Policy Document - Terms and Conditions of your policy

ICICI Pru MediAssure

Unique Identification Number (UIN) allotted by Insurance Regulatory and Development Authority (IRDA):
UIN number: ICICI Pru MediAssure: 105N082V01
Brief Policy Description:
ICICI Pru MediAssure Policy is a three year term product that offers reimbursement of the Eligible Medical Expenses incurred for Inpatient Hospitalisation, Day Care Procedures and for pre and post Hospitalisation subject to an aggregate Annual Limit. Under the Family Floater option, this plan provides reimbursement of Eligible Medical Expenses for all the Insured Persons covered under the Policy. The benefits payable under the Policy are subject to the Policy terms and conditions mentioned herein and are governed by the laws of India. The Company relies upon the information given by the Proposer or Insured Person in the proposal form and in any other document(s) or during the medical examination, if any. The Policy is declared void in case the information given is incomplete or inaccurate or untrue or in case it is found that the Policy was issued on the basis of either fake or tampered documents or proofs or where the claim was found to be fraudulent.
Freelook period: A period of 15 days is available to the Policyholder to review the Policy. If the terms and conditions of the Policy are not acceptable to the Policyholder, the Policy (this document) should be returned to the Company within 15 days from the date it is received by the Policyholder.
The Company will then cancel the Policy and return the premiums paid by the Policyholder after deducting the expenses mentioned below:

a Proportionate premium for period of cover
b Insurance stamp duty on the Policy
c Any expenses borne by the Company on the medicals.

1. DEFINITIONS:

In the Policy Document, unless the context otherwise requires:

a. "Accident" means an unexpected and unforeseen incident caused by violent, external and visible means which causes bodily injury.
b. "Annual Limit" is the maximum benefit payable under the Policy towards all the Eligible Medical Expenses incurred during a Policy Year. Any unutilised amount shall not be carried forward to the next Policy year. Annual Limit will be applicable for every Policy Year
c. "Company" means ICICI Prudential Life Insurance Company Limited.
d. "Co-pay" is the percentage of Eligible Medical Expenses which is to be paid by the Policyholder. The Company is liable for payment of the balance amount subject to the Annual Limit.
e. "Dependant" mean an Insured Person who does not have any independent source of income. Proof of dependency for the child will be required at inception and further renewals.
f. "Diagnosis" shall mean the findings of a Medical Practitioner based upon but not limited to radiological, clinical, histological or laboratory tests.
g. "Disease" means an alteration in the state of the body or of some of its organs, interrupting or disturbing the performance of the functions, and causing or threatening pain and weakness or physical or mental disorder and certified by a Medical Practitioner to that effect.
h. "Domiciliary Treatment" means medical treatment for Disease or Injury not taken in a Hospital.
I. "Emergency" means any urgent medical and / or surgical treatment taken at a Hospital for acute Cardiac or Accident/Trauma to avoid serious impairment of health or death of an Insured Person.
j. "Event" means Hospitalisation including Day Care Procedures arising as a result of any Disease or Injury
k. "Family Members" mean the Primary Insured, spouse and / or up to the first three Dependant children.
l. "Hospital" shall mean any institution established for indoor care and day care treatment and treatment of sickness or injuries and which: **(i)** has been registered either as a Hospital or Nursing Home with the local authorities and is under the supervision of a registered and qualified Medical Practitioner; and **(ii)** must comply with all minimum criteria as under: **(1)** Have at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places. **(2)** Has fully qualified nursing staff and Medical Practitioner(s) under its employment and if available round the clock . **(3)** Has a fully equipped operation theatre of its own where surgical procedures are carried out.
For the purpose of this definition, the term "Hospital" shall not include an establishment, a place of rest, a place for the aged, a place for drug-addicts or place of alcoholics, a rehabilitation center, a hotel or any similar place.
m. "Illness" means a physical condition marked by a pathological deviation from the normal healthy state.
n. "Injury" means bodily damage or harm caused solely and directly by an Accident.
o. "In-Patient" means an Insured Person who is admitted to Hospital and stays for a minimum period of 24 hours for the sole purpose of receiving the treatment for Disease or Injury.
p. "Insured Person(s)" means the person(s) who has or have been insured by the Company under this Policy.
q. "Medical Expenses" means the necessary reasonable and customary charges incurred for the Insured Person in respect of the medical treatment for the Disease or bodily injury and includes the cost of the stay in the Hospital, surgical treatment, treatment and care by the medical staff, Medical Practitioners fees, medicines and consumables including cost of pace maker, artificial limbs and expenses incurred in respect of treatment by the Medical Practitioners. The Medical Expenses shall include expenses incurred for the Inpatient Hospitalisation, Day Care Surgeries, Pre and Post Hospitalisation expenses.
r. "Medical Practitioner" shall mean qualified allopathic (i.e. conventional) medical practitioner holding a valid and subsisting licence, granted by the appropriate licensing authority, registered with the Medical Council of India, acting within his scope of licence and who is neither the Insured Person himself nor related to the Insured Person by blood or marriage. The term "Medical Practitioner" would include Physician, Specialist, Anaesthetist, Surgeons, Consultants, Pathologists, Radiologists and Radiation Oncologists.
s. "Network Hospitals" is group of Hospitals which are classified under List A and List B Hospitals for the purpose of this Policy. The classification of the Network Hospitals under List A and List B is as per the discretion of the Company. The updated list of Network Hospitals will be made available by the Company on request.
t. "Out of Network Hospital" means the Hospital other than the Network Hospital.
u. "Policy Anniversary" means anniversary of Policy Commencement Date of Policy.
v. "Policy" is a legal contract between the Proposer and the Company, which has been issued on the basis of the Proposal form and the documents evidencing the insurability of the Insured Person(s). The Policy Contract comprises the proposal form, statements, declarations, reports of medical check-ups (if any), any other documents called for by the Company or submitted by the Proposer for considering the proposal, Policy Certificate, and the Terms and Conditions (this booklet). The Company agrees to provide the benefits set out in the Policy in consideration of the premiums paid by the Policyholder, and subject to the conditions mentioned herein.
w. "Policyholder" means the proposer under the Policy or the owner of the Policy.
x. "Policy Commencement Date" as shown in the Policy certificate is the effective date of Policy and is the date on which the age of the Insured Person is calculated.
y. "Policy Year" means the period of twelve consecutive calendar months between any two consecutive Policy Anniversaries.
z. "Pre-existing condition" means a condition for which, prior to the Policy Commencement Date or Policy revival date, the Insured Person had signs or symptoms of an Illness or bodily Injury which would have caused any ordinarily prudent person to seek treatment, diagnosis or care, or medical advice, or treatment was recommended by or received from a Medical Practitioner, or the Insured Person has undergone medical tests or investigations. Any investigation or treatment for any Illness, disorder, complication or ailment arising out of or connected with the pre-existing Illness shall be considered part of that pre-existing condition.
aa. "Primary Insured Person" means an Insured Person and in case of Family Floater option is the eldest Insured Person in the family.
bb. "Qualified Nurse" means a person who holds a certificate of a recognized nursing council and who is employed on recommendations of the attending Medical Practitioner.
cc. "Single Room" means an air-conditioned room in a Hospital where accommodation of only one patient bed is allowed and should be the lowest level (in per day charge) of such Single occupancy available in that Hospital.
dd. "Sum Assured" For the purpose of this policy, Sum Assured is equal to the Annual Limit under the policy.
ee. "Eligible Medical Expenses" means the part of the incurred Medical Expenses that are covered under the Policy. The "Eligible Medical Expenses" will include Co-pay.
ff. "Twin Sharing Room" means an air-conditioned room in a Hospital where accommodation of two or more patient beds is allowed and should be the lowest level (in per day charge) of such twin occupancy available in that Hospital.

