Policy Period in respect of an Injury sustained solely and directly due to an Accident which occurs during the Policy Period upto twice the opted Base Annual Sum Insured provided that:

a) In calculating the amount available to the Insured Person under this Extension, We shall deduct any amount previously paid from twice the opted Base Annual Sum Insured during the Policy Year;
b) The amount calculated under this Extension shall not be available for Medical Expenses incurred for treatment of any other Injury or Illness;
c) The amount calculated under this Extension shall not be available for payment of benefits under any provision other than the In-patient Treatment cover under the Policy;
d) This benefit is applicable on an individual basis irrespective of type of policy (Individual/ floater).
e) The payment under this benefit is over and above the opted Base Annual Sum Insured.
f) If this amount is un-utilised (in whole or in part) in any Policy Year, it shall not be carried forward to any subsequent Policy Year.

Option 6

- **Domiciliary Hospitalisation Cover**

We will indemnify the Medical Expenses incurred on the Insured Person's Domiciliary Hospitalization during the Policy Period following an Illness or Injury that occurs during the Policy Period up to the limits of the Annual Sum Insured (subject to availability of Base Annual Sum Insured), provided that:

a) We will cover medical expenses of an Insured person for treatment of a disease, illness or injury taken at home which would otherwise have required hospitalisation or since the Insured person's condition did not allow a hospital transfer or a hospital bed was unavailable. This is provided that the condition for which treatment is required continues for at least 3 days and is on the advice of a medical practitioner.
b) the domiciliary hospitalization is Medically Necessary and follows the written advice of a Medical Practitioner;
c) the Medical Expenses incurred are Reasonable and Customary Charges;
d) The Insured Person's Domiciliary Hospitalization extends for at least 3 consecutive days in which case We will pay Medical Expenses under this Extension from the first day of Domiciliary Hospitalization;
e) In case of Individual policy, this payout will available on Individual basis and In case of floater the payout will be available on floater basis.
f) The payment under this benefit is within the opted Base Annual Sum Insured.
g) We will not indemnify any Pre-Hospitalization Medical Expenses or Post-Hospitalization Medical Expenses under this Extension;
h) We shall not indemnify any Medical Expenses incurred for the treatment of any of the following Illnesses/conditions:

I. Asthma;
ii. Bronchitis;
iii. Chronic Nephritis and Chronic Nephritic Syndrome;
iv. Diarrhoea and all types of Dysenteries including Gastro-enteritis;
v. Diabetes Mellitus and Insipidus;
vi. Epilepsy;
vii. Hypertension;
viii. Influenza, cough and cold;
ix. All psychiatric or psychosomatic disorders;
x. Pyrexia of unknown origin for less than 10 days;
xi. Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis;
xii. Arthritis, Gout and Rheumatism.

Exclusion 3.4(w) of the Policy Wordings stands deleted to the extent of this Extension only.

Option 7

- **Alternative treatment**

We will indemnify the Medical Expenses incurred on the Insured Person's Alternative Treatment up to INR 50,000 (subject to availability of opted Base Annual Sum Insured), provided that:

a) The Alternative Treatment is administered by a Medical Practitioner;
b) The Insured Person is admitted to Hospital as an Inpatient for the Alternative Treatment to be administered.
c) In case of Individual policy, this payout will available on Individual basis and In case of floater the payout will be available on floater basis.
d) The payment under this benefit is within the Annual Sum Insured.

Exclusion 3.4(bb) of the Policy Wordings stands deleted to the extent of this Extension only.

Option 8

- **Maternity Benefit**

We will indemnify the Medical Expenses incurred up to the Maternity Benefit Sum Insured specified in the Policy Schedule for this Extension for the delivery of the Insured Person's child (including caesarian section) during Hospitalization or the Medically Necessary and lawful medical termination of pregnancy during the Policy Period provided that:

(a) We shall not be liable to make any payment under this Extension until the waiting period specified in the Policy Schedule for this Extension has expired;
(b) The cover shall be available to the Insured between 18 to 45 years where the Insured should have been continuously covered for at least 36 months with this optional extension.
(c) We shall not be liable to more than 2 deliveries or terminations across all Policy Periods with Us;
(d) We will cover pre-natal and post-natal expenses up to the amount specified in the Policy Schedule for this Extension provided that We have accepted a Claim for delivery/termination under this Extension;
(e) Payment under this Extension will not impact the opted base annual sum Insured or the Cumulative Bonus (if any);
(f) This benefit is applicable on an individual basis irrespective of type of policy (Individual/ floater).
(g) The payment under this benefit is over and above the opted Base Annual Sum Insured.
(h) We will not indemnify any Pre-Hospitalization Medical Expenses or Post-Hospitalization Medical Expenses under this Extension;
(i) Ectopic pregnancy shall not be covered under this Extension, but any Claims will be considered under In-patient Treatment;

Exclusion 3.4(m) of the Policy Wordings stands deleted to the extent of this Extension only.

