

1. SALIENT FEATURES OF THE POLICY

HOSPITALIZATION COVER

1. Inpatient Care
2. Cataract Treatment
3. Modern Treatment
4. AYUSH Treatment
5. Pre-Hospitalization Medical Expenses
6. Post-Hospitalization Medical Expenses
7. Emergency Ground Ambulance:

2. DEFINITIONS

The terms defined below and at other junctures in the Policy have the meaning ascribed to them wherever they appear in this policy and, where, the context so requires, references to the singular include references to plural; references to the male includes the female and other gender and references to any statutory enactment includes subsequent changes to the same.

2.1 Standard Definitions

1. **Accident** means sudden, unforeseen, and involuntary event caused by external, visible, and violent means.
2. **Any one illness** means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/ Nursing Home where treatment was taken.
3. **AYUSH treatment** refers to hospitalization treatment given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy systems.
4. **AYUSH Hospital** means an AYUSH Hospital is a healthcare facility wherein medical/ surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
 - i. Central or State Government AYUSH hospital; or
 - ii. Teaching hospital attached to AYUSH College recognized by the Central Government / Central Council of Indian Medicine / Central Council for Homeopathy ; or
 - iii. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - a) Having at least 5 in-patient beds;
 - b) Having qualified AYUSH Medical Practitioner in charge round the clock;
 - c) Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - d) Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
5. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health center which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/ para-surgical interventions or both under supervision of registered AYUSH Medical Practitioner(s) on day care basis without in-patient services and must comply with all the following criterion:
 - i. Having qualified registered AYUSH Medical Practitioner(s) in charge;

- ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
- 6. Break in Policy** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or
- 7. installment premium due** is not paid on or before the premium renewal date or grace period. **Cashless facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.
- 8. Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon
- 9. Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
- i. Internal Congenital Anomaly -Congenital anomaly which is not in the visible and accessible parts of the body.
 - ii. External Congenital Anomaly -Congenital anomaly which is in the visible and accessible parts of the body.
- 10. Co-payment** means a cost sharing requirement under a health insurance policy that provides that the Policyholder /insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.
- 11. Day care center** means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under –
- 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.
- 12. Day care treatment** means medical treatment, and/or surgical procedure which is:
- i. undertaken under General or Local Anesthesia in a hospital/day care center 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.
- 13. Dental treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
- 14. Disclosure to information norm** means the policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- 15. 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.
- 16. Grace period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the

premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.

Provided the insurers shall offer coverage during the grace period, if the premium is paid in

17. instalments during the policy period. **Hospital** means any institution established for in-patient care and Day Care Treatment of diseases, injuries and which has been registered as a Hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act, 2010 or under enactments specified under the Schedule of Section 56(1) of the said Act or complies with all minimum criteria as under:
 - i. has qualified nursing staff under its employment round the clock,
 - ii. has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places,
 - 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.
18. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
19. **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.
20. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
 - i. **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 which leads to full recovery
 - ii. **Chronic condition** - A chronic condition is defined as a disease, illness that has one or more of the following characteristics:
 - a) it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - b) it needs ongoing or long-term control or relief of symptoms
 - c) it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - d) it continues indefinitely
 - e) it recurs or is likely to recur
21. **Inpatient care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
22. **Insured Person** means persons(s) named in the schedule of the Policy.
23. **Intensive care unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
24. **ICU Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
25. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

- 26. 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.
- 27. 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 person.
 - 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.
- 28. Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.
- 29. Migration** means the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.
- 30. 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.
- 31. New born baby** means baby born during Policy period and is aged up to 90 days.
- 32. Non-Network Provider** means any hospital, Day Care center or other provider that is not part of the Network.
- 33. Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- 34. OPD Treatment** means the one in which the Insured visit 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.
- 35. Pre-hospitalization Medical Expenses** means medical expenses incurred during the pre-defined 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.
- 36. Pre-Existing Disease (PED):** Preexisting disease means any condition, ailment, injury or disease
- i. That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement or
 - ii. For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy by the insurer or its reinstatement.
- 37. Post-hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:
- 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.
- 38. Portability** means, the right accorded to an individual health insurance policyholder (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.

- 39. 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.
- 40. 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
- 41. Reasonable and Customary charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.
- 42. Room Rent** means the amount charged by a hospital towards Room and Boarding expenses and shall include the associated medical expenses.
- 43. Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering and prolongation of life, performed in a hospital or day care center by a medical practitioner.
- 44. Unproven / Experimental treatment** is a treatment including drug experimental therapy, which is based on established medical practice in India, is a treatment experimental or unproven.

2.2 Specific Definitions

- 1. Adventurous / Hazardous sports** means any sport or activity involving physical exertion and skill in which an Insured Person participates or competes for entertainment or as part of this profession whether he/she is trained or not.
- 2. Age** means completed years on last birthday as on Commencement Date.
- 3. Ambulance** means a motor vehicle operated by a licensed / authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
- 4. Antiretroviral therapy (ART)** is treatment of people infected with human immunodeficiency virus(HIV) using anti HIV-drugs.
- 5. Associated 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. In Case of copayment associated with room rent higher than the entitled room rent limit, Associated Medical Expenses will not include:
 - a. Cost of pharmacy and consumables
 - b. Cost of implants and medical devices
 - c. Cost of diagnostics
- 6. Alternative / AYUSH Treatment** refers to hospitalization treatments given under Ayurveda, Yoga and naturopathy, Unani, Siddha and Homoeopathy systems.
- 7. Biological Attack or Weapons** means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and /or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.
- 8. Chemical Attack or Weapons** means the emission, discharge, dispersal, release or escape of any solid, liquid- or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
- 9. Claims** means a demand made by the Policyholder /Insured Person or on his behalf, for payment of Medical expenses under any other benefit, as covered under the Policy.
- 10. Commencement date** means the date of inception of first policy with Us as specified in the Policy Schedule.
- 11. Company** means Future Generali India Insurance Company Limited.
- 12. CD4 Cells** are type of white blood cells, also called as CD4 Lymphocytes or 'helper T Cells' which serve as primary receptor for HIV.

- 13. Diagnostic Centre** means a place where diagnostic tests and exploratory or therapeutic procedures required for the detection, identification and treatment of a medical condition are done.
- 14. Person with Disability/Disabled** means a person with long term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders his full and effective participation in society equally with others.
- 15. HIV** means Human Immunodeficiency Virus.
- 16. Insured Person / You / Your** means the person named in the Policy Schedule who is insured under the Policy and is citizen of India, in respect of whom the applicable premium has been received by the Company.
- 17. Life-threatening emergency shall** mean a serious medical condition or symptom which arise 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 serious long term impairment of Insured Person's health, until stabilization at which time this medical condition or symptom is not considered an Emergency any more.
- 18. Material Fact means** all relevant information sought by company in the Proposal Form and other connected documents to enable it to take informed decision in the context of underwriting the risk.
- 19. Mental illness** means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgement, behaviour, capacity to recognize reality or ability to meet the ordinary demands of life, mental condition associated with the abuse of alcohol and drugs but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterized by sub normality of intelligence.
- 20. Medical Practitioner for treatment of Mental illnesses** means a medical practitioner possessing post-graduate degree or diploma in psychiatry awarded by an university recognized by the University Grants Commission established under the University Grants Commission Act, 1956, or awarded or recognized by the National Board of Examinations and included in the First Schedule to the Indian Medical Council Act, 1956, and includes, in relation to any State, any medical officer who having regard to his knowledge and experience in psychiatry, has been declared by the Government of that state to be a psychiatrist for the purposes of this Act.
- 21. Mental Health establishment** means any health establishment, including Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy establishment, by whatever named called, either wholly or partly, meant for the care of persons with mental illness, established, owned, controlled or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organization or any other entity or person, where persons with mental illness are admitted and resides at, or kept in, for care, treatment, convalescences and rehabilitation , either temporarily or otherwise, and includes any general Hospital or general nursing home established or maintained by the appropriate Government, Local authority, trust, whether private or public, corporation, co-operative society, organization or any other entity or person but does not include a family residential place where a person with mental illness resides with his relatives or friends.
- 22. Policy means** these Policy wordings, the Policy Schedule and any applicable endorsement or extensions attaching to or forming part thereof, as amended from time to time, shall be read together. The Policy contains details of the extend of cover available to the Insured Person, applicable exclusions, and the terms & conditions applicable under the policy.
- 23. Policy Period** means the period between the commencement date and either the Expiry Date specified in the Policy Schedule or date of cancellation of this Policy, whichever is earlier.
- 24. Policyholder** means the entity or person named as such in the Schedule.
- 25. Policy Schedule** means the Policy Schedule attached to and forming part of this Policy specifying the details of the Insured Person, the Sum Insured, the Policy Period and sub-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.