2. Waiting Period: Waiting Period is a period of 30 days from the Policy Commencement Date or 30 days from the date of revival of the Policy, where the Policy is revived after 60 days from the date of first unpaid premium. While the Policy is in force, no benefit shall become payable for any Event which occurs or where the signs or the symptoms of Disease or Injury and / or condition for the Event has occurred during the Waiting Period. The Waiting Period shall not be applicable where the claim occurs due to injuries caused by an Accident.

3. Benefits: Benefits are payable subject to: (i) The Policy being in force on the date of Event and (ii) Aggregate Annual Limit and (iii) Waiting period as stated in Clause 2 above and (iv) Insured Person(s) actually undergoing the Day Care Procedure or Hospitalisation

a. Hospitalisation: "Hospitalisation" shall mean admission in a Hospital as an In-Patient upon the written advice of a Medical Practitioner for a minimum period of 24 hours for the purpose of necessary medical treatment of a disease or Injury. The Company shall reimburse the following expenses incurred for the Insured Person(s) provided the same is directly related to the Event for which Hospitalisation takes place: **(i)** Room, Boarding & Nursing expenses as charged by the Hospital (including Intensive Care Unit charges, if applicable), **(ii)** Fees of Medical Practitioner to the extent of 30% of Eligible Medical Expenses per claim. **(iii)** Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, diagnostic materials and X-ray, dialysis, chemotherapy, radiotherapy, cost of pacemaker, artificial limbs and similar expenses. The maximum benefit payable for artificial limbs shall be subject to a maximum limit of Rs. 25,000 or 10% of Annual Limit, whichever is lower.
b. Day Care Treatment or Procedure: "Day Care Procedure" means the course of medical treatment or surgical procedure carried out in Hospitals or in specialised day care centres which are fully equipped with advanced technology and specialised infrastructure. The procedure must require Hospitalisation for less than 24 hours and must be on written advice of Medical Practitioner. The requirement of minimum beds of the Hospital definition will be waived provided other conditions are met. The Eligible Medical Expenses to be reimbursed under this benefit shall consist of cost of Day Care Treatment for listed Day Care Procedures as given in Annexure IThe Company reserves the right to modify the list of Day Care Procedures from time to time, subject to the Regulator's approval and the Policyholder shall be informed of the same.
c. Pre-Hospitalisation and Post-Hospitalisation expenses: (i) "Pre-Hospitalisation expenses" means Eligible Medical Expenses incurred for a disease or injury leading to Hospitalisation or Day Care Procedures for the period of 30 days prior to the date of Hospitalisation or Day Care Procedure, on the written advice of Medical Practitioner. Any expenses not directly related to the Event shall not be included as a part of Pre-Hospitalisation expenses and shall not form part of any claim under the Policy. **(ii) "Post-Hospitalisation expenses"** means Eligible Medical Expenses incurred for a disease or injury leading to Hospitalisation or Day Care Procedures for the period of 60 days from the date of discharge from the Hospital, on the written advice of Medical Practitioner. Any expenses not directly related to the Event shall not be included as a part of Post-Hospitalisation expenses and shall not form a part of any claim under the Policy. **(iii)** The expenses shall be reimbursed only in the event of acceptance of the Hospitalisation or Day Care Procedures claim by the Company.
d. The Company shall pay the cost of investigatory procedures only if the same is directly related to and leads to Hospitalisation or covered Day care procedures, as the case may be.
e. All Eligible Medical Expenses connected with date of Hospitalisation or Day Care Procedures falling within a Policy Year will be aggregated for the purpose of utilisation of the Annual Limit for that Policy Year.

4. Plan Specifications: (a) There are two types of plans available under this Policy viz. Premium and Classic. The Premium plan gives access to both List A and List B Hospitals. The Classic plan gives access to List A Hospitals along with some of the List B Hospitals. The Insured Person can avail the benefits depending on the plan chosen as per the Table 1. **(b)** Out of Network Co-pay of 20% of the Eligible Medical Expenses shall be applicable in case the Insured Person(s) avails Hospitalisation or undergoes Day Care Procedure at: **(i)** Out of Network Hospital, or **(ii)** A higher level of room type than specified in the above table. **(c)** Emergency Hospitalisation related to acute cardiac or trauma treated at an Out of Network Hospital would be treated as within network claims and no Co-pay would be applicable. The Emergency Hospitalisation claims would be considered only to the extent of Twin Sharing Room. In the Event where the Insured vPerson has opted for any higher level of room-type other than Twin Sharing Room, the Co- pay for Out of Network Hospitals shall be applicable. **(d)** The Policyholder has an option to change the plan on the Policy Anniversary subject to the underwriting norms of the Company at the point in time. The Policyholder shall be required to pay the revised premium as applicable. The cost of underwriting, if any, shall be borne by the Insured Person. **(e)** The Policyholder has an option to avail the plan either on Individual or Family Floater Cover basis.
"Family Floater Cover " means the Policy covering the Family Members as specified in the Policy Certificate or subsequent endorsement to the Policy. The total benefit payable towards all Insured Persons shall not exceed the Annual limit as specified in the Policy Certificate or subsequent endorsement in case of increase in the Annual Limit. Under this cover, the premiums shall be calculated as per the age of the eldest family member covered. The Family Floater Cover is also available for single parents and the first three Dependant children. Under the Family Floater Cover, any other person apart

from the Family Members shall not be covered. Family Floater Cover has to be specifically opted for by the Proposer and shown in the Policy Certificate

