MANIPALCIGNA LIFESTYLE PROTECTION GROUP POLICY
TERMS & CONDITIONS

PREAMBLE & OPERATING CLAUSE
This is a legal contract between the Policyholder and Us subject to the receipt of full premium, Disclosure to Information Norm including the information on the Insured Persons provided by the Policyholder in the Group Proposal Form and the terms, conditions and exclusions of this Policy.

If any claim arising as a result of an Injury during the Policy Period solely and directly due to an Accident that occurred during the Policy Period or arising as a result of a Critical illness that occurred during the Policy Period becomes payable, then We shall pay the Benefits specified below in accordance with terms, conditions and exclusions of the Policy. All limits mentioned in the Policy Schedule are applicable for each Policy Year of coverage.

PART I. GROUP PERSONAL ACCIDENT BENEFITS
The following Benefits will be payable in respect of an Insured Person only if the Benefit is specified in the Policy Schedule to be applicable for that Insured Person. The applicable Benefits and any applicable Optional Covers (as specified to be applicable in the Policy Schedule) will be available up to the Sum Assured subject to any limits specified in the Policy Schedule and subject further to the terms, conditions, limitations and specific and general exclusions.

Coverage under Section I.A.1, Section I.A.2 and Section I.A.3 may be available either as an independent limit of Sum Insured or on Capital Sum Insured basis as opted by each group.

If an Insured Person suffers an Injury during the Policy Period solely and directly due to an Accident that occurs during the Policy Period and that Injury solely and directly results either in the Insured Person’s death or in the Insured Person’s disablement which is of the nature specified below within 365 days from the date of the Accident. We shall pay the corresponding Benefits specified below maximum up to the capital sum insured in respect of the Insured Person.

I.A. BASIC COVERS

I.A.1. Accidental Death Benefit

If the Insured Person suffers an Injury during the Policy Period solely and directly due to an Accident that occurs during the Policy Period and that Injury solely and directly results in the death of the Insured Person within 365 days from the date of the Accident. We will pay the Sum Insured as specified against this benefit in the Policy Schedule under Group Personal Accident Benefit, provided that once a claim has been accepted and paid under this Benefit in respect of an Insured Person, the Insured Person’s insurance cover under this Section I.A. of the Policy including any optional section under I.B will immediately and automatically terminate. Any benefit towards an Optional Section under I.B that qualifies to become payable in respect of Accident Death shall be paid along with the above.

I.A.2. Permanent Total Disablement Benefit

If the Insured Person suffers an Injury during the Policy Period solely and directly due to an Accident that occurs during the Policy Period and that Injury solely and directly results in the Permanent Total Disablement of the Insured Person which is of the nature specified in the table below within 365 days from the date of the Accident, We will pay the Sum Insured as specified against this benefit in the Policy Schedule under Group Personal Accident Benefit.

<table>
<thead>
<tr>
<th>Nature of Permanent Total Disablement</th>
<th>Percentage of the Sum Insured payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total and irrecoverable loss of sight in both eyes</td>
<td>100%</td>
</tr>
<tr>
<td>Loss by physical separation or total and permanent loss of use of both hands or both feet</td>
<td>100%</td>
</tr>
<tr>
<td>Loss by physical separation or total and permanent loss of use of one hand and one foot</td>
<td>100%</td>
</tr>
<tr>
<td>Total and irrecoverable loss of sight in one eye and loss of a Limb</td>
<td>100%</td>
</tr>
<tr>
<td>Total and irrecoverable loss of hearing in both ears and loss of one Limb/ loss of sight in one eye</td>
<td>100%</td>
</tr>
<tr>
<td>Total and irrecoverable loss of hearing in both ears and loss of speech</td>
<td>100%</td>
</tr>
<tr>
<td>Total and irrecoverable loss of speech and loss of one Limb/ loss of sight in one eye</td>
<td>100%</td>
</tr>
<tr>
<td>Permanent, total and absolute disablement (not falling under any one the above) which results in the Insured Person being unable to engage in any employment or occupation or business for remuneration or profit, of any description whatsoever which results in Loss of Independent Living</td>
<td>100%</td>
</tr>
</tbody>
</table>

For the purpose of this Benefit,
- **Limb** means a hand at or above the wrist or a foot at or above ankle;
- **Physical separation of one hand or foot** means separation at or above wrist and/or at or above ankle, respectively.

The Benefit specified above will be payable provided that:

a. The Permanent Total Disablement is proved and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to Us;

b. For disablement other than physical separation of limbs, digits the Permanent Total Disablement continues for a period of at least 180 days from the commencement of the Permanent Total Disablement and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disability is permanent at the end of this period;

c. If the Insured Person dies before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit; however benefit under Accidental Death shall become payable in lieu of this benefit, if opted.

d. Once a claim has been accepted and paid under this Benefit then the Insured Person’s insurance cover under this section will lapse. Any benefit towards an Optional Section under I.B that qualifies to become payable in respect of a Permanent Total Disability shall be paid along with the above.

I.A.3. Permanent Partial Disablement Benefit

If the Insured Person suffers an Injury during the Policy Period solely and directly due to an Accident that occurs during the Policy Period and that Injury solely and directly results in the Permanent Partial Disablement of the Insured Person which is of the nature specified in the table below within 365 days from the date of the Accident, We will pay the amount specified in the table below maximum up to the Capital Sum Insured under Group Personal Accident Benefit:

<table>
<thead>
<tr>
<th>Nature of Permanent Partial Disablement</th>
<th>Percentage of the Sum Insured payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Total and irrecoverable loss of sight in one eye</td>
<td>50%</td>
</tr>
<tr>
<td>ii. Loss of one hand or one foot</td>
<td>50%</td>
</tr>
<tr>
<td>iii. Loss of all toes - any one foot</td>
<td>10%</td>
</tr>
<tr>
<td>iv. Loss of toe great - any one foot</td>
<td>5%</td>
</tr>
<tr>
<td>v. Loss of toes other than great, if more than one toe lost, each</td>
<td>2%</td>
</tr>
<tr>
<td>vi. Total and irrecoverable loss of hearing in both ears</td>
<td>50%</td>
</tr>
<tr>
<td>vii. Total and irrecoverable loss of hearing in one ear</td>
<td>15%</td>
</tr>
<tr>
<td>viii. Total and irrecoverable loss of speech</td>
<td>50%</td>
</tr>
<tr>
<td>ix. Loss of four fingers and thumb of one hand</td>
<td>40%</td>
</tr>
<tr>
<td>x. Loss of four fingers</td>
<td>35%</td>
</tr>
<tr>
<td>xi. Loss of thumb- both phalanges</td>
<td>25%</td>
</tr>
<tr>
<td>xii. Loss of thumb- one phalanx</td>
<td>10%</td>
</tr>
<tr>
<td>xiii. Loss of index finger-three phalanges</td>
<td>10%</td>
</tr>
<tr>
<td>xiv. Loss of index finger-two phalanges</td>
<td>8%</td>
</tr>
<tr>
<td>xv. Loss of index finger-one phalanx</td>
<td>4%</td>
</tr>
<tr>
<td>xvi. Loss of middle/ring/little finger-three phalanges</td>
<td>6%</td>
</tr>
<tr>
<td>xvii. Loss of middle/ring/little finger-two phalanges</td>
<td>4%</td>
</tr>
<tr>
<td>xviii. Loss of middle/ring/little finger-one phalanx</td>
<td>2%</td>
</tr>
</tbody>
</table>

The Benefit specified above will be payable provided that:

a. The Permanent Partial Disablement is proved and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to Us;

b. For disablement other than physical separation of limbs, digits the Permanent Partial Disablement continues for a period of at least 180 days from the commencement of the Permanent Partial Disablement and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disability is permanent at the end of this period;

c. If the Insured Person dies before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit; however benefit under Accidental Death shall become payable in lieu of this benefit, if opted.

d. If the Insured Person suffers a loss that is not of the nature of Permanent Partial Disablement specified in the table above, then a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board will determine the degree of disablement and the amount payable, if any;
Note for Section I.A.1, Section I.A.2 and Section I.A.3 where Capital Sum Insured is Opted:

The maximum liability for any one or all claims under Section I.A.1, Section I.A.2 and Section I.A.3 in a Policy Year will be limited to the Capital Sum Insured as specified under the Policy Schedule for that Insured Person.

Once a claim has been accepted and paid under Section I.A.2 and Section I.A.3, the Insured Person’s insurance cover under this Policy shall continue, subject to availability of the Capital Sum Insured.

I.A.4. Temporary Total Disablement Benefit

If the Insured Person suffers an Injury during the Policy Period solely and directly due to an Accident that occurs during the Policy Period and that Injury solely and directly results in the Temporary Total Disablement (as defined below) of the Insured Person within 365 days from the date of the Accident, We will pay in respect of the Insured Person an amount equal to the lesser of 1% of the highest Sum Insured opted under Section I.A.1, Section I.A.2, Section I.A.3 the Capital Sum Insured, as applicable or the fixed opted Sum Insured per week for the duration of the Temporary Total Disablement provided that We shall not be liable to make payment under this Benefit for more than a total of 100 weeks in respect of any one Injury calculated from the date of commencement of the Temporary Total Disablement, subject always to a maximum up to the Capital Sum Insured, provided that the Insured Person shall be absent from his occupation for at least 7 consecutive days (in which case benefit will be payable from day 1), post which if the Insured Person is disabled for a part of the week, then only a proportionate part of the weekly Benefit will be payable.

This weekly Benefit shall in no case exceed the Insured Person’s base weekly income calculated on the earnings as on date of Accident, excluding overtime, bonuses, tips, commissions or any other special compensation.

For the purpose of this Benefit, Temporary Total Disablement means a disablement of an Insured Person such that he/she is totally disabled from engaging in any employment or occupation or business for remuneration or profit, of any description whatsoever on a temporary basis and a disability certificate is issued by a civil surgeon or the equivalent appointed by the District, State or Government Board.

This benefit will be payable at the end of recovery period of TTD. In case the disability continues for a period of more than 30 days then We will make payment of amount at the end of every calendar month until TTD ceases.

I.B OPTIONAL COVERS UNDER THE PERSONAL ACCIDENT BENEFIT

The Policy can be extended to include the following optional covers, subject to the policy conditions, by paying applicable additional premium. Wherever opted, such Optional Covers shall apply to all Insured Persons under a single policy without any individual selection. All covers available under optional covers are in addition to the Basic Covers opted and such optional cover benefits will only be payable upon conditions specified in the individual benefit sections. Wherever a claim qualifies under more than one benefit we will pay for all such eligible covers opted and in force at the time of such claim under the Policy.

I.B.1. Disappearance Benefit

If an Insured Person disappears during the Policy Period and is legally declared dead (declared death in absentia or legal presumption of death), We will pay the amount as specified against this benefit in the Policy Schedule to the nominee provided that:

- It may reasonably be assumed that the disappearance of the Insured Person is due to an Accident followed by a forced landing, stranding, sinking or wrecking of a conveyance during the Policy Period;
- A period of at least 7 years has been completed since the date of the Insured Person’s disappearance; and
- The legal representatives of the Insured Person’s estate provide Us with a signed agreement stating that if it later transpires that the Insured Person did not die, or did not die due to an Accident during the Policy Period the amount paid under this Optional Cover will be reimbursed to Us immediately and without any deductions.
- The Insured Persons legal representative must intimate such disappearance to Us immediately and without any delay.

I.B.2. Broken Bones Benefit

If an Insured Person sustains Broken Bones and results in conditions specified in the table below due to an Injury suffered during the Policy Period solely and directly due to an Accident that occurs during the Policy Period, We will pay the amount as specified against this benefit in the Policy Schedule:

<table>
<thead>
<tr>
<th>Broken Bones resulting an Injury to</th>
<th>Percentage of the Sum Insured payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vertebral body resulting in spinal cord damage</td>
<td>100%</td>
</tr>
<tr>
<td>Pelvis</td>
<td>100%</td>
</tr>
<tr>
<td>Skull (excluding nose and teeth)</td>
<td>30%</td>
</tr>
<tr>
<td>Chest (all ribs and breast bone)</td>
<td>50%</td>
</tr>
<tr>
<td>Shoulder (collar bone and shoulder blade)</td>
<td>30%</td>
</tr>
<tr>
<td>Arm</td>
<td>25%</td>
</tr>
<tr>
<td>Leg</td>
<td>25%</td>
</tr>
<tr>
<td>Vertebral arch (excluding coccyx)</td>
<td>30%</td>
</tr>
<tr>
<td>Wrist (collies or similar fractures)</td>
<td>10%</td>
</tr>
</tbody>
</table>

Ankle (Potts or similar fracture) 10%
Coccyx 5%
Hand 3%
Finger 3%
Foot 3%
Toe 3%
Nasal bone 3%

For the purpose of this Optional Cover:

- Broken Bones means the breakage of one or more of bones of the Insured Person specified in the table above as evidenced by a Fracture but excluding any form of hair line fracture.
- Pelvis means all pelvic bones which shall be treated as one bone. The sacrum will be considered as part of the vertebral column.
- Skull means all skull and facial bones (excluding nasal bones and teeth) which shall be treated as one bone.

The Benefit specified above will be payable provided that:

- If an Insured Person suffers a Fracture not specified in the table above but the Fracture is due to an Injury that is suffered during the Policy Period solely and directly due to an Accident that occurs during the Policy Period, then Our medical advisors may request for a certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board to determine the amount payable, if any;
- Our maximum, total and cumulative liability under this Optional Cover shall be limited to the amount mentioned against this benefit on the Policy Schedule, irrespective of the number of Fractures that the Insured Person suffers due to the same or secondary or multiple Accidents during the same Policy Period.
- If a claim in respect of any Fracture of a whole bone and also encompasses some or all of its parts, Our liability to make payment will be limited to the amount payable in respect of the whole bone only and not for any of its parts.
- Fractures due to pathological conditions, without accident as the proximate cause shall not be payable.

I.B.3. Burns Benefit

If an Insured Person sustains Burns and results in conditions specified in the table below due to an Injury suffered during the Policy Period solely and directly due to an Accident that occurs during the Policy Period, We will pay the amount specified in the table below to the Insured Person up to the limit specified against this benefit in the Policy Schedule provided that:

- The Burns are not self-inflicted by the Insured Person in any way; and
- A Medical Practitioner has confirmed the diagnosis of the burn and the percentage of the surface area of the Burn to Us in writing.
- If the bodily injury results in more than one of the nature of burns specified below, We shall be liable to pay for only the highest benefit among all.

<table>
<thead>
<tr>
<th>Nature of Burns</th>
<th>Percentage of the Sum Insured payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Head</td>
<td></td>
</tr>
<tr>
<td>a. Third degree burns of 8% or more of the total head surface area</td>
<td>100%</td>
</tr>
<tr>
<td>b. Second degree burns of 8% or more of the total head surface area</td>
<td>50%</td>
</tr>
<tr>
<td>c. Third degree burns of 5% or more, but less than 8% of the total head surface area</td>
<td>80%</td>
</tr>
<tr>
<td>d. Second degree burns of 5% or more, but less than 8% of the total head surface area</td>
<td>40%</td>
</tr>
<tr>
<td>e. Third degree burns of 2% or more, but less than 5% of the total head surface area</td>
<td>60%</td>
</tr>
<tr>
<td>f. Second degree burns of 2% or more, but less than 5% of the total head surface area</td>
<td>30%</td>
</tr>
<tr>
<td>2. Rest of the body</td>
<td></td>
</tr>
<tr>
<td>a. Third degree burns of 20% or more of the total body surface area</td>
<td>100%</td>
</tr>
<tr>
<td>b. Second degree burns of 20% or more of the total body surface area</td>
<td>50%</td>
</tr>
<tr>
<td>c. Third degree burns of 15% or more, but less than 20% of the total body surface area</td>
<td>80%</td>
</tr>
<tr>
<td>d. Second degree burns of 15% or more, but less than 20% of the total body surface area</td>
<td>40%</td>
</tr>
<tr>
<td>e. Third degree burns of 10% or more, but less than 15% of the total body surface area</td>
<td>60%</td>
</tr>
<tr>
<td>f. Second degree burns of 10% or more, but less than 15% of the total body surface area</td>
<td>30%</td>
</tr>
<tr>
<td>g. Third degree burns of 5% or more, but less than 10% of the total body surface area</td>
<td>20%</td>
</tr>
<tr>
<td>h. Second degree burns of 5% or more, but less than 10% of the total body surface area</td>
<td>10%</td>
</tr>
</tbody>
</table>

Note for Section I.A.1, Section I.A.2 and Section I.A.3 where Capital Sum Insured is Opted:

The maximum liability for any one or all claims under Section I.A.1, Section I.A.2 and Section I.A.3 in a Policy Year will be limited to the Capital Sum Insured as specified under the Policy Schedule for that Insured Person.
I.B.4. Coma Benefit
If an Insured Person suffers a Coma due to an injury suffered during the Policy Period solely and directly due to an Accident that occurs during the Policy Period, we will pay an amount equal to the Sum Insured in respect of that Insured Person, provided that:

(a) This diagnosis of Coma by a Medical Practitioner is supported by all of the following:

(i) no response to external stimuli continuously for at least 96 hours;
(ii) life support measures are necessary to sustain life; and
(iii) permanent neurological deficit which is assessed at least 30 days after the onset of the Coma.

(b) The condition of Coma is confirmed by a specialist Medical Practitioner in writing.

(c) The Coma does not result from alcohol/ drug abuse or due to an Illness.

