

Super Health Plus Top Up Policy Terms and Conditions

This detailed document outlines the full terms and conditions of the coverage offered under your health insurance policy, including available coverage, benefits, claim and grievance redressal procedures, exclusions, and other related terms and conditions. It serves as a legal contract between You (Policyholder) and Us (the insurer) which mentions rights, responsibilities, coverage details, and exclusions in clear terms.



Section A. Preamble

This Policy has been issued on the basis of the Disclosure to Information Norm, including the information provided by You in respect of the Insured Persons in the proposal form, any application for insurance cover in respect of any Insured Person and any other information or details submitted in relation to the proposal form. This Policy is a contract of insurance between You and Us which is subject to the receipt of premium in full and accepted by Us in respect of the Insured Persons and the terms, conditions and exclusions as specified in the Policy/ Policy Schedule / Product Benefit Table of this Policy.

Key Notes:

The terms listed in Section B (Definitions) and which have been used elsewhere in the Policy shall have the meaning set out against them in Section B (Definitions), wherever they appear in the Policy.

The Policy Schedule shall specify which of the following covers are in force and available for the Insured Persons under the Policy during the Policy Period.



Section B. Definitions

The terms and conditions, benefits, exclusions, various procedures and conditions which have been built in to the Policy are to be construed in accordance with the applicable provisions contained in the Policy. The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same and vice versa.

I. Standard Definitions

1. **Accident** means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **AYUSH Hospital** is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
 - a. Central or State Government AYUSH Hospital; or
 - b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
 - c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - i. Having at least 5 in-patient beds;
 - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
3. **Ayush Day care Center** means and includes Community Health Centre (CHC), Prima Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical / para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner(s) on day care basis without In-Patient services and must comply with all the following criterion:
 - a. Having qualified registered AYUSH Medical Practitioner(s) in charge;
 - b. Having dedicated AYUSH therapy sections as required and / or has equipped operation theatre where surgical procedures are to be carried out;
 - c. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
4. **AYUSH Treatment** refers to medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
5. **Break in policy** means the period of gap that occurs at the end of the existing Policy term/ installment premium due date, when the premium due for renewal on a given Policy or installment premium due is not paid on or before the premium renewal date or Grace period.
6. **Cashless Facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the Network Provider by the insurer to the extent pre-authorization is approved.
7. **Co-payment** means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percent age of the admissible claims amount. A co-payment does not reduce the Sum Insured.

8. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
9. **Congenital Anomaly** means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
- Internal Congenital Anomaly**
Congenital anomaly which is not in the visible and accessible parts of the body.
 - External Congenital Anomaly**
Congenital anomaly which is in the visible and accessible parts of the body.
10. **Day Care Treatment** means medical treatment, and/or surgical procedure which is:
- undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
 - which would have otherwise required hospitalization of more than 24 hours.
Treatment normally taken on an out-patient basis is not included in the scope of this definition.
11. **Day Care Centre** - means any institution established for day care treatment of illness and / or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under: -
- has qualified nursing staff under its employment;
 - has qualified medical practitioner/s in charge;
 - has 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.
12. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
13. **Disclosure to information norm:** The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.
14. **Domiciliary Hospitalization** means medical treatment for an illness/disease/ injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:
- the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
 - the patient takes treatment at home on account of non-availability of room in a hospital.
15. **Deductible** means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
16. **Emergency Care** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
17. **Grace Period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits such as Waiting Periods and coverage of pre-existing diseases. Coverage need not be available for the period for which no premium is received.
- The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.
- Coverage is available during the Grace Period, if the premium is paid in instalments during the Policy Period
18. **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 Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said act Or complies with all minimum criteria as under:
- has qualified nursing staff under its employment round the clock;
 - has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - has qualified medical practitioner (s) in charge round the clock;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;
19. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In- patient Care 'hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
20. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- Acute condition-** Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery
 - Chronic condition-** A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests
 - it needs ongoing or long- term control or relief of symptoms
 - it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - it continues indefinitely
 - it recurs or is likely to recur
21. **Intensive Care Unit (ICU)** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

22. **ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
23. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
24. **Inpatient** Care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
25. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow- up prescription.
26. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
27. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
- is required for the medical management of the illness or injury suffered by the insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;
 - must have been prescribed by a medical practitioner;
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
28. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.
29. **Migration** means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.
30. **New Born Baby** means baby born during the Policy Period and is aged upto 90 days.
31. **Network Provider** means hospitals enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.
32. **Non- Network Provider** means any hospital, day care centre or other provider that is not part of the network.
33. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
34. **OPD treatment** means the one in which the Insured 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.
35. **Pre-existing disease (PED)** means any condition, ailment, injury or disease:
- that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or
 - for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.
36. **Pre-hospitalization Medical Expenses** means medical expenses incurred during pre-defined 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.
37. **Post-hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:
- Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
 - The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.
38. **Portability** means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.
39. **Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
40. **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.
41. **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.
42. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
43. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
44. **Specific waiting period** means a period up to 36 months from the commencement of a health insurance policy during which period specified diseases/ treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break.
45. **Unproven/Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.



II – Specific Definitions

46. **Age or Aged** means the completed age as on last birthday, and which means completed years as at the Policy Start date.
47. **Ambulance** means a road vehicle or aircraft operated by a licenced/authorised service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
48. **Annexure** means a document attached and marked as Annexure to this Policy
49. **Dependent Child** means a child (natural or legally adopted or stepchild), who is financially dependent on You does not have his / her independent source of income, is up to the Age of 25 years.
50. **Emergency shall** mean a serious medical condition or symptom resulting from Injury or Illness 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.
51. **Empanelled Service Providers** means service provider (Doctor's clinic, Diagnostic centre, Medicine, Drug vendor, medical service provider and Home care treatment provider) enlisted by Us, TPA or jointly by Us and TPA to provide OPD medical services to an insured by a cashless facility.
52. **Family Floater Policy** means a policy named as a Family Floater Policy in the Policy Schedule under which the family members named as Insured Persons in the Policy Schedule are covered. The relationships covered in a Family Floater Policy are as follows:
- i) Self
 - ii) legally married spouse as long as they continue to be married
 - iii) Dependent Children (upto 4)
53. **IRDAI** means the Insurance Regulatory and Development Authority of India.
54. **Individual Policy** means a policy named as an Individual Policy in the Policy Schedule under which one or more persons are covered as Insured Persons. The following relationships shall be covered in an Individual Policy: Self, legally married spouse as long as they continue to be married, son, daughter, mother, father, brother, sister, mother in-law, father in-law, grandfather, grandmother, grandson, granddaughter, son in-law, daughter in-law, brother in-law, sister in-law, nephew, niece.
55. **Insured Person** means the person(s) named in the Policy Schedule who are covered under this Policy and in respect of whom the appropriate premium has been received.
56. **Material facts** means all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk
57. **Monthly Premium shall** mean the applicable annual premium with respect to the Insured Person(s) split in 12 months in equal proportion only for the purpose of calculation of Benefit under this Policy
58. **Policy** means this Terms & Conditions document, the Proposal Form, Policy Schedule, Add-On Benefit Details (if applicable) and Annexures which form part of the Policy contract including endorsements, as amended from time to time which form part of the Policy contract and shall be read together.
59. **Policy Period** means the period between the start 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.
60. **Policy Year** means a period of 12 consecutive months commencing from the start date or any anniversary.
61. **Policy Schedule** means 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.
62. **Start Date of the Policy** means the inception date of the current Policy Period as specified in the Policy Schedule.
63. **Sum Insured** means:
- a. For an Individual Policy, the amount specified in the Policy Schedule against an Insured Person which represents Our maximum, total and cumulative liability for any and all claims arising under any and all Benefits during a Policy Year in respect of that Insured Person.
 - b. For a Family Floater Policy, the amount specified in the Policy Schedule which represents Our maximum, total and cumulative liability for any and all claims arising under any and all Benefits during a Policy Year in respect of any and all Insured Persons.
64. **Third Party Administrator (TPA)** means a Company registered with the IRDAI, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services. The updated list of TPAs (along with complete address and contact numbers) shall be available on Our website.
65. **We/Our/Us** means Aditya Birla Health Insurance Co. Limited.
66. **You/Your/Policyholder** means the person named in the Policy Schedule as the policyholder and who has concluded this Policy with Us.



Section C. Benefits Covered Under the Policy

Section I: Basic Covers:

Benefits under this Section C.I are subject to the terms, conditions and exclusions of this Policy. The Sum Insured and/or the sub-limit for each Benefit under Section C.I is specified against that Benefit in the Policy Schedule / Product Benefit Table of this Policy. Payment of the Benefit shall be subject to the availability of the Sum Insured and the applicable sub-limit for that Benefit.

We will indemnify the Reasonable and Customary Charges incurred towards Medically Necessary Treatment taken by the Insured Person during the Policy Period for an Illness, Injury or conditions described in the Benefits below if it is contracted or sustained by an Insured Person during the Policy Period.

All claims must be made in accordance with the procedure set out in Section F.1. Claims paid under this Section C.I will impact the Sum Insured.

All claims under these Benefits will be payable only if the aggregate of covered Medical Expenses, in respect to the following Benefits under Section C.I (relating to Hospitalisation(s)) in a Policy Year is in excess of the Deductible as stated in the Policy Schedule/Product Benefit Table of this Policy, and is subject to the exhaustion of any other applicable deductibles for the covered Illness, Injury or condition. Occurrence of the same Illness after a lapse of 45 days will be considered as fresh Illness for the purpose of this Policy.

(a) In-patient Hospitalization:

What is covered

We shall cover the Medical Expenses for one or more of the following arising out of an Insured Person's Hospitalization during the Policy Period following an Illness or Injury that occurs during the Policy Period:

- 1) Reasonable and Customary Charges for Room Rent for accommodation in Hospital room and other boarding charges up to the limits as specified in the Policy Schedule / Product Benefit Table of this Policy;
- 2) ICU Charges;
- 3) Operation theatre expenses;
- 4) Medical Practitioner's fees including fees of specialists and anaesthetists treating the Insured Person;
- 5) Qualified Nurse's charges;
- 6) Medicines, drugs and other allowable consumables prescribed by the treating Medical Practitioner;
- 7) Investigative tests or diagnostic procedures directly related to the Injury/ Illness for which the Insured Person is Hospitalized;
- 8) Anaesthesia, blood, oxygen and blood transfusion charges;
- 9) Surgical appliances and allowable prosthetic devices recommended by the attending Medical Practitioner that are used intra operatively during a Surgical Procedure.