	Plan type	
Eligible room type	**Premium plan**	**Classic plan**
Up to Single A/C room	List A Hospitals	List A Hospitals
Up to Twin Share A/C room	List B Hospitals	List B Hospitals except those located in districts of Mumbai, Navi Mumbai and Thane

5. **Policy Alterations:**

a. **Increase in the Annual Limit:** The Policyholder shall have the option to increase the Annual Limit on Policy Anniversary, subject to the following terms and conditions: **(i)** Any increase in the Annual Limit shall be allowed only when all the premiums due till date have been paid under the Policy. **(ii)** Any increase in the Annual Limit would be subject to underwriting and the cost of medical examination, if any, would be borne by the Policyholder. **(iii)** All the existing Policy terms and conditions would continue to apply to the new increased limit.**(iv)** No increase in Annual Limit shall be allowed on or after the Policy Anniversary on which the Insured Person is aged 65 nearest birthday. **(v)** The Policyholder shall have to pay the increased premium determined by the Company as a result of increase in Annual Limit. **(vi)** The minimum and maximum amount by which the Annual Limit can be enhanced shall be as decided by the Company from time to time.

b. **Decrease in the Annual Limit:** The Policyholder shall have the option to decrease the Annual Limit on Policy Anniversary, subject to the following terms and conditions: **(i)** Any decrease in the Annual Limit shall be allowed only when all the premiums due till date have been paid under the Policy. **(ii)** Notwithstanding anything contained above in relation to the increase in the Annual Limit, once the Policyholder has opted for decrease in the Annual Limit, any future increase shall be subject to underwriting and the cost of the medical examination, if any, shall be borne by the Policy holder. **(iii)** The Policyholder will pay reduced premium determined by the Company as a result of decrease in Annual Limit. **(iv)** The minimum and maximum amount by which the Annual Limit can be decreased shall be as decided by the Company from time to time.

6. **Addition and Removal of covered Family Member(s)**

a. **Addition of Family Member:** The Policyholder may opt to convert a Policy to a Family Floater or add a Family Member to an existing Family Floater Policy. This shall be allowed only in the event of marriage or birth or legal adoption of a child. The Policyholder should opt for this within 90 days from the date of event or at the next Policy Anniversary. Such change shall be carried out subject to receipt of the proof of the event by the Company and subject to the fulfilment of the underwriting norms of the Company in this regard. The change shall be effective for the purpose of this Policy from the next premium due date. The Policyholder shall have to pay additional premium on addition of a Family Member as determined by the Company.

b. **Removal of Family Member:** The removal of a Family Member can occur due to death of an Insured Person (other than the Primary Insured) or in case of a divorce or in case of subsequent ineligibility of any child. Such revision shall be carried out subject to receipt by the Company of the proof of the event and subject to the fulfilment of the norms of the Company in this regard. The revision in the premium as a result of the removal of the Family Member shall be effective from the next premium due date.

7. **Maximum Benefit Payable:** The maximum benefit payable during a period of 12 months under all the medical reimbursement policies taken on the same Insured Person(s) from the Company is restricted to Rs. 25,00,000/- (Rupees Twenty Five lacs only) or the Annual Limit under the Policy, whichever is lower.

8. **Death of an Insured Person:** On death of the Primary Insured the Policy will terminate for all the Family Members covered under the Policy and the balance premium will not be refunded. The remaining Insured Persons can however apply for a new Policy. The new Policy will be issued without any underwriting with then prevailing terms and conditions including the no claim bonus as for the previous Policy if the cover is renewed within 60 days of termination of the existing Policy. The outstanding waiting period of the previous Policy will be applicable to the new Policy. On death of any Insured Person(s) other than the Primary Insured, the Policy shall continue and the premium shall be adjusted by the Company on the next premium due date following the death of the Insured Person. In the Event of death of an Insured Person during the Hospitalisation or Day Care Procedure, the Company shall pay the Eligible Medical Expenses towards Pre-Hospitalisation, Hospitalisation or Day Care Procedure, as the case may be. However, no other payment or benefit shall become payable as a result of death of the Insured Person.