- 26. Policy year** means a period of twelve months beginning from the Commencement Date and ending on the delay of such twelve month period. For the purpose of subsequent years, Policy Year shall mean a period of twelve months commencing from the end of previous policy year and lapsing on the last day of such twelve-month period, till the Expiry date, as specified in the Policy Schedule.
- 27. Proposal form means** a form to be filled in by the Prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.
- 28. Sub-limit** means a cost sharing requirement under a health insurance policy in which an insurer would not liable to pay any amount in excess of the pre-defined limit. The sub-limit as applicable under the policy is specified in the Policy Schedule against the relevant cover in force under the Policy.
- 29. Sum Insured means** the pre-defined limit specified in the Policy Schedule and represents the maximum, total and cumulative liability for any and all claims made under the Policy in respect of each insured person as mentioned in the Policy Schedule.
- 30. Waiting Period** means a period from the inception of this Policy during which specified diseases/ treatments are not covered. On completion of the Waiting period, diseases/treatments shall be covered provided the Policy has been continuously renewed without break.
- 31. We/ Our/Us/ Company means** Future Generali India Insurance Company Limited.

3. BASE COVER

3.1 Inpatient Care:

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

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

Other Expenses

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

Note:

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

3.2 Cataract Treatment :

The company shall indemnify medical expenses incurred for treatment of Cataract, subject to a limit Rs.40000/-, per each eye in one policy year.

3.3 Modern Treatment:

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

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

3.4 AYUSH Treatment:

¹The company shall indemnify medical expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems medicines during each Policy Year up to Sum Insured as specified in the policy schedule in any AYUSH Hospital.

3.5 Pre-Hospitalization Medical Expenses:

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

Conditions:

- i. The claim is accepted under Section 3.1 (Inpatient Care) or Section 3.3 (Modern Treatments) or Section 3.4 (AYUSH Treatment) in respect of that Insured Person.
- ii. Pre-hospitalization Medical Expenses can be claimed under this Section on a Reimbursement basis only.

3.6 Post-Hospitalization Medical Expenses :

The company shall indemnify Post-Hospitalization Medical expenses incurred, related to an admissible Hospitalization requiring Inpatient care, for a fixed period 60 days from the date of discharge from the Hospital, following an admissible hospitalization covered under the Policy during policy period.

Conditions:

¹ AYUSH Treatment modified to extend the cover limit up to the Sum Insured. Sublimit of 50% of Sum Insured is deleted.

- i. The claim is accepted under Section 3.1 (Inpatient Care) or Section 3.3 (Modern Treatment) or Section 3.4 (AYUSH Treatment) in respect of that Insured Person.
- ii. Post-hospitalization Medical Expenses can be claimed under this Section on Reimbursement basis only.

3.7 Emergency Ground Ambulance:

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

Specific Condition:

The company will reimburse payments under this benefit provided that,

- i. The medical condition of the Insured Person requires immediate ambulance services from the place where the Insured Person is injured or is suffering from an illness to a hospital where appropriate medical treatment can be obtained or from the existing Hospital to another hospital as advised by the treating medical Practitioner in writing for management of current hospitalization
- ii. Expenses incurred on road ambulance subject to a maximum of Rs. 2000 per hospitalization.
- iii. The Ambulance service offered by a healthcare or Registered Ambulance Service Provider.
- iv. The original ambulance bills and payments receipt is submitted to the company.
- v. The company has accepted a claim under Section 3.1 (Inpatient care) above in respect of the same period of hospitalization or Section 3.3 (Modern Treatments) or Section 3.4 (AYUSH Treatment).
- vi. Any payment under this benefit will be excluded if the Insured Person is transferred to any Hospital or diagnostic center for evaluation purpose only.

4. SPECIFIC CONDITIONS APPLICABLE FOR PERSONS WITH DISABILITY

The Company will indemnify reasonable and customary charges for medical expenses incurred by the Insured Person towards Inpatient Hospitalization arising due to the listed pre-existing disability condition as listed under the Right of Persons with Disabilities Act, 2016 and The Mental Healthcare Act 2017.

- i. Any treatment for the pre-existing disability covered, will have a waiting period of 24 months from the first policy inception date.
- ii. It is Condition Precedent that this cover can be availed on mandatory submission of Disability certificate issued by the Medical Board appointed by the Government for Certifying Disability.
- iii. Disability for the purpose of this policy means a person with not less than 40% of the specified disability as per the Act.
- iv. Any reconstructive / Cosmetic / prosthesis / external or internal device implanted/ used at home for the purpose of treatment of existing disability or used for activities of daily living are/is excluded from the policy.

5. SPECIFIC CONDITIONS APPLICABLE FOR PERSONS WITH HIV-AIDS

The Company will indemnify the reasonable and customary charges for any medical condition which requires Inpatient Hospitalization of the Insured Person, up to the Sum Insured opted as mentioned in the Policy Schedule, provided:

- i. Any treatment for the Pre-existing HIV/AIDS covered, will have a Waiting Period of 30 days from the first Policy inception date.
- ii. The cover will exclude cost for any Anti-Retroviral Treatment.

Our maximum liability for all claims made under the policy during the policy year shall be restricted to the sum insured amount as specified in the policy schedule and subject to waiting period applied.

6. WAITING PERIOD

The company is liable to make any payments under the Policy in connection with or in respect of the following expenses till the expiry of waiting period and any claim in respect of any Insured Person directly or indirectly for, caused by arising from or any way attributable to any of the following unless expressly stated to the contrary in this policy.

1. Pre-Existing Diseases(Code- Excl01)

- a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months for pre-existing disability / 36 months for all pre-existing conditions other than HIV/ AIDS and Disability (as mentioned in Policy Schedule) of continuous coverage after the date of inception of the first policy with insurer.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the policy after the expiry of number of months (as mentioned in Policy Schedule) for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

2. First 30 Days Waiting Period -Code- Excl03

- a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

3. Specific diseases/ procedures Waiting Period- Code- Excl02

- a) Expenses related to the treatment of the listed conditions, surgeries/treatments shall be excluded until the expiry of 24 months (as mentioned in Policy Schedule) of continuous coverage, after the date of inception of the first policy with the us. This exclusion shall not be applicable for claims arising due to an accident.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

24 Months waiting period

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

7. EXCLUSIONS

7.1 Standard Exclusions

1. Investigation & Evaluation-Code- Excl04

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

2. Rest Cure, rehabilitation and respite care-Code- Excl05

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

3. Obesity/ Weight Control-Code- Excl06

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

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member must be 18 years of age or older and
- 4) Body Mass Index (BMI);
 - a) greater than or equal to 40 or

- b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

4. Change-of-Gender treatments : Code- Excl07

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

5. Cosmetic or plastic Surgery: Code- Excl08

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

6. Hazardous or Adventure sports: Code- Excl09

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

7. Breach of law: Code- Excl10

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

8. Excluded Providers: Code-Excl11

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

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

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

11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure Code- Excl14

12. Refractive Error: Code- Excl15

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

13. Unproven Treatments:(Code- Excl16)

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

14. Sterility and Infertility: (Code- Excl17)

Expenses related to sterility and infertility. This includes:

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

15. Maternity Expenses (Code - Excl 18):

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

7.2 Specific Exclusions

1. Any medical treatment taken outside India.
2. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.
3. Nuclear damage caused by, contributed to, by or arising from ionizing radiation or contamination by radioactivity from :
 - a. any nuclear fuel or from any nuclear waste
 - b. from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission)
 - c. nuclear weapon material
 - d. nuclear equipment or any part of that equipment
4. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
5. Injury or Disease caused by or contributed to by nuclear weapons/ materials
6. Circumcision, unless necessary for treatment of a disease, illness or injury not excluded hereunder, or as may be necessitated due to an Accident.
7. ²Experimental or any other treatment such as acupuncture, acupressure, magnetic, osteopath, chiropractic, reflexology and aromatherapy.
8. Suicide, Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event / activity that is against law with a criminal intent.
9. Vaccination/ inoculation except as post bite treatment for animal bite.
10. Convalescences, general debility, "Run Down" condition, rest cure, congenital external illness/disease/ defect.
11. Outpatient diagnostic, medical and Surgical Procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy and expenses related to domiciliary hospitalization shall not be covered.