Conditions

- 1) The Hospitalization is towards Medically Necessary Treatment and follows the written advice of a Medical Practitioner.
- 2) If the Insured Person is admitted in a room category/limit that is higher than the one that is specified in the Policy Schedule / Product Benefit Table of this Policy, then the Insured Person shall bear a rateable proportion of the total Associated Medical Expenses (including surcharge or taxes thereon) in the proportion of the difference between the Room Rent of the entitled room category to the Room Rent actually incurred.
 - For the purpose of this Section "Associated Medical Expenses" shall include - Room Rent, nursing charges, operation theatre charges, fees of Medical Practitioner including surgeon/ anaesthetist/ specialist within the same Hospital where the Insured Person has been admitted. "Associated Medical Expenses" does not include cost of pharmacy and consumables, cost of implants and medical devices and cost of diagnostics.
 - Proportionate deductions are not applicable for ICU charges.
 - Proportionate deductions are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category.

(b) Pre – hospitalization Medical Expenses:

What is covered

We shall cover on a reimbursement basis, up to the Sum Insured for the number of days as specified in the Policy Schedule / Product Benefit Table of this Policy, the Insured Person's Pre-hospitalization Medical Expenses incurred in respect of an Illness or Injury that occurs during the Policy Period.

Conditions

- (i) We have accepted a claim for In-patient Hospitalization under Section C.I.(a) or Day Care Treatment under Section C.I.(d) or Domiciliary Hospitalization under Section C.I.(e) or Ayush (In-patient Hospitalization) under Section C.I.(h) for the same Illness/Injury;
- (ii) The date of admission to Hospital for the purpose of this Benefit shall be the date of the Insured Person's first admission to the Hospital in relation to the same Illness/ Injury.

(c) Post – hospitalization Medical Expenses:

What is covered

We shall cover on a reimbursement basis, up to the Sum Insured for the number of days specified in the Policy Schedule / Product Benefit Table of this Policy, the Insured Person's Post-hospitalization Medical Expenses incurred following an Illness or Injury that occurs during the Policy Period.

Conditions

- (i) We have accepted a claim for In-patient Hospitalization under Section C.I.(a) or Day Care Treatment under Section C.I.(d) or Domiciliary Hospitalization under Section C.I.(e) or Ayush (In-patient Hospitalization) under Section C.I.(h) below for the same Illness/ Injury;
- (ii) The date of discharge from Hospital for the purpose of this Benefit shall be the date of the Insured Person's discharge from Hospital in relation to the same Illness/ Injury.

(d) Day Care Treatment:

What is covered

We shall cover the Medical Expenses incurred towards the Day Care Treatment of the Insured Person, up to the limits as specified in the Policy Schedule / Product Benefit Table of this Policy, during the Policy Period following an Illness or Injury that occurs during the Policy Period. The list of such Day Care Treatment is mentioned in Annexure C to this Policy.

Conditions

- (i) The Day Care Treatment is Medically Necessary Treatment and follows the written advice of a Medical Practitioner;
- (ii) The Medical Expenses are incurred, including for any procedure which requires a period of specialized observation or care after completion of the procedure undertaken by an Insured Person as Day Care Treatment.

What is not covered

OPD treatment is not covered under this Benefit.

(e) Domiciliary Hospitalization:

What is covered

We shall cover the Medical Expenses incurred towards the Insured Person's Domiciliary Hospitalization, up to the limits as specified in the Policy Schedule / Product Benefit Table of this Policy, during the Policy Period following an Illness or Injury that occurs during the Policy Period.

Conditions

- (i) The Domiciliary Hospitalization continues for at least 3 consecutive days in which case We shall make payment under this Benefit in respect of Medical Expenses incurred from the first day of Domiciliary Hospitalization;
- (ii) The treating Medical Practitioner confirms in writing that Domiciliary Hospitalization was for Medically Necessary Treatment and the Insured Person's condition was such that the Insured Person could not be transferred to a Hospital OR the Insured Person satisfies Us that a Hospital bed was unavailable;
- (iii) If a claim is accepted under this Benefit, then We shall pay Pre-hospitalization Medical Expenses or Post-hospitalization Medical Expenses under Section C.I.(b) and Section C.I.(c) respectively for the same Illness/Injury.

What is not covered

We shall not be liable to pay for any claim made under this Benefit in connection with:

- 1) Asthma, bronchitis, tonsillitis and upper respiratory tract infection including laryngitis and pharyngitis, cough and cold, influenza;
- 2) Arthritis, gout and rheumatism;
- 3) Chronic nephritis and nephritic syndrome;
- 4) Diarrhea and all type of dysenteries, including gastroenteritis;
- 5) Diabetes mellitus and insipidus;
- 6) Epilepsy;
- 7) Hypertension;
- 8) Psychiatric or psychosomatic disorders of all kinds;
- 9) Pyrexia of unknown origin.

(f) Road Ambulance Cover:

What is covered

We shall cover the costs incurred up to the limits as specified in the Policy Schedule / Product Benefit Table of this Policy, towards road transportation of the Insured Person by an Ambulance to the nearest Hospital from the place of occurrence of such Emergency for Medically Necessary Treatment, where such Emergency occurs during the Policy Period.

Coverage shall also be provided under the below circumstances, if the Medical Practitioner certifies in writing that:

- (i) It is medically necessary to transfer the Insured Person to another Hospital or diagnostic centre during the course of Hospitalization for advanced diagnostic treatment in circumstances where such facility is not available in the existing Hospital.
- (ii) it is medically necessary to transfer the Insured Person to another Hospital during the course of Hospitalization due to lack of super speciality treatment in the existing Hospital.

Conditions

- (i) The Ambulance/ healthcare service provider is duly registered;
- (ii) We have accepted a claim for In-patient Hospitalization under Section C.I.(a) above for the same Illness/ Injury.

What is not covered

Any expenses in relation to transportation of the Insured Person from Hospital upon discharge to his/her residence are not payable under this Benefit.

(g) Organ Donor Expenses:

What is covered

We shall cover the Medical Expenses, up to the limits as specified in the Policy Schedule / Product Benefit Table of this Policy, incurred by or in respect of the organ donor during the Policy Period, for an organ transplant Surgery solely towards the harvesting of the organ donated.

Conditions

- (i) The organ donation conforms to the Transplantation of Human Organs Act 1994 and the organ is for the use of the Insured Person;
- (ii) The Insured Person is the recipient of the organ so donated by the organ donor;
- (iii) The organ transplant is medically necessary for the Insured Person as supported by the written advice of a certified by a Medical Practitioner;
- (iv) The Permanent Exclusion specified under Section D.II.38 shall not be applicable for this Benefit to the extent covered under this Benefit.

What is not covered

- (1) Pre-hospitalization Medical Expenses or Post-hospitalization Medical Expenses of the organ donor.
- (2) Screening expenses of the organ donor.
- (3) Any other Medical Expenses as a result of the harvesting from the organ donor.
- (4) Costs directly or indirectly associated with the acquisition of the donor's organ.
- (5) Transplant of any organ/tissue where the transplant is experimental or investigational.
- (6) Expenses related to organ transportation or preservation.
- (7) Any other medical treatment or complication in respect of the donor, consequent to harvesting.

(h) Ayush (In-patient Hospitalization)

What is covered

We shall cover, up to the limits as specified in the Policy Schedule / Product Benefit Table of this Policy, towards the Medical Expenses for In-patient Hospitalization incurred with respect to the AYUSH Treatment undertaken in any Ayush Hospital or Ayush Day Care Center by the Insured Person during the Policy Period.

Conditions

- (i) Treatment taken is within India;
- (ii) The Permanent Exclusion mentioned in Section D.II.24 shall not be applicable for this Benefit to the extent covered under this Benefit.

(i) Home Treatment:

What is covered:

We shall cover the Medical Expenses upto the limits as specified in the Policy Schedule/ Product Benefit Table of this Policy for the Insured Person's Medically Necessary Treatment at his/her own place of residence for any Illness / Injury such as chemotherapy, dengue, gastroenteritis, hepatitis, during the Policy Period on a cashless basis only if availed through Our Network Provider / Empanelled Service Providers providing such facility, as listed on Our website.

Conditions

- (i) Requisite pre-authorisation is obtained from Us for the said Illness/Injury.
- (ii) OPD treatment is not covered under this Benefit.
- (iii) The same Illness is payable as per the conditions specified in Section C.I.(a)
- (iv) The Insured Person may proceed to avail a treatment in a network Hospital under Section C.I.(a) in the event that the pre-authorisation is not received by the Insured Person(s) from Us, as per the terms and conditions of Section C.I.(a).
- (v) The amount, frequency and time period of the Home Treatment services should be reasonable and supported in agreement by the treating Medical Practitioner and the Insured Person availing the service.
- (vi) The maximum number of days of covered services per Insured Person, for each Policy Year, covered under this Benefit shall not exceed 15 days.
- (vii) The condition of the Insured Person must be expected to improve in a reasonable and generally predictable period of time.
- (viii) Treatment under this Benefit will be provided under the supervision of a Medical Practitioner to safely and effectively administer the Home Treatment plan, in accordance with the condition of the Insured Person.
- (ix) We do not assume any liability towards, and shall not be responsible for any actual or alleged errors, omissions or representations made by any Medical Practitioner and/or Network Provider / Empanelled Service Provider or in any service rendered under this Benefit or any consequences of actions taken or not taken in reliance thereon.
- (x) The exclusion no. 52 as specified in Annexure B – Non Medical Expenses shall be waived off to the extent covered under this Benefit.
- (xi) We do not assume any liability towards any additional or incidental charges/expenses, including but not limited to any charges towards breakage, damage, deposit for equipment, and equipment transportation. All such charges/expenses shall be borne by the Insured Person.
- (xii) Home Treatment services are provided through Network Provider / Empanelled Service Provider in select cities for select treatment procedures only. Please contact Us or refer to Our website for updated list of treatment procedures and cities where Home Treatment service is provided.



Section II: Other Benefits

The Benefits listed below are in-built Benefits and shall be available under the Policy with applicable sub-limits, if any, to all Insured Persons in accordance with the applicable Plan as specified in the Policy Schedule / Product Benefit Table of this Policy.

Benefits under this Section C.II are subject to the terms, conditions and exclusions of this Policy.

Claims under this Section C.II will not impact the Sum Insured.

(j) Domestic Emergency Assistance Services (including Air Ambulance)

What is covered

We will provide the Emergency medical assistance as described below when an Insured Person is travelling, within India for 150 (one hundred and fifty) kilometres or more away from his/her residential address as mentioned in the Policy Schedule.

- (1) Emergency Medical Evacuation: When an adequate medical facility is not available in the proximity of the Insured Person, as determined by Our Empanelled Service Provider for providing such Emergency services, the consulting Medical Practitioner and the Medical Practitioner attending to the Insured Person, transportation under appropriate medical supervision will be arranged, through an appropriate mode of transport to the nearest medical facility which is able to provide the required Emergency Care.
- (2) Medical Repatriation (Transportation): When medically necessary, as determined by Us and the consulting Medical Practitioner, transportation under medical supervision shall be provided in respect of the Insured Person to the residential address as specified in the Policy Schedule, provided that the Insured Person is medically cleared for travel via a commercial carrier, and provided further that the transportation can be accomplished without compromising the Insured Person's medical condition.