9. **Exclusions:**The Company shall not be liable to make any payments under this Policy in respect of any expenses whatsoever incurred by any Insured Person(s) in connection with or in respect of the following – **(1)** Medical Expenses not directly related to the specific Illness or Injury for which Hospitalisation took place, will not be considered as Pre or Post Hospitalisation expenses. **(2)** Pre and Post Hospitalisation Benefits are payable to the Policyholder only in the event of acceptance of the related Hospitalisation or day care procedure's claim by the Company. **(3)** Pre Hospitalisation expenses for more than 30 days prior to the date of Hospitalisation or Day Care procedure and Post Hospitalisation benefits beyond a period of 60 days from the date of discharge. **(4)** Notwithstanding anything contained herein this benefit shall not apply to any Medical Expenses incurred by the Insured Person in any place or geographical area other than India. **(5)** Pre-existing condition unless stated in the proposal form and specifically accepted by the Company and endorsed thereon. **(6)** Permanent exclusions as specifically stated in the Policy Certificate **(7)** For conditions of diabetes or hypertension or both, if disclosed at inception and accepted for cover, any investigation/treatment for these conditions and any complications arising from these conditions (including but not restricted to Ischemic Heart Disease and Renal Failure) shall be excluded for the first two consecutive Policy Years from the Risk Commencement Date or revival date in case the revival is 60 days after first unpaid premium. **(8)** Expenses incurred during the first 2 years from Risk Commencement Date or revival date in case the revival is after 60 days from the date of first unpaid premium shall not be payable for the following Diseases/surgeries – **(a)**Functional Endoscopic Sinus Surgery / Septoplasty for Deviated Nasal Septum / Sinusitis **(b)**Surgery for Tonsillitis / Adenoiditis **(c)**Thyroidectomy for Nodule / Multi Nodular Goitre **(d)**Hernia (Inguinal / Ventral / Umbilical / Incisional) **(e)**Hydrocoel / Varicocoel / Spermatocoel surgery **(f)**Piles / Fissure / Fistula / Rectal prolapse **(g)**Trans Urtheral Resection of Prostrate / Open Prostatectomy for Benign Enlargement of Prostrate **(h)**Dilation & Curettage for menstrual irregularities **(i)**Hysterectomy for Fibroids, menorrhagia, Dysfunctional Uterine Bleeding, Prolapse **(j)**Myomectomy for Fibroids and menorrhagia **(k)**Lap / Open Chole cystectomy for Cholecystitis / Gall stones **(l)**Lithotripsy / Basketing for Renal Calculus **(m)**Traction / Discectomy / Laminectomy for Prolapsed Inter Vertebral Disc **(n)**Vitrectomy and Retinal Detachment surgery for Retinopathy **(o)**Amputation due to diabetes **(p)**Renal failure due to diabetes **(q)**Osteoporosis leading to Fracture Neck of Femur **(r)**Cataract (Claims of up to Rs. 20,000 will be covered in any Policy year only two years after the later of Risk Commencement Date or revival date, where the revival occurred more than 60 days after the first unpaid premium)**(s)** Osteoarthrosis leading to Total Knee Replacement or Total Hip Replacement (Claims for up to one knee or hip treatment will be covered in any Policy year only two years after the later of Risk Commencement Date or revival date, where the revival occurred more than 60 days after the first unpaid premium)**(9)** Treatment directly or indirectly arising from or consequent upon war, commando or bomb disposal duties or training, terrorism, invasion, acts of foreign enemies, engagement in hostilities, active military and police duties such as maintenance of civil order whether war be declared or not, civil war, rebellion ,active participation in strikes, riots or civil commotion, revolution, insurrection or military or usurped power or travel by military aircraft or waterborne vessel, and fulltime service in any of the armed forces. **(10)** Circumcision (unless necessary for treatment of a Disease not excluded hereunder or as may be necessitated due to any Accident), Vaccination, Inoculation. **(11)** Treatment which results from or is in any way related to sex change or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an Accident or as a part of any Illness. **(12)** Routine medical, eye and ear examination, Laser or other surgery for correction of refractive errors of sight, cost of spectacles, contact lenses, hearing aids, cost of Cochlear implant(s), issue of medical certificate and examinations as to suitability for employment or travel or any other such purpose. **(13)** Costs of Donor screening or treatment including surgery to remove organs from a donor in case of transplant surgery. **(14)** Any dental treatment or surgery which is corrective, cosmetic or of aesthetic nature, filling of cavity, root canal, and treatment of wear and tear. However, dental treatment carried out as inpatient Hospitalisation arising from Disease or Injury will be covered. **(15)** Convalescence, general debility, "run down" condition or rest cure, congenital external Diseases or defects or anomalies, sterility, any fertility, sub-fertility or assisted conception procedure, Hormone replacement therapy, intentional self-Injury/suicide, all psychiatric and psychosomatic disorders and Diseases / Accident due to and or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction. **(16)** All expenses arising out of any condition directly or indirectly caused by, or associated with Human T-cell Lymphotropic Virus Type III (HTLD - III) or Lymohadinopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of similar kind commonly referred to as AIDS, HIV and its complications including sexually transmitted Diseases. **(17)** Expenses incurred at Hospital primarily for evaluation / diagnostic purposes, wherein such tests are possible to be carried out on out patient basis and which is not followed by active treatment or intervention during the period of Hospitalisation. **(18)** Expenses on vitamins and tonics unless medically necessary as a part of treatment for Injury or Disease as certified by the attending physician. **(19)** Any Treatment arising from or traceable to pregnancy, childbirth, miscarriage, caesarean section, abortion or complications of any of these including changes in chronic condition as a result of pregnancy, tests and treatment relating to Infertility and invitro fertilisation. However, the exclusion do not apply to Ectopic Pregnancy proved by Ultrasonography / diagnostic means and is certified to be life threatening by the Medical Practitioner. **(20)** Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine and related treatment including acupressure, acupuncture, magnetic and such other therapies, Ayurvedic, Homeopathy, Unani, reflexology, bone-setting, herbalist treatment, hypnotism, rolfing, massage therapy, aroma therapy, Steam bathing, Shirodhara and alike treatment under Ayurvedic treatment or any other treatments other than Allopathy /western medicines and any treatment taken at home, health hydro, nature care clinic or similar establishments or received outside India. **(21)** Expenses incurred for investigation or treatment irrelevant to the Diseases diagnosed during Hospitalisation or primary reasons for admission, private nursing/attendants charges incurred during Pre-Hospitalisation period or Post-Hospitalisation period, Referral fee to family doctors, out station consultants / Surgeons fees. **(22)** Genetic disorders and stem cell implantation / surgery. **(23)** Any treatment related to sleep disorder or sleep Apnoea syndrome. **(24)** External and or durable Medical / Non medical equipment of any kind used for Diagnosis and or treatment including CPAP, CAPD, Infusion pump etc., Ambulatory devices i.e. walker , Crutches, Belts, Collars, Caps, splints, slings, braces ,Stockings of any kind, Diabetic foot wear, Glucometer / Thermometer and similar related items and also any medical equipment which is subsequently used at home. **(25)** All non Medical Expenses including Personal comfort and convenience items or services such as telephone, television, personal attendant or barber or beauty services, diet charges, baby food, cosmetics, napkins , toiletry items, guest services and similar incidental expenses or services. **(26)** Only one Coronary Angiography is payable in a Policy Year except in case where a Coronary Intervention has been undergone after the first angiography. **(27)** Medical or surgical treatment of obesity and any other weight control programme, services or supplies. **(28)** Any treatment required arising from Insured's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing unless specifically agreed by the Insurance Company. **(29)** Any stay in the Hospital or extended period of Hospitalisation beyond the customary length of stay for any domestic reason or where no active regular treatment is given by the specialist. **(30)** Out patient Diagnostic / Medical or Surgical procedures / or treatments, non-prescribed drugs and medical supplies, Hormone replacement therapy. **(31)** Any kind of Service charges, Surcharges, Admission fees / Registration charges etc levied by the Hospital. **(32)** Treatment which is continued before Hospitalisation and continued even after discharge for a Disease / Injury different from the one for which Hospitalisation was necessary. **(33)** Failure to seek or follow medical advice. **(34)** Hospitalisation and treatment of any kind not actually performed, necessary or reasonable, or any kind of elective surgery or treatment which is not medically necessary. **(35)** Domiciliary treatment. **(36)** Treatments or procedures customarily and usually performed by Medical Practitioners in Out Patient Department or clinic and casualty setting shall not be payable even if performed as Inpatient or Day Care Procedures.