Option 9

- **New Born Baby Cover**

We will indemnify the Medical Expenses incurred on the Hospitalization of the Insured Person's New Born Baby during the Policy Period up to the limits of the Base Annual Sum Insured (subject to availability of Base Annual Sum Insured). Subject to the terms and conditions of the Policy, We will cover the New Born Baby beyond 90 days on payment of requisite premium for the New Born Baby into the Policy by way of an endorsement or at the next Renewal, whichever is earlier.

a) In case of Individual policy, this payout will available on Individual basis and In case of floater the payout will be available on floater basis.
b) The payment under this benefit is within the opted Base Annual Sum Insured.
c) Any pre and post hospitalization expenses for the new born shall not be covered under this benefit.

Option 10

- **Compassionate Visit**

We will indemnify the costs of a return (to and fro) economy class domestic air ticket for one of the Insured Person's Immediate Relative to travel from the place of the Immediate Relative's residence to the Hospital where the Insured Person is hospitalized, in case of the Insured Person's Hospitalization extends beyond 5 consecutive days.

This benefit is payable, provided a claim is admitted under this policy.

For the purpose of this Extension, the term "Immediate Relative" would mean the Insured Person's spouse, dependent children or dependent parents.

Option 11

- **Restoration of Sum Insured**

We will provide a 100% restoration of the opted Base Annual Sum Insured once in a Policy Year if the opted Base Annual Sum Insured and the Cumulative Bonus (if any) is insufficient as a result of previous Claims in that Policy Year, provided that:

(a) The restored Base Annual Sum Insured will only be available for future Claims under the Policy and not in respect of any Claims for any Illness (including its complications) in respect of which a Claim has already been accepted in that Policy Year;

(b) No Cumulative Bonus will apply on the restored Base Annual Sum Insured;

(c) The restored Base Annual Sum Insured will apply to all Insured Persons on the same basis as the opted Base Annual Sum Insured;

(d) Benefit under this extension is applicable only for basic covers but not for any optional extensions

(e) Any restored Base Annual Sum Insured which is not utilized in a Policy Year shall not be carried forward to any subsequent Policy Year;

(f) We shall not restore the Base Annual Sum Insured more than once in any Policy Year;

(g) Restoration of Sum Insured will be in addition to opted Base Annual Sum Insured.

(h) In case of Individual policy, payment under this cover shall be available on Individual basis and In case of floater the payment shall be will be available on floater basis.

2. Salient Features:

- **Eligibility:**

Entry age: Individual policy Minimum: 5 Years

Floater policy: Minimum 91 days

(Children from 91 days to 5 years can be covered if any of the Parent is also covered in the same Policy)

Maximum Entry Age: 65 years,

Maximum Entry age for dependent children: 25 years

Children under family floater policies after completion of 25 years shall have to move to separate health insurance policy.

Exit age: The Policy provides for life-long renewal

Policy Type: Individual and Family Floater

Relationships covered: Self, Spouse, Dependent children, Dependant parents

Policy Term: 1/2/3 years

- **Pre-Policy Medical Check-up**

We will require You to undergo a medical check-up based on Your age and the Sum Insured opted, Wherever any pre-existing disease or any other adverse medical history is declared, We may ask such member to undergo specific tests, as We may deem fit to evaluate such member. Medical tests will be facilitated by us and conducted at Our network of diagnostic centres. The validity of such tests will be up to 30 days. If we accept your proposal, we will reimburse 50% of the cost of such pre-insurance medical tests.

The charges of the medical test and the centre at such tests shall be conducted will be informed to you before the medical examination.

The following criteria would be applied for medical examination:

Sum Insured	10 lacs		Above 10 lacs
Age	18 - 35 years	Greater than 35 years	Greater than 18 years
Tests Applicable	CBC	CBC	CBC
	ECG	Urine Routine	Urine Routine
	SGPT /SGOT	ECG	ECG
	Serum Creatinine	SGPT / SGOT	SGPT / SGOT
	Serum Cholesterol	Serum Creatinine	Serum Creatinine
	Blood Glucose - Fasting	Lipid Profile	Lipid Profile
	Medical Examination Report	HbA1c	HbA1c
		TMT USG Abdomen	2D Echo USG Abdomen
		Blood Glucose - Fasting	TMT
		Medical Examination Report	HbsAg
			Blood Glucose – Fasting
			Medical Examination Report
			TSH for females and PSA for Males

- **Underwriting and Loadings**

Based on Proposal form declarations, health status and medical test, We may Accept, reject or apply a risk loading up to a maximum 100% per Insured Person, on the premium payable (excluding statutory levis & taxes) based on declarations on proposal form, your health status. Loadings will be applied from Inception Date of the first Policy including subsequent renewal(s). There will be no loadings based on individual claims experience.