² Specific Exclusion no. 7 modified to extend the AYUSH treatment in the scope of the product.

12. Dental Treatment or Surgery of any kind unless requiring Hospitalization as a result of any illness or accidental bodily Injury.
13. Venereal /Sexually Transmitted disease other than HIV/AIDS
14. Stem Cell storage.
15. Any kind of service charge, surcharge levied by the hospital.
16. Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.
17. Non –Payable items: The expenses that are not covered in this policy are placed under List-I of Annexure II.
18. Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner.

8. GENERAL TERMS AND CONDITIONS

8.1 Standard terms and conditions

I. Condition Precedent to the contract

1. Disclosure of Information

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

2. Condition Precedent to Admission of Liability

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

3. Claim Settlement (provision for Penal Interest)

- i. The Company shall settle or reject a claim, as the case may be, 15 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 15 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days the company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

4. Complete Discharge

Any payment to the Insured Person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be valid discharge towards payment of claim by the company to the extent of that amount for the particular claim.

5. Multiple Policies

- i. In case of multiple policies taken by an insured during a period from the same or one or more insurers to indemnify treatment costs, the 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 chosen by the Insured Person

shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

- ii. Insured Person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies, even if the sum insured is not exhausted. Then the Insurer shall independently settle the claim subject to the terms and conditions of this policy.
- iii. If the amount to be claimed exceeds the sum insured under a single policy after, the Insured Beneficiary shall have the right to choose insurers from whom he/she wants to claim the balance amount.
- iv. 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 treatments costs in accordance with the terms and conditions of the chosen policy.
- v. Under this product, no insured can take more than one policy from any or all insurer.
- vi. In case of this product, the maximum liability of all policies put together from all insurers cannot exceed the maximum sum insured under this product.

6. Fraud

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

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s) / policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital / doctor/ any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue a insurance Policy:

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

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

7. Cancellation

The Insured may cancel this Policy by giving 7 days' written notice, and in such an event, the Company shall refund premium on Pro-rata basis for the unexpired Policy Period, where no claims are reported under the policy.

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

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

8. Migration

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

- i. The waiting periods specified in Section 4 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
- ii. Migration benefit will be offered to the extent of sum of previous insured and accrued bonus (as part of the base sum insured), migration benefit shall not apply to any other additional increased Sum Insured.
- iii. Migration under this product shall be allowed only due to withdrawal the product subject to IRDIA Regulations.

For Detailed Guidelines on Migration, kindly refer the link

https://general.futuregenerali.in/general-insurance/pdf/Guide_to_Portability_and_Migration_25-Mar-2020.pdf

9. Portability

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

- i. The waiting periods specified in Section 4 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
- ii. Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the base sum insured), portability benefit shall not apply to any other additional increased Sum Insured.

For Detailed Guidelines on Portability, kindly refer the link

https://general.futuregenerali.in/general-insurance/pdf/Guide_to_Portability_and_Migration_25-Mar-2020.pdf

10. Renewal of Policy

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

- i. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years
- ii. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
- iii. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period.

- iv. If not renewed within Grace Period after due renewal date, the Policy shall terminate.

11. Premium Payment in Installments

If the insured person has opted for Payment of Premium on an installment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in Your Policy Schedule the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

- i. Grace Period of 15 days would be given to pay in case of monthly instalment premium and grace period of 30 days shall be given to pay in case of quarterly / Half Yearly installment premiums, due for the policy.
- ii. The Benefits provided under – “Waiting Periods”, “Specific Waiting Periods” Sections shall continue in the event of payment of premium within the stipulated grace Period.
- iii. No interest will be charged If the installment premium is not paid on due date.
- iv. In case of installment premium due not received within the grace Period, the Policy will get cancelled.

12. Moratorium Period

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

13. Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three (3) months before the changes are affected.

14. Free look period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals of the policy. The insured shall be allowed free look period of thirty days from date of receipt of the Policy documents to review the terms and conditions of the Policy, and to return the same if not acceptable.

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

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

15. Redressal Of Grievance

Grievance—In case of any grievance relating to servicing the Policy, the insured person may submit in writing to the Policy issuing office or regional office for redressal.

Website: <https://general.futuregenerali.in/>

Toll Free: 1800-220-233 / 1860-500-3333 / 022-67837800

Email: Fgcare@futuregenerali.in

Courier: Grievance Redressal Cell, Future Generali India Insurance Company Ltd.

Lodha I –Think Techno Campus, B Wing –2nd Floor, Pokhran Road –2, Off Eastern Express Highway behind TCS, Thane West – 400607

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at fggro@futuregenerali.in or call at: 7900197777

For updated details of grievance officer, kindly refer the link
<https://general.futuregenerali.in/customer-service/grievance-redressal>

If Insured person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of insurance Ombudsman of the respective area/region for redressal of grievance as per insurance Ombudsman Rules 2017.

Kindly refer the annexure on Grievance Redressal Procedures.

Grievance may also be lodged at IRDAI Bima Bharosa (an Integrated Grievance Management System) -
<https://bimabharosa.irdai.gov.in/>

16. Nomination:

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

8.2 Specific terms and conditions

I. Condition Precedent to the contract

a. Change of Sum Insured

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

b. Material Change

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

c. Notice & Communication

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

d. Records to be maintained

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

e. Territorial Jurisdiction

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

f. Eligibility Criteria

i. Persons with disability: All Persons with disability who have at least one of the disabilities as defined under specified disability under The Rights of Persons with Disabilities Act, 2016 with valid disability certificate are eligible to enroll this product.

ii. Individuals with HIV/AIDS: Any person suffering from HIV/AIDS, with a diagnostic test report confirming the evidence of HIV/AIDS would be covered on indemnity basis for In-patient hospitalization.

The disease / disabilities are classified into the below three categories:

Category 1	Category 2	Category 3
Blindness	Chronic neurological conditions	HIV/AIDS
Low Vision	Locomotor Disability	
Leprosy Cured persons	Muscular dystrophy	
Specific Learning Disabilities	Multiple Sclerosis	
Hearing Impairment (deaf and hard of hearing)	Thalassemia	
Speech and Language disability	Hemophilia	
Intellectual Disability	Sickle cell disease	
Mental Illness	Multiple Disabilities including deaf / blindness	
Autism spectrum disorder	Cerebral palsy	
Acid Attack victim	Parkinson's disease	
Dwarfism		

Policy Type	Individual basis only
Policy Term	1 Year

Category of Cover	Indemnity Basis
Min & Max Sum Insured available (in INR)	4 Lacs 5 Lacs
Age Eligibility (Min Age at Entry)	For Adults: 18 Years to 65 Years For Children: Newborn to 17 Years
Relationship Covered	Self, legally married spouse, son, daughter, mother, father, brother, sister, mother in-law, father in-law, grandfather, grandmother, grandson, granddaughter, son in-law, daughter in-law, brother in-law, sister in-law, nephew, niece.
Geographical Territory	Indian Territory
Renewal	Lifelong
Premium Payment Frequency	Monthly, Quarterly, Half Yearly, Single.
Waiting Period	Pre-Existing Disease – 36 Months (For Pre-existing disease other than Pre-existing Disability and HIV/AIDS) Note – Only PEDs declared in the Proposal Form and accepted for coverage by the company shall be covered.
	Initial Waiting Period – 30 Days for all claims except resulting from Accident
	Specific Disease/Illness Waiting Period – 24 Months
	Pre-Existing Disease HIV-AIDS Cover – Initial Waiting Period of 30 days applicable
	Pre-Existing Disease Disability Cover – 24 Months Initial waiting period Applicable
Grace Period	Single Payment Mode, Quarterly, Half Yearly – 30 Days Monthly Mode – 15 Days
Discounts	Not Applicable

g. Pre-Policy Medical Examination

Pre-Policy medical check-up may be required based on medical declarations.