10. **Revival (Re-instatement) of Lapsed Policy:** A Policy, which has lapsed for non-payment of premium within the days of grace, may be revived subject to the following conditions – **(a)** The application for revival is made within 2 years from the due date of the first unpaid premium and before the maturity date of Policy. Revival will be based on the then applicable revival norms of the Company. **(b)** There shall be a waiting period of 30 days from the date of revival applicable for all Insured Person(s) where the Policy was lapsed for a period of more than 60 days from the date of first unpaid premium. Also, all the other exclusions applicable at the Policy commencement Date shall once again become applicable. Only claims in respect of injuries caused by Accidents shall become payable. **(c)** No waiting period will be applicable for any revival within 60 days of the due date of the first unpaid premium. **(d)** The Company may subject all the Insured Person(s) to medical examination before taking a decision on the re-instatement of the Policy. The Policyholder shall have to furnish, at his own expense, satisfactory evidence of health as required by the Company. **(e)** No benefit is payable for an Event which occurred or symptoms of which first occurred or were first diagnosed during the period when Policy was in lapsed condition. **(f)** The arrears of premiums together with interest at such rate as the Company may charge for late payment of premia are paid within the stipulated revival period. **(g)** The revival of the Policy may be on terms different from those applicable to the Policy before it lapsed **(h)** The revival will take effect only on its being specifically communicated by the Company to the Insured Person. **(i)** In case of Family

Floater, the application for re-instatement should be made for all Insured Person(s).

11. **Renewability of Matured Policy: (a)**The Policyholder shall have an option to renew the Policy once within a period of 30 days from the first Maturity Date on the then existing terms and conditions, subject to the cover ceasing age of 75 years. **(b)**The Policyholder shall have guaranteed insurability, subject to underwriting, whereby the Policyholder shall have the right to continue the Policy under the then offered ICICI Pru MediAssure product or the nearest substitute offered by the Company at that time. The premiums rates for renewal are not guaranteed and shall be reviewed subject to Regulator's approval. **(c)** The Policyholder will have to renew the Policy within 30 days from the Policy maturity date. **(d)** No-claim bonus as stated in Clause 15 from the previous Policy shall be carried forward to the new Policy on renewal. **(e)** Any outstanding waiting period from the original Policy will be applicable to the renewed Policy. The Permanent Exclusions as stated in the Policy Certificate with respect to the Insured Person(s) shall continue to be applicable. **(f)** The Policy shall not be renewed in case the Policy has been cancelled on the basis of fraudulent claim as stated in Clause 8 of General Terms and Conditions.
12. **Maturity Benefit:** No benefits become payable on survival of the Insured Person(s) and the Policy shall terminate on the Maturity Date.
13. **Contribution Clause: "Rateable proportion of any loss"** means the part of the claim amount that will be payable by the Company in cases where the Policyholder is covered under more than one Policy. The proportion of claim payable inclusive of Co-pay will be determined by the ratio of the Annual Limit under this Policy to the total cover for the Insured Person. The total cover refers to the sum of Annual Limits or sum assured applicable to the claim under all in force medical reimbursement policies. If at the time when a claim arises under this Policy, there is in existence any other insurance whether it be effected by or on behalf of any Insured Person in respect of whom the claim has arisen covering the same loss, liability, compensation, costs or expense, the Company shall not be liable to pay or contribute more than its Rateable Proportion of any loss, liability, compensation, costs or expenses.
14. **Premium: (a)** Premiums are payable on the due dates and at the amount mentioned in the Policy at time of commencement of the Policy. A grace period of not more than 30 days, where the frequency of payment of premium is other than monthly, and not more than 15 days in the case of monthly mode is allowed. **(b)** If the premium is not paid on the due date or during the grace period, the Policy shall lapse. No benefits shall be payable in such a case. **(c)** Premiums are payable without any obligation on the Company to issue a notice for the same. **(d)** Premiums are payable through any of the following modes :- **(i)** Cash* **(ii)** Cheques **(iii)** Demand Drafts (iv) Pay Orders (v) Bankers Cheque (vi) Internet facility as approved by the Company from time to time **(vii)** Electronic Clearing System **(vii)** Credit Card
    * Amount and modalities will be subject to Company rules and relevant legislation or regulation.
    (e) Premium shall be construed to be received only when the same is received at any of the Company's offices. **(f)** If the Policyholder suspends payment of premium for any reason whatsoever, the Company shall not be held liable and the benefits, if any will be available only in accordance to the Policy conditions. **(g)** Where the Policyholder has opted for premium frequency other than yearly, additional premium as decided by the Company from time to time shall be levied. **(h)** Where the premium paying frequency is changed, there will be a revision in premium amount as per the norms of the Company. **(i)** In case of change in plan by the Insured Person the premium payable under the Policy shall be revised as per the norms of the Company.
15. **No Claim Bonus:** A bonus by way of 5% increase in the Annual Limit shall be granted in case of no claims in the previous Policy Year. This bonus would be subject to a maximum of 25% of the original Annual Limit during the entire term of the Policy. In case of a claim at any point of time, the entire bonus till date shall be reversed and would become zero for the following Policy year.