We will inform You about the applicable risk loading or special condition through a counter offer letter and We will only issue the Policy once We receive your consent and applicable additional premium.

Following loadings may be applied on the policy for the medical ailments listed below if they are accepted at the time of underwriting. The loadings are applicable on individual ailments only.

In case of loading on 2 or more ailments, the loadings shall apply in conjunction, however maximum risk loading per individual shall not exceed 100% of Premium excluding applicable Taxes. In case policies accepted with loadings, waiting period for Pre-existing disease's as well as 2 year waiting period shall be applicable.

In case policies accepted with loadings, waiting period for Pre-Existing Disease Waiting Period (Section 3) as well as 2 Year Waiting Period (Section 3) shall continue to be applicable.

In case of floater policies, Highest loading of the individuals irrespective of age, shall be application on the total premium.

For example:

In case of a family of ages 35 years and 40 years who take an individual policy of 2 year term, the Premium & loading charged for the policy shall be based on the highest age of 40 years		
	Insured 1	**Insured 2**
Age	35 Years	40 years
Sum Insured	3 Lac	
Premium	13,410	
Underwriter Loading	20%	10%
Highest loading considered for application on the family	20%	
Loading Amount	₹ 2,682	
Premium incl. Loading	₹ 16,092	
Add: Service Tax @ 14.5%	₹ 2,333	
Total Amount Payable	₹ 18,426	

Sr. No.	List of Acceptable\ Medical Ailments (subject to other co-existing conditions)	Applicable Underwriting Loading (in %)
1	Anal fistula	10
2	Anemia, Hemolytic	10
3	Asthma	15
4	Benign Prostatic Hyperplasia	10
5	Biliary stones	10
6	Cataract (if surgery not done)	10
7	Cholelithiasis	10
8	Deviated Nasal Septum	10
9	Diabetes Mellitus	20
10	Dyslipidemia	15
11	Epilepsy	15
12	Fatty Liver	10
13	Fibroadenoma breast (non-malignant)	15
14	Fissure in Ano	10
15	GERD (Gastric Esophageal Reflux Disease)	15
16	Hematuria	10
17	Hemorrhoids	10

18	Hydrocele	10
19	Hypertension	20
20	Inguinal Hernia	10
21	Leiomyoma of GI tract	15
22	Myoma Uterine	10
23	Nasal polyp	10
24	Ovarian Cysts	15
25	Peptic Ulcer Diseases	10
26	Poliomyelitis	10
27	Polycystic Ovarian Disease (PCOD)	15
28	Renal stones	10
29	Tuberculosis	15
30	Tympanoplasty	10
31	Umbilical hernia	10
32	Undescended Testicle	15
33	Urinary Tract infection (UTI) / kidney infection	15
34	Varicocele	10
35	Varicose Veins	15
36	Vertigo	15

Loading based on the medical test:

Sl. No	Medical Test	Range of Loading Percent (For more than 10 percentile deviation from normal test values)
1	Haemogram	10%
2	Blood Sugar	10%
3	Urine routine	10%
4	Kidney Function Test	10%
5	Complete Lipid Profile	10%
6	Liver Function Test	10%
7	Prostate Specific Antigen	In case of deviation from normal values, medical test to be clinically correlated and evaluated on a case to case basis. If deviation is accepted then loading will be 20%
8	Thyroid Profile	10%
9	Tread Mill Test	In case of deviation from normal values, medical test to be clinically correlated and evaluated on a case to case basis. If deviation is accepted then loading will be 20%
10	USG Abdomen & Pelvis	In case of deviation from normal values, medical test to be clinically correlated and evaluated on a case to case basis. If deviation is accepted then loading will be 20%
11	X-Ray Chest	In case of deviation from normal values, medical test to be clinically correlated and evaluated on a case to case basis. If deviation is accepted then loading will be 20%
12	2D Echo	In case of deviation from normal values, medical test to be clinically correlated and evaluated on a case to case basis. If deviation is accepted then loading will be 20%

- **Declined Risks**

The following medical conditions would be upfront rejections:

A. Brain and Neurological conditions –like the following

- Stroke, cerebrovascular diseases
- Acute paralysis
- Parkinsons, Alzheimer's
- Degenerative disorders- Motor Neuron Disease, Myasthenia Gravis
- Myopathys, Multiple sclerosis
- Epilepsy
- Cranial Nerve Disorders
- Hydrocephelous
- Chronic Polyneuropathy
- Development Disorders, Down Syndrome