- A.** Disability – Duly filled Proposal form along with Disability Certificate, from Govt registered Institution to be submitted as per the “The Rights of Persons with Disabilities Act, 2016 and The Mental Healthcare Act 2017”.
- B.** HIV/AIDS - Duly filled Proposal form along with HIV report (I and II). These test charges to be borne by client only. There will be no reimbursement applicable.

Pre-Policy medical check-up Test required based risk classification as defined below.

Category 1	FMR.
Category 2	FMR, ECG, Lab 4
Category 3	FMR, ECG, Lab 4

FMR: Full Medical Report by an MD Physician

ECG: Electrocardiogram reported by an MD Physician

Lab 4: includes:

- i. Glycosylated HB
 - ii. Complete Blood Count (incl Diff)
 - iii. Lipid Profile (Serum Cholesterol, HDL Cholesterol, LDL Cholesterol, Serum Triglycerides)
 - iv. Urinalysis (chemical & microscopic)
 - v. Liver Function tests (Serum Bilirubin, SGOT, SGPT, Serum Alkaline Phosphatase, GGTP)
 - vi. Renal Function Tests (Serum Creatinine, Blood Urea, Total Proteins and Serum Electrolytes)
- Additional Medical tests may be required depending on the medical declaration and Disability.

h. Instalment Loading:

Premium Payment facility on instalment basis is available. Given below are the loadings applicable on Standard premiums in case of instalments:

Instalment Frequency	Percentage Loading
Monthly	5%
Quarterly	4%
Semi-Annually	3%

i. Underwriting and Loadings

The proposals with Pre-existing Co-morbidity will be assessed. The co-morbid conditions includes, but not limited to, Diabetes, Hypertension, Cancer, or any other disease.

After assessment of the health risk with pre-existing co-morbidities, we may:

- a) Accept the proposal with exclusion for co-morbid conditions. In such a case we may apply underwriting loading from 10% to 150% on the standard premium rates based on the severity of the risk involved.
- b) Accept the proposal with the permanent exclusion for co-morbid conditions enlisted in Chapter IV under Section II of IRDAI Circular (Ref No. IRDAI/HLT/REG/CIR/193/07/2020) on “Master Circular on Standardization of Health Insurance Contracts” and any subsequent amendments thereof. We may also apply underwriting loading from 10% to 150% on the standard premium rates based on the severity of the risk involved.
- c) Decline the proposal.

Note:

- The Final Premium Excluding Taxes shall not exceed 75% of the Sum Insured.
- In case the proposal is accepted, 50% of the pre- policy medical examination charges shall be borne by the Company. The tests shall be done from empaneled diagnostic centers.
- The test reports would be valid for a period of 30 days from the date of test conducted.
(Normal range of values of the respective Laboratory where tests were conducted).

II. Condition applicable during the contract

a. Alterations in the Policy

The Proposal form, Policy schedule constitutes the complete contract of insurance. This Policy constitute constitutes the complete contract of insurance between Policy holder and the company. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed and stamped by Company. All endorsement requests will be made by the Insured Person only. This Policy cannot be changed by anyone (including insurance agent or broker) except Company.

b. Revision and modification of the Policy Product

- i. Any revision or modification will be done with the approval of the Authority. We shall notify You about revision/modification in the Policy including premium payable thereunder. Such information shall be given to You at least ninety (90) days prior to the effective date of modification or revision coming into effect.
- ii. Existing Policy will continue to remain in force till its expiry, and revision will be applicable only from the date of next renewal. Credit of continuity / waiting period for all previous policy years would be extended in the new policy on Renewal with Us.

c. Terms and conditions of the Policy

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

9. CLAIM PROCEDURES

9.1 Procedure for cashless claims:

- i. Treatment may be taken in a network provider and is subject to pre authorization by the Company or its authorized TPA.
- ii. Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.
- iii. The Company/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification.
- iv. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
- v. The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.
- vi. In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company / TPA for reimbursement.

9.2 Procedure for reimbursement of claims:

For reimbursement of claims the insured person may submit the necessary documents to Company within the prescribed time limit as specified hereunder.

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

9.3 Notification of Claim

Notice with full particulars shall be sent to the Company/TPA(if applicable) as under:

- i. Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.
- ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

9.4 Documents to be submitted

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

- i. Duly Completed claim form
- ii. Photo Identity proof of the patient
- iii. Medical practitioner's prescription advising admission
- iv. Original bills with itemized break-up
- v. Payment receipts
- vi. Discharge summary including complete medical history of the patient along with other details.
- vii. Investigation/ Diagnostic test reports etc. supported by the prescription from attending medical practitioner
- viii. OT notes or Surgeon's certificate giving details of the operation performed (for surgical cases).
- ix. Sticker/Invoice of the Implants, wherever applicable.
- x. MLR (Medico Legal Report copy if carried out and FIR (First information report) if registered, where ever applicable.
- xi. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque
- xii. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines
- xiii. Legal heir/succession certificate , wherever applicable
- xiv. Any other relevant document required by Company/TPA for assessment of the claim.

1. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted.
2. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company.
3. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person.

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

9.5 Co-payment

Each and every claim under the Policy shall be subject to a Copayment of 20% applicable to claim amount admissible and payable as per the terms and conditions of the Policy. The amount payable shall be after deduction of the copayment.

This copayment can be waived of by paying an additional premium (optional)

9.6 Services Offered by TPA(To be stated where TPA is involved)

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

The services offered by a TPA shall not include

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

9.7 Payment of Claim

All claims under the policy shall be payable in Indian currency only.

10. TABLE OF BENEFITS

Name	HIV & Disability Suraksha, Future Generali India Insurance Company Limited
Coverage Basis	Individual Basis Only
Category of Cover	Indemnity Basis
Sum insured	On Individual basis –SI shall apply to each individual member
Sum Insured available (in INR)	4 Lacs 5 Lacs
Policy Period	1 Year
Eligibility	Policy can be availed on individual basis. Age eligibility for Adults: 18 Years to 65 Years Age eligibility for Children: Newborn to 17 Years
Grace Period	For Single payment and for all other modes of payment of mode, a fixed period of 30 days is to be allowed as Grace Period. For monthly premium mode ,a fixed period of 15 days be allowed as Grace Period.
Hospitalization Expenses	Expenses of hospitalization for a minimum period of 24 consecutive hours only shall be admissible. Time limit of 24 hrs shall not apply in respect of Day Care Treatment.
Pre-Hospitalization	For 30 days prior to the date of Hospitalization
Post-Hospitalization	For 60 days from the date of discharge from the Hospital
Sublimit for Room/ Medical Practitioner's fee	1. Room Rent, Boarding, and Nursing Expenses all-inclusive as provided by the Hospital / Nursing Home up to maximum of 1% of the sum per day. 2. Intensive Care Unit (ICU) Charges / Intensive Cardiac Care Unit (ICCU) Charges all-inclusive as provided by the Hospital / Nursing home up to maximum of 2% of the sum insured per day.
Cataract Treatment	Up to Rs. 40,000 per eye in one Policy Year.
Modern Treatment	Covered for listed procedures up to 50% of sum insured available for Inpatient Hospitalization Care.
Emergency Ground Ambulance	Expenses covered up to Rs. 2000 per hospitalization.