Conditions

- i. No claims for reimbursement of expenses incurred for services arranged by Insured Person will be allowed unless agreed by Us or Our authorized representative.
- ii. Please call Our call centre with details on the name of the Insured Person and/ or Policyholder and Policy number, on the toll free number specified in the Policy Schedule for availing this Benefit.

What is not covered

We will not provide the foregoing services in the following instances:

- (1) Travel undertaken specifically for securing medical treatment.
- (2) Injuries resulting from participation in acts of war or insurrection.
- (3) Commission of an unlawful act(s).
- (4) Attempt at suicide.
- (5) Incidents involving the use of drugs unless prescribed by a Medical Practitioner.
- (6) Transfer of the Insured Person from one medical facility to another medical facility of similar capabilities which provides a similar level of care.

We will not evacuate or repatriate an Insured Person in the following instances:

- (1) Without medical authorization.
- (2) With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local Medical Practitioner and do not prevent the Insured Person from continuing his/her trip or returning home.
- (3) With a pregnancy beyond the end of the 28th week and will not evacuate or repatriate a child born while the Insured Person was traveling beyond the 28th week.

(k) International Emergency Assistance Services (including Air Ambulance)

What is covered

We will provide the Emergency medical assistance outside India as described below when an Insured Person is travelling 150 (one hundred and fifty) kilometres or more away from his/her residential address as mentioned in the Policy Schedule for a period of less than 90(ninety) days.

- (1) Emergency Medical Evacuation: When an adequate medical facility is not available in the proximity of the Insured Person, as determined by Our Empanelled Service Provider for providing such Emergency services, the consulting Medical Practitioner and the Medical Practitioner attending to the Insured Person, transportation under appropriate medical supervision will be arranged, through an appropriate mode of transport to the nearest medical facility which is able to provide the required Emergency Care.
- (2) Medical Repatriation (Transportation): When medically necessary, as determined by Us and the consulting Medical Practitioner, transportation under medical supervision shall be provided in respect of the Insured Person to the residential address as specified in the Policy Schedule, provided that the Insured Person is medically cleared for travel via a commercial carrier, and provided further that the transportation can be accomplished without compromising the Insured Person's medical condition.

Conditions

- i. No claims for reimbursement of expenses incurred for services arranged by Insured Person will be allowed unless agreed by Us or Our authorized representative.
- ii. Please call Our call centre with details on the name of the Insured Person and/ or Policyholder and Policy number, on the toll free number specified in the Policy Schedule for availing this Benefit.

What is not covered

We will not provide the foregoing services in the following instances:

- (1) Travel undertaken specifically for securing medical treatment.
- (2) Injuries resulting from participation in acts of war or insurrection.
- (3) Commission of an unlawful act(s).
- (4) Attempt at suicide.
- (5) Incidents involving the use of drugs unless prescribed by a Medical Practitioner.
- (6) Transfer of the Insured Person from one medical facility to another medical facility of similar capabilities which provides a similar level of care.
- (7) Trips exceeding 90 days from residential address without prior notification to Us.

We will not evacuate or repatriate an Insured Person in the following instances:

- (1) Without medical authorization.
- (2) With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local Medical Practitioner and do not prevent the Insured Person from continuing his/her trip or returning home.
- (3) With a pregnancy beyond the end of the 28th week and will not evacuate or repatriate a child born while the Insured Person was traveling beyond the 28th week.

(I) HealthReturns™

An Insured Person can earn HealthReturns™ during the Policy Period by looking after his/her health and being physically active on a regular basis.

How to Earn HealthReturns™

(Earned by way of a percentage of Premium (excluding taxes) through Healthy Heart Score™ and Active Dayz™)

Step 1 – Complete Health questionnaire & Health Assessment™ (applicable for each individual Insured Person)- This is not applicable for individuals who have undergone pre-Policy medical examination before issuance of the Policy, for the first Policy Year.

- (i) Complete the online health questionnaire through Our website or mobile application. If requested, We would assist the Insured Person in completing the questionnaire over a call. The result of this questionnaire would help the Insured Person understand his/her current health status. This is not mandatory to earn HealthReturns™.
- (ii) Undergo a Health Assessment™ that measures MER including BP, BMI, HWR and smoking status, Blood Sugar and Total Cholesterol. Charges for the same shall be borne by You once in a Policy Year. All tests mentioned as a part of Health Assessment™ shall be conducted together.

Conditions

- (i) For Healthy Heart Score™ to be calculated Health Assessment™ needs to be carried out minimum once in Policy Year by the Insured Person.
- (ii) Health Assessment™ can be undertaken at Our Network Providers /Empanelled Service Providers on a cashless basis. An appointment for the medical examination can be scheduled at a time convenient to the Insured Person by calling Our call centre.
- (iii) Based on the completed Health Assessment™, the Insured Person's test results will be used to calculate the Healthy Heart Score™. The Healthy Heart Score™ will then be used to identify which category the Insured Person's heart health falls in:
 - Green: low risk of heart disease compared to peers in the same Age and gender group.
 - Amber: moderate risk of heart disease compared to peers in the same Age and gender group – intervention will be beneficial.
 - Red: high risk of heart disease compared to peers in the same Age and gender group – immediate intervention is required.
- (iv) The Healthy Heart Score™ is valid for 12 months, and will automatically be updated based on latest available test result if another Health Assessment™ is completed.
- (v) Charges for Health Assessment™ shall be borne by You. In case the Insured Person wants to undergo another Health Assessment™ at Our Network Providers/Empanelled Service Providers, he/she can do so by payment of requisite charges to the Network Providers /Empanelled Service Providers.

Step 2 – Earn Active Dayz™ by being physically active on an ongoing basis

- (i) Active Dayz™ encourages and recognises all types of exercise/fitness activities by making use of activity tracking apps, devices and visits to the Fitness centre or yoga centres to track and record the activities members engage in.
- (ii) 'Active Dayz' can be earned by undertaking any one of the four activities under point (iii) or 'Fitness Assessment' under point (iv).
- (iii) One Active Dayz™ can be earned by:
 - (1) completing a Fitness centre or yoga centre activity for a minimum of 30 minutes at Our panel of Fitness or yoga centers, OR;
 - (2) Recording 10,000 steps in a day (tracked through Our mobile application or a wearable device linked to the Policy number) OR;
 - (3) burning 300 calories in one exercise session per day OR;
 - (4) participation in a recognized marathon/ walkathon/ cyclothon or a similar activity which offers a completion certificate with timing
- (iv) In order to make it easier for the Insured Person to earn HealthReturns™, We provide You the option to undergo Fitness Assessment. Fitness assessments will measure the Insured Person's cardiovascular endurance, flexibility, strength, height to weight ratio and body fat percentage. The Insured Person will receive fitness assessment results based on his/her measurements.
- (v) The Fitness Assessment results will be valid for six months and the best of the fitness assessment result and number of Active Dayz™ will be used in a given month to calculate HealthReturns™.
- (vi) Charges for Fitness Assessment shall be borne by the Insured Person.
- (vii) The Insured Person shall earn HealthReturns™ based on the Healthy Heart Score™, the fitness assessment result and the number of Active Dayz™ recorded. HealthReturns™ is accrued on a monthly basis according to the following grid:

		Healthy Heart Score™			
No of Active Dayz™ in a calendar month	OR	Fitness Assessment Result*	Red	Amber	Green
13 or more		Level 5	6.0%	12.0%	30.0%
10 – 12		Level 4	3.6%	7.2%	18.0%
7—9		Level 3	2.4%	4.8%	12.0%
4 – 6		Level 2	1.2%	2.4%	6.0%
0 – 3		Level 1	0.00%	0.00%	0.00%

- (viii) In order to achieve a particular level of HealthReturns™ the Insured Person must achieve either the required number of Active Dayz™ or achieve a level (as shown in table above) under Fitness Assessment.
- (ix) The grid above is calculated on the Monthly Premium. The Insured Person can earn up to 30% of their Monthly Premium as HealthReturns™ based on the grid above.

How it works for an Individual Policy

In case of an Individual Policy, each Insured Person would be tracked separately and shall earn HealthReturns™ based on individual performance as per grid of Healthy Heart Score™ and Active Dayz™. The following relations upto Age of 25 years shall not be eligible for earning HealthReturns™ namely son, daughter, brother, sister, grandson, granddaughter, brother in-law, sister in-law, nephew, niece.

How it works for a Family Floater Policy

In case of a Family Floater Policy, each Insured Person would be tracked separately and shall earn HealthReturns™ based on individual performance as per grid of Healthy Heart Score™ and Active Dayz™. For the purpose of calculating HealthReturns™, We will allocate the overall premium to the adults in the Policy. Weightages for allowed family combinations are as described in the table below.
(Dependent Children upto 25 years of Age shall not eligible for HealthReturns™).

Family size	Weightage
Self , Spouse and Dependent Children (upto 25 yrs)	1:1:0:0
Self and Spouse	1:1

Earned HealthReturns can be utilized by any covered Insured Person under a Policy.

How can one spend HealthReturns™:

The funds accumulated under HealthReturns™ may be utilized by the Insured Person upon due intimation to Us, towards the following expenses:

- In-patient Medical Expenses and Day Care Treatment, provided that the Sum Insured, is exhausted during the Policy Year.
- Payment of Co-payment (wherever applicable).
- For non-payable claims, in case of an In-patient Hospitalization or Day Care Treatment.
- Non-Medical Expenses listed in Annexure B 'Non-Medical Expenses' that would not otherwise be payable under the Policy.
- Out-patient expenses up to the value of accrued funds.
- Ayush Treatments (if applicable) in excess of the limits as specified in Policy Schedule / Product Benefit Table of this Policy.

Alternatively, the funds can also be utilized to pay Renewal premium. The funds earned as HealthReturns™, once earned can be carried forward each month/ each Policy Year (as applicable) and as long as the Policy is Renewed with Us in accordance with the Renewal Terms under the Policy.

Permanent Exclusions and Waiting Periods do not apply to this Benefit. The claim for accumulated HealthReturns™ can be made a maximum 4 times in a Policy Year. If You /Insured Person wish to know the present value of the funds earned as HealthReturns™, then You may contact Us at Our toll free number or through Our website.

(m)Health and Wellness discount

The Insured Person(s) may be eligible to avail discounts on the OPD consultations, diagnostic services and pharmacies offered through Our Network Providers and / or Empanelled Service Providers as listed on Our website.