B. Liver and gall bladder

- Cirrosis, Ascites
- Hepatitis B ; Hepatitis C
- Cancer

C. Diabetes

- Type 1- Insulin Dependent – Reject
- Type 2- Non Insulin dependent
  - More than 10 years History – Reject
  - For less than 10 years History,
    - Under 40 years age – Reject
    - Above 40 years age Accept

D. Heart Diseases

- Arrhythmias
- Heart Blocks
- Myocarditis
- Cardiomyopathies
- Congenital defects
- Valvular defects
- Endocarditis
- Hypertrophy
- Pacemaker installed
- Pericarditis

E. Blood Disorders

- Anaemia – Medical examination
  - Aplastic – Reject
  - Iron deficiency – Reject if HB below 6 gm%
- Megaloblastic – Unresponsive / cause unknown – Reject
- Coagulation disorders – Reject

F. Cancers

G. Arthritis & Spinal Disorders

H. HIV/AIDS related disorders

I. Organ Transplants

Above list is not an exhaustive one and may vary depending upon the experience.

- **Premiums**

The Premium charged on the Policy will depend on the Plan, Sum Insured, Policy Tenure, Age, Policy Type, and Optional Extensions opted. Additionally the health status of the individual will also be considered.

In case of Floater policy type, premiums will be calculated on the age of the senior most member in the Family.

- **Discounts**

Discount for Long Term policies – 5% for 2 year policies and 10% for 3 year policies

Discount for online policy issuance -2.5%

Discount for Kotak Group Employee – 5%

- **Annual Sum Insured**

This denotes the maximum amount of cover available to you for a Policy Period of one year.

- **Cancellation of Policy**

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

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

(ii) No Refund is applicable when policy is cancelled by the Insurer on grounds of misrepresentation, fraud, nondisclosure or non-cooperation of the Insured.

- **Payment Terms:**

The named benefits below shall have sum insured in addition to the Annual opted Sum Insured.

- Hospital Cash
- Convalescence benefit
- Critical Illness cover.
- Double Sum Insured for Hospitalization due to Accident
- Restoration of Sum Insured

Rest of the benefits names as under shall share the same sum insured as base covers.

- Domiciliary Hospitalization Cover
- Donor Expenses
- Alternative Treatment
- New born baby cover

3. Waiting Period's and Exclusions

3.1 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 exclusion does not apply for Insured Person having any health insurance policy in India at least for a period of 48 continuous months as applicable, prior to taking this Policy

and accepted under portability cover, as well as for three subsequent Renewals with Us without a break.

3.2 30 Day Waiting Period

A waiting period of 30 days from the Inception Date of the Policy will be applicable for all hospitalisation claims except in case of accidents. This exclusion doesn't apply for Insured Person having any health insurance indemnity policy in India at least for a period of 30 days prior to taking this Policy and accepted under portability cover, as well as for subsequent Renewals with Us without a break.

3.3 2 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 2 consecutive years 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) Surgery on Tonsilitis, adenoids and sinuses;
(n) Gastric and duodenal erosions and ulcers;
(o) Deviated nasal septum;
(p) Varicose Veins/ Varicose Ulcers.

* Our maximum liability for any Claim for an Insured Person's cataract treatment shall not exceed ₹ 20,000 per eye, during each Policy Year of the Policy Period.

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.

3.4 Permanent Exclusions:

We shall not be liable to make any payment under this policy directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

(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;
(d) Any expenses incurred on personal comfort, cosmetics, convenience and hygiene related items and services;
(e) Any naturopathy treatment, 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;
(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 voluntary termination of pregnancy, childbirth, miscarriage, 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) Genetic disorder and stem cell implantation/surgery, harvesting, storage or any kind of treatment using stem cells.
(p) 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;
(q) 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;
(r) Expenses on supplements, vitamins and tonics unless forming part of treatment for Injury or Illness as certified by the attending Medical Practitioner;
(s) 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;
(t) 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;
(u) Experimental, unproven or non-standard treatment which is not consistent with or incidental to the usual diagnosis and treatment of any Illness or Injury;
(v) Any Claim directly or indirectly related to criminal acts;
(w) Any expenses arising out of Domiciliary Hospitalization; unless covered under extension 'Domiciliary hospitalization cover'
(x) Any treatment taken outside India;
(y) 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;
(z) 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;
(aa) Expenses related to donor screening, treatment, including surgery to remove organs from a donor in the case of transplant surgery; unless covered under extension 'Donor Expenses'
(bb) Non- allopathic treatment; unless covered under extension 'Alternative treatment'
(cc) Any consequential or indirect loss arising out of or related to Hospitalization;
(dd) 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;
(ee) 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;
(ff) All non-medical expenses listed in Annexure III of the Policy Wordings.