³ AYUSH Treatment	Expenses incurred for Inpatient Care Treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines shall be covered up to sum insured, during each policy year as specified in the policy schedule
Pre-Existing Disease	Only PED declared in the Proposal Form and accepted for coverage by the company shall be covered,
Initial Waiting Period	30 days for all claims except resulting from Accident
PED waiting period	36 months (for pre-existing diseases other than the pre-existing disability and HIV/AIDS Covered)
Specific Disease/Illness Waiting Period	24 months
Waiting period and specific sublimit for HIV AIDS Cover	Initial Waiting Period of 30 days will be applicable.
Waiting period and specific sublimit for Disability Cover	24 Months Initial waiting period is applicable for the pre-existing disability covered under the policy.
Co-pay	20% on all claims made under the policy unless waiver for Co-pay is opted and premium is paid for the same.

PREMIUM TABLE

Category 1			Category 2			Category 3		
Age Band	400,000	500,000	Age Band	400,000	500,000	Age Band	400,000	500,000
0-17	37,630	41,995	0-17	64,422	71,995	0-17	79,036	88,359
18-25	41,845	46,792	18-25	72,208	80,790	18-25	88,770	99,335
26-30	49,555	55,438	26-30	85,667	95,874	26-30	105,364	117,929
31-35	54,674	61,160	31-35	94,600	105,867	31-35	116,378	130,252
36-40	60,470	67,660	36-40	104,717	117,204	36-40	128,851	144,228
41-45	66,476	74,396	41-45	115,199	128,952	41-45	141,776	158,710
46-50	75,233	84,217	46-50	130,487	146,086	46-50	160,626	179,833
51-55	95,915	107,413	51-55	166,602	186,563	51-55	205,158	229,735

³ AYUSH Treatment modified to extend the cover limit up to the Sum Insured. Sublimit of 50% of Sum Insured is deleted.

56-60	121,906	136,564
61-65	212,285	237,926
66-70	300,000	340,414
71-75	300,000	375,000
76-80	300,000	375,000
>=81	300,000	375,000

56-60	211,988	237,431
61-65	300,000	375,000
66-70	300,000	375,000
71-75	300,000	375,000
76-80	300,000	375,000
>=81	300,000	375,000

56-60	261,124	292,449
61-65	320,000	400,000
66-70	320,000	400,000
71-75	320,000	400,000
76-80	320,000	400,000
>=81	320,000	400,000

PREMIUM ILLUSTRATION

Premium Illustration in respect of policies offered on individual basis for Category 1 .										
Age of the members insured (in Years)	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured in Lakhs (Rs.)	Premium (Rs.)	Family Discount (if any)	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)	Premium or consolidated premium for all family members of the family (Rs.)	Floater discount (if any)	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)
25	46,792	500,000	Not Applicable as the Sum Insured under this product is only on Individual Basis				Not Applicable as the Sum Insured under this product is only on Individual Basis			
	Total premium for member is Rs. 46,792 excl. GST. Sum Insured available for each individual is Rs. 5 Lakhs.		Not Applicable as the Sum Insured under this product is only on Individual Basis				Not Applicable as the Sum Insured under this product is only on Individual Basis			

Premium Illustration in respect of policies offered on individual basis for Category 3.										
Age of the members insured (in Years)	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured in Lakhs (Rs.)	Premium (Rs.)	Family Discount (if any)	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)	Premium or consolidated premium for all	Floater discount (if any)	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)

							family member s of the family (Rs.)			
25	99,316	500,000	Not Applicable as the Sum Insured under this product is only on Individual Basis				Not Applicable as the Sum Insured under this product is only on Individual Basis			
	Total premium for member is Rs. 99,316 excl. GST. Sum Insured available for each individual is Rs. 5 Lakhs.		Not Applicable as the Sum Insured under this product is only on Individual Basis				Not Applicable as the Sum Insured under this product is only on Individual Basis			



Future Generali India Insurance Company Limited. IRDAI Regn. No. 132 | CIN: U66030MH2006PLC165287.
Regd. and Corp. Office: 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083. Call us at: 1800-220-233 / 1860-500-3333 / 022-67837800 | Fax No: 022 4097 6900 | Website: <https://general.futuregenerali.in> | Email: fgcare@futuregenerali.in. Trade Logo displayed above belongs to M/S Assicurazioni Generali - Societa Per Azioni and used by Future Generali India Insurance Co Ltd. under License.

ANNEXURE I- LIST OF OMBUDSMAN DETAILS

Dear Customer,

At Future Generali, we continuously strive for service excellence to give you exceptional customer experience. This helps us build trust and a long-term relationship with you.

We request you to read the policy document including the terms and conditions carefully. This will help you understand your plan and drive maximum benefits. We want to ensure the plan is working for you and welcome your feedback.

What is a Grievance?

“Complaint” or “Grievance” means expression (includes communication in the form of electronic mail or other electronic scripts, Inbound Call, SMS, Letter), of dissatisfaction by a complainant with insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities about an action or lack of action about the standard of service or deficiency of service of such insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities.

- Explanation: An inquiry/ query or request does not fall within the definition of the 'complaint' or 'grievance'.
- Complainant' means a policyholder or prospect or any beneficiary of an insurance policy who has filed a complaint or grievance against an insurer or a distribution channel.

We are always here for your help. You may use any of the following channels to reach us-

Helpline	Website	Email	Branch GRO	Complaint form
Call us on 1800 220 233/ 1860 500 3333/ 022-67837800	Click here to know more	Write to us at fgcare@futuregenerali.in	Click here to know your nearest branch.	Click here to raise a complaint

By when will my grievance be resolved?

- You will receive grievance acknowledgement from us within 3 business days for your complaint.
- Final resolution will be shared with you within 2 weeks of receiving your complaint.
- Your complaint will be considered as closed if we do not receive any reply from you within 8 weeks from the date of receipt of response.

How do I escalate my complaint if I don't receive a response on time?

- You may write to our Grievance Redressal Office at fggro@futuregenerali.in
- You may send a physical letter to our Grievance Redressal Cell,
Head Office at the below address-

Future Generali India Insurance Company Ltd.

Lodha I – Think Techno Campus, B Wing – 2nd Floor, Pokhran Road – 2,
Off Eastern Express Highway Behind TCS, Thane West – 400607

What if I am not able to register my grievance?

You can comfortably raise a grievance via any of the above-mentioned avenues. If you face any challenge, you may write to the provided email IDs for help.

If you still face any challenge, you may use any of the below options to raise a complaint with the Insurance Regulatory and Development Authority (IRDAI)-

- ▶ Call toll-free number **155255**.
- ▶ **Click here** to register complaint online.

Is there any special provision for senior citizen to raise grievance?

We understand our customers and their needs. Thus, have a separate channel to address the grievances of senior citizens. The concerns will be addressed to the senior citizen's channel (care.assure@futuregenerali.in) as complaints for faster attention or speedy disposal of grievance, if any.

Insurance Ombudsman:

If you are still dissatisfied with the resolution provided, you may opt to approach the Office of the Insurance Ombudsman, provided the same is under their purview.

[Click here](#) to know the guidelines for taking up a complaint with the Insurance Ombudsman.

In case you wish to send your complaint to the Insurance Ombudsman.

[Click here](#) to access the list of insurance ombudsman offices.