Section D. Permanent Exclusions

All waiting periods and permanent exclusions shall apply individually for each Insured Person and claims shall be assessed accordingly. We shall not be liable to make any payment under this Policy directly or indirectly for, caused by or arising out of or howsoever attributable to any of the following:

I. Standard Exclusions

1. Pre-Existing Diseases (Code- Excl01)

- Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with Us.
- In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then Waiting Period for the same would be reduced to the extent of prior coverage. Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

2. Specified disease / procedure waiting period: (Code- Excl02)

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

Body System	Illness	Treatment/ Surgery
Eye	Cataract	Cataract Surgery
	Glaucoma	Glaucoma Surgery
	Refractive Error Correction	Correction Surgery

Ear Nose Throat	Sinusitis	Medical & Surgical Treatment
	Rhinitis	Medical & Surgical Treatment
	Tonsillitis & Adenitis	Medical & Surgical Treatment
	Tympanitis & Non Traumatic Perforation	Medical & Surgical Treatment
	Deviated Nasal Septum	Medical & Surgical Treatment
	Otitis Media	Medical & Surgical Treatment
	Adenoiditis	Medical & Surgical Treatment
	Mastoiditis	Medical & Surgical Treatment
	Cholesteatoma	Medical & Surgical Treatment
Gynecology	All Cysts, Mass, Swelling, Lump, Granulomas, Polyps, Fibroids & Benign Tumour of the female genito urinary system	Medical & Surgical treatment
	Polycystic Ovarian Disease	Medical & Surgical treatment
	Uterine Prolapse	Medical & Surgical treatment
	Fibroids (Fibromyoma)	Medical & Surgical treatment
	Breast lumps (excluding Malignant)	Medical & Surgical treatment
	Dysfunctional Uterine Bleeding (DUB)	Medical & Surgical treatment
	Endometriosis	Medical & Surgical treatment
	Menorrhagia	Medical & Surgical treatment
	Pelvic Inflammatory Disease	Medical & Surgical treatment
Orthopedic / Rheumatological	Gout	Medical & Surgical treatment
	Rheumatism, Rheumatoid Arthritis	Medical & Surgical treatment
	Non infective arthritis	Medical & Surgical treatment
	Osteoarthritis	Medical & Surgical treatment
	Osteoporosis	Medical & Surgical treatment
	Prolapse of the intervertebral disc	Medical & Surgical treatment
	Spondilosis, Spondioarthritis, Spondylopathies	Medical & Surgical treatment
	Ankylosing Spondilitis / Spondylopathies	Medical & Surgical treatment
	Psoriatic Arthritis / Arthropathy	Medical & Surgical treatment
	Internal Derangement of Knee / Ligament or Tendon or Meniscus Tear	Medical & Surgical treatment
	Joint Replacement Surgery	Medical & Surgical treatment
	Non Specific Arthritis	Medical & Surgical treatment
Gastroenterology (Alimentary Canal and related Organs)	Stone in Gall Bladder, Bile duct & other parts of Biliary System	Medical & Surgical treatment
	Cholecystitis	Surgical treatment
	Pancreatitis	Surgical treatment
	Fissure, Fistula in ano, hemorrhoids (piles), Pilonidal Sinus,	Medical & Surgical treatment
	Ano-rectal & Perianal Abscess	
	Rectal Prolapse	Medical & Surgical treatment
	Gastric or Duodenal Erosions or Ulcers, Gastritis, Duodenitis & Colitis	Medical & Surgical treatment
	Gastro Esophageal Reflux Disease (GERD)	Medical & Surgical treatment
	Cirrhosis	Medical & Surgical treatment
	Chronic Appendicitis	Surgical treatment
	Appendicular lump, Appendicular abscess	Medical & Surgical treatment
Urogenital (Urinary and Reproductive system)	Stones in Urinary system (Stone in the Kidney, Ureter, Urinary Bladder)	Medical & Surgical treatment
	Benign Hypertrophy / Enlargement of Prostate (BHP / BEP)	Medical & Surgical treatment
	Hernia, Hydrocele	Medical & Surgical treatment
	Varicocoele / Spermatocoele	Medical & Surgical treatment
Skin	skin tumour (unless malignant)	Medical & Surgical treatment
	All skin diseases	Medical & Surgical treatment
General Surgery	Any Swelling, Tumour, Cyst, Nodule, Ulcer, Polyp, Mass, Swelling, Lump, Granulomas, Benign Tumour anywhere in the body (unless malignant)	Medical & Surgical treatment
	Varicose veins, Varicose ulcers	Medical & Surgical treatment

If any of the Illness/conditions listed above are Pre-Existing Diseases, then they shall be covered only after the completion of the Pre-Existing Disease Waiting Period described in Section D.I.1

3. 30-day waiting period (Code- Excl03)

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

4. Investigation & Evaluation (Code- Excl04)

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

5. Rest Cure, rehabilitation and respite care (Code- Excl05)

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

6. Obesity/ Weight Control (Code- Excl06)

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

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

7. Change-of-Gender treatments: (Code- Excl07)

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

8. Cosmetic or plastic Surgery: (Code- Excl08)

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

9. Hazardous or Adventure sports: (Code- Excl09)

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

10. Breach of law: (Code- Excl10)

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

11. Excluded Providers: (Code- Excl11)

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer as per Annexure D of this policy and as disclosed in website (www.adityabirlahealth.com/healthinsurance) / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

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

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

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

15. Refractive Error:(Code- Excl15) - Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

16. Unproven Treatments:(Code- Excl16)

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

17. Sterility and Infertility: (Code- Excl17)

Expenses related to sterility and infertility. This includes:

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

18. Maternity Expenses (Code - Excl18):

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

II. Specific Exclusions

19. Treatment directly or indirectly arising from or consequent upon war or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defense, rebellion, uprising, revolution, insurrection, military or usurped acts, nuclear weapons / materials, chemical and biological weapons, ionizing radiation, contamination by radioactive material or radiation of any kind, nuclear fuel, nuclear waste.
20. Willful or deliberate exposure to danger, intentional self-injury, participation or involvement in naval, military or air force operation.
21. Any illness/injury/accident due to abuse of intoxicants, smoking cessation programs and the treatment of nicotine addiction, unless prescribed by a Medical Practitioner.
22. All routine examinations and preventive health check-ups, except where expressly stated to be covered under the Policy
23. Circumcisions (unless necessitated by illness or injury and forming part of treatment);
24. Non allopathic treatment, except where expressly stated to be covered under the Policy.
25. Conditions for which treatment could have been done on an outpatient basis without any Hospitalization
26. Investigational treatments, Experimental treatment, or drugs yet under trial, devices and pharmacological regimens.
27. Convalescence, cure, sanatorium treatment, private duty nursing, treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification centre, home for the aged, mentally disturbed remodeling clinic or any treatment taken in an establishment which is not a Hospital.
28. Preventive care, vaccination including inoculation and immunizations (except in case of post-bite treatment); any physical, psychiatric or psychological examinations or testing
29. Admission for nutritional and electrolyte supplements unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
30. Hearing aids, spectacles or contact lenses including optometric therapy, multifocal lens
31. Treatment for alopecia, baldness, wigs, or toupees, and all treatment related to the same.
32. Medical supplies including elastic stockings, diabetic test strips, and similar products.
33. Any expenses incurred on prosthesis, corrective devices external durable medical equipment of any kind, like wheelchairs crutches, instruments used in treatment of sleep apnea syndrome or continuous ambulatory peritoneal dialysis (C.A.P.D.), devices used for ambulatory monitoring of blood pressure, blood sugar, glucometers, nebulizers and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Cost of artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment. Sleep-apnea and other sleep disorders.
34. Parkinson disease
35. External Congenital Anomalies or diseases or defects.
36. Stem cell therapy (except Hematopoietic stem cells for bone marrow transplant for haematological conditions) or Surgery, or growth hormone therapy or Hormone Replacement Therapy.
37. Venereal disease, all sexually transmitted disease other than HIV/AIDS or illness including but not limited to HPV, Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis.
38. Expenses for organ donor screening, and to the extent provided for the treatment of the donor (including Surgery to remove organs from a donor in the case of transplant Surgery).
39. Admission for Organ Transplant but not compliant under the Transplantation of Human Organs Act, 1994 (amended)
40. Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.
41. Dentures, implants and artificial teeth, Dental Treatment and Surgery of any kind, unless requiring Hospitalization due to an Accident.
42. Cost incurred for any health check-up or for the purpose of issuance of medical certificates and examinations required for employment or travel or any other such purpose
43. Treatment for all kind of magnetic therapy, Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy, KTP Laser Surgeries, cyber knife treatment, Femto laser surgeries, SMILE surgery for vision correction, bioabsorbable stents, bioabsorbable valves, bioabsorbable implants, chondrocyte implantation, intra vitreal implants, chelation therap.
44. Expenses which are medically not necessary such as items of personal comfort and convenience including but not limited to television (if specifically charged), charges for access to telephone and telephone calls (if specifically charged), food stuffs (save for patient's diet), cosmetics, hygiene articles, body care products and bath additives, barber expenses, beauty service, guest service as well as similar incidental services and supplies, vitamins and tonics unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.

45. Treatment taken from a person not falling within the scope of definition of registered Medical Practitioner with any state medical council/ medical council of India.
46. Treatment charges or fees charged by any Medical Practitioner acting outside the scope of license or registration granted to him by any medical council.
47. Treatments rendered by a Medical Practitioner who is a member of the Insured Person's immediate family or stays with him in the same residence, except if pre-approved by Us.
48. Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary; drugs or treatments which are not supported by a prescription.
49. Administrative charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, bio-medical, linen, documentation and filing, including MRD charges (medical records department charges).
50. Non-Medical Expenses including but not limited to RMO, CMO, DMO charges, surcharges, night charges, service charges levied by the Hospital under any head and as specified in the Annexure B - Non- Medical Expenses and on Our website www.adityabirlahealth.com/healthinsurance.
51. Treatment taken outside India
52. Use of Radio Frequency (RF) probe for ablation or other procedure unless specifically approved by Us in writing in advance.
53. In respect of the existing diseases, disclosed by the insured and mentioned in the Policy Schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes
54. General debility or exhaustion ("rundown condition").



E. General Terms & Clauses

I. Standard General Terms & Clauses

1. Disclosure of Information

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

2. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

3. Complete Discharge

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

4. Multiple Policies

1. In case of multiple policies taken by an Insured Person during a period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his / her policies. In all such cases the insurer chosen by the Insured Person shall be treated as the Primary Insurer and 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. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the Sum Insured is not exhausted. Then the Insurer shall independently settle the claim subject to the terms and conditions of this Policy.
3. If the amount to be claimed exceeds the sum insured under a single policy, the Primary Insurer shall seek the details of other available policies of the policyholder and shall coordinate with other Insurers to ensure settlement of the balance amount as per the policy conditions.
4. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

Benefit based covers:

On occurrence of the insured event, the policyholders can claim from all Insurers under all policies.