4. How do I claim my insurance?

- **Cashless Basis:** In case of emergency or planned Hospitalisation, use your health ID card at our network Hospitals and avail of cashless service. Cashless facility is only available at a Network Provides and approval is subject to Pre-authorisation approved by Us
- **Pre-authorization** means prior to taking any treatment or incurring Medical Expenses at a Network Hospital, You must contact Us accompanied with full particulars namely, Policy Number, Your name, Your relationship with Policyholder, nature of Illness or Injury, name and address of the doctor/ Hospital and

any other information that may be relevant to the Illness/ Injury/ Hospitalisation. You must request pre-authorisation at least 48 hours before a planned Hospitalization and in case of an emergency situation, within 24 hours of Hospitalization.

Once there is sufficient information to assess the eligibility of the Claim under the Policy, We/Our TPA will issue the authorisation letter specifying the sanctioned amount, any specific limitation on the Claim and non-payable items, if applicable, or reject the request for pre-authorisation specifying reasons for the rejection.

- **Reimbursement Basis:** In case of reimbursement settlement, You should immediately notify Us about the claim by calling at the toll free number as specified in the Policy. You or someone claiming on Your behalf, should then send us the following documents in original within 30 days after Your discharge from the Hospital:
  - Duly completed Claim form signed by You and the Medical Practitioner (only for reimbursement claims);
  - Copy of the photo identity document of the Insured Person;
  - Original bills, receipts and discharge certificate/card from the Hospital/Medical Practitioner;
  - Original bills from chemists supported by proper prescription;
  - Original investigation test reports and payment receipts;
  - Indoor case papers;
  - Medical Practitioner's referral letter advising Hospitalization in non-Accident cases and referral slip for all investigations carried out;
  - Hospital discharge summary;
  - FIR or MLC for Accident cases;
  - Post mortem report (if applicable and conducted);
  - Any other document as required by Us or Our TPA to investigate the Claim or Our obligation to make payment for it.

If the Claim is not notified to Us within 30 days of the Insured Person's discharge from Hospital, 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.

4.1 Claim Documents

We shall be provided the following necessary information and documentation in respect of all Claims within 30 days of the Insured Person's discharge from Hospital. For Claims under which the use of Cashless Facility has been approved, We will be provided these documents by the Network Provider immediately following the Insured Person's discharge from Hospital:

(a) Duly completed Claim form signed by You and the Medical Practitioner (only for reimbursement claims);
(b) Original Pre – authorization request
(c) Copy of Pre – authorization approval letter
(d) Copy of the photo identity document of the Insured Person;
(e) Original bills, receipts and discharge certificate/card from the Hospital/Medical Practitioner;
(f) Original bills from chemists supported by proper prescription;
(g) Original investigation test reports (including CT/MR/USG/ECG, as applicable) and payment receipts;
(h) Indoor case papers;
(i) Medical Practitioner's referral letter advising Hospitalization in non-Accident cases and referral slip for all investigations carried out;
(j) Hospital discharge summary;
(k) FIR or MLC for Accident cases;
(l) Post mortem report (if applicable and conducted);
(m) Any other document as required by Us or Our TPA to investigate the Claim or Our obligation to make payment for it.

4.2 Claims for pre-hospitalisation medical expenses and post-hospitalisation medical expenses

(a) All Claims for Pre-Hospitalisation Medical Expenses shall be submitted to Us within 30 days of the Insured Person's discharge from Hospital along with the following information and documentation:
  (i) Duly Completed Claim Form
  (ii) Investigation Payment Receipt
  (iii) Original Investigation Report
  (iv) Original Pharmacy Bills
  (v) Original Pharmacy Prescription
  (vi) Copy of Discharge Summary
(b) All Claims for Post-Hospitalisation Medical Expenses shall be submitted to Us within 30 days of the completion of post hospitalisation period as mentioned in your plan. You need to send Medical Expenses being incurred along with the following information and documentation:
  (i) Duly Complete Claim Form
  (ii) Investigation Payment Receipt
  (iii) Original Investigation Report
  (iv) Original Pharmacy Bills
  (v) Original Pharmacy Prescription
  (vi) Copy of Discharge Summary
(c) If the Claim is not notified to Us within these specified timeframes, 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.

In Case of Claim Contact Us at:

24x7 Toll Free number: 1800 266 4545 or may write an e- mail at care@kotak.com

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

Family Health Plan (TPA) Ltd,

Srinilaya – Cyber Spazio

Suite # 101,102,109 & 110, Ground Floor,

Road No. 2, Banjara Hills,

Hyderabad, 500 034.