For the purpose of this Benefit, Coma means a state of unconsciousness with no reaction or response to external stimuli or internal needs.

I.B.5. Accidental Death Benefit (Common Carrier)
If the Insured Person suffers an Injury during the Policy Period solely and directly due to an Accident that occurs while the Insured Person is an authorised passenger on a common carrier during the Policy Period and that Injury solely and directly results in the death of the Insured Person within 365 days from the date of the Accident, we will pay the amount as specified against this benefit in the Policy Schedule, in addition to the amount payable under Section I.A.1, provided that we have accepted a claim for Accidental Death in accordance with that Section.

Common carrier refers to an entity in the business of transporting goods or people for hire, as a public service.

If the Insured Person suffers an Injury during the Policy Period solely and directly due to an Accident that occurs while the Insured Person is an authorised passenger on a common carrier during the Policy Period and that Injury solely and directly results in the Permanent Total Disablement of the Insured Person which is of the nature specified in the table in Section I.A.2 within 365 days from the date of the Accident, we will pay the amount as specified against this benefit in the Policy Schedule, in addition to the amount payable under Section I.A.2, provided that we have accepted a claim for Permanent Total Disablement in accordance with that Section.

I.B.7. Permanent Total Disablement Double Benefit
If the Insured Person suffers an Injury during the Policy Period solely and directly due to an Accident that occurs during the Policy Period and that Injury solely and directly results in the Permanent Total Disablement of the Insured Person which is of the nature specified in Section I.A.2, within 365 days from the date of the Accident, we will pay the Sum Insured as specified against this benefit in the Policy Schedule, in addition to the amount payable under Section I.A.2, provided that we have accepted a claim for Permanent Total Disablement in accordance with that Section.

I.B.8. Cost of Support Items Benefit
If we have accepted a claim for Permanent Total Disablement, Permanent Partial Disablement or Temporary Total Disablement in accordance with Sections I.A.2, I.A.3 or I.A.4, respectively, in respect of an Insured Person, then in addition to any amount payable under that Section, we will reimburse the amount up to the limit specified against this benefit in the Policy Schedule towards:

1. Reasonable and Customary Charges for the purchase of support items, including: artificial limbs, crutches, stretchers, tricycles, wheelchairs, intra-ocular lenses, spectroscopes which in the opinion of a Medical Practitioner is/ are necessary for the Insured Person due to the Injury sustained in the Accident.
2. Reasonable and Customary Charges for additional lifesaving expenses incurred for special or imported medicines or for blood transfusion for treatment or Surgery for the Injury sustained, provided that the treatment is availed in a Hospital or Day Care Centre in India including on an out-patient basis or for Day Care Treatment.
3. Reasonable costs actually incurred on a chauffeur or taxi service to convey the Insured Person to and from work in the event the Insured Person is unable to travel to and from work using the method of transport he/she normally used prior to the Accident until the Insured Person is well enough to resume using the same method of transport; (Condition is considered as ‘well enough to resume’ once it is certified by a medical practitioner that insured person is medically fit to resume work.)
4. Reasonable costs actually incurred for services taken from registered domestic helper for assisting activities of daily living.

Activities of daily living are defined as below:

i. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
iii. Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
iv. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

v. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available;
vi. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence.

I.B.9. Modification Allowance Benefit
If we have accepted a claim for Permanent Total Disablement, Permanent Partial Disablement or Temporary Total Disablement in accordance with Sections I.A.2, I.A.3 or I.A.4, respectively, in respect of an Insured Person and if the Insured Person is not otherwise required to modify his/her motor vehicle or make modifications in his/her house to adjust to the disablement for which a claim has been accepted under the Policy, then in addition to any amount payable under that Section, we will reimburse the amount up to the limit specified against this benefit in the Policy Schedule.

I.B.10. Rehabilitation Benefit
If an Insured Person is subjected to an act of violence or suffers a traumatic Accident, we will reimburse the amount up to the limit specified against this benefit in the Policy Schedule towards the Reasonable and Customary Charges for counselling fees, specialist consultation and extended physiotherapy on an out-patient basis. This Optional Cover can be availed only once during the Policy Period.

I.B.11. Animal Attack Benefit
If an Insured Person is Hospitalised on the advice of a Medical Practitioner due to an Injury caused solely and directly by an Animal attack occurring during the Policy Period then we will reimburse the amount up to the limit specified against this benefit in the Policy Schedule towards the Reasonable and Customary Charges for Medical Expenses.

For the purpose of this Optional Benefit, Animal means a mammal and excludes birds, reptiles, fish, or insects.

I.B.12. Cost of Personal Protective Equipment (PPE) Damaged in the Accident
If we have accepted a claim for Permanent Total Disablement, Permanent Partial Disablement or Temporary Total Disablement in accordance with Sections I.A.2, I.A.3, I.A.4, respectively, in respect of an Insured Person, then in addition to any amount payable under that Section, we will pay the amount specified against this benefit in the Policy Schedule towards the costs of Personal Protective Equipment damaged in the Accident.

For the purpose of this Optional Benefit, Personal Protective Equipment means any equipment that controls or mitigates a risk to a person’s health and safety. Personal Protective Equipment includes but is not limited to safety goggles, high visibility vests, work kneepads, tool vests to replace tool belts, safety boots, ear plugs or earmuffs, face masks, respirators, lead aprons and over the shoulder tool belts.

I.B.13. Funeral Expenses Benefit
If we have accepted a claim for Accidental Death in accordance with Section I.A.1 in respect of an Insured Person, then in addition to any amount payable under Section I.A.1, we will make a onetime lump sum payment of the amount specified in the Policy Schedule, towards:

a. expenses incurred for preparing the body of that Insured Person for burial or cremation and transportation to the address mentioned in the Policy Schedule; or
b. funeral/cremation expenses in respect of that Insured Person.

I.B.14. Emergency Road Ambulance Benefit
If the Insured Person is Hospitalized during the Policy Period for Medically Necessary treatment of an Accidental Injury, we will reimburse the amount up to the limit specified against this benefit in the Policy Schedule towards Ambulance Expenses.

For the purpose of availing this Benefit the Insured Person must have availed of Medically Necessary transportation through a registered Ambulance Service Provider to a Hospital immediately following the Accident.

I.B.15. Repatriation of Mortal Remains
If we have accepted a claim for Accidental Death in accordance with Sections I.A.1, in respect of an Insured Person, we will reimburse the amount up to the limit specified against this benefit in the Policy Schedule towards the costs associated with the repatriation of mortal remains from the place of death to the home location.

In addition, assistance will be provided by Us or the Medical Assistance Service for organizing or obtaining the necessary clearances for the repatriation of mortal remains.

I.B.16. Dependent Children Benefit
If we have accepted a claim for Accidental Death in accordance with Sections I.A.1, in respect of an Insured Person, we will reimburse the amount up to the limit specified against this benefit in the Policy Schedule, in respect of Dependent Child (children) under the age of 25 as on the date of occurrence, irrespective of whether the child (children) is an Insured Person under this Policy.

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is a minor, shall be payable to the Legal Guardian.

If one child, the Sum Insured specified under this benefit shall be paid fully to the child. If more than one child, the Sum Insured specified under this benefit shall be paid equally among all eligible children.
I.B.17. Spouse Benefit
If We have accepted a claim for Accidental Death in accordance with Section I.A.1 in respect of an Insured Person, then in addition to any amount payable under that Section, We will pay the amount as specified against this benefit in the Policy Schedule, in respect of the widowed Spouse of the Insured Person, irrespective of whether the Spouse is an Insured Person under this Policy.

I.B.18. Dependent Parent Benefit
If We have accepted a claim for Accidental Death in accordance with Section I.A.1 in respect of an Insured Person, then in addition to any amount payable under that Section, We will pay the amount as specified against this benefit in the Policy Schedule, in respect of the surviving Dependant Parent (single or both parents) of the Insured Person, irrespective of whether the parent is an Insured Person under this Policy.

For the purpose of this Optional Benefit, the Insured Person’s parent will be considered as a Dependant Parent only if the parent is financially dependent on the Insured Person in case of a single surviving parent, he/she must be financially dependent on the Insured Person whereas in case of both parents surviving, both parents must be financially dependent on the Insured Person to be eligible for payment under this benefit.

I.B.19. Marriage Benefit for Dependent Children
If We have accepted a claim for Accidental Death or Permanent Total Disablement in accordance with Sections I.A.1 or I.A.2 in respect of an Insured Person, then in addition to any amount payable under that Section, We will pay the amount up to the limit specified against this benefit in the Policy Schedule, in respect of the Insured Person’s Dependent Child (children) under the age of 25 and unmarried as on the date of occurrence, irrespective of whether the child (children) is an Insured Person under this Policy.

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is a minor, shall be payable to the Legal Guardian.

If one child, the Sum Insured specified under this benefit shall be paid fully to the child.
If more than one child, the Sum Insured specified under this benefit shall be divided equally among all eligible children.

I.B.20. Education Fund Benefit
If We have accepted a claim for Accidental Death or Permanent Total Disablement in accordance with Section I.A.1 or I.A.2 in respect of an Insured Person, then in addition to any amount payable under that Sections, We will pay the amount up to the limit specified against this benefit in the Policy Schedule, in respect of the tuition fees paid towards the Dependent Child’s education for the Policy Period, irrespective of whether the child (children) is an Insured Person under this Policy.

This benefit shall be payable subject to the dependent child being up to 25 years of age as on date of occurrence of the event and provided that the dependent child is pursuing an educational course as a full time student at an accredited educational institution and does not have any independent source of income.

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is a minor, shall be payable to the Legal Guardian.

If one child, the Sum Insured specified under this benefit shall be paid fully to the child.
If more than one child, the Sum Insured specified under this benefit shall be divided equally among all eligible children.

I.B.21. Re-training Expenses Benefit
If We have accepted a claim for Permanent Total Disablement or Permanent Partial Disablement in accordance with Sections I.A.1 or I.A.3 in respect of an Insured Person, then in addition to any amount payable under that Sections, We will reimburse the amount up to the limit specified against this benefit in the Policy Schedule, in respect of the合理 costs actually incurred to re-train the Insured Person for an alternative occupation either in the business of the Policyholder or elsewhere.

I.B.22. Convalescence Benefit
If the Insured Person is hospitalised during the Policy Period for medically Necessary treatment of an Accidental Injury that occurred during the Policy Period and the continuation of such Hospitalisation is Medically Necessary for at least 10 consecutive days, We will pay the amount as specified against this benefit in the Policy Schedule.

This benefit is payable only once in a Policy Year towards an Insured Person.

I.B.23. Hospital Cash Benefit
If the Insured Person is hospitalised during the Policy Period for medically Necessary treatment of an Accidental Injury, We will pay the Hospital Cash Benefit amount specified against this benefit on the Policy Schedule for each continuous completed calendar day of Hospitalization.

This benefit is payable for maximum up to 30 days in a policy year, in excess of one day, provided that the Hospitalisation is for a minimum period of 24 hours.

Specific Limitation:
Hospital Cash Benefit is restricted to maximum 15 days for the accidental hospitalisations due to following conditions:
1. Cona
2. Burns

I.B.24. Loss of Earning Benefit
If We have accepted a claim for Permanent Total Disablement or Permanent Partial Disablement in accordance with Sections I.A.2 or I.A.3 in respect of an Insured Person, in a situation due to which the Insured Person is disabled from engaging in his/hers primary occupation and loses his/her source of income generation as a consequence thereof, We will pay the amount (as lump sum or monthly payout) as specified against this benefit in the Policy Schedule:

a. In case of salaried Insured Persons: A monthly income for 3 months, based on the average of last 3 months salary slip of the previous employer. This payout is limited to base monthly income excluding overtime, bonuses, tips, commissions or any other special compensation;

b. In case of self-employed Insured Persons: A monthly income for 3 months, based on the last income tax returns filed by the Insured Person with the income tax department. This payout will consider income from primary occupation only and does not include income from any other sources.

This Optional Cover shall be available only once during the Policy Period.

I.B.25. Family Counselling Benefit
If We have accepted a claim for Accidental Death, Permanent Total Disablement or Permanent Partial Disablement in accordance with Sections I.A.1, I.A.2 or I.A.3 in respect of an Insured Person, and such death or disablement results in mental trauma to any or all Immediate Family Members of the Insured Person, then We will pay the amount up to the limit specified against this benefit in the Policy Schedule towards the psychotropic counseling of the Immediate Family Members of such Insured Person provided the family members receive such counseling on an outpatient basis in a Hospital.

I.B.26. Family Transportation Allowance Benefit
If We have accepted a claim for Permanent Total disablement, Permanent Partial Disablement or Temporary Total Disablement in accordance with Sections I.A.2, I.A.3 or I.A.4 in respect of an Insured Person and if the Insured Person is hospitalized in a Hospital which is situated at a distance of at least 100 kilometre from his actual place of residence, and the attending Medical Practitioner recommends the personal attendance of an Immediate Family Member, We will reimburse the amount up to the limit specified against this benefit in the Policy Schedule, incurred in respect of any one Immediate Family Member of the Insured Person for transportation by one way airfare or one way first class railway ticket in a licensed common carrier to the place of Hospitalization of the Insured Person.

I.B.27. Medical Second Opinion
If We have accepted a claim for Permanent Total disablement, Permanent Partial Disablement or Temporary Total Disablement in accordance with Sections I.A.2, I.A.3 or I.A.4 in respect of an Insured Person, then the Insured Person may choose to secure a second opinion from Our network of Medical Practitioners for treatment of Permanent Total disablement, Permanent Partial Disablement or Temporary Total Disablement. Such request from Our network of Medical Practitioners shall be directly sent to the Insured Person.

The Insured Person understands and agrees that he/ she can exercise the option to secure an expert opinion, provided that:

a. We have received a written request from the Insured Person to exercise this option.

b. The expert opinion will be based only on the information and documentation provided by the Insured Person.

c. This Benefit can be availed only once, by each Insured Person during the lifetime of the Policy for a particular Permanent Total disablement, Permanent Partial Disablement or Temporary Total Disablement.

d. This Benefit is only a value added service provided by Us and does not deem to substitute the Insured Person’s visit or consultation to an independent Medical Practitioner.

e. The Insured Person is free to choose whether or not to obtain the expert opinion, and if obtained then whether or not to act on it.

f. We shall not, in any event be responsible for any actual or alleged errors or representations made by any Medical Practitioner or in any expert opinion or for any consequence of actions taken or not taken in reliance thereon.

g. The expert opinion under this Optional Cover shall be limited to covered disabilities as listed in Sections I.A.2, I.A.3 or I.A.4 and shall not be valid for any medical legal purposes.

h. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner.

All claims under this Optional Cover shall be made in accordance with under Section III.3 of the Policy.

I.B.28. Wellness Benefit
a. The Insured Person may avail a health check-up with Our Network Provider as mentioned below. Health check-ups will be arranged by Us and conducted at Our network providers only.

b. Original copies of all reports will be provided to the Insured Person, while a copy of the same will be retained by Us.

c. Coverage under this Optional Cover will not be available on reimbursement basis. All claims under this Benefit shall be made in accordance with Section III.3 of the Policy.

d. **Table:**

<table>
<thead>
<tr>
<th>Sum Insured</th>
<th>Age</th>
<th>List of tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than ₹ 25 Lacs</td>
<td>&gt;18 years</td>
<td>MER, ECG, Total Cholesterol, FBS, Sr. Creatinine, CBC, Urine Routine, SGPT</td>
</tr>
</tbody>
</table>
In making our determinations, we will consider the nature of emergency, your medical condition and ability to travel, as well as other relevant circumstances including airport availability, weather conditions and distance to be covered.

The Insured Person’s medical condition must require the accompaniment of a qualified healthcare professional during the entire course of the evacuation to be considered an emergency and requiring emergency evacuation.

Transportation will be provided by medically equipped specialty aircraft, commercial airline, train or ambulance depending upon the medical needs and available transportation specific to each case.

**I.B.33. Medical Repatriation**

If we have accepted a claim under Optional Cover I.B.32 for Emergency evacuation of the Insured Person, we may request for the repatriation of the Insured Person to a Hospital in the Insured Person’s country of domicile or to the original work location or the location from which the Insured Person was evacuated when a Medical Practitioner named by Our medical assistance service, after speaking with a local attending Medical Practitioner, decides that the Insured Person is fit to undertake the journey.

We will pay Reasonable and Customary Charges for the most economical cost of travel (transport only) for the Insured Person.

If any mode of transportation other than the above is determined by the attending Medical Practitioner and agreed by Our medical assistance service, we will arrange accordingly and such will be covered by Us.

**Conditions:**

- Medical repatriations must be pre-authorised by Our medical team. Where it is not possible for pre-authorisation to be sought before the repatriation takes place, this must be sought as soon as possible thereafter. We will only authorise medical repatriation after the repatriation has occurred where it was not reasonably possible for authorisation to be sought before the repatriation took place.

- Medical repatriation must be determined by Our medical team to be medically necessary to prevent the immediate and significant effects of illness, injury or conditions which if left untreated could result in a significant deterioration of health and it has been determined that the treatment is not available locally, and that it is necessary for medical reasons for the Insured Person to be returned to his/her country of domicile, the medical assistance service will arrange for the transport under proper medical supervision as soon as reasonably practicable.

- In making Our determinations, we will consider the nature of emergency, the Insured Person’s medical condition and ability to travel, as well as other relevant circumstances including airport availability, weather conditions and distance to be covered.