Annexure II—NON MEDICAL EXPENSES

List I – Items for which coverage is not available in the Policy

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

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

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

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

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

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

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

16.	X-RAY FILM
17.	BOYLES APPARATUS CHARGES
18.	COTTON
19.	COTTON BANDAGE
20.	SURGICAL TAPE
21.	APRON
22.	TORNIQUET
23.	ORTHOBUNDLE, GYNAEC BUNDLE

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

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

ANNEXURE III – INDICATIVE LIST OF DAY CARE PROCEDURES

SR	Procedure Name	SR	Procedure Name
1	Coronary Angiography	270	Intravesical Brachytherapy
2	Suturing Oral Mucosa	271	Adjuvant Radiotherapy
3	Myringotomy With Grommet Insertion	272	After loading Catheter Brachytherapy
4	Tympanoplasty (closure Of An Eardrum Perforation reconstruction Of the Auditory Ossicles)	273	Conditioning Radiotherapy For Bmt
5	Removal Of a Tympanic Drain	274	Extracorporeal Irradiation to The Homologous Bone Grafts
6	Keratosis Removal Under Ga	275	Radical Chemotherapy
7	Operations On the Turbinate's (nasal Concha)	276	Neoadjuvant Radiotherapy
8	Removal Of Keratosis Obturans	277	LDR Brachytherapy

9	Stapedotomy To Treat Various Lesions In Middle Ear	278	Palliative Radiotherapy
10	Revision Of A Stapedectomy	279	Radical Radiotherapy
11	Other Operations On The Auditory Ossicles	280	Palliative Chemotherapy
12	Myringoplasty (post-aura/endaural Approach As Well As Simple Type-i Tympanoplasty)	281	Template Brachytherapy
13	Fenestration Of The Inner Ear	282	Neoadjuvant Chemotherapy
14	Revision Of A Fenestration Of The Inner Ear	283	Induction Chemotherapy
15	Palatoplasty	284	Consolidation Chemotherapy
16	Transoral Incision And Drainage Of A Pharyngeal Abscess	285	Maintenance Chemotherapy
17	Tonsillectomy Without Adenoidectomy	286	HDR Brachytherapy
18	Tonsillectomy With Adenoidectomy	287	Incision And Lancing Of A Salivary Gland And A Salivary Duct
19	Excision And Destruction Of A Lingual Tonsil	288	Excision Of Diseased Tissue Of A Salivary Gland And A Salivary Duct
20	Revision Of A Tympanoplasty	289	Resection Of A Salivary Gland
21	Other Microsurgical Operations On The Middle Ear	290	Reconstruction Of A Salivary Gland And A Salivary Duct
22	Incision Of The Mastoid Process And Middle Ear	291	Other Operations On The Salivary Glands And Salivary Ducts
23	Mastoidectomy	292	Other Incisions Of The Skin And Subcutaneous Tissues
24	Reconstruction Of The Middle Ear	293	Surgical Wound Toilet (wound Debridement) And Removal Of Diseased Tissue Of The Skin And Subcutaneous Tissues
25	Other Excisions Of The Middle And Inner Ear	294	Local Excision Of Diseased Tissue Of The Skin And Subcutaneous Tissues
26	Incision (opening) And Destruction (elimination) Of The Inner Ear	295	Other Excisions Of The Skin And Subcutaneous Tissues
27	Other Operations On The Middle And Inner Ear	296	Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues
28	Excision And Destruction Of Diseased Tissue Of The Nose	297	Free Skin Transplantation, Donor Site
29	Other Operations On The Nose – (other operation of the nose is very broad if any drainage of local pus will be considered as OPD)	298	Free Skin Transplantation, Recipient Site
30	Nasal Sinus Aspiration	299	Revision Of Skin Plasty
31	Foreign Body Removal From Nose (if same is removed without using any anaesthesia at OPD)	300	Other Restoration and Reconstruction Of The Skin And Subcutaneous Tissues
32	Other Operations on The Tonsils And Adenoids	301	Chemosurgery To the Skin

33	Adenoidectomy	302	Destruction Of Diseased Tissue in The Skin And Subcutaneous Tissues
34	Labyrinthectomy For Severe Vertigo	303	Reconstruction Of Deformity/defect In Nail Bed
35	Stapedectomy Under Ga	304	Excision Of Bursitis
36	Stapedectomy Under La	305	Tennis Elbow Release
37	Tympanoplasty (Type IV)	306	Incision, Excision and Destruction Of Diseased Tissue Of The Tongue
38	Endolymphatic Sac Surgery for Meniere's Disease	307	Partial Glossectomy
39	Turbineectomy	308	Glossectomy
40	Endoscopic Stapedectomy	309	Reconstruction Of the Tongue
41	Incision And Drainage of Perichondritis	310	Other Operations On The Tongue
42	Septoplasty	311	Surgery For Cataract
43	Vestibular Nerve Section	312	Incision Of Tear Glands
44	Thyroplasty Type I	313	Other Operations On The Tear Ducts
45	Pseudocyst Of The Pinna - Excision	314	Incision Of Diseased Eyelids
46	Incision And Drainage - Haematoma Auricle	315	Excision And Destruction Of Diseased Tissue Of The Eyelid
47	Tympanoplasty (Type II)	316	Operations On The Canthus And Epicanthus
48	Reduction Of Fracture Of Nasal Bone	317	Corrective Surgery For Entropion And Ectropion
49	Thyroplasty (Type II)	318	Corrective Surgery For Blepharoptosis
50	Tracheostomy	319	Removal Of A Foreign Body From The Conjunctiva
51	Excision Of Angioma Septum	320	Removal Of A Foreign Body From The Cornea
52	Turbinoplasty	321	Incision Of The Cornea
53	Incision & Drainage Of Retro Pharyngeal Abscess	322	Operations For Pterygium
54	Uvulo Palato Pharyngoplasty	323	Other Operations On The Cornea
55	Adenoidectomy With Grommet Insertion	324	Removal Of A Foreign Body From The Lens Of The Eye

56	Adenoidectomy Without Grommet Insertion	325	Removal Of A Foreign Body From The Posterior Chamber Of The Eye
57	Vocal Cord Lateralisation Procedure	326	Removal Of A Foreign Body From The Orbit And Eyeball
58	Incision & Drainage Of Para Pharyngeal Abscess	327	Correction Of Eyelid Ptosis By Levator Palpebrae Superioris Resection (bilateral)
59	Tracheoplasty	328	Correction Of Eyelid Ptosis By Fascia Lata Graft (bilateral)
60	Cholecystectomy	329	Diathermy/cryotherapy To Treat Retinal Tear
61	Choledocho-jejunostomy	330	Anterior Chamber Paracentesis.
62	Duodenostomy	331	Anterior Chamber Cyclodiathermy
63	Gastrostomy	332	Anterior Chamber Cyclocryotherapy
64	Exploration Common Bile Duct	333	Anterior Chamber Goniectomy
65	Esophagoscopy.	334	Anterior Chamber Trabeculotomy
66	Gastrosocopy	335	Anterior Chamber Filtering
67	Duodenoscopy with Polypectomy	336	Allied Operations to Treat Glaucoma
68	Removal of Foreign Body	337	Enucleation Of Eye Without Implant
69	Diathery Of Bleeding Lesions	338	Dacryocystorhinostomy For Various Lesions Of Lacrimal Gland
70	Pancreatic PseudocystEus& Drainage	339	Laser Photocoagulation To Treat Retinal Tear
71	Rf Ablation For Barrett's Oesophagus	340	Biopsy Of Tear Gland
72	Ercp And Papillotomy	341	Treatment Of Retinal Lesion
73	Esophagoscope And Sclerosant Injection	342	Surgery For Meniscus Tear
74	Eus + Submucosal Resection	343	Incision On Bone, Septic And Aseptic
75	Construction Of Gastrostomy Tube	344	Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis
76	Eus + Aspiration Pancreatic Cyst	345	Suture And Other Operations On Tendons And Tendon Sheath
77	Small Bowel Endoscopy (therapeutic)	346	Reduction Of Dislocation Under Ga
78	Colonoscopy ,lesion Removal –(only for investigation purpose is considered under investigation purpose)	347	Arthroscopic Knee Aspiration