General Terms and Conditions

1. **Age: (a)** The Insurance premium payable under the Policy has been calculated on the basis of the age of the Insured Person(s) as declared in the Proposal. In case the age of the Insured Person(s) has not been admitted by the Company, the Policyholder shall furnish such proof of age of the Insured Person(s) as is acceptable to the Company and have the age admitted. **(b)** In the event the age so admitted (the "correct age") is found to be different from the age declared in the Proposal, without prejudice to the Company's other rights and remedies including those under the Insurance Act, 1938, one of the following actions shall be taken – **(i)** If the correct age of the Insured Person(s) is such as would have made the Insured Person(s) uninsurable under the Plan of insurance specified in the Policy Certificate, the Plan of insurance shall stand altered to such Plan of insurance as is generally granted by the Company for the correct age of the Insured Person(s), which will be subject to the terms and conditions as are applicable to that Plan of insurance. If the Policyholder does not wish to opt for altered Plan or if it is not possible for the Company to grant any other Plan of insurance, the Policy shall stand cancelled from the date of commencement of the Policy and the premiums shall be returned subject to deduction of the expenses incurred by the Company on the Policy. **(ii)** If the correct age of the Insured Person(s) is found to be higher than the age declared in the Proposal, then subject to the underwriting evaluation at point of such knowledge, if the Insured Person(s) is found insurable the premium (the "corrected insurance premium") payable under the Policy shall be altered corresponding to the correct age of the Insured Person(s) from the Policy Commencement Date and the Policyholder shall pay to the Company the accumulated difference between the corrected premium and the original premium from the Policy commencement Date up to the date of such payment with interest at such rate and in such manner as is charged by the Company for late payment of premium. If the Policyholder fails to pay the difference of premium with interest thereon as mentioned above, the same shall be treated as a debt due to the Company and shall be recovered with further interest thereon as mentioned above from the moneys payable under the Policy. Where the Insured Person(s) is not found insurable, then the Company would return the premiums (excluding extra premiums, if any) paid under the Policy corresponding to that Insured Person(s) and there will be no benefit payable in respect of Medical Expenses incurred on the life of that Insured Person(s). **(iii)** If the correct age of the Insured Person(s) is found to be lower than the age declared in the Proposal, the premium payable under the Policy shall be altered corresponding to the correct age of the Insured Person(s) (the "corrected insurance premium") from the Policy Commencement Date and the Company shall refund without interest, the accumulated difference between the original premium paid and the corrected premium.
2. **Assignment and Nomination: (a)** An assignment of this Policy may be made by an endorsement upon the Policy itself or by a separate instrument signed in either case by the assignor specifically stating the fact of assignment and duly attested. The first assignment may be only made by the Proposer. Such assignment shall be effective, as against the Company, from and upon the service of a written notice upon the Company and the Company recording the assignment in its books. Assignment will not be permitted where Policy is under the Married Women's Property Act, 1874. Section 38 of the Insurance Act may be referred for the complete provision. **(b)** The Primary Insured, where he is the holder of the Policy, may, at any time during the tenure of the Policy, make a nomination for the purpose of payment of the monies of the pending claim in the Event of his death. Nomination shall be applicable only in the event where the Proposer and the Primary Insured is the same person. Where the nominee is a minor, the Primary Insured may also appoint a person to receive the monies during the minority of the nominee.
    In case of death of the Insured Person (Other than the Primary Insured) money in respect of any pending claim shall become payable to the Policyholder.
3. **Special Provisions:** Any special provisions subject to which this Policy has been entered into whether endorsed in the Policy or in any separate instrument shall be deemed to be part of the Policy and shall have effect accordingly.
4. **Incontestability: (a)** Section 45 of the Insurance Act,1938:"No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no Policy of life insurance shall after the expiry of two years from the date on which it was effected after the coming into force of this Act shall after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal of insurance or any report of a medical officer, or a referee , or friend of the insured , or in any other document leading to the issue of the Policy , was inaccurate or false , unless the insurer shows that such statements was on material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the Policyholder and that the Policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.
    Provided that nothing in the section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the Policy are adjusted on subsequent proof that the age of the Life Insured was incorrectly stated in the proposal." **(b)** The Company would declare the Policy void in case of suppression or mis-statement or mis-representation of facts.
5. **Notices:** Any notice, direction or instruction given under the Policy shall be in writing and delivered by hand, post, facsimile or e-mail to:
    In case of the Policyholder or Nominee: As per the details specified by the Policy holder or Nominee in the Proposal Form or Change of Address intimation submitted by him.
    In case of the Company Address: Customer Service Desk, ICICI Prudential Life Insurance Company Limited, Vinod Silk Mills Compound, Chakravarthy Ashok Nagar, Ashok Road, Kandivali (East), Mumbai- 400 101. **Facsimile:** 022 67100803 / 805. **E-mail:** lifeline@iciciprulife.com
    Notice and instructions sent by the Company to the Policyholders will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail. It is very important that the Policyholder immediately informs the Company about the change in the address or the nominee particulars to enable the Company to service him effectively.
6. **Payment of Claim: (a)** Before payment of any claim under the Policy, the Company shall require documents as mentioned below establishing the right of the claimant or claimants to receive payment. Claim payments are made only in Indian currency.The below mentioned documents should be submitted to the Company within 10 days of discharge from the Hospital or Nursing Home. **(i)** Photocopy of Policy certificate. **(ii)** Claimant statement form or Attending physician certificate. **(iii)** Photo Identification proof. **(iv)** Original Discharge summary or card, Original Hospital bill, payment receipts from the Hospital(s). **(v)** Admission notes, Original receipts, Pathological and other test reports from a pathologist or radiologist including films etc supported by the note from the attending Medical Practitioner or surgeon demanding such test. **(vi)** Original cash memo from the chemist(s) supported by proper prescription. **(vii)** Attending Consultants or Surgeon's or Anesthetist or Specialist certificates regarding Diagnosis and bill or receipts etc.
    (b) In case of post Hospitalisation treatment, all supporting claim papers or documents as listed above should also be submitted to the Company within 7 days after completion of such treatment to the Company. **(c)** All documents must be duly attested by the Policyholder or Insured Person. **(d)** In addition, the Insured Person shall also provide the Company such additional information and assistance as the Company may require during processing of the claim. **(e)** In the event of any doubt regarding the appropriateness or correctness of the Diagnosis, the Company shall have the right to call for an examination of the Life Assured by a Medical Specialist appointed by the Company. The expenses incurred for the medical examination of the Life Assured for the purpose of this clause shall be solely borne by the Company. The evidence used from such examination, and the opinion of such Specialist as to such Diagnosis shall be considered binding on both the Policyholder and the Company.
7. **Fraudulent Claims:** In the event that it is found that any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his or her behalf to obtain any benefit under this Policy, the Company reserves the right to discontinue the Policy and the Policy shall cease to exist without value.
8. **Legislative Changes:** This Policy including the premiums and the benefits under the Policy will be subject to the taxes and other statutory levies as may be applicable from time to time, and such taxes, levies etc. will be recovered, directly and completely from the Policyholder.
9. **Electronic Transactions:**The Customer shall adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.
10. **Force majeure:** If the performance the Company of any of its obligations herein shall be in any way prevented or hindered in consequence of any act of God or State, Strike, Lock out, Legislation or restriction of any Government or other authority or any other circumstances beyond the anticipation or control of the parties, the performance of this contract shall be wholly or partially suspended during the continuance of the contract.
11. **Loans and Surrenders:** No loans or surrenders are allowed under this plan.
12. **Customer Service: (a) For any clarification or assistance,** the Policyholder may contact our advisor or call our Customer Service Representative during office hours (9.00 a. m. to 9.00 p.m, Monday to Saturday; excluding national holidays.) on the numbers mentioned on the reverse of the Policy Folder or on our website; www.iciciprulife.com. Alternatively the Policyholder may communicate with us at the Customer Service Desk details mentioned earlier. The Company's website must be checked for the updated contact details. **(b) Grievance Redressal Officer:** For any complaints/grievances, the Policyholder may get in touch with our designated Grievance Redressal Officer (GRO). For GRO contact details please refer to the "Grievance Redressal" section on www.iciciprulife.com **(c) Grievance Redressal Committee:** In the event that any complaint/grievance addressed to the GRO is not resolved within 10 days the Policyholder may escalate the same to the Grievance Redressal Committee at the address mentioned below.
    ICICI Prudential Life Insurance Company Limited, Fourth Floor, ICICI Venture House (Stanrose House), ICICI Venture Building, Appasaheb Marathe Marg, Prabhadevi, Mumbai – 400 025.
    (d) Insurance Ombudsman: (i) The Central Government has established an office of the Insurance Ombudsman for redressal of grievances with respect to life insurance policies.
    (ii) As per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made only if:
    - The grievance has been rejected by the Grievance Redressal Machinery of the Insurance Company