5. Fraud

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

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

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

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

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

6. Cancellation

1. Cancellation by You

- i. The Policyholder may cancel his / her policy at any time during the term, by giving 7 days notice in writing. The Company shall
 - a) refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.
 - b) refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.
- ii. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured Person under the Policy.

A refund in accordance with 6.1.i.(a) or 6.1.i.(b) above shall be applicable for 'Yearly / Annual / One Time' premium payment frequency.

2. Automatic Cancellation:

a. Individual Policy:

The Policy shall automatically terminate on the death of all Insured Persons.

b. Family Policy

The Policy shall automatically terminate in the event of the death of all the Insured Persons.

c. Refund:

A refund in accordance with 6.1.i.(a) or 6.1.i.(b) above shall be payable if there is an automatic cancellation of the Policy provided that no claim has been filed under the Policy by or on behalf of any Insured Person.

3. Cancellation by Us:

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

4. Treatment of HealthReturns™ on Cancellation:

All coverage, benefits, earning on HealthReturns™, shall automatically lapse upon cancellation of the Policy. However, any unclaimed and accrued HealthReturns™ (from previous Policy Year/ month) shall be available for a claim over the next 3-month period from the date of cancellation/ termination, except of the Policy has been cancelled as per this Section E.I.6.3.

7. Migration

The Insured Person will have the option to migrate the Policy to other health insurance products / plans, offered by the Company, by applying for migration of the policy at least 30 days before the policy renewal date. If such person is presently covered and has been continuously covered without any lapses under any health insurance product / plan offered by the Company, the Insured Person will get the accrued continuity benefits to the extent of the Sum Insured, Cumulative Bonus if any, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period, provided the policy was renewed continuously without break.

For detailed guidelines on migration, kindly refer the link <https://www.adityabirlacapital.com/healthinsurance/downloads>

8. Portability

The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured Person will get the accrued continuity benefits to the extent of the Sum Insured, Cumulative Bonus, if any, specific waiting periods, waiting period for pre-existing disease, Moratorium period, provided the policy was renewed continuously without break.

For detailed guidelines on migration, kindly refer the link <https://www.adityabirlacapital.com/healthinsurance/downloads>

9. Renewal of Policy

The Policy shall ordinarily be renewable provided the product is not withdrawn, except on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person.

- i. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period of (15) fifteen days where premium payment mode is monthly and (30) thirty days in all other cases to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- v. The insurer shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy.
- vi. No loading shall apply on renewals based on individual claims experience
- vii. An Insurer shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the policyholder, the Insurer may underwrite only to the extent of increased sum insured.

10. Withdrawal of Policy

In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.

Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits to the extent of Sum Insured, Cumulative Bonus, if any, waiver of waiting period, Specific waiting periods, waiting period for Pre-existing disease, moratorium period, as per IRDAI guidelines, provided the policy has been maintained without a break.

11. Moratorium Period

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

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

The Company, may revise or modify the terms of the Policy including the premium rates with prior approval of the Product Management Committee, of the Company. The Insured Person shall be notified three months before the changes are effected.

13. Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies, except for those policies with tenure of less than a year. Free-Look is not applicable on renewals or at the time of porting / migrating the policy.

The Insured Person shall be allowed Free Look Period of thirty days from date of receipt of the policy document, whether received electronically or otherwise, to review the terms and conditions of the policy, and to return the same if not acceptable.

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

- a. A refund of the premium paid, less any expenses incurred by the Company on medical examination of the Insured Person and stamp duty charges, where the risk has not commenced or
- b. Where the risk has already commenced and the option of return of the policy is exercised by the Insured Person, a deduction towards the proportionate risk premium for period of cover, expenses, if any incurred by the Company on medical examination of the Insured Person and stamp duty charges or
- c. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period, expenses, if any incurred by the Company on medical examination of the Insured Person and stamp duty charges.

A request received by insurer for cancellation of the policy during free look period shall be processed and premium shall be refunded within 7 days of receipt of such request.

14. Redressal of Grievance

In case of a grievance, the Insured Person/ Policyholder can contact Us with the details through:

Our website: adityabirlahealth.com/healthinsurance/faqs

Toll Free : 1800 270 7000

Email: care.healthinsurance@adityabirlacapital.com

Courier: Aditya Birla Health Insurance Co. Limited Unit no 1101 & 1104 11th floor, Unit no 1501 & 1502 15th floor, G Corp Tech Park, Kasarwadavali, Ghodbunder Road, Thane West - 400601

In case you are not satisfied with the resolution you may write to Head Customer Care: carehead.healthinsurance@adityabirlacapital.com

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

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at gro.healthinsurance@adityabirlacapital.com For senior citizens, please contact Our respective branch office or call at 1800 270 7000 or write an e- mail at seniorcitizen.healthinsurance@adityabirlacapital.com

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. The contact details of the Ombudsman offices are provided on Our website and in this Policy at Annexure A

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

15. Nomination:

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

16. Claim Settlement (provision for Penal Interest)

- i. Settlement of claims (other than cashless) shall be settled within 15 days from submission of claim.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of claim intimation till the date of payment of claim at a rate of 2% above the bank rate.
(Explanation: "Bank rate" shall mean rate fixed by the Reserve Bank of India (RBI) which is prevalent as on 1 st day of the financial year in which the claim has fallen due)

II. Specific General Terms & Clause

17. Material Change

Material information to be disclosed includes every matter that You are aware of, or could reasonably be expected to know, that relates to questions in the Proposal Form and which is relevant to Us in order to accept the risk of insurance. You must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, or endorsement of the contract. The Policy terms and conditions shall not be altered.

18. Alterations in the Policy

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective or valid unless approved in writing by Us, which approval shall be evidenced by a written endorsement, signed and stamped by Us.

19. No Constructive Notice

Any knowledge or information of any circumstance or condition in relation to the Policyholder/ Insured Person which is in Our possession and not specifically informed by the Policyholder / Insured Person shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

20. Other Renewal Terms

- (i) We shall not be liable for any claim arising out of an ailment suffered or Hospitalization commencing or Illness/condition contracted during the period between the expiry of previous policy and date of inception of subsequent policy and such Illness/condition shall be treated as a Pre-Existing Disease.
- (ii) Any unutilised funds under HealthReturns™ (from the previous Policy year/ month) will be available for claims during the Grace Period.
- (iii) You shall not be able to earn HealthReturns™ during the Grace Period.
- (iv) In case the Policy is not renewed before the end of the Grace Period, any unutilized funds under HealthReturns™ shall be available for a claim as up to a period of 3 months from the date of expiry of the Policy.
- (v) If the Insured Persons in the expiring Policy are covered in an Individual Policy, and such expiring Policy has been Renewed with Us on a Family Floater Policy basis then the accumulated amount under HealthReturns™ that will be carried forward in such Renewed Policy shall be the total of all the Insured Persons moving out and shall be maintained on an Individual Policy basis.
- (vi) If the Insured Persons in the expiring Policy are in a Family Floater Policy and such Insured Persons renew their expiring Policy with Us by splitting the Sum Insured in to two or more Family Floater Policy/ Individual Policies then the accumulated amount under HealthReturns™ shall be apportioned to such Renewed Policies in the proportion of the Sum Insured of each renewed Policy.
- (vii) Alterations like increase/ decrease in Sum Insured or change in Plan/Policy, addition/deletion of Insured Persons (except due to child birth /marriage or death) will be allowed at the time of Renewal of the Policy. You can submit a request for the changes by filling the proposal form before the expiry of the Policy. We reserve Our right to carry out underwriting in relation to acceptance of request for changes on Renewal. The terms and conditions of the existing Policy will not be altered.
- (viii) Any Sum Insured enhancement at the time of Renewal would be applicable only up to maximum entry Age under the product.
- (ix) Any enhanced Sum Insured during any Renewals will not be available for an Illness, or Injury already contracted under the preceding Policy Periods. All waiting periods as specified in the Policy shall apply afresh for this enhanced limit from the effective date of such enhancement.
- (x) Wherever the Sum Insured is reduced on any Renewals, the waiting periods as mentioned in the Policy Schedule shall be waived only up to the lowest Sum Insured as applicable to the relevant waiting periods of the Plan in force.
- (xi) Where an Insured Person is added to this Policy, either by way of endorsement, all waiting periods under Section D.I.1, D.I.2 and D.I.3 will be applicable considering such Policy Year as the first year of Policy with Us with respect to the Insured Person.
- (xii) In case of Family Floater Policies, children attaining 25 years at the time of Renewal will be moved out of the floater into an individual cover. However, all continuity benefits for such Insured Person on the Policy will remain intact.

21. Special Provisions

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly. However, such special provisions will not be in form of permanent exclusion.

22. Records to be maintained

You or the Insured Person, as the case may be shall keep an accurate record containing all relevant medical records 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 Period and up to three years after the Policy expiration, or until final adjustment (if any) and resolution of all claims under this Policy.

23. Endorsements

The Policy shall allow the following endorsements during the Policy Period. Any request for endorsement must be made by You in writing along with the mandatory documents. Any endorsement would be effective from the date of the request as received from You, or the date of receipt of premium, whichever is later except in the case of date of birth and gender correction in which the endorsement effective date will be the Policy Start Date or the date of Renewal.

- (i) Non-Financial Endorsements – which do not affect the premium.
 - 1) Minor rectification/correction in name of the Proposer / Insured Person (and not the complete name change)
 - 2) Rectification in gender of the Proposer/ Insured Person (if this does not impact the premium) *
 - 3) Rectification in relationship of the Insured Person with the Proposer
 - 4) Rectification of date of birth of the Insured Person (if this does not impact the premium) *
 - 5) Change in the correspondence address of the Proposer
 - 6) Change/Update in the contact details viz., Phone No., E-mail Id, alternate contact address of the Proposer etc.
 - 7) Change in Nominee Details
 - 8) Update of PAN/passport/EIA/CKYC No.
 - 9) Change in Height, weight, marital status (if this does not impact the premium) *
 - 10) Change in bank details
 - 11) Change in educational qualification
 - 12) Change in occupation
 - 13) Change in Nationality
 - 14) Others

* These endorsements, if impact the premium, and if accepted, shall be effective from the Start Date of the Policy.

- (ii) Financial Endorsements – which result in alteration in premium.
 - (1) Addition of Insured Person^ (newly wedded spouse)
 - (2) Deletion of Insured Person on death or separation or Policyholder/Insured Person leaving India
 - (3) Change in Age/date of birth*
 - (4) Change in Height, weight*
 - (5) Others

* These endorsements, if impact the premium, and if accepted, shall be effective from the Start Date of the Policy.