- Transportation will be provided by medically equipped specialty aircraft, commercial airline, train or ambulance depending upon the medical needs and available transportation specific to each case.

Our maximum liability under this Benefit shall be limited to the Sum Insured mentioned against this benefit on the Policy Schedule.

**I.B.34. Adventure Sports Benefit**

If an Insured Person suffers from an Accidental Injury resulting in Accidental Death or Permanent Total Disability due to an Injury sustained while engaged in an adventure sport carried out in accordance with the guidelines, codes of good practice and recommendations for such activities as laid down by a governing body or authority, then We will pay the amount as specified against this benefit in the Policy Schedule.

If this Optional Cover is in force in respect of the Insured Person, then Exclusion I.C.17 will deem to be inoperative for the purpose of this Optional Cover in respect of that Insured Person.

We shall cover the following in respect of this benefit:

- Boxing, base jumping, canoeing, cliff diving, endurance races, flying (except passengers in licensed passenger-carrying aircraft), gorge swinging, hunting, ice caving, ice hockey, martial arts (competitions), mountaineering/free climbing (expeditions, or without use of ropes or guides), parachuting/skydiving (extended free fall or acrobatics), power boating, private flying, rafting, scuba diving, sky surfing, trekking/walking, wreck diving, wrestling, zoobBall.

- any professional or semi-professional sporting activity; or

- any kind of racing; or

- any kind of manual work.

**I.C. PERMANENT EXCLUSIONS UNDER PERSONAL ACCIDENT BENEFIT AND OPTIONAL BENEFITS UNDER THE PERSONAL ACCIDENT BENEFIT**

We shall not be liable to make any payment for any claim under the Personal Accident Benefit or any Optional Benefits under the Personal Accident Benefit in respect of any Insured Person, directly or indirectly for, caused by or arising from or in any way attributable to any of the following:

1. Any Pre-existing Disease or Disability arising out of a Pre-existing Disease or any complication arising therefrom shall not be covered within 48 months of this policy.
2. Any payment in case of more than one claim under the Policy during any one Policy Period by which Our maximum liability in that period would exceed the Capital Sum Insured in respect of Basic Covers. This would not apply to payments made under Optional Covers.
3. Suicide or attempted Suicide, intentional self-inflicted injury, acts of self-destruction whether the Insured Person is medically sane or insane.
4. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person’s Family.
5. Death or disablement arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, public defence, rebellion, revolution, insurrection, military or usurped power.

6. Death or disablement directly or indirectly caused by or associated with any venereal disease, sexually transmitted disease.

7. Congenital external diseases, defects or anomalies or in consequence thereof.

8. Bacterial infections (except pyogenic infection which occurs through a cut or wound due to Accident).

9. Medical or surgical treatment except as necessary solely and directly as a result of an Accident.

10. Death or disablement directly or indirectly caused due to or associated with human T-cell Lymphotropic virus type III (HTLV-III or HTLV-III/B) or Lymphadenopathy Associated Virus (LAV) and its variants or mutants. Acquired Immune Deficiency Syndrome (AIDS) whether or not arising out of HIV, AIDS related complex syndrome (ARC) and any injury caused by and/or related to HIV.

11. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Policy Schedule.

12. Death or disablement arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion with criminal intent.

13. Death or disablement arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogenic.

14. Death or disablement resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy or a consequence thereof including ectopic pregnancy unless specifically arising due to accident;

15. Death or disablement caused by participation of the Insured Person in any flying activity, except as a bona fide, an authorised passenger of a recognized airline on regular routes and on a scheduled timetable.

16. Insured Persons whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necesitating the use of guides or ropes, pithoiling, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in any competitive or professional sports or involving a naval, military or air force operation and is specifically specified in the Policy Schedule.

17. Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities.

18. Death or disablement arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.

a) 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.

b) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

PART II. GROUP CRITICAL ILLNESS BENEFITS UNDER THE POLICY

If an Insured Person is diagnosed to be suffering from a Critical Illness (as defined below), while the Policy is in force then We will pay the Critical Illness Sum Insured specified in the Policy Schedule provided that:

a. The Critical Illness, which the Insured Person is suffering from, occurs or first manifests itself during the Policy Period as a first incidence; and

b. The Insured Person survives for at least 30 days from the date of diagnosis of the Critical Illness; and

c. Upon our admission of the first claim under this Section II.A in respect of an Insured Person in any Policy Period, the cover under this Section II.A including any optional covers under II.B shall automatically terminate in respect of that Insured Person;

and

d. Our total and cumulative liability for an Insured Person under this Benefit will be limited to the Critical Illness Sum Insured.

For the purpose of this Policy, Critical Illness means any illness, medical event or Surgical Procedure as specifically defined below whose first diagnosis and/or manifestation first commence/occurs at least 90 days after the commencement of the Policy Period.

II.A. BASIC COVER UNDER GROUP CRITICAL ILLNESS

II.A.1. Cancer of specific severity

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

The following are excluded:

i. All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.

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

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

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

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

vi. Chronic lymphocytic leukaemia less than RAI stage 3

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

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

ix. All tumours in the presence of HIV infection.

II.A.2. Myocardial Infarction (First Heart Attack – of Specific Severity)

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

i. A history of typical clinical symptoms consistent with the diagnosis of AcuteMyocardial Infarction (for e.g. typical chest pain);

ii. New characteristic electrocardiogram changes; and

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

The following are excluded:

i. Other acute Coronary Syndromes;

ii. Any type of angina pectoris.

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

II.A.3. Open Chest CABG

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

II The following are excluded:

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

II.A.4. Open Heart Replacement or Repair of Heart Valves

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

II.A.5. Coma of Specified Severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs.

This diagnosis must be supported by evidence of all of the following:

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

b. Life support measures are necessary to sustain life; and

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

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

II.A.6. Kidney Failure Requiring Regular Dialysis

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

II.A.7. Stroke Resulting in Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolization from an extracranial source. Diagnosis has to be confirmed by a specialist Medical Practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
II.A.15. Blindness (Loss of Sight)

that the loss is greater than 90 decibels across all frequencies of hearing in both ears. This diagnosis must be supported by a pure tone audiogram test and certified by a specialist Medical Practitioner.

The following are excluded:

i. Other stem-cell transplants;
ii. Where only islets of Langerhans are transplanted.

II.A.16. Aplastic Anaemia

We will not cover temporary or reversible Aplastic Anaemia under this Section.

II.A.17. Coronary Artery Disease

The first evidence of narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, regardless of whether or not any form of coronary artery Surgery has been performed. Coronary arteries herein refer to left main stem, left anterior descending circumflex and right coronary artery and not its branches which is evidenced by the following:

a. evidence of ischemia on Stress ECG (NYHA Class III symptoms)
b. coronary arteriography (Hearth Cath)

c. Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

a. Blood product transfusion;
b. Marrow stimulating agents;
c. Immunosuppressive agents; or
d. Bone marrow transplantation.

The diagnosis must be confirmed by a haematologist Medical Practitioner using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:

a. Absolute neutrophil count of less than 500/mm³ or less;
b. Platelets count less than 20,000/mm³ or less;
c. Reticulocyte count of less than 20,000/mm³ or less.

We will not cover temporary or reversible Aplastic Anaemia under this Section.

II.A.18. End Stage Lung Disease

End Stage Lung Disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following:

a. FEVI(Forced Expiratory Volume) test results which are consistently less than 1 litre as measured on 3 occasions, 3 months apart;
b. Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO₂ < 55 mm Hg); and
c. Dyospnea at rest.

The diagnosis must be confirmed by a respiratory physician Medical Practitioner.

II.A.19. End Stage Liver Failure

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

a. Permanent jaundice;
b. Uncontrollable Ascites; and
c. Hepatic Encephalopathy.

d. Oesophageal or Gastric Varices and portal hypertension.

We will not cover liver disease secondary to alcohol or drug abuse.

II.A.20. Third Degree Burns (Major Burns)

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Insured Person's body. The condition should be confirmed by a consultant physician Medical Practitioner.

We will not cover burns arising due to self-infection under this Section.

II.A.21. Fulminant Hepatitis

A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:

a. Rapid decreasing of liver size;
b. Necrosis involving entire lobules, leaving only a collapsed reticular framework;
c. Rapid deterioration of liver function tests;
d. Deepening jaundice; and
e. Hepatic encephalopathy.

Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

II.A.22. Alzheimer’s Disease

Alzheimer’s disease is a progressive degenerative Illness of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer’s disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis must be supported by the clinical confirmation of a Neurologist Medical Practitioner and supported by Our appointed Medical Practitioner.
The following conditions are however not covered:

a. non-organic diseases such as neurosis and psychiatric illnesses;
b. alcohol related brain damage; and
c. any other type of irreversible organic disorder/dementia.

II.A.23. Bacterial Meningitis
Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This diagnosis must be confirmed by:

a. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
b. A consultant neurologist Medical Practitioner.

We will not cover Bacterial Meningitis in the presence of HIV infection under this Section.

II.A.24. Benign Brain Tumour
A benign tumour in the brain where all of the following conditions are met:

a. Benign brain tumour is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
b. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
   i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
   ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

The following conditions are however not covered by Us:

a. cysts;
b. granulomas;
c. vascular malformations;
da. haematomat;e. Calcification;
f. Meningiomas;
g. Tumours of the pituitary gland or spinal cord; and
h. tumours of acoustic nerve (acoustic neuroma).

II.A.25. Apallic Syndrome
Universal necrosis of the brain cortex with the brainstem remaining intact. The diagnosis must be confirmed by a Neurologist Medical Practitioner acceptable to Us and the condition must be documented by such Medical Practitioner for at least one month.

II.A.26. Parkinson’s Disease
The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson’s disease by a Neurologist Medical Practitioner acceptable to Us.

The diagnosis must be supported by all of the following conditions:

a. the disease cannot be controlled with medication;
b. signs of progressive impairment; and
c. inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months:

Activities of daily living:

vi. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
vii. Dressing: the ability to put on, take off, secure and fasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
ix. Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheelchair and vice versa;
x. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
vi. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available;
vi. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence.

We will not cover Parkinson’s disease secondary to drug and/or alcohol abuse under this Section.

II.A.27. Medullary Cystic Disease
A progressive hereditary disease of the kidneys characterised by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anaemia, polyuria and renal loss of sodium, progressing to chronic renal failure. The diagnosis must be supported by renal biopsy.

II.A.28. Muscular Dystrophy
A group of hereditary degenerative diseases of muscle characterised by progressive and permanent weakness and atrophy of certain muscle groups. The diagnosis of muscular dystrophy must be unequivocal and made by a Neurologist Medical Practitioner acceptable to Us, with confirmation of at least 3 of the following 4 conditions:

a. Family history of muscular dystrophy;
b. Clinical presentation including absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction;
c. Characteristic electromyogram;
d. Clinical suspicion confirmed by muscle biopsy.

The condition must result in the inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months:

Activities of daily living:

i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
ii. Dressing: the ability to put on, take off, secure and fasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
iii. Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheelchair and vice versa;
iv. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
v. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available;
v. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence.

II.A.29. Loss of Speech
a. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.
b. All psychiatric related causes are excluded.

II.A.30. Systemic Lupus Erythematous
A multi-system, multifactorial, autoimmune disorder characterised by the development of auto-antibodies directed against various self-antigens. Only those forms of systemic lupus erythematous which involve the kidneys (Class III to Class V lupus nephritis, established by renal biopsy, and in accordance with the World Health Organization (WHO) classification) will be covered by Us under this Section. The final diagnosis must be confirmed by a registered Medical Practitioner specialising in Rheumatology and Immunology acceptable to Us. Other forms of systemic lupus erythematous, discoid lupus and those forms with only haematological and joint involvement are however not covered:

The WHO lupus classification is as follows:

• Class I: Minimal change – Negative, normal urine.
• Class II: Mesangial – Moderate proteinuria, active sediment.
• Class III: Focal Segmental – Proteinuria, active sediment.
• Class IV: Diffuse – Acute nephriti with active sediment and/or nephritic syndrome.
• Class V: Membranous – Nephrotic Syndrome or severe proteinuria.

II.A.31. Loss of Limbs
a. The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

II.A.32. Major Head Trauma
a. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

b. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.

c. The Activities of Daily Living are:

i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
ii. Dressing: the ability to put on, take off, secure and fasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
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The actual underlying of surgery to the brain, under general anaesthesia, during which a Craniotomy is performed. Burr hole and brain surgery as a result of an accident is excluded. The procedure must be considered necessary by a qualified specialist and the Benefit shall only be payable once corrective surgery has been carried out.

II.A.34. Cardiomyopathy

The unequivocal diagnosis by a consultant cardiologist of Cardiomyopathy causing impaired cardiac function, as evidenced by ECG abnormalities and confirmed by cardiac echo of variable etiology and resulting in permanent physical impairments to the degree of at least Class IV of the New York Association (NYHA) Classification of cardiac impairment.

The NYHA Classification of Cardiac Impairment (Source: “Current Medical Diagnosis and Treatment – 39th Edition”):

a. Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or angina pain.

b. Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.

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

d. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

We will not cover Cardiomyopathy related to alcohol abuse under this Section.

II.A.35. Creutzfeldt-Jacob Disease (CJD)

A Diagnosis of Creutzfeldt-Jakob disease must be made by a Specialist Medical Practitioner (Neurologist). There must be permanent clinical loss of the ability in mental and social functioning for a minimum period of 30 days to the extent that permanent supervision or assistance by a third party is required.

Social functioning is defined as the ability of the individual to interact in the normal or usual way in society.

Mental functioning would mean functions/processes such as perception, introspection, belief, imagination reasoning which we can do with our minds.

II.A.36. Terminal Illness

An Insured Person shall be regarded as terminally ill only if he/she is diagnosed as suffering from a condition which, in the opinion of two appropriate independent Medical Practitioners, is highly likely to lead to death within 12 months from the date of the diagnosis and the Insured Person is not receiving any active treatment for the terminal illness, other than that of the pain relief. The terminal illness must be diagnosed and confirmed by Medical Practitioners registered with the Indian Medical Association and approved by Us.

We will not cover terminal illness due to, arising from or attributable to AIDS under this Section.

II.B. OPTIONAL BENEFITS UNDER THE CRITICAL ILLNESS BENEFIT

The Policy can be extended to include the following optional covers, subject to the policy conditions, by paying applicable additional premium. Wherever opted, such Optional Covers shall apply to all Insured Persons under a single policy without any individual selection. All covers available under optional covers are in addition to the Basic Covers opted and such optional cover benefits will only be payable upon conditions specified in the individual benefit sections. Wherever a claim qualifies under more than one benefit we will pay for all such eligible covers opted and in force at the time of such claim under the Policy.

II.B.1. Survival Period Waiver Clause

If opted at the time policy inception, We shall waive the survival period applicable on Insured Persons and accept the claim as on the day of the occurrence of the event provided all the conditions related to the Critical Illness definition are satisfied.

II.B.2. Emergency Road Ambulance Benefit

If We have accepted a claim for Critical Illness in accordance with Section II.A in respect of an Insured Person, then in addition to any amount payable under that Section, We will pay the amount as specified against this benefit in the Policy Schedule towards expenses incurred in providing the Medically Necessary transportation of the Insured Person through a registered ambulance service provider to the Hospital immediately following an event related to the Critical Illness.

II.B.3. Emergency Evacuation

In the event of an Emergency arising in respect of the Critical Illness of an Insured Person and if adequate medical facilities are not available locally, We will reimburse the amount up to the limit specified against this benefit in the Policy Schedule towards the arrangement for an Emergency evacuation of the Insured Person to the nearest facility capable of providing adequate care provided that:

- The Emergency medical evacuations is pre-authorised by the Our medical team.
- It is not possible for pre-authorisation to be sought before the evacuation takes place, authorisation must be sought as soon as possible thereafter. We will only authorise medical evacuations after the evacuation has occurred where it was not reasonably possible for authorisation to be sought before the evacuation took place.
- The medical evacuations must be determined by Our medical team to be Medically Necessary to prevent the immediate and significant effects of injury or conditions which if left untreated could result in a significant deterioration of health and it has been determined that the treatment is not available locally.
- In making Our determinations, We will consider the nature of emergency, Your medical condition and ability to travel, as well as other relevant circumstances including airport availability, weather conditions and distance to be covered.
- The Insured Person’s medical condition must require the accompaniment of a qualified healthcare provider during the entire course of the evacuation to be considered an emergency and requiring emergency evacuation.
- Transportation will be provided by medically equipped specialty aircraft, commercial airline, train or ambulance depending upon the medical needs and available transportation specific to each case.

II.B.4. Medical Repatriation

If We have accepted a claim under Section II.B.3 for Emergency Evacuation of the Insured Person, We may request for the repatriation of the Insured Person to a Hospital in the Insured Person’s country of domicile or to the original work location or the location from which the Insured Person was evacuated when a Medical Practitioner named by Our medical assistance service, after speaking with a local attending Medical Practitioner, decides that the Insured Person is fit to undertake the journey.

We will pay Reasonable and Customary Charges for the most economical cost of travel (transport only) for the Insured Person.

If any mode of transportation other than the above is determined by the attending Medical Practitioner and agreed by Our medical assistance service, We will arrange accordingly and such will be covered by Us.