- Within a period of one year from the date of rejection by the Insurance Company
- If any other Judicial authority has not been approached

(iii) In case if the Policyholder is not satisfied with the decision/resolution of the Company, the Policyholder may approach the Insurance Ombudsman at the address given below if the grievance pertains to - any partial or total repudiation of claims or - the premium paid or payable in terms of the policy -any claim related dispute on the legal construction of the policies in so far as such dispute relate to claims or -delay in settlement of claims -non-issue of policy document to customers after receipt of premiums **(iv)** The complaint to the office of the Insurance Ombudsman should be made in writing duly signed by the complainant (Policyholder) or by his legal heirs with full details of the complaint and the contact information of complainant. Given below are details of the ombudsman office considering address of the Policyholder mentioned in the application form:

1. **Ahmedabad Centre:** Office of Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College 5, Navyug Colony, Ashram Road, Ahmedabad - 380 014. **Jurisdiction:** State of Gujarat and Union Territories of Dadra and Nagar Haveli and Daman and Diu. Tel: 079-27546150, Fax: 079-2754614, E-mail: insombahd@rediffmail.com
2. **Bhopal Centre:** Office of Insurance Ombudsman, 1st floor, 117, Zone-II (Above D.M. Motors Pvt Ltd.), Maharana Pratap Nagar, Bhopal- 462 011. **Jurisdiction:** States of Madhya Pradesh and Chattisgarh. Tel: 0755-2769201/02, Fax: 0755-2769203, E-mail: bimalokpalbhopal@airtelbroadband.in
3. **Bhubneshwar Centre:** Office of Insurance Ombudsman, 62, Forest Park, Bhubneshwar- 751 009. **Jurisdiction:** State of Orrisa Tel: 0674-2596461(Direct), Secretary No.: 0674-596455 Tele Fax : 0674-2596429, E-mail: ioobbsr@dataone.in
4. **Chandigarh Centre:** Office of Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd floor, Batra Building, Sector 17-D, Chandigarh- 160 017. **Jurisdiction:** States of Punjab, Haryana, Himachal Pradesh, Jammu and Kashmir and Union territory of Chandigarh. Tel: 0172-2706196, Fax: 0172-2708274, E-mail: ombchd@yahoo.co.in
5. **Chennai Centre:** Office of Insurance Ombudsman, Fatima Akhtar Court, 4th floor, 453 (old 312), Anna Salai, Teynampet, Chennai- 600 018. **Jurisdiction:** State of Tamil Nadu and Union Territories-Pondichery Town and Karaikal (which are part of Union Territory of Pondicherry) Tel: 044-24333678, Fax: 044-24333664, E-mail: insombud@md4.vsnl.net.in
6. **Delhi Centre:** Office of Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi- 110 002. **Jurisdiction:** States of Delhi and Rajasthan. Tel: 011-23239611 Fax: 011-23230858, E-mail: iobdelraj@rediffmail.com
7. **Guwahati Centre:** Office of Insurance Ombudsman, Acquarius, Bhaskar Nagar, R.G. Baruah Road, Guwahati- 781 021. **Jurisdiction:** States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura. Tel : 0361-2131307 Fax: 0361-2732937, E-mail: omb_ghy@sify.com
8. **Hyderabad Centre:** Office of Insurance Ombudsman, 6-2-47, Yeturu Towers Lane, Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad- 500 004. **Jurisdiction:** States of Andhra Pradesh, Karnataka and Union Territory of yaman- a part of the Union Territory of Pondicherry. Tel: 040-23325325, Fax: 040-23376599, E-mail: hyd2_insombud@sancharnet.in
9. **Kochi Centre:** Office of Insurance Ombudsman, 2nd floor, CC 27/2603,Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, Ernakulam – 682 015. **Jurisdiction:** State of Kerala and Union Territory of Lakshadweep, Mahe- a Part of Union Territory of Pondicherry. Tel: 0484-2358734, Fax: 0484-2359336, E-mail: iokochi@asianetglobal.com
10. **Kolkata Centre:** Office of Insurance Ombudsman, North British Bldg., 3rd floor, 29, N. S. Road, Kolkata- 700 001.**Jurisdiction :** States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of Andaman and Nicobar Islands Tel: 033-22134869, Fax: 033-22134868, E-mail: iombkol@vsnl.net
11. **Lucknow Centre:** Office of Insurance Ombudsman, Chintel's House, 1st floor, 16, Station Road, Lucknow- 226 001. **Jurisdiction:** State of Uttar Pradesh and Uttaranchal Tel: 0522-2201188, Fax: 0522-2231310, E-mail: ioblko@sancharnet.in
12. **Mumbai Centre:** Office of Insurance Ombudsman, 3rd floor, Jeevan Seva Annexe (Above MTNL), S.V.Road, Santacruz (W), Mumbai- 400 054. **Jurisdiction:** States of Maharashtra and Goa. PBX: 022-26106928, Fax: 022-26106052, E-mail: ombudsman@vsnl.net

Annexure I

Day Care Procedures

Ear: (1) Atticoantrotomy **(2)** Closure of mastoid fistula **(3)** Mastoidectomy **(4)** Mastoidotomy **(5)** Myringoplasty **(6)** Myringotomy with Grommet insertion **(7)** Petrous Apicectomy **(8)** Removal of multiple bony outgrowths **(9)** Revision of stapedectomy **(10)** Stapedectomy **(11)** Stapedotomy **(12)** Tumour removal **(13)** Tympanoplasty **(14)** Tympanoplasty with Ossicular Reconstruction

Nose: (15) Antrostomy **(16)** Caldwell Luc approach **(17)** Fistulectomy **(18)** Fistulization of sinus **(19)** Functional Endoscopic Sinus Surgery/ Frontal Sinusotomy/Maxillary Sinusotomy/ Ethmoidectomy/ Sphenoidotomy **(20)** Lysis of adhesions of nose **(21)** Rhinoplasty (only due to trauma) **(22)** Septoplasty (medically necessitated) **(23)** Tumour removals **(24)** Turbinectomy/Turbinoplasty