- **Endorsements**

The Policy will allow the following endorsements during the term of the Policy. Any request for endorsement must be made by You in writing. Any endorsement would be effective from the date of the request as received from You, or the date of receipt of premium, whichever is later other than for change in Date of Birth which will be with effect from inception.

a) Non-Financial Endorsements – which do not affect the premium.

- Rectification in Name of the Proposer / Insured Person
- Rectification in Gender of the Proposer/ Insured Person
- Rectification in Relationship of the Insured Person with the Proposer
- Rectification of Date of Birth of the Insured Person (if this does not impact the premium)
- Change in the correspondence address of the Proposer (if this does not change Zone)
- Change/Updation in the contact details/ contact address of the Proposer
- Change in Nominee Details

b) Financial Endorsements – which result in alteration in premium

- Deletion of Insured Member on Death or Separation or Policyholder/Insured Person Leaving the Country only if no claims are paid / outstanding.
- Change in Age/Date Of Birth
- Addition of Member [New Born Baby (from 91 days) or Newly Wedded Spouse]

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

5. Grace Period and Renewals

(a) The Policy will automatically terminate at the end of the Policy Period and must be renewed within the Grace Period for continuity of cover.
(b) The Policy may be renewed by mutual consent and in such event the Renewal premium should be paid to Us on or before the date of expiry of the Policy and in no case later than the Grace Period of 30 days from the expiry of the Policy. We will not be liable to pay for any claim arising out of an Illness/Injury/Hospitalisation that occurred during the Grace Period. 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) The Policy is ordinarily renewable on mutual consent for life, subject to application of Renewal and realization of Renewal premium.
(d) Renewals will not be denied except on grounds of misrepresentation, moral hazard, fraud, non-disclosure of material facts or non-co-operation by You.
(e) 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
(f) 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.

(g) 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 3 months prior to date of such revision or modification.

(h) Alterations such as increase/ decrease in Annual Sum Insured or change in plan/product or addition/deletion of Insured Persons will be allowed at the time of Renewal of the Policy. You can submit a request for the changes by filling the proposal form before the expiry of the Policy. Underwriting in relation to acceptance of request for changes will be based mainly as per the underwriting policy of the Company. The terms and conditions of the existing policy will not be altered. Increase/ Enhancement of Sum Insured shall be allowed up to maximum Sum Insured available under the Plan.

(i) Any enhanced Annual Sum Insured applied on Renewal will not be available for an Illness or Injury already contracted under the preceding Policy Periods.

6. Portability

means transfer by an Individual health insurance policyholder (including family floater cover) of the credit gained for pre-existing conditions and time bound exclusions if he/ she chooses to switch from one insurer to another.

It is further agreed and understood that:

(a) You have been covered under an Indian health insurance policy from a non-life insurance company or Health Insurance company registered with IRDAI without any break;

(b) We should have received Your application for Portability with complete documentation at least 45 days before the expiry of Your present period of insurance;

(c) If the sum insured under the previous Policy is higher than the Annual Sum Insured chosen under this Policy, the applicable waiting periods under Section 3 shall be waived to the extent of the sum insured and eligible cumulative bonus under the expiring policy with the previous insurer;

(d) In case the proposed Sum Insured opted for under Our Policy is more than the insurance cover under the previous policy, then all applicable waiting periods under Sections 3 shall be applicable afresh to the extent of the amount by which the Sum Insured under this Policy exceed the total of sum insured and eligible cumulative bonus under the expiring health insurance policy;

(e) All waiting periods (Pre-existing disease waiting period, 30 day waiting period, 2 year waiting period) shall be applicable individually for each Insured Person and claims shall be assessed accordingly.

(f) 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.

(g) 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.

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

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

Portability shall be allowed in the following cases:

a) All Individual health insurance policies issued by non-life insurance companies including family floater policies

b) Individual members, including the family members covered under any group health insurance policy of a non-life insurance company shall have the right to migrate from such a group policy to an individual health insurance policy or a family floater policy with the same insurer. One year thereafter, he, she shall be accorded the right mentioned in clause (a) above.

The Portability provisions will apply to You, if You wish to migrate from this Policy to any other health insurance policy on Renewals. In case You have opted to switch to any other insurer under Portability provisions and the outcome of acceptance of the Portability request is awaited from the new insurer on the date of renewal,

(a) We may upon Your request extend this Policy for a period of not less than one month at an additional premium to be paid on a pro-rata basis

(b) If during this extension period a claim has been reported, You shall be required to first pay the full premium so as to make the Policy Period of full 12 calendar months. Our liability for the payment of such claim shall commence only once such premium is received. Alternately We may deduct the premium for the balance period.