Conditions:

- Medical repatriation must be pre-authorised by Our medical team. Where it is not possible for pre-authorisation to be sought before the repatriation takes place, this must be sought as soon as possible thereafter. We will only authorise medical repatriation after the repatriation has occurred where it was not reasonably possible for authorisation to be sought before the repatriation took place.
- Medical repatriation must be determined by Our medical team to be Medically Necessary to prevent the immediate and significant effects of Illness, Injury or conditions which if left untreated could result in a significant deterioration of health and it has been determined that the treatment is not available locally, and that it is necessary for medical reasons for the Insured Person to be returned to his/her country of domicile, the medical assistance service will arrange for the transportation under pre-authorised medical supervision as soon as reasonably practicable.
- In making Our determinations, We will consider the nature of emergency, the Insured Person’s medical condition and ability to travel, as well as other relevant circumstances including airport availability, weather conditions and distance to be covered.
- Transportation will be provided by medically equipped specialty aircraft, commercial airline, train or ambulance depending upon the medical needs and available transportation specific to each case.

Our maximum liability under this Benefit shall be limited to the Sum Insured mentioned against this benefit on the Policy Schedule.

II.B.5. Marriage Benefit for Dependent Children

If We have accepted a claim for Critical Illness in accordance with Section II.A in respect of an Insured Person, then in addition to any amount payable under that Section, We will pay the amount as specified against this benefit in the Policy Schedule, in respect of the Insured Person’s Dependent Child (children) under the age of 25 and unmarried as on the date of occurrence, irrespective of whether the child (children) is an Insured Person under this Policy.

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is a minor, shall be payable to the Legal Guardian.

If one child, the Sum Insured specified under this benefit shall be paid fully to the child.

If more than one child, the Sum Insured specified under this benefit shall be divided equally among all eligible children.

II.B.6. Education Fund Benefit

If We have accepted a claim for Critical Illness in accordance with Section II.A in respect of an Insured Person, then in addition to any amount payable under that Section, We will pay the amount as specified against this benefit in the Policy Schedule, in respect of the Insured Person’s Dependent Child (children) under the age of 25 as on the date of occurrence, irrespective of whether the child (children) is an Insured Person under this Policy.

This benefit shall be payable subject to the dependent child being up to 25 years of age as on date of occurrence of the event and provided that the dependent child is pursuing an educational course as a full time student at an accredited educational institution and does not have any independent source of income.

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is a minor, shall be payable to the Legal Guardian.

If one child, the Sum Insured specified under this benefit shall be paid fully to the child.

If more than one child, the Sum Insured specified under this benefit shall be divided equally among all eligible children.
II.B.7. Convalescence Benefit

If the Insured Person is Hospitalised during the Policy Period for Medically Necessary treatment of a Critical Illness covered under Section II.A Basic Cover, which is diagnosed during the Policy Period and the continuation of such Hospitalisation is Medically Necessary for at least 10 consecutive days, We will pay the amount as specified against this benefit in the Policy Schedule.

This benefit is payable only once in a Policy Year towards an Insured Person.

II.B.8. Hospital Cash Benefit

If the Insured Person is hospitalised during the Policy Period for Medically Necessary treatment of listed Critical Illness, We will pay the Hospital Cash Benefit amount specified against this benefit on the Policy Schedule for each continuous completed calendar day of Hospitalization.

This benefit is payable for maximum up to 30 days in a policy year, in excess of one day, provided that the Hospitalisation is for a minimum period of 24 hours.

Specific Limitation:

Hospital Cash Benefit is restricted to maximum 15 days for the hospitalisation due to following conditions:

- Coma of Specified Severity
- Multiple Sclerosis with Persisting Symptoms
- Major Burns
- Systemic Lupus Erythematosus
- Brain Surgery
- Major Head Trauma
- Creutzfeldt-Jacob Disease (CJD)
- Terminal Illness.

II.B.9. Rehabilitation Benefit

If we have accepted a claim for Critical Illness, in accordance with Section II.A in respect of an Insured Person, which results in mental trauma, then in addition to any amount payable under that Section, We will reimburse the amount up to the limit specified against this benefit in the Policy Schedule towards the Reasonable and Customary Charges incurred for Medically necessary counselling and specialist consultation and extended physiotherapy on an out-patient basis.

This Optional Cover can be availed only once during the Policy Period.

II.B.10. Loss of Earning Benefit

If we have accepted a claim for Critical Illness in accordance with Section II.A in respect of an Insured person, that results in a condition due to which the Insured Person is totally unable to engage in his/her primary occupation and loses his/her source of income as a consequence thereof, then We will pay the amount (as lump sum or monthly payout) as specified against this benefit in the Policy Schedule:

- In case of salaried Insured Persons: A monthly income for 3 months, based on the last 3 months salary slip of the previous employer. This payout is limited to base monthly income excluding overtime, bonuses, tips, commissions or any other special compensation;

- In case of self-employed Insured Persons: A monthly income for 3 months, based on the last income tax returns filed by the Insured person with the income tax department. This payout will consider income from primary occupation only and does not include income from any other sources.

This Optional Cover shall be available only once during the Policy Period.

II.B.11. Family Counselling Benefit

If we have accepted a claim for Critical Illness in accordance with Section II.A in respect of an Insured Person and such Critical Illness results in mental trauma to any or all Immediate Family Members of the Insured Person, then We will pay the amount up to the limits specified against this benefit in the Policy Schedule towards the psychiatric counselling of the Immediate Family Members of such Insured Person provided the family members receive such counselling on an out-patient basis in a Hospital.

II.B.12. Family Transportation Allowance Benefit

If we have accepted a claim for Critical Illness in accordance with Section II.A in respect of an Insured Person and the Insured Person is Hospitalized in a Hospital which is situated at a distance of at least 100 kilometers from his/her normal place of residence, and the attending Medical Practitioner recommends the personal attendance of an Immediate Family Member, We will reimburse the amount up to the limit specified against this benefit in the Policy Schedule, incurred in respect of any one Immediate Family Member of the Insured Person for transportation by one way airfare or one way first class railway ticket in a licensed common carrier to the place of Hospitalization of the Insured Person.

II.B.13. Medical Second Opinion

If we have accepted a claim for Critical Illness in accordance with Section II.A in respect of an Insured Person, then the Insured Person may choose to secure a second opinion from Our network of Medical Practitioners for the treatment of that Critical Illness. The expert opinion so requested from Our network of Medical Practitioners shall be directly sent to the Insured Person.

The Insured Person understands and agrees that he/she can exercise the option to secure an expert opinion, provided that:

- We have received a written request from the Insured Person to exercise this option;
- The expert opinion will be based only on the information and documentation provided by the Insured Person.

- This Benefit can be availed only once, by each Insured Person during the lifetime of the Policy for a particular Critical Illness.
- This Benefit is only a value-added service provided by Us and does not deem to substitute the Insured Person's visit or consultation to an independent Medical Practitioner.
- The Insured Person is free to choose whether or not to obtain the expert opinion, and if obtained then whether or not to act on it.
- We shall not, in any event, be responsible for any actual or alleged errors or representations made by any Medical Practitioner or in any expert opinion or for any consequence of actions taken or not taken in reliance thereon.
- The expert opinion under this Optional Benefit shall be limited to Critical Illnesses as listed in Section II.A and shall not be valid for any medicolegal purposes.
- We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner.

All claims under this Optional Benefit shall be made in accordance with under Section III.3 of the Policy.

II.B.14. Wellness Benefit

a) The Insured Person may avail a health check-up with Our Network Provider as mentioned below. Health check-ups will be arranged and conducted by Us and conducted at Our network providers only.

b) Original copies of all reports will be provided to the Insured Person, while a copy of the same will be retained by Us.

c) Coverage under this Optional Cover will not be available on reimbursement basis. All claims under this Benefit shall be made in accordance with Section III.3.14 of the Policy.

<table>
<thead>
<tr>
<th>Sum Insured</th>
<th>Age</th>
<th>List of tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than ₹25 Lacs</td>
<td>&gt;18 years</td>
<td>MER, ECG, Total Cholesterol, FBS, Sr. Creatinine, CBC, Urine Routine, SGPT</td>
</tr>
<tr>
<td>18 to 40 years</td>
<td>₹25 Lacs - ₹100 Lacs</td>
<td>MER, ECG, CBC-ESR, Lipid Profile, HbA1c, Sr. Creatinine, RUA, SGOT, SGPT, GGT, Uric Acid</td>
</tr>
<tr>
<td>&gt;41 years</td>
<td>For females only - TSH, Pap smear, Mammogram For Males - PSA</td>
<td></td>
</tr>
<tr>
<td>18 to 40 years</td>
<td>More than ₹100 Lacs</td>
<td>MER, Lipid Profile, HbA1c, Sr. Creatinine, CBC-ESR, RUA, SGOT, SGPT, GGT, Uric Acid For females: Pap smear, TSH, Mammogram For males: PSA</td>
</tr>
<tr>
<td>&gt;41 years (For males only)</td>
<td>For females only</td>
<td>MER, CBC-ESR, Lipid Profile, HbA1c, Sr. Creatinine, RUA, SGOT, SGPT, GGT, Uric acid, TMT, USG Abdomen &amp; Pelvis, PSA</td>
</tr>
</tbody>
</table>

II.C. WAITING PERIODS & SURVIVAL PERIOD

We shall not be liable to make any payment under this Policy directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following as set out below. All these waiting periods shall be applicable individually for each Insured Person and claims shall be assessed accordingly.

II.C.1 First 90 days Waiting Period

We shall not be liable to make any payment in respect of any Critical Illness whose first diagnosis and/or manifestations first commence/occur within 90 days of the Inception Date of the first Policy.

This exclusion does not apply for Insured Person having any health insurance policy in India at least for a period of 90 days prior to taking this Policy and accepted under portable cover, as well as for subsequent Renewals with Us without a break.

Calculation of 90 Days Waiting Period

90 days is calculated from the Date of inception of policy to the actual final diagnosis which confirms the Critical Illness or date on which the surgical procedure is done whichever is earlier.

In case an Insured Person is diagnosed with a critical illness during the waiting period he will not get paid if it is an illness/disease defined in the Policy as the diagnosis of the defined illness is within the 90 day period.

However if a person is diagnosed with heart blockage during the waiting period but undergoes Coronary Artery Bypass Graft after the completion of waiting period the claim for Critical Illness will be paid for Coronary Artery Bypass Graft as the surgical procedure was carried out after the completion of the 90 days waiting period.
PART III. CLAIM PROCEDURE

III.1. Conditions Preceding

The fulfillment of the terms and conditions of this Policy (including the realization of premium by their respective due dates) in so far as they relate to anything to be done or complied with by You or any Insured Person or any person acting on their behalf, including complying with the following steps, shall be the Condition Precedent to the admissibility of a claim.

Completed claim forms and the necessary processing documents must be furnished to Us within the stipulated timelines for all claims. Failure to furnish this documentation within the time required shall not invalidate nor reduce any claim if Policyholder/Insured Person can satisfy Us in writing that it was not reasonably possible for the required forms/documents to be submitted within such time.

The due notification, submission of necessary documents and compliance with requirements as provided under this Section III, shall be a Condition Precedent failing which We shall not be bound to accept a claim.

III.2. Policyholder/Insured Person’s Duty at the Time of Claim

On occurrence of an event which may lead to a claim under this Policy, the following shall be complied with:

a. Forthwith notify, file and submit the claim in accordance to the claims procedure set out under Section III.3 and 4 as mentioned below.

b. Follow the directions, advice or guidance provided by a Medical Practitioner.

c. If so requested by Us, the Insured Person must submit himself/herself for a medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary. The cost of such examination will be borne by Us.

d. Allow the Medical Practitioner or any of Our representatives to inspect the medical and Hospitalization records, investigate the facts and examine the Insured Person as also verify the certificate of disability issued in respect of an Insured Person.

e. Assist and not hinder or prevent Our representatives in the pursuance of their duties for ascertaining the admissibility of the claim, its circumstances and its quantum under the provisions of the Policy.

III.3. Claim Process

III.3.1. Claim Intimation

Upon the discovery or occurrence of an Accident that may give rise to a Claim under this Policy, Insured Person or the Nominee as the case may be shall undertake the following:

Notify Us either at the call centre or in writing, within 10 days from the date of occurrence of such Accident/diagnosis of a Critical Illness. The following details are to be provided to Us at the time of intimation of Claim:

a) Policy Number
b) Name of the Policyholder
c) Name of the Insured Person in whose relation the Claim is being lodged
d) Nature of Accident/ Critical Illness
e) Name and address of the attending Medical Practitioner and Hospital (if admission has taken place)
f) Date of Admission if applicable
g) Any other information, documentation as requested by Us

III.3.2. Claim Documents - Group Personal Accident

Wherever insured person has opted for a reimbursement of expenses, he/she may submit the following documents for reimbursement of the claim to Our branch or head office at his/her own expense within 30 (thirty) days of occurrence of the event.

Documents required for all Claims:

- Photo Identity Proof - Voter ID, Passport, PAN Card, Driving License, Ration Card, Aadhar, or any other proof accepted by the KYC norms as prescribed by Us.
- Duly completed and signed claim form in original as prescribed by Us.
- Copy of FIR/ Panchnama /Police Inquest Report (if conducted) duly attested by the concerned Police Station;
- Copy of Medical Legal Certificate(if conducted) duly attested by the concerned Hospital;

1) In case of Accidental Death Benefit:

a) Original Death certificate issued by the office of Registrar of Birth & Deaths
b) Copy of Post Mortem report, if conducted
c) Copy of chemical analysis / Forensic report, if applicable
d) Death Summary, if death in Hospital
e) Copies of Medical records, investigation reports, if admitted to hospital
f) Identity proof of Nominee or Original Succession Certificate/Original Legal Heir Certificate or any other proof to Our satisfaction for the purpose of a valid discharge in case nomination is not filled by deceased

g) Any other document as may be deemed necessary by the Company to evaluate the claim
2) In case of Permanent Total Disability/ Permanent Partial Disablement Benefit:
   a) Disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board (or) certificate from the treating doctor certifying the extent of disability
   b) Original treating Medical Practitioner’s certificate describing the disablement;
   c) Original Discharge summary from the Hospital;
   d) Photograph of the Insured Person reflecting the disablement;
   e) Copies of Medical records, investigation reports, if admitted to hospital
   f) Any other document as may be deemed necessary by the Company to evaluate the claim

3) In case of Temporary Total Disablement Benefit (in addition to 2 above):
   a) Leave/ Absence Certificate from Employer in case of salaried employees
   b) Latest Salary slip or certificate from employer specifying the remuneration, in case of salaried employees

We may require Income Proof documents to be submitted on a case to cases basis
   - Last 3 months’ Salary Slip/Form 16 for salaried persons
   - Last financial years ITR for self-employed persons
   - If the Insured/Dependant Parent (where ever applicable) is not a tax Assessee

4) Additional Documents (as applicable under each section):

<table>
<thead>
<tr>
<th>Disappearance Benefit</th>
<th>FIR/ Missing complaint of Death/Certificate of Death (legal assumption) post completion of relevant period applicable under law</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broken Bones Benefit</td>
<td>X-Ray/MRI/CT-Scan/Radiology Films/ Reports confirming the extent of fracture of bone(s) in case of accident</td>
</tr>
<tr>
<td>Burns Benefit</td>
<td>Certificate from the treating doctor certifying the extent of burns injury in case of burns</td>
</tr>
<tr>
<td>Coma Benefit</td>
<td>Certificate from the treating doctor certifying the cause and severity of coma in case of medical condition</td>
</tr>
<tr>
<td>Accidental Death Benefit (Common Carrier)</td>
<td>Original Passenger Ticket / Boarding Pass issued in the name of the Insured Person from the Common Carrier (in case of death in a common carrier). Wherever a named ticket is not available, onus of proof of travel will be upon the Insured Person</td>
</tr>
<tr>
<td>Permanent Total Disablement Benefit (Common Carrier)</td>
<td>List of documents same as Permanent Total Disablement Benefit</td>
</tr>
<tr>
<td>Permanent Total Disablement Double Benefit</td>
<td>List of documents same as Permanent Total Disablement Benefit</td>
</tr>
<tr>
<td>Cost of Support Items Benefit</td>
<td>Prescriptions of support items and Original invoice of actual expenses incurred</td>
</tr>
<tr>
<td>Modification allowance benefit</td>
<td>Original invoice of actual expenses incurred</td>
</tr>
<tr>
<td>Rehabilitation Benefit</td>
<td>Original invoice of counseling by a professional counselor/ Physiotherapist</td>
</tr>
<tr>
<td>Animal Attack Benefit</td>
<td>Original copies of Hospital/ OPD bills, receipts, prescriptions and invoices</td>
</tr>
<tr>
<td>Cost of Personal Protective Equipment (PPE) Damaged in the Accident Benefit</td>
<td>Original invoices of incurred expenses towards replacement of Personal Protective Equipment</td>
</tr>
<tr>
<td>Funeral Expenses Benefit</td>
<td>Original invoice of expenses incurred during funeral</td>
</tr>
<tr>
<td>Emergency Road Ambulance Benefit</td>
<td>Original invoice of actual expenses incurred towards Ambulance</td>
</tr>
<tr>
<td>Dependent Children Benefit</td>
<td>Proof of relationship with the Insured and Age proof of the dependent child</td>
</tr>
<tr>
<td>Spouse Benefit</td>
<td>Proof of relationship with the Insured</td>
</tr>
<tr>
<td>Dependant Parent Benefit</td>
<td>Proof of relationship with the Insured and Last ITR of the dependent parent</td>
</tr>
<tr>
<td>Marriage Benefit for Dependent Children</td>
<td>Proof of relationship with the Insured and Age proof of the dependent child</td>
</tr>
<tr>
<td>Education Fund Benefit</td>
<td>Proof of expenses incurred towards tuition fees for a full time student at an accredited educational institution and Age proof of the dependent child</td>
</tr>
<tr>
<td>Retraining Expenses Benefit</td>
<td>Original invoices of incurred expenses towards re-training</td>
</tr>
<tr>
<td>Convalescence Benefit</td>
<td>Original copies of Hospital bills, receipts, prescriptions and invoices</td>
</tr>
<tr>
<td>Hospital Cash Benefit</td>
<td>In case of salaried Insured Persons, Last 3 month’s salary slips of the previous employer of the Insured Person</td>
</tr>
<tr>
<td>Loss of Earning Benefit</td>
<td>In case of self-employed Insured Persons, Last income tax returns filed by the Insured Person with the income tax department</td>
</tr>
<tr>
<td>Family Counseling Benefit</td>
<td>Original invoice of counseling by a professional counselor</td>
</tr>
<tr>
<td>Family Transportation Allowance Benefit</td>
<td>Original invoice of travel expense incurred</td>
</tr>
<tr>
<td>Accidental Medical Expenses</td>
<td>Original copies of Consultations, Hospital bills, receipts, investigation reports &amp; bills, prescriptions and invoices</td>
</tr>
<tr>
<td>Out Patient Treatment Allowance</td>
<td>Original invoice of out patient treatment expenses incurred</td>
</tr>
<tr>
<td>In- Patient Medical Expenses Benefit</td>
<td>Same list of documents like Accidental Death or Permanent Total Disablement</td>
</tr>
</tbody>
</table>

III.3.3. Claim Documents – Group Critical Illness

The insured person may submit the following documents for reimbursement of the claim to Our branch or head office at his/her own expense ninety (90) days of date of first diagnosis of the illness/ date of surgical procedure or date of occurrence of the medical event, as the case may be:
   - Duly completed and signed claim form in original as prescribed by Us.
   - Medical Certificate confirming the diagnosis of critical illness
   - Certificate from attending Medical Practitioner confirming that the claim does not relate to any Pre-existing Illness or Injury or any Illness or Injury which was diagnosed within the first 90 days of the Inception of the Policy.
   - Discharge Certificate/Card from the hospital, if any
   - Investigation test reports confirming the diagnosis,
   - First consultation letter and subsequent prescriptions
   - Indoor case papers if applicable
   - KYC Documents
   - Specific documents listed under the respective Critical Illness
   - Any other documents as may be required by Us
   - In the cases where Critical Illness arises due to an accident, FIR copy or medical legal certificate will be required wherever conducted.