^ The Policyholder should provide a fresh application in a proposal form along with marriage certificate as the case may be for addition of Insured person.

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

24. Grace Period

The Policy may be Renewed by mutual consent for life subject to application of renewal and realization of renewal premium 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 (for Quarterly, Half yearly and annual instalments) & 15 days for Monthly policies from the date of expiry of the Policy. If the premium is paid in instalments during the policy period, coverage will be available for the grace period also. If the policy is renewed during grace period, all the credits (sum insured, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected.

25. Communications & Notices

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

The Policyholder's, at the address/ E-mail ID as specified in the Policy Schedule/Proposal form or provided to Us by the Policyholder / Insured Person To Us, at the address specified in the Schedule.

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.

26. Electronic Transactions

The Policyholder and the Insured agree to adhere and comply with all such terms and conditions of electronic transactions as We may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the internet, World Wide Web, electronic data interchange, call 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, established by or on behalf of Us, for and in respect of the Policy or its terms, or Our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with Our terms and conditions for such facilities, as may be prescribed from time to time.

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

27. Policy Dispute

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

28. Assignment

The Policy and the Benefits under this Policy may be assigned by the Insured Person in whole or in part, by giving written notice of the assignment and the terms and conditions of the assignment to Us. We will record the assignment in accordance with Section 38 of the Insurance Act 1938.

29. Territorial Jurisdiction & Currency

All benefits are available in India only (except Section C.II.(k), and all claims shall be payable in India in Indian Rupees only.

30. Deductible

What is covered

The Deductible specified in the Policy Schedule shall be applicable in each Policy Year on the aggregate of all admissible claims in that Policy Year. Such Deductible amount will be applied on each Policy Year on the aggregate of all admissible claims in that Policy Year.

Conditions

The Deductible shall not apply on claims under Section C.II.

The applicable Deductible shall be applied separately and on an individual basis to each eligible Insured Person up to the limits specified in the Policy Schedule for an individual policy and shall be available on a floater basis for all eligible Insured Persons up to the limits specified in the Policy Schedule for Family Floater Policies.

31. Waiver of Deductible

We will offer the Insured Person an option to waive the Deductible and to opt for any indemnity health insurance policy (without any Deductible) offered by Us for the same Sum Insured without re-evaluation of health status or any pre policy check provided that:

Insured Person has been insured with Us for first time under this Policy before the Age of 50 years, and has renewed with Us continuously and without any break for 5 continuous years.

This option for waiver of Deductible shall be exercised by the Insured Person during the Age group of the eldest insured member being 55 years to 60 years only, and at the time of Renewal only; Or at the beginning of 6th Policy Year; provided that it has been renewed with Us continuously without any break.

3. Insured Person will be offered continuity of coverage in terms of waiver of waiting periods to the extent of Benefits covered under this Policy as a result of waiver of Deductible.

4. Premium for the opted indemnity health insurance policy (without any Deductible) would be charged as per the Age of the Insured Person at Renewal.

In all other cases, no Benefits shall accrue to any Insured Person by virtue of continuity of coverage in the event of discontinuation of this Policy at any point of time or shifting to any other health insurance policy with Us.



F. Other Terms and Conditions:

1. Claims Administration & Process

The fulfillment of the terms and conditions of this Policy (including payment of premium in full and on time) insofar as they relate to anything to be done or complied with by You or any Insured Person, including complying with the following in relation to claims, shall be conditions precedent to admission of Our liability under this Policy:

- (1) On the occurrence or discovery of any Illness or Injury that may give rise to a claim under this Policy, the claims procedure set out below shall be followed.
- (2) If requested by Us and at Our cost, the Insured Person must submit to medical examination by Our Medical Practitioner as often as We consider reasonable and necessary and We/Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person's treatment and to investigate the circumstances pertaining to the claim.
- (3) We and Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of the claim.

I. Claims Procedure

On the occurrence or the discovery of any Illness or Injury that may give rise to a claim under this Policy, then as a Condition Precedent to Our liability under the Policy the following procedure shall be complied with:

a. For Availing Cashless Facility

- i. Cashless Facilities can be availed only at Our Network Providers/ Empaneled Service Providers. The complete list of Network Providers and Empaneled Service Providers is available on Our website and at Our branches and can also be obtained by contacting Us over the telephone.
- ii. We reserve the right to modify, add or restrict any Network Provider/ Empaneled Service Provider for Cashless Facilities at Our sole discretion. Before availing Cashless Facilities, please check the applicable updated list of Network Providers.

b. Process for Obtaining Pre-Authorization for Planned Treatment:

- (i) We must be contacted to pre-authorize Cashless Facility for planned treatment at least 72 hours prior to the proposed treatment. Each request for pre-authorization must be accompanied with all the following details:
 - (1) The health card issued by Us to the Insured Person, along with the Insured Person's KYC documents
 - (2) The Policy Number;
 - (3) Name of the Policyholder;
 - (4) Name and address of Insured Person in respect of whom the request is being made;
 - (5) Nature of the Illness/Injury and the treatment/Surgery required;
 - (6) Name and address of the attending Medical Practitioner;
 - (7) Hospital where treatment/Surgery is proposed to be taken;
 - (8) Proposed date of admission.
- (ii) If these details are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation in respect of that request.
- (iii) When We have obtained sufficient details to assess the request, We will issue the authorization letter specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable, or reject the request for pre-authorisation specifying reasons for the rejection.
- (iv) The initial Authorization letter shall be issued to the Network Provider immediately but not more than one hour of receipt of request receiving the complete information.

c. Process to be followed for Availing Cashless Facilities in Emergencies:

- (i) We must be contacted to pre-authorize Cashless Facility within 24 hours of the Insured Person's Hospitalization if the Insured Person has been Hospitalized in an Emergency. Each request for pre-authorization must be accompanied with all the following details:
 - (1) The health card issued by Us to the Insured Person, along with the Insured Person's KYC documents
 - (2) The Policy Number;
 - (3) Name of the Policyholder;
 - (4) Name and address of Insured Person in respect of whom the request is being made;
 - (5) Nature of the Illness/Injury and the treatment/Surgery required;
 - (6) Name and address of the attending Medical Practitioner;
 - (7) Hospital where treatment/Surgery is to be taken;
 - (8) Date of admission.
- (ii) If these details are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation in respect of that request.
- (iii) When We have obtained sufficient details to assess the request, We will issue the authorization letter specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable, or reject the request for pre-authorisation specifying reasons for the rejection.
- (iv) Once the request for pre-authorisation has been granted, the treatment must take place within 15 days of the pre-authorization date at a Network Provider and pre-authorization shall be valid only if all the details of the authorized treatment, including dates, Hospital and locations, match with the details of the actual treatment received. For Hospitalization where Cashless Facility is pre-authorized by Us, We will make the payment of the amounts assessed to be due directly to the Network Provider.
- (v) The initial Authorization letter shall be issued to the Network Provider immediately but not more than one hour of receipt of request receiving the complete information.

d. For Reimbursement Claims:

- (i) For all claims for which Cashless Facilities have not been pre-authorized or for which treatment has not been taken at a Network Provider, We shall be given written notice of the claim along with the following details within 48 hours of admission to the Hospital or before discharge from the Hospital, whichever is earlier:
 - (1) The Policy Number;
 - (2) Name of the Policyholder;
 - (3) Name and address of the Insured Person in respect of whom the request is being made;
 - (4) Health Card, Photo ID, KYC documents
 - (5) Nature of Illness or Injury and the treatment/Surgery taken;
 - (6) Name and address of the attending Medical Practitioner;
 - (7) Hospital where treatment/Surgery was taken;
 - (8) Date of admission and date of discharge;
 - (9) Any other information that may be relevant to the Illness/ Injury/ Hospitalization.
- (ii) If the claim is not notified to Us within the earlier of 48 hours of the Insured Person's admission to the Hospital or before the Insured Person's discharge from the Hospital, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

II. Claims Documentation:

We shall be provided the following necessary information and documentation in respect of all Claims at Your/Insured Person's expense within 30 days of the Insured Person's discharge from Hospital:

- i. Claims for Pre-Hospitalization Medical Expenses and Post Hospitalization Medical Expenses to be submitted to us within 30 days of the completion of the post hospitalization treatment
- ii. For those claims for which the use of Cashless Facility has been authorised, We will be provided these documents by the Network Provider immediately following the Insured Person's discharge from Hospital:
 1. Duly filled and signed Claim Form Part A
 2. Duly filled and signed Claim Form Part B for hospitalization claim
 3. Proposer's ID Proof : PAN Card & Adhaar card (If CKYC not registered). If CKYC registered: CKYC form and CKYC number
 4. Copy of claim intimation letter / reference of Claim Intimation Number in the absence of main claim documents)
 5. Copy of the Network Provider's Registration Certificate / Copy of Form C in case of Hospitalization.
 6. Original Discharge Card / Day Care Summary / Transfer Summary
 7. Original Hospital Final Bill with detailed break up and all original Deposit & Final Payment Receipts.
 8. Original Invoice with Payment receipt & implant Stickers for all Implants used during Surgeries i.e. Lens Sticker & Invoice in Cataract Surgery, Stent Invoice & Sticker in Angioplasty Surgery.
 9. All previous consultation papers indicating history & treatment details for current ailment
 10. All original diagnostic reports (including imaging and laboratory) along with Medical Practitioner's prescription & invoice / bill with receipt from diagnostic centre
 11. All Original Medicine / Pharmacy Bills along with Medical Practitioner's prescription
 12. MLC / FIR Copy – in Accidental Cases Only
 13. Copy of Death Summary & Copy Death Certificate (in Death Claims Only)
 14. Pre & Post-Operative Imaging reports – for Accident Cases Only
 15. Copy of Indoor case papers with nursing sheet detailing medical history of the patient, treatment details, & patient's progress (if available)
 16. Treating Medical Practitioner letter stating:
 - Presenting complaints with duration & past history
 - Medical history of Co-morbidities e.g. Hypertension, Heart ailment etc.
 - Treatment detail with name of drugs & route of administration
 17. Treating Medical Practitioner letter stating – for Accident Cases Only
 - Details of Accident/trauma
 - Whether patient was under the influence of alcohol or any intoxicating substance during incident / Accident
 18. KYC documents in accordance with the provisions of the regulations, circulars and guidelines issued by the IRDAI with respect to KYC from time to time.
 19. Legal Heir / Succession Certificate in case of Proposer's Death
 20. Affidavit-NOC from other Legal Heirs in Stamp Paper certified by Notary Public (In case of settlement to one Legal Heir)
 21. Investigation / Diagnostic Reports Including CT / MRI / USG / HPE / ECG / X-Ray / MRI / CT Films and reports
 22. Doctor Consultation Bills and consultation papers
 23. All previous consultation papers
 24. Medico Legal Case (MLC) / Accident Report (AR) / (In case of Accident)
 25. First Information Report (FIR) in case of Accident
 26. Proposer's Bank Account Details- Cancelled Cheque Leaf with Proposer name pre-printed OR Bank Passbook 1st page
 27. Nominee / Legal Heir Bank Account Details-Cancelled Cheque Leaf / Passbook / Bank Statement (in case of Proposer's Death)

Additional documents in case of below covers

In case of Multiple Policy claims:

- Photocopy of entire claim document duly attested by previous Insurer or TPA
- Original payment receipts for expenses not claimed/settled by previous insurer
- Discharge voucher/settlement letter by previous insurer

Road Ambulance Cover:

- Photocopy of discharge card
- Original Ambulance invoice & paid receipt

(iv) For acceptance of claims in electronic mode, the documents shall be submitted in such form and manner as may be specified by Us.