7. Tax Benefit

You can avail of tax benefit on premiums paid under health covers of this Policy, as per Section 80D of Income Tax Act, 1961 and amendments made thereafter. Tax laws are liable to change. Please seek advice from your financial advisors on applicable taxation benefits.

8. Free Look Period:

All new individual health insurance policies except those with tenure of less than a year shall have a free look period. The free look period shall be applicable at the inception of the policy and:

1. 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
2. If the insured has not made any claim during the free look period, the insured shall be entitled to

a. 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;

b. 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;

c. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

Note: The foregoing is only an indication of the product features. For complete details on coverage, terms, conditions and exclusions, please speak to your advisor before concluding a sale.

9. Grievances

For resolution of any query or grievance, You/Insured Person may contact Our respective branch office 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 You/Insured Person is not satisfied with the response of the office, You/Insured Person may contact Our Grievance Officer at [27 BKC, C27, G Block, Bandra Kurla Complex, Bandra (East), Mumbai – 400 051]. 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 Annexure I of the Policy.

STATUTORY WARNING - PROHIBITION OF REBATES

(Under Section 41 of Insurance Act 1938)

1) No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property, in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.

2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Annexure I – Day care Procedures

Sr. No.	OPERATIONS ON THE EYES
1.	Incision of tear glands
2.	Other operations on the tear ducts
3.	Incision of diseased eyelids
4.	Excision and destruction of diseased tissue of the eyelid
5.	Operations on the canthus and epicanthus
6.	Corrective surgery for entropion and ectropion
7.	Corrective surgery for blepharoptosis
8.	Removal of a foreign body from the conjunctiva
9.	Removal of a foreign body from the cornea
10.	Incision of the cornea
11.	Operations for pterygium
12.	Other operations on the cornea
13.	Removal of a foreign body from the lens of the eye
14.	Removal of a foreign body from the posterior chamber of the eye
15.	Removal of a foreign body from the orbit and eyeball
16.	Operation of cataract
	OPERATIONS ON THE NOSE & THE NASAL SINUSES
17.	Excision and destruction of diseased tissue of the nose
18.	Operations on the turbinates (nasal concha)
19.	Other operations on the nose
20.	Nasal sinus aspiration
21.	Foreign body removal from nose
	MICROSURGICAL OPERATIONS ON THE MIDDLE EAR
22.	Stapedotomy
23.	Stapedectomy
24.	Revision of a stapedectomy
25.	Other operations on the auditory ossicles
26.	Myringoplasty (Type -I Tympanoplasty)
27.	Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
28.	Revision of a tympanoplasty
29.	Other microsurgical operations on the middle ear
	OTHER OPERATIONS ON THE MIDDLE & INTERNAL EAR
30.	Myringotomy
31.	Removal of a tympanic drain
32.	Incision of the mastoid process and middle ear
33.	Mastoidectomy
34.	Reconstruction of the middle ear
35.	Other excisions of the middle and inner ear
36.	Fenestration of the inner ear
37.	Revision of a fenestration of the inner ear
38.	Incision (opening) and destruction (elimination) of the inner ear
39.	Other operations on the middle and inner ear
	OPERATIONS ON THE TONGUE
40.	Incision, excision and destruction of diseased tissue of the tongue
41.	Partial glossectomy
42.	Glossectomy
43.	Reconstruction of the tongue
44.	Other operations on the tongue
	OTHER OPERATIONS ON THE MOUTH & FACE
45.	External incision and drainage in the region of the mouth, jaw and face
46.	Incision of the hard and soft palate
47.	Excision and destruction of diseased hard and soft palate
48.	Incision, excision and destruction in the mouth
49.	Plastic surgery to the floor of the mouth
50.	Palatoplasty
51.	Other operations in the mouth
	OPERATIONS ON THE TONSILS & ADENOIDS
52.	Transoral incision and drainage of a pharyngeal abscess
53.	Tonsillectomy without adenoidectomy
54.	Tonsillectomy with adenoidectomy
55.	Excision and destruction of a lingual tonsil
56.	Other operations on the tonsils and adenoids
	OPERATIONS ON THE SALIVARY GLANDS & SALIVARY DUCTS
57.	Incision and lancing of a salivary gland and a salivary duct
58.	Excision of diseased tissue of a salivary gland and a salivary duct
59.	Resection of a salivary gland
60.	Reconstruction of a salivary gland and a salivary duct
61.	Other operations on the salivary glands and salivary ducts
	OPERATIONS ON THE BREAST
62.	Incision of the breast
63.	Operations on the nipple
	OPERATIONS ON THE SKIN & SUBCUTANEOUS TISSUES
64.	Incision of a pilonidal sinus
65.	Other incisions of the skin and subcutaneous tissues
66.	Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
67.	Local excision of diseased tissue of the skin and subcutaneous tissues
68.	Other excisions of the skin and subcutaneous tissues
69.	Simple restoration of surface continuity of the skin and subcutaneous tissues
70.	Free skin transplantation, donor site
71.	Free skin transplantation, recipient site
72.	Revision of skin plasty
73.	Other restoration and reconstruction of the skin and subcutaneous tissues.
74.	Chemosurgery to the skin.
75.	Destruction of diseased tissue in the skin and subcutaneous tissues
	OPERATIONS ON THE DIGESTIVE TRACT
76.	Incision and excision of tissue in the perianal region
77.	Surgical treatment of anal fistulas