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

Additional Documents (as applicable under each section):

| Emergency Road Ambulance Benefit | Original invoice of actual expenses incurred towards Ambulance |
| Marriage Benefit for Dependent Children | Proof of relationship with the Insured and Age proof of the dependent child |
| Education Fund Benefit | Proof of expenses incurred towards tuition fees for a full time student at an accredited educational institution and Age proof of the dependent child |
| Convalescence | Original copies of Hospital bills, receipts, prescriptions and invoices |
| Hospital Cash Benefit | In case of salaried Insured Persons, Last 3 month’s salary slips of the previous employer of the Insured Person |
| Family Counseling Benefit | Original invoice of counseling by a professional counselor |
| Family Transportation Allowance Benefit | Original invoice of travel expense incurred |
The above list is indicative and We may call for any additional documents/information/subject the Insured Person to additional medical examinations as required to ascertain the admissibility of any Benefit including Optional Covers under the relevant Section of the Policy, based on the circumstances of the claim on a case to case basis.

Our branch offices shall give due acknowledgement of collected documents. In case there is a delay in the submission of claim documents, then in addition to the documents mentioned above, the claimant is also required to provide Us the reasons for such delay in writing. We shall condone delay on merit for delayed claims where delay is proved to be for reasons beyond the control of the Policyholder or Insured Person or the claimant, as the case may be.

III.3.4. Scrutiny of Claim Documents

a) We shall scrutinize the claim and accompanying documents. Any deficiency of documents shall be intimated to Insured Person and the Network Provider, as the case may be, within 5 days of their receipt.

b) If the deficiency in the necessary claim documents is not met or are not produced within 15 working days of the date of first intimation, We shall remind the Insured Person of the same and every 10 (ten) days thereafter.

c) We will send a maximum of 3 (three) reminders.

d) We may at Our sole discretion decide to deduct the amount of claim for which deficiency is intimated to the Insured Person or settle the claim if We observe that such a claim is otherwise valid under the Policy.

e) In case a reimbursement claim is received when a pre-authorisation letter has been issued, before approving such a claim, a check will be made with the Network Provider whether the pre-authorisation has been utilised as well as whether the Insured Person has settled all the dues with the Network Provider. Once such check and declaration is received from the Network Provider, the claim will be processed.

III.3.5. Claim Assessment

We will pay fixed or indemnity amounts as specified in the applicable for Basic or Optional Benefits in accordance with the terms of this Policy.

For Group Critical Illness Claims, if Lump sum Pay out is opted at the time of Policy inception then full Lump sum Insured will be paid at one time and the claim will be settled.

We are not liable to make any payments that are not specified in the Policy.

III.3.6. Claims Investigation

We may investigate claims at Our Own discretion to determine the validity of a claim. All such investigations shall be completed within 15 working days of the date of receipt of the claim for investigation and not later than 6 months from the date of receipt of claim intimation. Verification carried out, if any, will be done by individuals or entities authorized by Us to carry out such verification/investigation(s) and the costs for such verification/investigation shall be borne by Us.

III.3.7. Settlement & Repudiation of a Claim

We shall settle the claim within 30 days from the date of receipt of last necessary document in accordance with the provisions of Regulation 27 of IRDAI (Health Insurance) Regulations, 2016.

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

However, where the circumstances of a claim warrant an investigation in Our opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, We shall settle the claim within 45 days from the date of receipt of last necessary document.

In case of delay beyond stipulated 45 days We shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

III.3.8. Representation against Rejection

Where a rejection is communicated by Us, the claimant may if so desired within 15 days of the communication of the rejection, represent to Us for reconsideration of the reasons for the rejection.

III.3.9. Payment Terms

a) All claims will be payable in India and in Indian rupees.

b) Once a claim has been paid in respect of any of the Insured Persons for the full Sum Insured or Capital Sum Insured, the Policy will terminate.

c) Wherever the claim paid for a percentage of the Sum Insured the Policy will terminate on account of change in nature of occupation or business at his own expense. The Policy holder/Insured will seek appointment by calling Our call centre. We will conduct the medical examination.

d) If at the time a claim arises under this Policy the Insured Person has changed his occupation without Us being notified, then Our maximum liability will be limited to the amount that would have been payable for the premium paid and the new occupation.

e) In the event of any claim being lodged under the Policy for any cause whatsoever by the Policyholder or the Insured Person, all subsequent premium instalments shall immediately become due and payable notwithstanding anything to the contrary contained hereinabove. We shall have the right to recover and deduct any or all the pending instalments from the claim amount due under the Policy.

f) The payment will be made to You or the Insured Person as specified in the benefit Sections above. In the unfortunate event of Your death, We will pay the Nominee (as named in the Policy Schedule) and in case of the Insured Person, We shall pay to the Network Provider, the case will be processed.

III.3.10. Emergency evacuation, Medical repatriation and Repatriation of Mortal Remains

a) In the event of an insured person requiring emergency evacuation and repatriation, Insured Person, must notify Us immediately either at Our call centre or in writing.

b) Emergency medical evacuations shall be pre-authorised by us.

c) Medical specialists in association with the Emergency Assistance Service Provider shall determine the Medical Necessity of such Emergency Evacuation or Repatriation post which the same will be approved.

III.3.11. Medical Second Opinion

Medical Second Opinion is available only in the event of the Insured Person being diagnosed as Covered Disability or Critical Illness.

Policy holder/Insured can submit request for an expert opinion by calling Our call centre or register request through email. We will schedule an appointment or facilitate delivery of Medical Records of the Insured Person to a Medical Practitioner.

III.3.12. Access to Online Wellness Program

ManipalCigna Health Insurance's customized health and wellness program is available to all customers. It caters to the varied health needs of customers through specialized tools. The service is available on our Website to all customers taking forward our proposition of being their partner in 'illness and wellness'. It consists of online customized programs like Health Risk Assessment, Target Risk Assessment, Lifestyle Management Programs, Nutrition Programs, access to health articles through the ManipalCigna Website.

III.3.13. Health check up

Policy holder/Insured shall seek appointment by calling Our call centre. We will facilitate an appointment and guide him/her to the nearest Network Provider for conducting the medical examination. Reports of the Medical Tests can be collected directly from the centre. A copy of the medical reports will be retained by the medical centre which will be forwarded to Us along with the invoice for reimbursement.

PART IV GENERAL TERMS AND CONDITIONS

IV.1. Duty of Disclosure

The Policy shall be null and void and no Benefit or Optional Benefit shall be payable hereunder in the event of an untrue or incorrect statement, misrepresentation, misdescription or non-disclosure of any material particular in the Group Proposal Form, personal statements, declarations, medical history and connected documents, or any material information having been withheld by the Policyholder or any one acting on their behalf, under this Policy. Under such circumstances We may at Our sole discretion cancel the Policy and the premium paid shall be forfeited to Us.

IV.2. Observance of Terms and Conditions

The due observance and fulfilment of the terms and conditions of the Policy (including the realisation of premium by their respective due dates and compliance with the specified procedure on all Claims) in so far as they relate to anything to be done or complied with by the Policyholder or any of the Insured Persons, shall be the condition precedent to Our liability under this Policy.

IV.3. Alterations in the Policy

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

IV.4. Material Information for Administration

The Insured Person and/or the Policyholder must give Us all the written information that is reasonably required to work out the premium and pay any benefit provided under the plan. Billing for the plan will be processed on the exact number of Insured Persons covered under the policy. You must give Us written notification specifying the details of the Insured Persons to be deleted and the details of the Eligible persons proposed to be added to the Policy as Insured Persons.

We reserve the right to apply additional options, exclusions or to reflect any circumstances the Policyholder or Insured person advises in their application form or declares to Us as a material fact.

Material information to be disclosed includes every matter that the Insured person and/or the Policyholder is aware of, or could reasonably be expected to know, that relates to questions in the Proposal Form and which is relevant to Us in order to accept the risk of insurance and if so on what terms. It is a condition precedent to the Company's liability under the Policy that the Policyholder or the Insured Person shall immediately notify the Company in writing of any material change in the risk on account of change in nature of occupation or business at his own expense. The Insured Person/Policyholder must ensure the remaining life insurance is transacted for the same amount and with the same Network Provider, as the case may be.

We will send a maximum of 3 (three) reminders.

IV.5. Eligibility

To be eligible for coverage under the plan, the Insured Person must be:

A Group Member/ Employee of the Policyholder or Non-Employer Group Member enrolled by the Enrolled Member who is nominated by the Policyholder.

• In the age group of 18 to 75 years.

• Dependents as defined in the Policy will be eligible for coverage under the Plan.

• Dependents Spouse/Parents/Parent-in- laws can be covered from age 18 years to 75 years at the time of entry.

• Unmarried Dependent Children/ Unmarried Grandchildren/ Unmarried siblings can be covered from:
• 5 years up to 25 years of age for Group Personal Accident
• From 18 years to 25 years of age for Group Critical Illness

IV.6. Short Period Cover
For Group Personal Accident Section only, Policy can be issued for a term less than one year to provide coverage to specific events. The Premium charged for such policies will be as below. The Short Period Cover shall work in conjunction with Grace Period Clause defined under the policy.

<table>
<thead>
<tr>
<th>Policy in force up to</th>
<th>Premium %</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 days</td>
<td>10%</td>
</tr>
<tr>
<td>15 days</td>
<td>12.5%</td>
</tr>
<tr>
<td>25 days</td>
<td>20%</td>
</tr>
<tr>
<td>1 Month</td>
<td>25%</td>
</tr>
<tr>
<td>3 months</td>
<td>50%</td>
</tr>
<tr>
<td>6 months</td>
<td>75%</td>
</tr>
<tr>
<td>More than 6 months</td>
<td>100%</td>
</tr>
</tbody>
</table>

Cancellation Clause of Policy is not applicable to such policies.

IV.7. On-Duty Cover
For Group Personal Accident Section only, Policy can be issued for restricted time period of the day i.e. Work duty hours only.

IV.8. No Constructive Notice
Any knowledge or information of any circumstance or condition in relation to You/Insured Person in Our possession or in the possession of any of Our official shall not be deemed to be notice or be held to bind or prejudicially affect Us, or affect the You/Insured Person from their duty of disclosure, notwithstanding subsequent acceptance of any premium.

IV.9. Geography
This Policy applies to events or occurrences taking place anywhere in the world unless limited under this Policy in a particular Benefit or definition or by Us through an endorsement.

IV.10. Dispute Resolution & Applicable Law
Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian courts and subject to Indian law without reference to any principle which would result in the application of the law of any other jurisdiction.

IV.11. Premium
The premium payable under this Policy shall be paid in accordance with the schedule of payments agreed between the Policyholder and Us in writing. No receipt for premium shall be valid except on Our official form signed by Our duly authorized official. The due payment of premium and the observance and fulfilment of the terms, provisions, conditions and endorsements of this policy by the Policyholder in so far as they relate to anything to be done or complied with by the Policyholder shall be a condition precedent to any liability of insurer to make any payment under this policy. Premium payments under this Policy will be allowed monthly/quarterly/half yearly/yearly. Premium will be subject to revision at the time of renewal of the Policy and as approved by the IRDAI. Further, premium shall be paid in Indian Rupees and in favour of ManipalCigna Health Insurance Company Ltd.

IV.12. Free Look Period
A period of 15 days from the date of receipt of the Policy document is available to review the terms and conditions of this Policy. The Policyholder has the option of cancelling the Policy by stating to Us the reasons for cancellation in writing. If there are no claims reported (paid/outstanding) under the Policy then We shall refund the premium after deducting the risk premium on pro rata basis and after retaining 25% of costs for any medical tests if conducted. All Your/Insured Person’s rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy. The aforesaid Free Look Period shall not be available on any Renewal of this Policy.

IV.13. Nominee
The Insured Person can, on the Effective Date or at any time before the expiry of the Policy make a nomination for the purpose of payment of claims.

Any change of nomination shall be communicated to Us in writing and such change shall be effective only when an endorsement to the Policy is made by Us.

In case of death of any Dependent of an Insured Person where such Dependent is in Our possession or in the possession of any of Our official shall not be deemed to be notice or be held to bind or prejudicially affect Us, or affect the You/Insured Person in Our possession or in the possession of any of Our official shall not be deemed to be notice or be held to bind or prejudicially affect Us, or affect the You/Insured Person from their duty of disclosure, notwithstanding subsequent acceptance of any premium.

In case of addition under Non-Employer groups additional premium will be charged as per the rates applicable for coverage under full term of the policy, similarly for deletions the refunds will be calculated on short period basis.

Throughout the Policy Period, the Policyholder will notify Us of all and any changes in the membership of the Policy in the same month in which the change occurs. However, We may commence or terminate cover retrospectively for Insured Persons for a period not exceeding 2 months from the date when the Policyholder advises Us in writing.

IV.17. Endorsements
The Policy will allow the following endorsements during the Policy Period. Any endorsement must be made only in writing by the Policyholder. Any endorsement would be effective from the date of the request received from You, or the date of receipt of premium, whichever is later other than for change in date of birth or gender which will be with effect from the inception Date.

a) Non-Financial Endorsements – which do not affect the premium.
   o Rectification in name of the proposer/Insured Person.
   o Rectification in gender of the proposer/Insured Person.
   o Rectification in relationship of the Insured Person with the proposer.
   o Rectification of date of birth of the Insured Person (if this does not impact the premium).
   o Change in the correspondence address of the proposer.
   o Change/updation in the contact details viz., phone number, E-mail ID, etc.
   o Rectification in gender of the proposer/Insured Person.

b) Financial Endorsements – which result in alteration in premium
   o Deletion of Insured Person on death or upon separation or Policyholder/Insured Person leaving the country only if no claims are paid/outstanding.
   o Change in Age/date of birth.
   o Addition of member (New Born Baby or newly wedded Spouse).
   o Change in address (resulting in change in zone).
   o Rectification in gender of the proposer/Insured Person.

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

IV.18. Multiple Policies
i. In case of multiple policies which provide fixed benefits, only occurrence of the insured event in accordance with the terms and conditions of the Policies, We shall make the claim payments independent of payments received under similar policies.

   ii. If two or more policies are taken by an insured during a period from 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.

   1. In all such cases where We have issued the chosen policy, We shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

   2. Claims under other policy/policies may be made after exhaustion of Sum Insured in the earlier chosen policy/policies.

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

Where an insured has policies from more than one insurer to cover the same risk of indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

IV.19. Grace Period & Renewal
The Policy may be renewed by mutual consent and in such event the Renewal premium should be paid to Us on or before the date of expiry of the Policy and in no case later than the Grace Period of 30 days from the expiry of the Policy or from the date of next instalment due date. We will not be liable to pay for any claim arising out of an Injury/Accident/Condition that occurred during the Grace Period. The provision of Section 64VB of the Insurance Act, 1938 shall be applicable. All policies Renewed within the Grace Period shall be eligible for continuity of cover.