79	ERCP	348	Surgery For Ligament Tear
80	Colonscopy Stenting Of Stricture	349	Surgery For Hemoarthrosis / pyoarthrosis
81	Percutaneous Endoscopic Gastrostomy	350	Removal Of Fracture Pins/nails
82	Eus And Pancreatic Pseudo Cyst Drainage	351	Removal Of Metal Wire
83	ERCP And Choledochoscopy	352	Closed Reduction On Fracture, Luxation
84	Proctosigmoidoscopy Volvulus Detorsion	353	Reduction Of Dislocation Under Ga
85	ERCP And Sphincterotomy	354	Epiphyseolysis With Osteosynthesis
86	Esophageal Stent Placement	355	Excision Of Various Lesions In Coccyx
87	ERCP + Placement Of Biliary Stents	356	Arthroscopic Repair Of Acl Tear Knee
88	Sigmoidoscopy W / Stent	357	Arthroscopic Repair Of Pcl Tear Knee
89	Eus + Coeliac Node Biopsy	358	Tendon Shortening
90	UgiScopy And Injection Of Adrenaline, Sclerosants Bleeding Ulcers	359	Arthroscopic Meniscectomy - Knee
91	Incision Of A Pilonidal Sinus / Abscess	360	Treatment Of Clavicle Dislocation
92	Fissure In Ano Sphincterotomy	361	Haemarthrosis Knee- Lavage
93	Surgical Treatment Of A Varicocele And A Hydrocele Of the Spermatic Cord	362	Abscess Knee Joint Drainage
94	Orchidopexy	363	Carpal Tunnel Release
95	Abdominal Exploration In Cryptorchidism	364	Closed Reduction Of Minor Dislocation
96	Surgical Treatment Of Anal Fistulas	365	Repair Of Knee Cap Tendon
97	Division Of The Anal Sphincter (sphincterotomy)	366	Orif With K Wire Fixation- Small Bones
98	Epididymectomy	367	Release Of Midfoot Joint
99	Incision Of The Breast Abscess	368	Orif With Plating- Small Long Bones
100	Operations On The Nipple	369	Implant Removal Minor
101	Excision Of Single Breast Lump	370	Closed Reduction And External Fixation

102	Incision And Excision Of Tissue In The Perianal Region	371	Arthrotomy Hip Joint
103	Surgical Treatment Of Hemorrhoids	372	Syme's Amputation
104	Other Operations On The Anus	373	Arthroplasty
105	Ultrasound Guided Aspirations	374	Partial Removal Of Rib
106	Sclerotherapy, Etc	375	Treatment Of Sesamoid Bone Fracture
107	Laparotomy For Grading Lymphoma With Splenectomy.	376	Shoulder Arthroscopy / Surgery
108	Laparotomy For Grading Lymphoma with Liver Biopsy	377	Elbow Arthroscopy
109	Laparotomy For Grading Lymphoma with Lymph Node Biopsy	378	Amputation Of Metacarpal Bone
110	Therapeutic Laparoscopy With Laser	379	Release Of Thumb Contracture
111	Appendicectomy With Drainage	380	Incision Of Foot Fascia
112	Appendicectomy without Drainage	381	Partial Removal Of Metatarsal
113	Infected Keloid Excision	382	Repair / Graft Of Foot Tendon
114	Axillary Lymphadenectomy	383	Revision/removal Of Knee Cap
115	Wound Debridement And Cover	384	Exploration Of Ankle Joint
116	Abscess-decompression	385	Remove/graft Leg Bone Lesion
117	Cervical Lymphadenectomy	386	Repair/graft Achilles Tendon
118	Infected Sebaceous Cyst	387	Remove Of Tissue Expander
119	Inguinal Lymphadenectomy	388	Biopsy Elbow Joint Lining
120	Infected Lipoma Excision	389	Removal Of Wrist Prosthesis
121	Maximal Anal Dilatation	390	Biopsy Finger Joint Lining
122	Piles	391	Tendon Lengthening
123	A) Injection Sclerotherapy	392	Treatment Of Shoulder Dislocation
124	B) Piles Banding	393	Lengthening Of Hand Tendon

125	Liver Abscess- Catheter Drainage	394	Removal Of Elbow Bursa
126	Fissure In Ano- Fissurectomy	395	Fixation Of Knee Joint
127	Fibroadenoma Breast Excision	396	Treatment Of Foot Dislocation
128	Oesophageal Varices Sclerotherapy	397	Surgery Of Bunion
129	ERCP - Pancreatic Duct Stone Removal	398	Tendon Transfer Procedure
130	Perianal Abscess I&d	399	Removal Of Knee Cap Bursa
131	Perianal Hematoma Evacuation	400	Treatment Of Fracture Of Ulna
132	UgiScopy And Polypectomy Oesophagus	401	Treatment Of Scapula Fracture
133	Breast Abscess I& D	402	Removal Of Tumor Of Arm Under GA
134	Feeding Gastrostomy	403	Removal of Tumor of Arm under RA
135	Oesophagoscopy And Biopsy Of Growth Oesophagus	404	Removal of Tumor Of Elbow Under GA
136	ERCP - Bile Duct Stone Removal	405	Removal of Tumor Of Elbow Under RA
137	Ileostomy Closure	406	Repair Of Ruptured Tendon
138	Polypectomy Colon	407	Decompress Forearm Space
139	Splenic Abscesses Laparoscopic Drainage	408	Revision Of Neck Muscle (torticollis Release)
140	Ugi Scopy And Polypectomy Stomach	409	Lengthening Of Thigh Tendons
141	Rigid Oesophagoscopy For Fb Removal	410	Treatment Fracture Of Radius & Ulna
142	Feeding Jejunostomy	411	Repair Of Knee Joint
143	Colostomy	412	External Incision And Drainage In The Region Of The Mouth.
144	Ileostomy	413	External Incision And Drainage in the Region Of the Jaw.
145	Colostomy Closure	414	External Incision And Drainage in the Region Of the Face.
146	Submandibular Salivary Duct Stone Removal –	415	Incision Of The Hard And Soft Palate
147	Pneumatic Reduction Of Intussusception	416	Excision And Destruction Of Diseased Hard Palate

148	Varicose Veins Legs - Injection Sclerotherapy	417	Excision And Destruction of Diseased Soft Palate
149	Rigid Oesophagoscopy For Plummer Vinson Syndrome	418	Incision, Excision And Destruction In The Mouth
150	Pancreatic Pseudocysts Endoscopic Drainage	419	Other Operations In The Mouth
151	Zadek's Nail Bed Excision	420	Excision Of Fistula-in-ano
152	Subcutaneous Mastectomy	421	Excision Juvenile Polyps Rectum
153	Excision Of Ranula Under Ga	422	Vaginoplasty
154	Rigid Oesophagoscopy For Dilation Of Benign Strictures	423	Dilatation Of Accidental Caustic Stricture Oesophageal
155	Eversion Of Sac	424	Presacral Teratomas Excision
156	Unilateral	425	Removal Of Vesical Stone
157	Bilateral	426	Excision Sigmoid Polyp
158	Lord's Plication	427	Sternomastoid Tenotomy
159	Jaboulay's Procedure	428	Infantile Hypertrophic Pyloric Stenosis Pyloromyotomy
160	Scrotoplasty	429	Excision Of Soft Tissue Rhabdomyosarcoma
161	Circumcision For Trauma	430	High Orchidectomy For Testis Tumours
162	Meatoplasty	431	Excision Of Cervical Teratoma
163	Intersphincteric Abscess Incision And Drainage	432	Rectal myomectomy
164	Psoas Abscess Incision And Drainage	433	Rectal Prolapse (delorme's Procedure)
165	Thyroid Abscess Incision And Drainage	434	Detorsion Of Torsion Testis
166	Tips Procedure For Portal Hypertension	435	Eua + Biopsy Multiple Fistula In Ano
167	Esophageal Growth Stent	436	Construction Skin Pedicle Flap
168	Pair Procedure Of Hydatid Cyst Liver	437	Gluteal Pressure Ulcer-excision
169	Tru Cut Liver Biopsy	438	Muscle-skin Graft, Leg
170	Photodynamic Therapy Or Esophageal Tumour And Lung Tumour	439	Removal Of Bone For Graft