78.	Surgical treatment of haemorrhoids
79.	Division of the anal sphincter (sphincterotomy)
80.	Other operations on the anus
81.	Ultrasound guided aspirations
82.	Sclerotherapy etc.
	OPERATIONS OF BONES AND JOINTS
83.	Surgery for ligament tear
84.	Surgery for meniscus tear
85.	Surgery for hemoarthrosis/ pyoarthrosis
86.	Removal of fracture pins/ nails
87.	Removal of metal wire
88.	Closed reduction on fracture, luxation
89.	Reduction of dislocation under GA
90.	Epiphyseolysis with osteosynthesis
91.	Trauma surgery and orthopaedics
92.	Incision on bone, septic and aseptic
93.	Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
94.	Suture and other operations on tendons and tendon sheath
95.	Operations on the female sexual organs
96.	Incision of the ovary
97.	Insufflation of the fallopian tubes
98.	Other operations on the Fallopian tube
99.	Dilatation of the cervical canal
100.	Conisation of the uerine cervix
101.	Other operations on the uterine cervix
102.	Incision of the uterus (hysterotomy)
103.	Therapeutic curettage
104.	Culdotomy
105.	Incision of the vagina
106.	Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
107.	Incision of the vulva
108.	Operations on Bartholin's glands (cyst)
	OPERATIONS ON THE PROSTATE & SEMINAL VESICLES
109.	Incision of the prostate
110.	Transurethral excision and destruction of prostate tissue
111.	Transurethral and percutaneous destruction of prostate tissue
112.	Open surgical excision and destruction of prostate tissue
113.	Radical prostatovesiculectomy
114.	Other excision and destruction of prostate tissue
115.	Operations on the seminal vesicles
116.	Incision and excision of periprostatic tissue
117.	Other operations on the prostate

	OPERATIONS ON THE SCROTUM & TUNICA VAGINALIS TESTIS
118.	Incision of the scrotum and tunica vaginalis testis
119.	Operation on a testicular hydrocele
120.	Excision and destruction of diseased scrotal tissue
121.	Plastic reconstruction of the scrotum and tunica vaginalis testis
122.	Other operations on the scrotum and tunica vaginalis testis
	OPERATIONS ON THE TESTES
123.	Incision of the testes
124.	Excision and destruction of diseased tissue of the testes
125.	Unilateral orchidectomy
126.	Bilateral orchidectomy
127.	Orchidopexy
128.	Abdominal exploration in cryptorchidism
129.	Surgical repositioning of an abdominal testis
130.	Reconstruction of the testis
131.	Implantation, exchange and removal of a testicular prosthesis
132.	Other operations on the testis
	OPERATIONS ON THE SPERMATIC CORD, EPIDIDYMIS UND DUCTUS DEFERENS
133.	Surgical treatment of a varicocele and a hydrocele of the spermatic cord
	OPERATIONS ON THE SPERMATIC CORD, EPIDIDYMIS UND DUCTUS DEFERENS
134.	Excision in the area of the epididymis
135.	Epididymectomy
136.	Reconstruction of the spermatic cord
137.	Reconstruction of the ductus deferens and epididymis
138.	Other operations on the spermatic cord, epididymis and ductus deferens
	OPERATIONS ON THE PENIS
139.	Operations on the foreskin
140.	Local excision and destruction of diseased tissue of the penis
141.	Amputation of the penis
142.	Plastic reconstruction of the penis
143.	Other operations on the penis
	OPERATIONS ON THE URINARY SYSTEM
144.	Cystoscopical removal of stones
	OTHER OPERATIONS
145.	Lithotripsy
146.	Coronary angiography
147.	Haemodialysis
148.	Radiotherapy for Cancer
149.	Cancer Chemotherapy
150.	Endoscopic polypectomy

Kotak Mahindra General Insurance Company Ltd.
CIN: U66000MH2014PLC260291. **Registered Office:** 27 BKC, C 27, G Block, Bandra Kurla Complex, Bandra East, Mumbai – 400051. Maharashtra, India.
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