For Contributory Policy
We shall not be bound to give notice that such Renewal premium is due. A Policy shall be ordinarily renewable unless any fraud, moral hazard, misrepresentation or non-cooperation by the Insured Person or on his behalf is found either in obtaining insurance or subsequently in relation thereto.

Any Person may be added to Policy as an Insured Member during the Policy period provided that the application of cover has been accepted by Us, additional premium, on pro-rata basis in respect of such Member has been received by Us and We have issued an endorsement confirming the addition of such persons as an Insured Person.

(b) Deletions
Any Insured Person who is covered under the Policy may be deleted upon Your request during the Policy Period. Refund of premium can be made on pro-rata basis, provided that no claim is paid/outstanding in respect of that Insured Person or his/her dependants.

In case of refund of premium being generated on the policy due to deletions the same will be refunded or adjusted against future premium installments due on the policy.

In case of addition under Non-Employer groups additional premium will be charged as per the rates applicable for coverage under full term of the policy, similarly for deletions the refunds will be calculated on short period basis.
Where such behaviour has been noticed by an individual insured we will terminate the cover for the specific insured and his/her dependants including further renewals and continue the cover for the remaining group members while bringing such instances to the knowledge of the Policyholder. Where it is found that the Policyholder is involved in such above situations, the complete Policy will be terminated.

Revival Period:
Installment (less than annual) premium policies may be revived by mutual consent and in such event the Revival premium should be paid to Us within 15 days of the installment due date. Wherever premiums are not received within the revival period the policy will be terminated and all claims that fall beyond such installment due date shall not be covered as part of the policy. However, We will be liable to pay in respect of all claims where the treatment/admission/accident has commenced/occurred before date of termination of such policies.

Renewal Terms
Alterations like increase/ decrease in Sum Insured or Change in Plan or Optional Covers can be requested at the time of renewal of the Group Plan. We reserve our right to carry out underwriting assessment of the group and provide the renewal quote in respect of the revised plan opted.
Where We have discontinued or withdrawn this product/plan or where You will not be eligible to renew as You have moved out of the Group, You will have the option to renew under the nearest substitute Group/Retail Policy being issued by Us, provided however benefits payable shall be subject to the terms contained in such other policy which has been approved by IRDAI.
We may in Our sole discretion, revise the premiums payable under the Policy or the terms of cover, provided that all such changes are approved by IRDAI and in accordance with the IRDAI rules and regulations as applicable from time to time. We will intimate You of any such changes at least 3 months prior to date of such revision, withdrawal or modification.

IV.20. Cancellation/Termination
Cancellation by You
Request for cancellation shall be intimated to Us from Your side by giving 15 days' notice in which case We shall refund the percentage of premium for the unexpired Policy Period as per the short period scale mentioned below. Premium shall be refunded only if no claim has been made under the Policy.

The grid is applicable for single premium Policy.

(Term more than 1 Year is available only for Credit Linked Policy)

<table>
<thead>
<tr>
<th>Policy Period and refund as a % of the premium</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 days-3 Months</td>
<td>50</td>
<td>75</td>
<td>83</td>
<td>88</td>
<td>90</td>
</tr>
<tr>
<td>3-6 Months</td>
<td>25</td>
<td>63</td>
<td>75</td>
<td>81</td>
<td>85</td>
</tr>
<tr>
<td>6-9 Months</td>
<td>15</td>
<td>58</td>
<td>72</td>
<td>75</td>
<td>83</td>
</tr>
<tr>
<td>9-12 Months</td>
<td>0</td>
<td>50</td>
<td>67</td>
<td>75</td>
<td>80</td>
</tr>
<tr>
<td>12-15 Months</td>
<td>25</td>
<td>50</td>
<td>63</td>
<td>70</td>
<td></td>
</tr>
<tr>
<td>15-18 Months</td>
<td>13</td>
<td>42</td>
<td>56</td>
<td>65</td>
<td></td>
</tr>
<tr>
<td>18-21 Months</td>
<td>8</td>
<td>38</td>
<td>54</td>
<td>63</td>
<td></td>
</tr>
<tr>
<td>21-24 Months</td>
<td>0</td>
<td>33</td>
<td>50</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>24-27 Months</td>
<td>17</td>
<td>36</td>
<td>50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27-30 Months</td>
<td>8</td>
<td>31</td>
<td>45</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30-33 Months</td>
<td>5</td>
<td>29</td>
<td>43</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33-36 Months</td>
<td>0</td>
<td>25</td>
<td>40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36-39 Months</td>
<td>13</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39-42 Months</td>
<td>6</td>
<td>25</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42-45 Months</td>
<td>4</td>
<td>23</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45-48 Months</td>
<td>0</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48-51 Months</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51-54 Months</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>54-56 Months</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>56-60 Months</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For installment premium, We will refund premium on pro rata basis after deducting Our expenses.

The short period scale is not applicable for Short Term Group Personal Accident Policies.

You further understand and agree that We may cancel the Policy by giving 15 days’ notice in writing by Registered Post Acknowledgment Due / recorded delivery to Your last known address on grounds of misrepresentation, fraud, non-disclosure of material fact or for non-co-operation by You / Insured person without any refund of premium.

Termination of Policy:
Prior to the termination of the Policy, at the expiry of the period shown in the Policy Schedule/ Certificate Of Insurance, cover will end immediately for all Insured Persons, if:
• there is misrepresentation, fraud, non-disclosure of material fact by You / Insured Person without any refund of premium, by giving 15 days’ notice in writing by Registered Post Acknowledgment Due / recorded delivery to Your last known address.
• there is non-cooperation by You/ Insured person pending premium of premium on pro rata basis after deducting Our expenses, by giving 15 days’ notice in writing by Registered Post Acknowledgment Due / recorded delivery to Your last known address.
• the Policyholder does not pay the premiums owed under the Policy within the Grace Period.

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

Cover will end for a Member or dependent:
• If the Policyholder stops paying premiums for the Insured Person(s) and their Dependents (if any);
• When this Policy terminates at the expiry of the period shown in the Policy Schedule/ Certificate Of Insurance.
• If he or she dies;
• When he or she ceases to be a Dependant;
• If the Insured Person ceases to be a member of the group.

IV.21. Changes to the terms and conditions of the Policy
We can end the Policy or change any of the terms and conditions relating to the Policy subject to IRDAI approval. If the Policy changes because of new laws, We will inform the Policyholder in writing. In all circumstances, We will give the following notice:
• for changes to the list of Benefits, at least 90 days’ notice in writing (if allowed as per IRDAI);
• for changes to the Policy terms and conditions, or ending the Policy, at least 90 days’ notice in writing. The change will take place, failing which, the Policy will end on the next Annual Renewal Date.

Any special provisions subject to which this Policy has been entered into or endorsed on the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly. The special Provision shall be within the purview of General Terms and Conditions.

It is further clarified that if any special condition is stipulated in the Policy Schedule and/ or Certificate of Insurance, then such special condition shall have effect accordingly.

IV.23. Records to be maintained
You or the Insured Person, as the case may be, shall keep an accurate record containing all relevant medical records (related to an illness or medical condition which was existing/ treated during a policy) and shall allow Us or our representative(s) to inspect such records. You or the Insured Person, as the case may be, shall furnish such information as may be required by Us under this Policy at any time during the Policy Year and up to three years after the Policy expiration, or until final adjustment (if any) and resolution of all claims under this Policy.

IV.24. Fraudulent Claims
If any claim is found to be fraudulent, or if any false declaration is made, or if any fraudulent devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this Policy then this Policy shall be void in respect of such Insured Person and all claims in respect of such Insured Person shall be forfeited. All sums paid under this Policy shall be repaid to Us by You on behalf of such Insured Person who shall be jointly liable for such repayment.

IV.25. Limitation of Liability
If a claim is rejected or partially settled and is not the subject of any pending suit or other proceeding or arbitration, as the case may be, within thirty six months from the date of such rejection or settlement, the claim shall be deemed to have been abandoned and Our liability shall be extinguished and shall not be recoverable thereafter.

Any claim for which the notification of Claim is received 12 calendar months after the event or occurrence giving rise to the Claim shall not be admissible, unless it is proved to Our satisfaction that the delay in reporting of the Claim was for reasons beyond Your or the Insured Persons control.

IV.26. Portability
All health insurance policies are portable. An Insured Person under this Policy can port to Our satisfaction that the delay in reporting of the Claim was for reasons beyond Your or the Insured Persons control.

b) Continuity of Benefits will be provided for the period based on the number of years of continuous coverage under this Policy with Us. 

c) We should have received the application for Portability with complete documentation at least 45 days before the expiry of the present period of Insurance

d) We may subject such proposal to Our medical underwriting, restrict the terms upon which We may offer cover, the decision as to which shall be in line with our Board approved underwriting policy.

e) There is no obligation on Us to insure all Insured Persons on the proposed terms, even if we have received all the documentation.

After maintaining the retail policy with Us for a period of one year an Insured Person

may port the Policy to any other retail product offered by Us or other insurers that is available in the market.

IV.27. Underwriting Loadings & Discounts

a. We may apply a risk loading on the premium payable (excluding statutory levies and taxes) or Special Conditions on the Policy based upon the health status of the persons proposed to be insured and declarations made at the time of enrolment. These loadings will be applied from the Inception Date of the first Policy including subsequent Renewals(s) with Us. There will be no loadings based on individual claims experience.

b. We may apply a specific Sub Limit on a medical condition/ ailment depending on the past history and declarations or additional Waiting Periods on Pre-Existing Diseases (up to a maximum of 48 months) as part of the Special Conditions on the Policy.

c. We shall inform You about the applicable risk loading or Special Condition through a counter offer letter and You would be required to respond with Your consent and additional premium (if any) within 7 working days of the issuance of such counter offer letter.

d. In case, You neither accept the counter offer nor respond to Us within 7 working days, We shall cancel Your application and refund the premium paid. Your Policy will not be issued unless We receive Your consent.


Master Policies shall be issued for the duration as specified in the Schedule. The Certificate of Insurance takes effect on the Effective Date stated on the Certificate of Insurance and ends on the date of expiry of Master Policy. For specific groups upon request, all additions thereto by way of certificates of insurance shall be valid for a period of one year commencing from the actual date of addition to the Master Policy, if before agreed and understood that We shall continue to extend the benefit of coverage of insurance to the Insured Person(s) in the same manner on renewal of the Master Policy or until expiry of the Certificate of Insurance whichever is later.

IV.29. Electronic Transactions

The Policyholder/ Insured agrees to comply with all the terms, conditions as We shall prescribe from time to time, and confirms that all transactions effected facilities for conducting remote transactions such as the internet, World Wide Web, electronic data interchange, call centres, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, in respect of this Policy, or any other products and services, shall constitute legally binding when done in compliance with Our terms for such facilities. Sales through such electronic transactions shall ensure that all conditions of Section 41 of the Insurance Act, 1938 prescribed for the proposal form and all necessary disclosures, on terms and conditions and exclusions are made known to the Policyholder/ Insured Person. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and such consent will be subsequently validated / confirmed by the Policyholder/ Insured Person.

IV.30. Communications & Notices

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

a) The policyholder, at the address as specified in Schedule
b) To Us, at the address specified in the Schedule.

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

d) Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

IV.31. Complete Discharge

We will not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment (unless assigned by the policyholder) or other dealing with or relating to this Policy except in case of assignment of the Benefit under Accidental Death in respect of an Insured Person where the Policyholder is a creditor of the Insured Person. The payment made by Us to the Insured Person or to their Nominee/ legal representative or to the valid assignee, as the case may be, of the compensation or Benefit under the Policy shall in all cases be complete, valid and construe as an effective discharge in favour of Us.

IV.32. Grievances Redressal Procedure

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

Our website: <<www.manipalcigna.com>>
Email: <<servicesupport@manipalcigna.com>>
Toll Free: <<1800-102-4462>>
Contact No. : +91 22 61703600
Courier: Any of Our Branch office or corporate office during business hours.

If You/ Insured Person are not satisfied with Our redressal of Your grievance through one of the above methods, You/ Insured Person may approach the nearest Insurance ombudsman for resolution of the grievance. The contact details of Ombudsman offices attached as Annexure I to this Policy document. You may also approach the Insurance ombudsman if your complaint is open for more than 30 days from the date of filing the complaint.

PART V. DEFINITIONS

1. Accident or Accidental means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. AYUSH Treatments refers to the medical and /or Hospitalisation Treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy Systems.

3. Acute condition means a disease, Illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ Illness/ Injury which leads to full recovery.

4. Age or Aged means the completed age (in years) of the Insured Person as on his/ her last birthday.

5. Annexure means a document attached and marked as Annexure to this Policy.

6. Annual Renewal Date means the anniversary of the Inception date each year or any other date which We agree and the Policyholder may agree in writing.

7. Ambulance means a road vehicle operated by a licensed/authorised service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.

8. Benefit means any benefit shown in the list of benefits.

9. Capital Sum Insured means the maximum amount of Basic Personal Accident Benefit to which an Insured Person is eligible, as specified in the Policy Schedule.

10. Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

a. Internal Congenital Anomaly - Congenital anomaly which is not in the visible and accessible parts of the body

b. External Congenital Anomaly - Congenital anomaly which is in the visible and accessible parts of the body.

11. Cashless Facility means a facility extended by the Insurer to the Insured Person 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.

12. Chronic Condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

• it needs on going or long-term monitoring through consultations, examinations, check-ups, and / or tests

• it needs on going or long-term control or relief of symptoms

• it requires the insured person’s rehabilitation or for them to be specially trained to cope with it

• it continues indefinitely

• it comes back or is likely to come back.

13. Common Carrier means transportation which is available as a public service and operated by an entity in the business of transporting goods or people for hire, as a public service.

14. Condition Precedent means a Policy term or condition upon which Our liability under the Policy is conditional upon.

15. Cosmetic Surgery means Surgery or Medical Treatment that modifies, improves, restores or maintains normal appearance of a physical feature, irregularity, or defect.

16. Day Care Centre means any institution established for day care treatment of illness and/or injuries or a medical setup with a Hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criteria as under –

- has qualified nursing staff under its employment;
- has qualified Medical Practitioner(s) in charge;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and will make these accessible to the insurance company’s authorized personnel.

17. Day Care Treatment means medical treatment, and/or surgical procedure which is:

i. undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and

ii. which would have otherwise required a hospitalization of more than 24 hours.

Treatment normally taken on an outpatient basis is not included in the scope of this definition.

18. Dependent Child A dependent child refers to a child (natural or legally adopted), who is financially dependent on the Policy Holder, does not have his / her independent source of income, is up to the age of 25 years and
unmarried. For the purpose of coverage under this Policy, the age limit for a dependent child shall be 25 years, however with respect to coverage under specific sections separate age limits shall be defined under the each benefit.

20. Disclosure to Information Norm means that the Policy shall be void and all premiums paid hereon shall be forfeited to Us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

21. Emergency Care means management for a severe 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.

22. Emergency means a serious medical condition or symptom resulting from Injury or sickness which arises suddenly and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long term impairment of the Insured Person’s health, until stabilisation at which time this medical condition or symptom is not considered an emergency anymore.

23. Exclusions means specified coverage, hazards, services, conditions, and the like that are not provided for (covered) under a particular health insurance contract

24. Expiry Date means the date on which this Policy expires as specified in the Policy Schedule.

25. Employee means any member of Policyholder’s staff under full time employment and who is nominated and sponsored by the Policyholder who becomes an Insured Person.

26. Fracture means a break in continuity of the bone which is evidenced by an X-ray and certified by the attending Medical Practitioner.

27. Grace Period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which the premium is received.

28. Hazardous Activities means any sport or activity, which is potentially dangerous to the Insured Person whether he is trained in such sport or activity or not. Such sport/activity includes without limitation stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/obstacle riding, bobsledding/using skis, bouldering, boxing, canoeing, cavin/pot holing, cave tubing, rock climbing/trekkings/ mountain climbing, cycle racing, cycle cross, drag racing, endurance testing, hand gliding, harness racing, hell sking, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, rainy  manual labor, marathon running, mountaineering, mountain biking, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/parapenting, piloting aircraft, polo, pool power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo riding, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/br/ trail trials, triathlon, water ski jumping, weight lifting or wrestling any type.

29. Hospital means any institution established for in-patient care and day care treatment of Illness and/or Injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section of 56(1) of the said Act OR complies with all minimum criteria as under:
   i. Has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
   ii. Has at least 10 in-patient beds in towns having a population of less than 10,000,000 and at least 15 in-patient beds in all other places;
   iii. Has qualified Medical Practitioner(s) in charge round the clock;
   iv. Has qualified nursing staff under its employment round the clock;
   v. Maintains daily records of patients and makes this accessible to the insurance company’s authorized personnel.

30. Hospitalization or Hospitalised means admission in a Hospital for a minimum period of 24 In-Patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

31. Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

32. Immediate Family Member means legally wedded spouse, children (natural or legally adopted) and parents of the Insured Person.

33. Inception Date means the inception date of this Policy as specified in the Policy Schedule

34. Injury means accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

35. In-patient means an Insured Person who is admitted to a Hospital and stays for at least 24 hours for the sole purpose of receiving treatment.

36. In patient Care means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

37. Insured Person means the Member or Dependants named in the Policy Schedule, who is/are covered under this Policy, for whom the insurance is proposed and the appropriate premium received.

38. Intensive Care Unit means an identified section, ward or wing o f 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.