171	Excision Of Cervical Rib	440	Muscle-skin Graft Duct Fistula
172	Laparoscopic Reduction Of Intussusception	441	Removal Cartilage Graft
173	Microdocheotomy Breast	442	Myocutaneous Flap
174	Surgery For Fracture Penis	443	Fibro Myocutaneous Flap
175	Parastomal Hernia	444	Breast Reconstruction Surgery After Mastectomy
176	Revision Colostomy	445	Sling Operation For Facial Palsy
177	Prolapsed Colostomy- Correction	446	Split Skin Grafting Under Ra
178	Laparoscopic Cardiomyotomy(Hellers)	447	Wolfe Skin Graft
179	Laparoscopic Pyloromyotomy(Ramstedt)	448	Plastic Surgery To The Floor Of The Mouth Under Ga
180	Operations On Bartholin's Glands (cyst)	449	Thoracoscopy And Lung Biopsy
181	Incision Of The Ovary	450	Excision Of Cervical Sympathetic Chain Thoracoscopic
182	Insufflations Of The Fallopian Tubes	451	Laser Ablation Of Barrett's Oesophagus
183	Other Operations On The Fallopian Tube	452	Pleurodesis
184	Conisation Of The Uterine Cervix	453	Thoracoscopy And Pleural Biopsy
185	Therapeutic Curettage With Colposcopy.	454	Ebus + Biopsy
186	Therapeutic Curettage With Biopsy	455	Thoracoscopy Ligation Thoracic Duct
187	Therapeutic Curettage With Diathermy	456	Thoracoscopy Assisted Empyema Drainage
188	Therapeutic Curettage With Cryosurgery	457	Haemodialysis
189	Laser Therapy Of Cervix For Various Lesions Of Uterus	458	Lithotripsy/nephrolithotomy For Renal Calculus
190	Other Operations On The Uterine Cervix	459	Excision Of Renal Cyst
191	Incision Of The Uterus (hysterectomy)	460	Drainage Of Pyonephrosis Abscess
192	Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas	461	Drainage Of Perinephric Abscess
193	Incision Of Vagina	462	Incision Of The Prostate

194	Incision Of Vulva	463	Transurethral Excision And Destruction Of Prostate Tissue
195	Culdotomy	464	Transurethral And Percutaneous Destruction Of Prostate Tissue
196	Salpingo-oophorectomy Via Laparotomy	465	Open Surgical Excision And Destruction Of Prostate Tissue
197	Endoscopic Polypectomy	466	Radical Prostatovesiculectomy
198	Hysteroscopic Removal Of Myoma	467	Other Excision And Destruction Of Prostate Tissue
199	D&C –	468	Operations On The Seminal Vesicles
200	Hysteroscopic Resection Of Septum	469	Incision And Excision Of Periprostatic Tissue
201	Thermal Cauterisation Of Cervix	470	Other Operations On The Prostate
202	HysteroscopicAdhesiolysis	471	Incision Of The Scrotum And Tunica Vaginalis Testis
203	Polypectomy Endometrium	472	Operation On A Testicular Hydrocele
204	Hysteroscopic Resection Of Fibroid	473	Excision And Destruction Of Diseased Scrotal Tissue
205	Lletzt	474	Other Operations On The Scrotum And Tunica Vaginalis Testis
206	Conization	475	Incision Of The Testes
207	Polypectomy Cervix	476	Excision And Destruction Of Diseased Tissue Of The Testes
208	Hysteroscopic Resection Of Endometrial Polyp	477	Unilateral Orchidectomy
209	Vulval Wart Excision	478	Bilateral Orchidectomy
210	Laparoscopic Paraovarian Cyst Excision	479	Surgical Repositioning Of An Abdominal Testis
211	Uterine Artery Embolization	480	Reconstruction Of The Testis
212	Laparoscopic Cystectomy	481	Implantation, Exchange And Removal Of A Testicular Prosthesis
213	Hymenectomy (Imperforate Hymen)	482	Other Operations On The Testis
214	Endometrial Ablation	483	Excision In The Area Of The Epididymis
215	Vaginal Wall Cyst Excision	484	Operations On The Foreskin
216	Vulval Cyst Excision	485	Local Excision And Destruction Of Diseased Tissue Of The Penis

217	Laparoscopic Paratubal Cyst Excision	486	Amputation Of The Penis
218	Repair of Vagina (Vaginal Atresia)	487	Other Operations On The Penis
219	Hysteroscopy, Removal Of Myoma	488	Cystoscopic Removal Of Stones
220	Turbt	489	Lithotripsy
221	Ureterocoele Repair - Congenital Internal	490	Biopsy Of temporal Artery For Various Lesions
222	Vaginal Mesh For Pop	491	External Arterio-venous Shunt
223	Laparoscopic Myomectomy	492	Av Fistula - Wrist
224	Surgery For Sui	493	Ursl With Stenting
225	Repair Recto- Vagina Fistula	494	Ursl With Lithotripsy
226	Pelvic Floor Repair (Excluding Fistula Repair)	495	Cystoscopic Litholapaxy
227	URS + LL	496	Eswl
228	Laparoscopic Oophorectomy	497	Bladder Neck Incision
229	Percutaneous Cordotomy	498	Cystoscopy & Biopsy
230	Intrathecal Baclofen Therapy	499	Cystoscopy And Removal Of Polyp
231	Entrapment Neuropathy Release	500	Suprapubic Cystostomy
232	Diagnostic Cerebral Angiography	501	Percutaneous Nephrostomy
233	Vp Shunt	502	Cystoscopy And "sling" Procedure
234	Ventriculoatrial Shunt	503	Tuna- Prostate
235	Radiotherapy For Cancer	504	Excision Of Urethral Diverticulum
236	Cancer Chemotherapy	505	Removal Of Urethral Stone
237	IV Push Chemotherapy	506	Excision Of Urethral Prolapse
238	HBI - Hemibody Radiotherapy	507	Mega-ureter Reconstruction
239	Infusional Targeted Therapy	508	Kidney Renoscopy And Biopsy

240	SRT - Stereotactic Arc Therapy	509	Ureter Endoscopy And Treatment
241	Sc Administration Of Growth Factors	510	Vesical Ureteric Reflux Correction
242	Continuous Infusional Chemotherapy	511	Surgery For Pelvic Ureteric Junction Obstruction
243	Infusional Chemotherapy	512	Anderson Hynes Operation
244	CCRT - Concurrent Chemo + Rt	513	Kidney Endoscopy And Biopsy
245	2D Radiotherapy	514	Paraphimosis Surgery
246	3D Conformal Radiotherapy	515	Injury Prepuce- Circumcision
247	IGRT - Image Guided Radiotherapy	516	Frenula Tear Repair
248	IMRT - Step & Shoot	517	Meatotomy For Meatal Stenosis
249	IMRT – DMLC	518	Surgery For Fournier's Gangrene Scrotum
250	Rotational Arc Therapy	519	Surgery Filarial Scrotum
251	Tele Gamma Therapy	520	Surgery For Watering Can Perineum
252	FSRT - Fractionated Srt	521	Repair Of Penile Torsion
253	VMAT - Volumetric Modulated Arc Therapy	522	Drainage Of Prostate Abscess
254	SBRT - Stereotactic Body Radiotherapy	523	Orchiectomy
255	Helical Tomotherapy	524	Cystoscopy And Removal Of Fb
256	SRS - Stereotactic Radiosurgery	525	RF Ablation Heart
257	X - Knife Srs	526	RF Ablation Uterus
258	GammaknifeSrs	527	RF Ablation Varicose Veins
259	TBI - Total Body Radiotherapy	528	Percutaneous nephrolithotomy (PCNL)
260	Intraluminal Brachytherapy	529	Laryngoscopy Direct Operative with Biopsy
261	TSET - Total Electron Skin Therapy	530	Treatment of Fracture of Long Bones
262	Extracorporeal Irradiation Of Blood Products	531	Treatment of Fracture of Short Bones

263	Telecobalt Therapy	532	Treatment of Fracture of Foot
264	Teleseism Therapy	533	Treatment of Fracture of Hand
265	External Mould Brachytherapy	534	Treatment of Fracture of Wrist
266	Interstitial Brachytherapy	535	Treatment of Fracture of Ankle
267	Intracavity Brachytherapy	536	Treatment of Fracture of Clavicle
268	3D Brachytherapy	537	Chalazion Surgery
269	Implant Brachytherapy		

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