III. Claims Assessment & Repudiation:

- (a) At Our discretion, We may investigate claims to determine the validity of a claim. This investigation Will be conducted within 15 days. All costs of investigation will be borne by Us and all investigations will be carried out by those individuals/entities that are authorised by Us in writing. If there are any deficiencies in the necessary claim documents which are not met or are partially met, we will be sending communications to address the deficiency
- (b) We may decide to deduct the amount of claim for which deficiency is intimated to the Insured Person and settle the claim if We observe that such a claim is otherwise valid under the Policy. However, documents/ details received beyond such period shall be considered if there are valid reasons for any delay.

For details on the claims process or assistance during the process, You may contact Us at Our call centre on the toll free number specified in the Policy Schedule or through the website. In addition, We will keep You informed of the claim status and explain requirement of documents. Such means of communication shall include but not be limited to mediums such as letters, email, SMS messages, and information on Our Website.

Super Health Plus Top Up

Annexure A - Contact details of Insurance Ombudsman offices

In case of any disputes related to your health insurance policy, this list gives you details of the nearest offices that you can visit for seeking an un-biased resolution.

CONTACT DETAILS	JURISDICTION OF OFFICE
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6 th floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
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NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4 th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P - 201301. Tel.: 0120 - 2514250 / 2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanoj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PATNA Office of the Insurance Ombudsman, 2 nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612 - 2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3 rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020 - 41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region)

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Aditya Birla Health Insurance Co. Limited

Product Name: Super Health Plus Top Up, Product UIN: ADIHLIP21061V02221
1800 270 7000 | care.healthinsurance@adityabirlacapital.com | www.adityabirlahealthinsurance.com
Trademark/Logo Aditya Birla Capital is owned by Aditya Birla Management Corporation Private Limited and
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Registered Office:

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CIN:U66000MH2015PLC263677
IRDA Registration No. 153

Super Health Plus Top Up Annexure B - List of Non-Medical Expenses

Did you know that your hospital bills also contain out-of-pocket expenses from small items like a syringe to large items like ambulance equipment. This handy document gives you the list of such expenses which is now covered in your policy.

LIST I

1	BABY FOOD	35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
2	BABY UTILITIES CHARGES	36	SPACER
3	BEAUTY SERVICES	37	SPIROMETRE
4	BELTS / BRACES	38	NEBULIZER KIT
5	BUDS	39	STEAM INHALER
6	COLD PACK / HOT PACK	40	ARMSLING
7	CARRY BAGS	41	THERMOMETER
8	E-MAIL / INTERNET CHARGES	42	CERVICAL COLLAR
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	43	SPLINT
		44	DIABETIC FOOTWEAR
10	LEGGINGS	45	KNEE BRACES (LONG / SHORT / HINGED)
11	LAUNDRY CHARGES	46	KNEE IMMOBILIZER / SHOULDER IMMOBILIZER
12	MINERAL WATER	47	LUMBO SACRAL BELT
13	SANITARY PAD	48	NIMBUS BED OR WATER OR AIR BED CHARGES
14	TELEPHONE CHARGES	49	AMBULANCE COLLAR
15	GUEST SERVICES	50	AMBULANCE EQUIPMENT
16	CREPE BANDAGE	51	ABDOMINAL BINDER
17	DIAPER OF ANY TYPE	52	PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES
18	EYELET COLLAR	53	SUGAR FREE TABLETS
19	SLINGS	54	CREAMS, POWDERS, LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
20	BLOOD GROUPING AND CROSS MATCHING OF DONOR'S SAMPLES	55	ECG ELECTRODES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	56	GLOVES
22	TELEVISION CHARGES	57	NEBULISATION KIT
23	SURCHARGES	58	ANY KIT WITH NO DETAILS MENTIONED (DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC)
24	ATTENDANT CHARGES		
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	59	KIDNEY TRAY
		60	MASK
26	BIRTH CERTIFICATE	61	OUNCE GLASS
27	CERTIFICATE CHARGES	62	OXYGEN MASK
28	COURIER CHARGES	63	PELVIC TRACTION BELT
29	CONVEYANCE CHARGES	64	PAN CAN
30	MEDICAL CERTIFICATE	65	TROLLY COVER
31	MEDICAL RECORDS	66	UROMETER, URINE JUG
32	PHOTOCOPIES CHARGES	67	AMBULANCE
33	MORTUARY CHARGES	68	VASOFIX SAFETY
34	WALKING AIDS CHARGES		



LIST II - ITEMS THAT ARE TO BE INCLUDED IN ROOM CHARGES

1	BABY CHARGES (UNLESS SPECIFIED / INDICATED)	20	LUXURY TAX
2	HAND WASH	21	HVAC
3	SHOE COVER	22	HOUSE KEEPING CHARGES
4	CAPS	23	AIR CONDITIONER CHARGES
5	CRADLE CHARGES	24	IM IV INJECTION CHARGES
6	COMB	25	CLEAN SHEET
7	EAU-DE-COLOGNE / ROOM FRESHENERS	26	BLANKET / WARMER BLANKET
8	FOOT COVER	27	ADMISSION KIT
9	GOWN	28	DIABETIC CHART CHARGES
10	SLIPPERS	29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
11	TISSUE PAPER	30	DISCHARGE PROCEDURE CHARGES
12	TOOTH PASTE	31	DAILY CHART CHARGES
13	TOOTH BRUSH	32	ENTRANCE PASS / VISITORS PASS CHARGES
14	BED PAN	33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
15	FACE MASK	34	FILE OPENING CHARGES
16	FLEXI MASK	35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
17	HAND HOLDER	36	PATIENT IDENTIFICATION BAND / NAME TAG
18	SPUTUM CUP	37	PULSE OXYMETER CHARGES
19	DISINFECTANT LOTIONS		



LIST III - ITEMS THAT ARE TO BE INCLUDED IN PROCEDURE CHARGES

1	HAIR REMOVAL CREAM	13	SURGICAL DRILL
2	DISPOSABLES RAZORS CHARGES (FOR SITE PREPARATIONS)	14	EYE KIT
3	EYE PAD	15	EYE DRAPE
4	EYE SHEILD	16	X-RAY FILM
5	CAMERA COVER	17	BOYLES APPARATUS CHARGES
6	DVD, CD CHARGES	18	COTTON
7	GAUZE SOFT	19	COTTON BANDAGE
8	GAUZE	20	SURGICAL TAPE
9	WARD AND THEATRE BOOKING CHARGES	21	APRON
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS	22	TORNIQUET
11	MICROSCOPE COVER	23	ORTHOBUNDLE, GYNAEC BUNDLE
12	SURGICAL BLADES, HARMONICSCALPEL, SHAVER		



LIST IV - ITEMS THAT ARE TO BE INCLUDED IN COSTS OF TREATMENT

1	ADMISSION / REGISTRATION CHARGES	10	HIV KIT
2	HOSPITALIZATION FOR EVALUATION / DIAGNOSTIC PURPOSE	11	ANTISEPTIC MOUTHWASH
3	URINE CONTAINER	12	LOZENGES
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	13	MOUTH PAINT
		14	VACCINATION CHARGES
5	BIPAP MACHINE	15	ALCOHOL SWABS
6	CPAP / CAPD EQUIPMENTS	16	SCRUB SOLUTION / STERILLIUM
7	INFUSION PUMP - COST	17	GLUCOMETER & STRIPS
8	HYDROGEN PEROXIDE / SPIRIT / DISINFECTANTS ETC	18	URINE BAG
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES, DIET CHARGES		

Aditya Birla Health Insurance Co. Limited

Product Name: Super Health Plus Top Up, Product UIN: ADIHLIP21061V022021

1800 270 7000 | care.healthinsurance@adityabirlacapital.com | www.adityabirlahealthinsurance.com

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CIN:U66000MH2015PLC263677

IRDA Registration No. 153

Super Health Plus Top Up - Policy Wordings - Annexure C - List of Day Care Treatments

Sr No	Procedure Name	Sr No	Procedure Name
1	Coronary Angiography	40	Adenoidectomy
2	Insert Non - Tunnel Cv Cath	41	Labyrinthectomy For Severe Vertigo
3	Insert Picc Cath (Peripherally Inserted Central Catheter)	42	Stapedectomy Under Ga
4	Replace Picc Cath (Peripherally Inserted Central Catheter)	43	Stapedectomy Under La
5	Insertion Catheter, Intra Anterior	44	Tympanoplasty (Type IV)
6	Insertion Of Portacath	45	Endolymphatic Sac Surgery For Meniere's Disease
7	Suturing Lacerated Lip	46	Turbinectomy
8	Suturing Oral Mucosa	47	Endoscopic Stapedectomy
9	Oral Biopsy In Case Of Abnormal Tissue Presentation	48	Incision And Drainage Of Perichondritis
10	Myringotomy With Grommet Insertion	49	Septoplasty
11	Tympanoplasty (closure Of An Eardrum Perforation reconstruction Of The Auditory Ossicles)	50	Vestibular Nerve Section
12	Removal Of A Tympanic Drain	51	Thyroplasty Type I
13	Keratoses Removal Under Ga	52	Pseudocyst Of The Pinna - Excision
14	Operations On The Turbinates (nasal Concha)	53	Incision And Drainage - Haematoma Auricle
15	Removal Of Keratoses Obturans	54	Tympanoplasty (Type II)
16	Stapedotomy To Treat Various Lesions In Middle Ear	55	Reduction Of Fracture Of Nasal Bone
17	Revision Of A Stapedectomy	56	Thyroplasty (Type II)
18	Other Operations On The Auditory Ossicles	57	Tracheostomy
19	Myringoplasty (post-aural/endaural Approach As Well As Simple Type-I Tympanoplasty)	58	Excision Of Angioma Septum
20	Fenestration Of The Inner Ear	59	Turbinoectomy
21	Revision Of A Fenestration Of The Inner Ear	60	Incision & Drainage Of Retro Pharyngeal Abscess
22	Palatoplasty	61	Uvulo Palato Pharyngo Plasty
23	Transoral Incision And Drainage Of A Pharyngeal Abscess	62	Adenoidectomy With Grommet Insertion
24	Tonsillectomy Without Adenoidectomy	63	Adenoidectomy Without Grommet Insertion
25	Tonsillectomy With Adenoidectomy	64	Vocal Cord Lateralisation Procedure
26	Excision And Destruction Of A Lingual Tonsil	65	Incision & Drainage Of Para Pharyngeal Abscess
27	Revision Of A Tympanoplasty	66	Tracheoplasty
28	Other Microsurgical Operations On The Middle Ear	67	Cholecystectomy
29	Incision Of The Mastoid Process And Middle Ear	68	Choledocho-jejunostomy
30	Mastoidectomy	69	Duodenostomy
31	Reconstruction Of The Middle Ear	70	Gastrostomy
32	Other Excisions Of The Middle And Inner Ear	71	Exploration Common Bile Duct
33	Incision (opening) And Destruction (elimination) Of The Inner Ear	72	Esophagoscopy.
34	Other Operations On The Middle And Inner Ear	73	Gastroscopy
35	Excision And Destruction Of Diseased Tissue Of The Nose	74	Duodenoscopy with Polypectomy
36	Other Operations On The Nose	75	Removal of Foreign Body
37	Nasal Sinus Aspiration	76	Diathermy Of Bleeding Lesions
38	Foreign Body Removal From Nose	77	Pancreatic Pseudocyst Eus & Drainage
39	Other Operations On The Tonsils And Adenoids	78	Rf Ablation For Barrett's Oesophagus
		79	Ercp And Papillotomy
		80	Esophagoscope And Sclerosant Injection
		81	Eus + Submucosal Resection