39. Loss of Independent Living means that the Insured Person is permanently unable to perform independently three or more of the following six activities of daily living:
   i. Washing: the ability to maintain an adequate level of cleanliness and personal hygiene;
   ii. Dressing: the ability to put on and take off all necessary garments, artificial limbs or other surgical appliances that are medically necessary;
   iii. Feeding: the ability to transfer food from a plate or bowl to the mouth once food has been prepared and made available;
   iv. Toileting: the ability to manage bowel and bladder function, maintaining an adequate and socially acceptable level of hygiene;
   v. Mobility: the ability to move indoors from room to room on level surfaces at the normal place of residence;
   vi. Transferring: the ability to move from a lying position in a bed to a sitting position in an up right chair or wheel chair and vice versa.

40. Maternity Expense shall include the following:
   • Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalisation);
   • Expenses towards lawful medical termination of pregnancy during the Policy Period.

41. Medical Advice means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

42. 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 paid by the Insured Person 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.

43. Medically Necessary means any treatment, test, medication, or stay in Hospital or part of 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; and
   iv. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

44. 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 the scope and jurisdiction of license.

45. Network Provider means hospitals or health care providers enlisted by an Insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.

46. Neurological Deficit means Symptoms of dysfunction in the nervous system that is present on clinical examination and expected to last throughout the insured person’s life. Symptoms that are covered include numbness, increased sensitivity, paralysis, localized weakness,

47. New Born Baby means those babies born to the Insured Member and their spouse during the Policy Period aged between 1 day and 90 days, both days inclusive.

48. Nominee means the person named in the Policy Schedule who is nominated to receive the benefits in respect of an Insured Person under the Policy in accordance with the terms and conditions of the Policy, if the Insured Person is deceased.

49. Non-Network means any hospital, day care centre or other provider that is not part of the network.

50. Notification of Claim means the process of notifying a claim to the insurer or TPA (if applicable) by specifying the timelines as well as the address/telephone number to which it should be notified.

51. OPD treatment means a treatment in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

52. Policy means this Policy document, the Group Proposal Form, the Certificates of Insurance issued to Insured Persons and the Policy Schedule which form part of the Policy including endorsements, as amended from time to time which form part of this Policy and are to be read together.

53. Policy Period means the period between the Inception Date and the Expiry Date of the Policy as specified in the Policy Schedule or the date of cancellation of this Policy, whichever is earlier.

54. Policy Schedule means the schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the period and the limits to which Benefits under the Policy are subject to, including any Annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.
55. **Policy Year** means a period of 12 consecutive months commencing from the Inception Date.

56. **Portability** means the right accorded to an individual health insurance policyholder (including family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another or from one plan to another plan of the same insurer.

57. **Post-hospitalization Medical Expenses**

Post-hospitalization Medical Expenses means medical expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital provided that:

i. Such Medical Expenses are for the same condition for which the insured person’s hospitalization was required, and

ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

58. **Pre-hospitalization Medical Expenses**

Pre-hospitalization Medical Expenses means medical expenses incurred during predefined number of days preceding the hospitalization of the Insured Person, provided that:

- Such Medical Expenses are incurred for the same condition for which the Insured Person’s Hospitalization was required, and

The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

59. **Pre-existing Disease** means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.

60. **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.

61. **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.

62. **Service Partner** is an assistance company utilised by Us to support You for facilitation of access to Network Providers and for providing Medical Assistance Services.

63. **Spouse** means the insured members’ legal husband or wife.

64. **Sum Insured** means, subject to terms, conditions and exclusions of this Policy, the amount representing Our maximum, total liability for any or all claims arising under this Policy in respect of an Insured Person and is as specified in the Policy Schedule against the particular benefit opted.

65. **Surgery/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 or prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.

66. **Survival Period** means a period of 30 days calculated from the date of first confirmed diagnosis or actual performance of a surgical procedure whichever is earlier as defined under the list of Critical Illnesses covered under this Policy.

67. **TPA** means a company registered with the Authority, and engaged by Us, for a fee or remuneration, by whatever name called and as may be mentioned in the agreement, for providing health services as mentioned under TPA Regulations.

68. **Unproven/Experimental Treatment** means treatment, including drug experimental therapy, which is not based on established medical practice in India.

69. **We/ Our/ Us** means ManipalCigna Health Insurance Company Limited.

70. **You/Your/Policyholder** means the person named in the Policy Schedule as the policyholder and who has concluded this Policy with Us.
Annexure – I:

**Ombudsmen Centres**
Office of The Governing Body of Insurance Council (Monitoring Body for Offices of Insurance Ombudsman)
3rd Floor, Jeevan Seva Annexe, Santacruz (West), Mumbai - 400054. Tel.: 26106671/6889. Email: inscoun@ecoi.co.in Web: www.ecoi.co.in

If you have a grievance, approach the grievance cell of Insurance Company first. If complaint is not resolved/ not satisfied/ not responded for 30 days then you can approach The Office of the Insurance Ombudsman (Bimalokpal). Please visit our website for details to lodge complaint with Ombudsman.

<table>
<thead>
<tr>
<th>CONTACT DETAILS</th>
<th>JURISDICTION</th>
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<tbody>
<tr>
<td><strong>AHMEDABAD</strong></td>
<td>Gujarat, Dadra &amp; Nagar Haveli, Daman and Diu.</td>
</tr>
<tr>
<td>Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: <a href="mailto:bimalokpal.ahmedabad@ecoi.co.in">bimalokpal.ahmedabad@ecoi.co.in</a></td>
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<tr>
<td><strong>BENGALURU</strong></td>
<td>Karnataka.</td>
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<tr>
<td>Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: <a href="mailto:bimalokpal.bengaluru@ecoi.co.in">bimalokpal.bengaluru@ecoi.co.in</a></td>
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<tr>
<td><strong>BHOPAL</strong></td>
<td>Madhya Pradesh and Chattisgarh.</td>
</tr>
<tr>
<td>Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: <a href="mailto:bimalokpal.bhopal@ecoi.co.in">bimalokpal.bhopal@ecoi.co.in</a></td>
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<tr>
<td><strong>BHUBANESHWAR</strong></td>
<td>Orissa.</td>
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<tr>
<td>Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674-2596451/2596455 Fax: 0674-2596429 Email: <a href="mailto:bimalokpal.bhubaneswar@ecoi.co.in">bimalokpal.bhubaneswar@ecoi.co.in</a></td>
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<tr>
<td><strong>CHANDIGARH</strong></td>
<td>Punjab, Haryana, Himachal Pradesh, Jammu &amp; Kashmir and Chandigarh.</td>
</tr>
<tr>
<td>Office of the Insurance Ombudsman, S.C.O. No. 101, 102 &amp; 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: <a href="mailto:bimalokpal.chandigarh@ecoi.co.in">bimalokpal.chandigarh@ecoi.co.in</a></td>
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<tr>
<td><strong>CHENNAI</strong></td>
<td>Tamil Nadu and Pondicherry Town and Karaikal (which are part of Pondicherry).</td>
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<tr>
<td>Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: <a href="mailto:bimalokpal.chennai@ecoi.co.in">bimalokpal.chennai@ecoi.co.in</a></td>
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<tr>
<td><strong>DELHI</strong></td>
<td>Delhi.</td>
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<tr>
<td>Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: <a href="mailto:bimalokpal.delhi@ecoi.co.in">bimalokpal.delhi@ecoi.co.in</a></td>
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<tr>
<td><strong>GUWAHATI</strong></td>
<td>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</td>
</tr>
<tr>
<td>Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: <a href="mailto:bimalokpal.guwahati@ecoi.co.in">bimalokpal.guwahati@ecoi.co.in</a></td>
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<tr>
<td><strong>HYDERABAD</strong></td>
<td>Andhra Pradesh, Telangana, Yanam and part of the Territory of Pondicherry.</td>
</tr>
<tr>
<td>Office of the Insurance Ombudsman, 6-2-46, 1st floor, “Mooin Court”, Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: <a href="mailto:bimalokpal.hyderabad@ecoi.co.in">bimalokpal.hyderabad@ecoi.co.in</a></td>
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The updated details of Insurance Ombudsman are available on the IRDAI website: [www.irdai.gov.in](http://www.irdai.gov.in) and on the website of General Insurance Council: [www.gicouncil.in](http://www.gicouncil.in)

**ANNEXURE II: LIST OF NON-MEDICAL EXPENSES**

<table>
<thead>
<tr>
<th>SNO</th>
<th>ITEM</th>
<th>TOILETRIES/COSMETICS/PERSONAL COMFORT OR CONVENIENCE ITEMS/SIMILAR EXPENSES</th>
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<tbody>
<tr>
<td>1</td>
<td>HAIR REMOVAL CREAM</td>
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<tr>
<td>2</td>
<td>BABY CHARGES (UNLESS SPECIFIED/INDICATED)</td>
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<tr>
<td>3</td>
<td>BABY FOOD</td>
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<tr>
<td>4</td>
<td>BABY UTILITES CHARGES</td>
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<td>5</td>
<td>BABY SET</td>
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<td>6</td>
<td>BABY BOTTLES</td>
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<td>7</td>
<td>BRUSH</td>
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<td>8</td>
<td>COSY TOWEL</td>
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<td>9</td>
<td>HAND WASH</td>
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<td>10</td>
<td>MOISTURISER PASTE BRUSH</td>
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<td>11</td>
<td>POWDER</td>
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<td>12</td>
<td>RAZOR</td>
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<td>13</td>
<td>SHOE COVER</td>
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<td>14</td>
<td>BEAUTY SERVICES</td>
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<td>15</td>
<td>BELTS/ BRACES</td>
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<td>16</td>
<td>BUDS</td>
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<td>17</td>
<td>BARBER CHARGES</td>
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<td>18</td>
<td>CAPS</td>
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<td>19</td>
<td>COLD PACK/HOT PACK</td>
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<tr>
<td>20</td>
<td>CARRY BAGS</td>
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<td>21</td>
<td>CRADLE CHARGES</td>
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<td>22</td>
<td>COMB</td>
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<tr>
<td>23</td>
<td>DISPOSABLES RAZORS CHARGES (for site preparations)</td>
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<tr>
<td>24</td>
<td>EAU-DE-COLOGNE / ROOM FRESHNERS</td>
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<td>EYE PAD</td>
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<td>26</td>
<td>EYE SHEILD</td>
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<td>27</td>
<td>EMAIL / INTERNET CHARGES</td>
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<tr>
<td>28</td>
<td>FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)</td>
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<tr>
<td>29</td>
<td>FOOT COVER</td>
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<td>COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.</td>
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<td>DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION</td>
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68 TREATMENT OF SEXUALLY TRANSMITTED DISEASES
69 DONOR SCREENING CHARGES
70 ADMISSION/REGISTRATION CHARGES
71 HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
72 EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED
73 ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY
74 STEM CELL IMPLANTATION/ SURGERY and STORAGE
75 WARD AND THEATRE BOOKING CHARGES
76 ARTHROSCOPY & ENDOSCOPY INSTRUMENTS
77 MICROSCOPE COVER
78 SURGICAL BLADES,HARMONIC SCALPEL,SHAVER
79 SURGICAL DRILL
80 EYE KIT
81 EYE DRAPE
82 X-RAY FILM
83 SPUTUM CUP
84 BOYLES APPARATUS CHARGES
85 BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
86 ANTISEPTIC or DISINFECTANT LOTIONS
87 BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES, SYRINGES
88 COTTON
89 COTTON BANDAGE
90 MICROPORR/ SURGICAL TAPE
91 BLADE
92 APRON
93 TORNIOLET
94 ORTHOBUNDLE, GYNAEC BUNDLE
95 URINE CONTAINER
II ELEMENTS OF ROOM CHARGE
96 LUXURY TAX
97 HVAC
98 HOUSE KEEPING CHARGES
99 SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
100 TELEVISION & AIR CONDITIONER CHARGES
101 SURCHARGES
102 ATTENDANT CHARGES
103 IM IV INJECTION CHARGES
104 CLEAN SHEET
105 EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
106 BLANKET/WARMER BLANKET
III ADMINISTRATIVE OR NON-MEDICAL CHARGES
107 ADMISSION KIT
108 BIRTH CERTIFICATE
109 BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
110 CERTIFICATE CHARGES
111 COURIER CHARGES
112 CONVENYANCE CHARGES
113 DIABETIC CHART CHARGES
114 DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
115 DISCHARGE PROCEDURE CHARGES
116 DAILY CHART CHARGES
117 ENTRANCE PASS / VISITORS PASS CHARGES
118 EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
119 FILE OPENING CHARGES
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<td>OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)</td>
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<td>NEBULIZER KIT</td>
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<td>PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES</td>
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<td>NUTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES</td>
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<td>SUGAR FREE Tablets</td>
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<tr>
<td>160</td>
<td>CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)</td>
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<td>161</td>
<td>Digestion gels</td>
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<td>180</td>
<td>ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]</td>
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<td>EXAMINATION GLOVES</td>
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<td>PAPER GLOVES</td>
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Microsurgical Operations on the middle ear
1. Stapedotomy to treat various lesions in the middle ear
2. Revision of Stapedotomy
3. Other operations of the auditory ossicles
4. Myringoplasty (post-aural/ endaural approach as well as simple Type – I Tymanoplasty)
5. Tymanoplasty (closure of an eardrum perforation/ reconstruction of the auditory ossicle)
6. Revision of a Tymanoplasty
7. Other microsurgical operations on the middle ear

Other operations on the middle & internal ear
8. Myringotomy
9. Removal of a tympanic drain
10. Incision of the mastoid process and middle ear
11. Mastoidectomy
12. Reconstruction of the middle ear
13. Other excisions of the middle and inner ear
14. Fenestration of the inner ear
15. Revision of a fenestration of the inner ear
16. Incision (opening) and destruction (elimination) of the inner ear
17. Other operations on the middle ear
18. Removal of Keratosis Obturans

Operations on the nose & the nasal sinuses
19. Excision and destruction of diseased tissue of the nose
20. Operations on the turbinates (nasal concha)
21. Other operations on the nose
22. Nasal sinus aspiration
23. Foreign body removal from nose

Operations on the eyes
24. Incision of tear glands
25. Other operations on the tear ducts
26. Incision of diseased eyelids
27. Correction of Eyelids Ptosis by Levator Palpebrae Superioris Resection (bilateral)
28. Correction of Eyelids Ptosis by Fascia Lata Graff (bilateral)
29. Excision and destruction of diseased tissue of the eyelid
30. Operations on the canthus and epicanthus
31. Corrective surgery for entropion and ectropion
32. Corrective surgery for blepharoptosis
33. Removal of a foreign body from the conjunctiva
34. Removal of a foreign body from the cornea
35. Incision of the cornea
36. Operations for pterygium
37. Other operations on the cornea
38. Removal of a foreign body from the lens of the eye
39. Removal of a foreign body from the posterior chamber of the eye
40. Removal of a foreign body from the orbit and eyeball
41. Operation of cataract
42. Diathermy/ Cryotherapy to treat retinal tear
43. Anterior chamber Pancentesis/ Cycloclytheraphy/ Cyclocryotherapy/ goniotomy/ Trabeculotomy and Filtering and Allied operations to treat glaucoma
44. Enucleation of the eye without implant
45. Dacrocystorhinositomy for various lesions of Lacrimal Gland
46. Laser photoacoagulation to treat retinal Tear

Operations on the skin & subcutaneous tissues
47. Incision of a pilonidal sinus
48. Other incisions of the skin and subcutaneous tissues
49. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
50. Local excision of diseased tissue of the skin and subcutaneous tissues
51. Other excisions of the skin and subcutaneous tissues
52. Simple restoration of surface continuity of the skin and subcutaneous tissues
53. Free skin transplantation, donor site
54. Free skin transplantation, recipient site
55. Revision of skin plasty
56. Other restoration and reconstruction of the skin and subcutaneous tissues
57. Chemosurgery to the skin
58. Destruction of diseased tissue in the skin and subcutaneous tissues
59. Reconstruction of deformity/ defect in Nailbed

Operations on the tongue
60. Incision, excision and destruction of diseased tissue of the tongue
61. Partial glosectomy
62. Glosectomy
63. Reconstruction of the tongue
64. Other operations on the tongue

Operations on the salivary glands & salivary ducts
65. Incision and lancing of a salivary gland and a salivary duct
66. Excision of diseased tissue of a salivary gland and a salivary duct
67. Resection of a salivary gland
68. Reconstruction of a salivary gland and a salivary duct
69. Other operations on the salivary glands and salivary ducts

Other operations on the mouth & face
70. External incision and drainage in the region of the mouth, jaw and face
71. Incision of the hard and soft palate
72. Excision and destruction of diseased hard and soft palate
73. Incision, excision and destruction in the mouth
74. Palatoplasty
75. Other operations in the mouth

Operations on tonsils and adenoids
76. Transoral incision and drainage of pharyngeal abscess
77. Tonsillectomy without adenoidectomy
78. Tonsillectomy with adenoidectomy
79. Excision and destruction of a lingual tonsil
80. Other operations on the tonsil and adenoids
81. Traumasurgery and orthopaedics
82. Incision on bone, septic and aseptic
83. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
84. Suture and other operations on tendons and tendon sheath
85. Reduction of dislocation under GA
86. Adnoidectomy

Operations on the breast
87. Incision of the breast
88. Operations on the nipple
89. Excision of single breast lump