Tonsils & Adenoids: (25) Adenoidectomy **(26)** Excision and destruction of a lingual tonsil **(27)** Excision or Biopsy of lesion of tonsil and adenoid **(28)** Removal of foreign body from tonsil and adenoid by incision **(29)** Tonsillectomy **(30)** Tonsilloadenoidectomy **(31)** Transoral incision and drainage of a pharyngeal abscess

Mouth & Face: (32) External incision and drainage in the region of the mouth, jaw and face **(33)** Incision of the hard and soft palate **(34)** Excision and destruction of Diseased hard and soft palate **(35)** Palatoplasty for pure palatal defects*

Salivary Glands & Ducts: Includes operations on lesser salivary gland and duct, parotid gland and duct, sublingual gland and duct, submandibular gland and duct **(36)** Closure of salivary fistula **(37)** Excision of Diseased tissue of a salivary gland and a salivary duct >2.5 cm in size **(38)** Fistulization of salivary gland **(39)** Partial resection of a salivary gland **(40)** Suture of laceration of salivary gland **(41)** Transplantation of salivary duct opening

Tongue: (42) Lingual frenectomy* **(43)** Lingual frenotomy/frenoplasty * **(44)** Partial glossectomy

Eye: (45) Cataract Surgery (Extra Capsular Cataract Excision or Phacoemulsification + Intra Ocular Lens) (46) Corrective surgery for blepharoptosis when not congenital/cosmetic **(47)** Corrective Surgery for entropion/ectropion **(48)** Dacryocystorhinostomy [DCR] **(49)** Excision and destruction of Diseased tissue of the eyelid **(50)** Excision involving one-fourth or more of lid margin, full-thickness **(51)** Excision of lacrimal sac and passage **(52)** Excision of major lesion of eyelid, full-thickness **(53)**Manipulation of lacrimal passage **(54)** Operations for pterygium **(55)** Operations of canthus and epicanthus when done for adhesions due to chronic infections **(56)** Removal of a deeply embedded foreign body from the conjunctiva with incision **(57)** Removal of a deeply embedded foreign body from the cornea with incision **(58)** Removal of a foreign body from the lens of the eye **(59)** Removal of a foreign body from the posterior chamber of the eye **(60)** Repair of canaliculus and punctum **(61)** Repair of corneal laceration or wound with conjunctival flap (62) Repair of postoperative wound dehiscence of cornea **(63)** Wedge resection of eyelid **(64)** Penetrating or Non-Penetrating Surgery for treatment of Glaucoma

SKIN & SUBCUTANEOUS TISSUE: (65) Free skin transplantation, donor site (Non cosmetic) **(66)** Free skin transplantation, recipient site (Non Cosmetic) (67) Incision of a pilonidal sinus

BREAST: (68) Lumpectomy **(69)** Incision of breast abscess **(70)** Operations on the nipple except congenital inverted nipples

TRAUMATOLOGICAL SURGERY & ORTHOPAEDICS: (71) Incision on bone, septic and aseptic **(72)**Closed reduction on fracture, sub-luxation or epiphyseolysis **(73)** Osteosynthesis/Internal fixation **(74)** Suture and other operations on tendons and tendon sheath **(75)** Reduction of dislocation under General Anaesthesia **(76)** Arthroscopic knee evaluation / aspiration / joint toilet **(77)** Surgery For Carple Tunnel Syndrome

DIGESTIVE TRACT: (78) Hernia Repair **(79)** Incision and excision of tissue in the perianal region **(80)** Incision of the anal sphincter (sphincterotomy) **(81)** Planned Cholecystectomy (82)Surgical treatment of haemorrhoid

HAEMIC SYSTEM: (83) Sclerotherapy for - **(84)** AV Malformations (Non cosmetic only) **(85)** Bleeding varices (due to non alcohol related causes) **(86)** Haemorrhoids **(87)** Varicose Veins (Non Cosmetic only)

FEMALE GENITAL ORGANS:(88) Conization of cervical canal **(89)** Culdotomy **(90)** Diagnostic/therapeutic Dilation and curettage of uterus (other than those related to medical termination of pregnancy) **(91)** Dilatation of cervical canal **(92)** Excision or other destruction of Bartholin's gland (cyst) **(93)** Hymenectomy **(94)** Hysterotomy (Not done as part of Medical Termination of Pregnancy) **(95)** Incision of Bartholin's gland (cyst) **(96)** Laparoscopic Salpingectomy (Non sterilisatisation related) **(97)** Laparoscopic procedures of the ovary-Oophorectomy/Resection **(98)** Local excision or destruction of lesions in vagina and cul-de-sac **(99)** Marsupialization of Bartholin's gland (cyst) **(100)** Window operation for treatment of Bartholin's cyst

MALE GENITAL ORGANS: (101) Drainage of prostatic abscess **(102)** Excision / Eversion of hydrocele **(103)** Excision of cyst of epididymis **(104)** Excision of seminal vesicle **(105)** Excision of varicocele and hydrocele of spermatic cord **(106)** Excision or destruction of testicular lesion **(107)** Incision and drainage of scrotum and tunica vaginalis **(108)** Incision and excision of periprostatic tissue **(109)** Incision of seminal vesicle **(110)** Incision of testis **(111)** Local excision or destruction of lesion of penis **(112)** Medically necessary Circumcision* **(113)** Orchidectomy (with epididymectomy) **(114)** Orchidopexy * (non congenital) **(115)** Partial Amputation of penis **(116)** Repair of scrotum and tunica vaginalis **(117)** Transurethral and percutaneous destruction of prostate tissue

URINARY/RENAL: (118) Cystoscopic fulguration of tumour **(119)** Cystoscopic removal of urinary stones / J stents **(120)** Follow up Check cystoscopy after Carcinoma bladder treatment **(121)** Haemodialysis **(122)** Insertion / Replacement of nephrostomy tube **(123)** Insertion / Replacement of pyelostomy tube **(124)** Lithotripsy **(125)** Marsupialization of kidney lesion **(126)**Nephrotomy **(127)** Ureteral meatotomy

CARDIAC : (128) Coronary Angiography **(129)** Electro Physiology Study + Radio Frequency Ablation

GENERAL: (130) Parenteral Chemotherapy **(131)** Radiotherapy **(132)** Intervention Cardiology **(133)** Intervention Radiology **(134)** Radiofrequency Ablation treatment **(135)** Lithotripsy **(136)** Dialysis