Operations on the digestive tract, kidney and bladder
90. Incision and excision of tissue in the perianal region
91. Surgical treatment of anal fistulas
92. Surgical treatment of haemorrhoids
93. Division of the anal sphincter (sphincterotomy)
94. Other operations on the anus
95. Ultrasound guided aspirations
96. Sclerotherapy etc.
97. Laprotony for grading Lymphoma with Splenectomy/ Liver/ Lymph Node Biopsy
98. Therapeutic laparoscopy with Laser
100. Esophagoscopy, gastroscopy, duodenoscopy with polypectomy/ removal of foreign body/ diathermy of bleeding lesions
101. Lithotripsy/ Nephrolithotomy for renal calculus
102. Excision of renal cyst
103. Drainage of Pyonephrosis/ Perinephric Abscess
104. Appendectomy with/ without Drainage

Operations on the female sexual organs
105. Incision of the ovary
106. Insufflation of the Fallopian tubes
107. Other operations on the Fallopian tube
108. Dilatation of the cervical canal
109. Conisation of the uterine cervix
110. Therapeutic curettage with Colposcopy/ Biopsy/ Diathermy/ Cryosurgery
111. Laser therapy of cervix for various lesions of Uterus
112. Other operations on the cervix
113. Incision of the uterus (hysterectomy)
114. Local incision and destruction of diseased tissue of the vagina and the pouch of Douglas
115. Incision of the vagina
116. Incision of vulva
117. Culdotomy
118. Operations on Bartholin’s glands (cyst)
119. Salpingo-Oophorectomy via Laparoscopy
120. Hysteroscopic removal of myoma
121. D&C
122. Hysteroscopic resection of septum
123. Thermal cautetisation of cervix
124. Mirena insertion
125. Hysteroscopic adhesiolysis
126. LEEP (loop electrosurgical excision procedure)
127. Cryocautetisation of cervix
128. Polypectomy endometrium
129. Hysteroscopic resection of fibroid
130. LLETZ (large loop excision of transformation zone)
131. Conization
132. Polypectomy cervix
133. Hysteroscopic resection of endometrial polyp
134. Vulval wart excision
135. Laparoscopic paraovarian CYST excision
136. Uterine artery embolization
137. Laparoscopic cystectomy
138. Hymenectomy (imperforate hymen)
139. Endometrial ablation
140. Vaginal wall cyst excision
141. Vulval cyst excision
142. Laparoscopic parauterine CYST excision
143. Repair of vagina (vaginal atresia)
144. Hysteroscopy, removal of myoma
145. Ureterocele repair – congenital internal
146. TURBT
147. Vaginal mesh for POP
148. Laparoscopic myomectomy
149. Surgery for SUI
150. Repair recto- vagina fistula
151. Pelvic floor repair (excluding fistula repair)
152. URS + II
153. Laparoscopic oophorectomy
154. Normal vaginal delivery & variants

Operations on the prostate & seminal vesicles
155. Incision of the prostate
156. Transurethral excision and destruction of prostate tissue
157. Transurethral and percutaneous destruction of prostate tissue
158. Open surgical excision and destruction of prostate tissue
159. Radical prostatectomy
cystectomy
160. Other excision and destruction of prostate tissue
161. Operations on the seminal vesicles
162. Incision and excision of peri-prostatic tissue
163. Other operations on the prostate

Operations on the scrotum & tunica vaginalis testis
164. Incision of the scrotum and tunica vaginalis testis
165. Operation on a testicular hydrocele
166. Excision and destruction of diseased scrotal tissue
167. Other operations on the scrotum and tunica vaginalis testis

Operations on the testes
168. Incision of the testes
169. Excision and destruction of diseased tissue of the testes
170. Unilateral orchidectomy
171. Bilateral orchidectomy
172. Orchidopexy
173. Abdominal exploration in cryptorchidism
174. Surgical repositioning of an abdominal testis
175. Reconstruction of the testis
176. Implantation, exchange and removal of a testicular prosthesis
177. Other operations on the testis

Operations on the spermatic cord, epididymis and ductus deferens
178. Surgical treatment of a varicocele and a hydrocele of the spermatic cord
179. Excision in the area of the epididymis
180. Epididymectomy

Operations on the penis
181. Operations on the foreskin
182. Local excision and destruction of diseased tissue of the penis
183. Amputation of the penis
184. Other operations on the penis

Operations on the urinary system
185. Cystoscopic removal of stones
186. Catheterisation of bladder

Other Operations
187. Lithotripsy
188. Coronary angiography
189. Biopsy of Temporal Artery for various lesions
190. External Arterio-venous shunt
191. Haemodialysis
192. Radiotherapy for Cancer
193. Cancer Chemotherapy
194. Endoscopic polypectomy

Operation of bone and joints
195. Surgery for ligament tear
196. Surgery for meniscus tear
197. Surgery for hemoarthrosis/ pyoarthrosis
198. Removal of fracture pins/ nails
199. Removal of metal wire
200. Closed reduction on fracture, luxation
201. Reduction of dislocation under GA
202. Epiphysseolysis with osteosynthesis
203. Excision of Bursitis
204. Tennis elbow release
205. Excision of various lesions in Coccyx
206. Arthroscopic knee aspiration
207. Surgery for meniscus tear
208. Arthroscopic repair of ACL tear KNEE
209. Closed reduction of minor fractures
210. Arthroscopic repair of PCL tear KNEE
211. Tendon shortening
212. Arthroscopic meniscectomy - KNEE
213. Treatment of clavicle dislocation
214. Haemarthrosis KNEE- lavage
215. Abscess KNEE joint drainage
216. Carpal tunnel release
217. Closed reduction of minor dislocation
218. Repair of KNEE cap tendon
219. ORIF with K wire fixation- small bones
220. Release of midfoot joint
221. ORIF with plating- small long bones
222. Implant removal minor
223. K wire removal
224. POP application
225. Closed reduction and external fixation
226. Arthroscopy hip joint
227. Syme’s amputation
228. Arthroplasty
229. Partial removal of RIB
230. Treatment of sesamoid bone fracture
231. Shoulder arthroscopy / surgery
232. Elbow arthroscopy
233. Amputation of metacarpal bone
234. Release of thumb contracture
235. Incision of foot fascia
236. Calcaneum SPUR hydrocort injection
237. Ganglion wrist hyalase injection
238. Partial removal of metatarsal
239. Repair / graft of foot tendon
240. Revision/removal of knee cap
241. Amputation follow-up surgery
242. Exploration of ankle joint
243. Remove/graft leg bone lesion
244. Repair/graft achilles tendon
245. Remove of tissue expander
246. Biopsy elbow joint lining
247. Removal of wrist prosthesis
248. Biopsy finger joint lining
249. Tendon lengthening
250. Treatment of shoulder dislocation
251. Lengthening of hand tendon
252. Removal of elbow bursa
253. Fixation of knee joint
254. Treatment of foot dislocation
255. Surgery of bunion
256. Intra articular steroid injection
257. Tendon transfer procedure
258. Removal of knee cap bursa
259. Treatment of fracture of ULNA
260. Treatment of scapula fracture
261. Removal of tumor of arm/ elbow under RA/GA
262. Repair of ruptured tendon
263. Decompress forearm space
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264. Revision of neck muscle (torticollis release)
265. Lengthening of thigh tendons
266. Treatment fracture of radius & ulna
267. Repair of knee joint

**Critical Care Related:**
268. Insert Non- Tunnel CV cath
269. Insert PICC cath (Peripherally Inserted Central Catheter)
270. Insertion Catheter, Intra Anterior
271. Replace PICC cath (Peripherally Inserted Central Catheter)
272. Insertion of Portacath

**Dental Related:**
273. Splinting of avulsed teeth
274. Suturing lacerated lip
275. Suturing oral mucosa
276. Oral biopsy in case of abnormal
277. tissue presentation
278. FNAC
279. Smear from oral cavity

**ENT Related:**
280. Myringotomy with grommet insertion
281. Keratosis removal under GA
282. Adenoidectomy
283. Labyrinthectomy for severe vertigo
284. Stapedectomy under GA
285. Stapedectomy under LA
286. Tymanoplasty (type - IV)
287. Endolymphatic sac surgery for meniere's disease
288. Turbinectomy
289. Endoscopic stapedectomy
290. Incision and drainage of retro pharyngeal abscess
291. Turbinoplasty
292. Excision of angioma septum
293. Vestibular nerve section
294. Thyroplasty type - I
295. Pseudocyst of the pinna - excision
296. Incision and drainage - haematoma auricle
297. Tymanoplasty (type - II)
298. Reduction of fracture of nasal bone
299. Thyroplasty type - II
300. Tracheostomy
301. Excision of angioma septum
302. Incision & drainage of retro pharyngeal abscess
303. UVULO palato pharyngo plasty
304. Adenoidectomy with grommet insertion
305. Adenoidectomy without grommet insertion
306. Vocal cord lateralisation procedure
307. Incision & drainage of para pharyngeal abscess
308. Tracheoplasty

**Gastroenterology Related**
309. Pancreatic pseudocyst EUS & drainage
310. RF ablation for Barrett's oesophagus
311. ERCP and papillotomy
312. Esophagoscopy and sclerosant injection
313. EUS + aspiration pancreatic CYST
314. Small bowel endoscopy (therapeutic)
315. Colonoscopy, lesion removal
316. ERCP
317. Percutaneous endoscopic gastrostomy
318. EUS and pancreatic pseudo CYST drainage
319. ERCP and choledochoscopy
320. Proctosigmoidoscopy volvulus detorsion
321. ERCP and sphincterotomy
322. Esophageal stent placement
323. ERCP + placement of biliary stents
324. Sigmoideoscopy W / stent
325. EUS + coeliac node biopsy
326. UGI scopy and injection of adrenaline, sclerosants bleeding ulcers

**General Surgery Related:**
327. Fissure in ANO sphincterotomy
328. Incision of the breast abscesses
329. Surgical treatment of haemorrhoids
330. Infected keloid excision
331. Axillary lymphadenectomy
332. Wound debridement and cover
333. Abscess-decompression
334. Cervical lymphadenectomy
335. Infected sebaceous CYST
336. Inguinal lymphadenectomy
337. Incision and drainage of abscess
338. Suturing of lacerations
339. SCALP suturing
340. Infected lipoma excision
341. Maximal anal dilatation
342. 434. Piles
A) injection sclerotherapy
B) piles banding
343. Liver abscess- catheter drainage
344. Fissure in ANO- fissurectomy
345. Fibroadenoma breast excision
346. Oesophageal varices sclerotherapy
347. ERCP - pancreatic duct stone removal
348. Perianal abscess I&D
349. Perianal hematoma evacuation
350. Ugi scopy and polypectomy oesophagus
351. Breast abscess I & D
352. Oesophagoscopy and biopsy of growth oesophagus
353. ERCP - bile duct stone removal
354. ileostomy closure
355. Colonoscopy
356. Polypectomy colon
357. Splenic abscesses laparoscopic drainage
358. UGI scopy and polypectomy stomach
359. Rigid oesophagoscopy for FB removal
360. Feeding jejunostomy
361. Colostomy
362. ileostomy
363. Colostomy closure
364. Submandibular salivary duct stone removal
365. Pneumatic reduction of intussusception
366. Varicose veins legs – injection sclerotherapy
367. Tips procedure for portal hypertension
368. Rigid oesophagoscopy for dilation of benign strictures
369. Eversion of SAC unilateral/ bilateral
370. Lord's plication
371. Jaboulay's procedure
372. Scrotoplasty
373. Circumcision for trauma
374. Meatoplasty
375. Intersphincteric abscess incision and drainage
376. PSOAS abscess incision and drainage
377. Thyroid abscess incision and drainage
378. Tips procedure for portal hypertension
379. Esophageal growth stent
380. Pair procedure of hydatid CYST liver
381. Tru cut liver biopsy
382. Photodynamic therapy or esophageal tumour and lung tumour
383. Excision of cervical RIB
384. Laparoscopic reduction of intussusception
385. Microdochectomy breast
386. Surgery for fracture penis
387. Sentinel node biopsy
388. Parastomal hernia
389. Revision colostomy
390. Prolapsed colostomy - correction
391. Testicular biopsy
392. Laparoscopic cardiomyotomy (hellers)
393. Sentinel node biopsy malignant melanoma
394. Laparoscopic pyloromyotomy (ramstedt)
395. Excision of fistula-in-ANO
396. Excision juvenile polyps rectum
397. Venoplasty
398. Dilatation of accidental caustic stricture oesophageal
399. Presacral teratomas excision
400. Removal of vesicle stone
401. Excision sigmoid polyp
402. Sternomastoid tenotomy
403. Infantile hypertrophic pyloric stenosis pyloromyotomy
404. Excision of soft tissue rhabdomyosarcoma
405. Mediastinal lymph node biopsy
406. High orchidectomy for testis tumours
407. Excision of cervical teratoma
408. Rectal-myomectomy

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417. Rectal prolapse (delorme’s procedure)
418. Detorsion of torsion testis
419. EUA + biopsy multiple fistula in ANO
420. Cystic hygroma – injection treatment

Neurology Related:
421. Facial nerve physiotherapy
422. Nerve biopsy
423. Muscle biopsy
424. Epidural steroid injection
425. Glycerol rhizotomy
426. Spinal cord stimulation
427. Motor cortex stimulation
428. Stereotactic radiosurgery
429. Percutaneous cordotomy
430. Intrathecal baclofen therapy
431. Entrapment neuropathy release
432. Diagnostic cerebral angiography
433. VP shunt
434. Ventriculoatrial shunt

Oncology Related:
435. IV push chemotherapy
436. HBI-hemibody radiotherapy
437. Infusional targeted therapy
438. SRT-stereotactic arc therapy
439. SC administration of growth factors
440. Continuous infusional chemotherapy
441. Infusional chemotherapy
442. CCRT - concurrent chemo + RT
443. 2D radiotherapy
444. 3D conformal radiotherapy
445. IGRT - image guided radiotherapy
446. IMRT- step & shoot
447. Infusional bisphosphonates
448. IMRT - DMLC
449. Rotational ARC therapy
450. Tele gamma therapy
451. FSRT-fractionated SRT
452. VMAT-volumetric modulated arc therapy
453. SBRT-stereotactic body radiotherapy
454. Helical tomotherapy
455. SRS-stereotactic radiosurgery
456. X-knife SRS
457. Gamma knife SRS
458. TBI- total body radiotherapy
459. Intraluminal brachytherapy
460. Electron therapy
461. TSET-total electron skin therapy
462. Extracorporeal irradiation of blood products
463. Telecobalt therapy
464. Telecium therapy
465. External mould brachytherapy
466. Intrstitial brachytherapy
467. Intracavity brachytherapy
468. 3D brachytherapy
469. Implant brachytherapy
470. Intravescical brachytherapy
471. Adjuvant radiotherapy
472. Afterloading catheter brachytherapy
473. Conditioning radiotherapy for BMT
474. Extracorporeal irradiation to the homologous bone grafts
475. Radical chemotherapy
476. Neo-adjuvant radiotherapy
477. LDR brachytherapy
478. Palliative radiotherapy
479. Radical radiotherapy
480. Palliative chemotherapy
481. Template brachytherapy
482. Neo-adjuvant chemotherapy
483. Adjuvant chemotherapy
484. Induction chemotherapy
485. Consolidation chemotherapy
486. Maintenance chemotherapy
487. HDR brachytherapy

Operations on the tongue:
488. Small reconstruction of the tongue

Ophthalmology Related:
489. Biopsy of tear gland
490. Treatment of retinal lesion

Plastic surgery Related: mouth & face:
491. Construction skin pedicle flap
492. Gluteal pressure ulcer-excision
493. Muscle-skin graft, leg
494. Removal of bone for graft
495. Muscle-skin graft duct fistula
496. Removal cartilage graft
497. Myocutaneous flap
498. Fibro myocutaneous flap
499. Breast reconstruction surgery after mastectomy
500. Sling operation for facial palsy
501. Split skin grafting under RA
502. Wolfe skin graft
503. Plastic surgery to the floor of the mouth under GA

Thoracic surgery Related:
504. Thoracoscopy and lung biopsy
505. Excision of cervical sympathetic chain thoracoscopic
506. Laser ablation of barret’s oesophagus
507. Pleurodesis
508. Thoracoscopy and pleural biopsy
509. EBUS + biopsy
510. Thoracoscopy ligation thoracic duct
511. Thoracoscopy assisted empyema drainage

Urology Related:
512. Biopsy oftemporal artery for various lesions
513. AV fistula – wrist
514. URSL with stenting
515. URSL with lithotripsy
516. Cystoscopic litholapaxy
517. ESWL
518. Bladder neck incision
519. Cystoscopy & biopsy
520. AV fistula - wrist
521. Cystoscopy and removal of polyp
522. Suprapubic cystostomy
523. Percutaneous nephrostomy
524. Cystoscopy and “sling” procedure
525. Tuna- prostate
526. Excision of urethral diverticulum
527. Removal of urethral stone
528. Excision of urethral prolapse
529. Mega-ureter reconstruction
530. Kidney renoscopy and biopsy
531. Ureter endoscopy and treatment
532. Vesico ureteric reflux correction
533. Surgery for pelvi ureteric junction obstruction
534.Anderson hynes operation (open pyeloplasty)
535. Kidney endoscopy and biopsy
536. Paraphimosis surgery
537. Injury prepuse - circumcision
538. Frenular tear repair
539. Meatotomy for meatal stenosis
540. Surgery for fourier’s gangrene scrotum
541. Surgery filiar scrotum
542. Surgery for watering CAN perineum
543. Repair of penile torsion
544. Drainage of prostate abscess
545. Orchietomy
546. Cystoscopy and removal of FB