82	Construction Of Gastrostomy Tube	130	Infected Lipoma Excision
83	Eus + Aspiration Pancreatic Cyst	131	Maximal Anal Dilatation
84	Small Bowel Endoscopy (therapeutic)	132	Piles
85	Colonoscopy ,lesion Removal	133	A) Injection Sclerotherapy
86	ERCP	134	B) Piles Banding
87	Colonoscopy Stenting Of Stricture	135	Liver Abscess- Catheter Drainage
88	Percutaneous Endoscopic Gastrostomy	136	Fissure In Ano- Fissurectomy
89	Eus And Pancreatic Pseudo Cyst Drainage	137	Fibroadenoma Breast Excision
90	ERCP And Choledochoscopy	138	Oesophageal Varices Sclerotherapy
91	Proctosigmoidoscopy Volvulus Detorsion	139	ERCP - Pancreatic Duct Stone Removal
92	ERCP And Sphincterotomy	140	Perianal Abscess I&d
93	Esophageal Stent Placement	141	Perianal Hematoma Evacuation
94	ERCP + Placement Of Biliary Stents	142	Ugi Scopy And Polypectomy Oesophagus
95	Sigmoidoscopy W / Stent	143	Breast Abscess I& D
96	Eus + Coeliac Node Biopsy	144	Feeding Gastrostomy
97	Ugi Scopy And Injection Of Adrenaline, Sclerosants Bleeding Ulcers	145	Oesophagoscopy And Biopsy Of Growth Oesophagus
		146	ERCP - Bile Duct Stone Removal
98	Incision Of A Pilonidal Sinus / Abscess	147	Ileostomy Closure
99	Fissure In Ano Sphincterotomy	148	Colonoscopy
100	Surgical Treatment Of A Varicocele And A Hydrocele Of the Spermatic Cord	149	Polypectomy Colon
		150	Splenic Abscesses Laparoscopic Drainage
101	Orchidopexy	151	Ugi Scopy And Polypectomy Stomach
102	Abdominal Exploration In Cryptorchidism	152	Rigid Oesophagoscopy For Fb Removal
103	Surgical Treatment Of Anal Fistulas	153	Feeding Jejunostomy
104	Division Of The Anal Sphincter (sphincterotomy)	154	Colostomy
105	Epididymectomy	155	Ileostomy
106	Incision Of The Breast Abscess	156	Colostomy Closure
107	Operations On The Nipple	157	Submandibular Salivary Duct Stone Removal
108	Excision Of Single Breast Lump	158	Pneumatic Reduction Of Intussusception
109	Incision And Excision Of Tissue In The Perianal Region	159	Varicose Veins Legs - Injection Sclerotherapy
110	Surgical Treatment Of Hemorrhoids	160	Rigid Oesophagoscopy For Plummer Vinson Syndrome
111	Other Operations On The Anus	161	Pancreatic Pseudocysts Endoscopic Drainage
112	Ultrasound Guided Aspirations	162	Zadek's Nail Bed Excision
113	Sclerotherapy, Etc	163	Subcutaneous Mastectomy
114	Laparotomy For Grading Lymphoma With Splenectomy.	164	Excision Of Ranula Under Ga
115	Laparotomy For Grading Lymphoma with Liver Biopsy	165	Rigid Oesophagoscopy For Dilation Of Benign Strictures
116	Laparotomy For Grading Lymphoma with Lymph Node Biopsy	166	Eversion Of Sac
117	Therapeutic Laparoscopy With Laser	167	Unilateral
118	Appendicectomy With Drainage	168	Bilateral
119	Appendicectomy without Drainage	169	Lord's Plication
120	Infected Keloid Excision	170	Jaboulay's Procedure
121	Axillary Lymphadenectomy	171	Scrotoplasty
122	Wound Debridement And Cover	172	Circumcision For Trauma
123	Abscess-decompression	173	Meatoplasty
124	Cervical Lymphadenectomy	174	Intersphincteric Abscess Incision And Drainage
125	Infected Sebaceous Cyst	175	Psoas Abscess Incision And Drainage
126	Inguinal Lymphadenectomy	176	Thyroid Abscess Incision And Drainage
127	Incision And Drainage Of Abscess	177	Tips Procedure For Portal Hypertension
128	Suturing Of Lacerations	178	Esophageal Growth Stent
129	Scalp Suturing	179	Pair Procedure Of Hydatid Cyst Liver

180	Tru Cut Liver Biopsy	228	Laparoscopic Paraovarian Cyst Excision
181	Photodynamic Therapy Or Esophageal Tumour And Lung Tumour	229	Uterine Artery Embolization
		230	Laparoscopic Cystectomy
182	Excision Of Cervical Rib	231	Hymenectomy(Imperforate Hymen)
183	Laparoscopic Reduction Of Intussusception	232	Endometrial Ablation
184	Microdochectomy Breast	233	Vaginal Wall Cyst Excision
185	Surgery For Fracture Penis	234	Vulval Cyst Excision
186	Sentinel Node Biopsy	235	Laparoscopic Paratubal Cyst Excision
187	Parastomal Hernia	236	Repair Of Vagina (Vaginal Atresia)
188	Revision Colostomy	237	Hysteroscopy, Removal Of Myoma
189	Prolapsed Colostomy- Correction	238	Turbt
190	Testicular Biopsy	239	Ureterocoele Repair - Congenital Internal
191	Laparoscopic Cardiomyotomy(Hellers)	240	Vaginal Mesh For Pop
192	Sentinel Node Biopsy Malignant Melanoma	241	Laparoscopic Myomectomy
193	Laparoscopic Pyloromyotomy(Ramstedt)	242	Surgery For Sui
194	Operations On Bartholin's Glands (cyst)	243	Repair Recto- Vagina Fistula
195	Incision Of The Ovary	244	Pelvic Floor Repair(Excluding Fistula Repair)
196	Insufflations Of The Fallopian Tubes	245	URS + LL
197	Other Operations On The Fallopian Tube	246	Laparoscopic Oophorectomy
198	Dilatation Of The Cervical Canal	247	Normal Vaginal Delivery And Variants
199	Conisation Of The Uterine Cervix	248	Facial Nerve Glycerol Rhizotomy
200	Therapeutic Curettage With Colposcopy.	249	Spinal Cord Stimulation
201	Therapeutic Curettage With Biopsy	250	Motor Cortex Stimulation
202	Therapeutic Curettage With Diathermy	251	Stereotactic Radiosurgery
203	Therapeutic Curettage With Cryosurgery	252	Percutaneous Cordotomy
204	Laser Therapy Of Cervix For Various Lesions Of Uterus	253	Intrathecal Baclofen Therapy
205	Other Operations On The Uterine Cervix	254	Entrapment Neuropathy Release
206	Incision Of The Uterus (hysterectomy)	255	Diagnostic Cerebral Angiography
207	Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas	256	Vp Shunt
		257	Ventriculoatrial Shunt
208	Incision Of Vagina	258	Radiotherapy For Cancer
209	Incision Of Vulva	259	Cancer Chemotherapy
210	Culdotomy	260	IV Push Chemotherapy
211	Salpingo-oophorectomy Via Laparotomy	261	HBI - Hemibody Radiotherapy
212	Endoscopic Polypectomy	262	Infusional Targeted Therapy
213	Hysteroscopic Removal Of Myoma	263	SRT - Stereotactic Arc Therapy
214	D&C	264	Sc Administration Of Growth Factors
215	Hysteroscopic Resection Of Septum	265	Continuous Infusional Chemotherapy
216	Thermal Cauterisation Of Cervix	266	Infusional Chemotherapy
217	Mirena Insertion	267	CCRT - Concurrent Chemo + Rt
218	Hysteroscopic Adhesiolysis	268	2D Radiotherapy
219	Leep	269	3D Conformal Radiotherapy
220	Cryocauterisation Of Cervix	270	IGRT - Image Guided Radiotherapy
221	Polypectomy Endometrium	271	IMRT - Step & Shoot
222	Hysteroscopic Resection Of Fibroid	272	Infusional Bisphosphonates
223	Lletz	273	IMRT - DMLC
224	Conization	274	Rotational Arc Therapy
225	Polypectomy Cervix	275	Tele Gamma Therapy
226	Hysteroscopic Resection Of Endometrial Polyp	276	FSRT - Fractionated Srt
227	Vulval Wart Excision	277	VMAT - Volumetric Modulated Arc Therapy

278	SBRT - Stereotactic Body Radiotherapy	324	Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues
279	Helical Tomotherapy		
280	SRS - Stereotactic Radiosurgery	325	Free Skin Transplantation, Donor Site
281	X - Knife Srs	326	Free Skin Transplantation, Recipient Site
282	Gammaknife Srs	327	Revision Of Skin Plasty
283	TBI - Total Body Radiotherapy	328	Other Restoration And Reconstruction Of The Skin And Subcutaneous Tissues
284	Intraluminal Brachytherapy		
285	TSET - Total Electron Skin Therapy	329	Chemosurgery To The Skin
286	Extracorporeal Irradiation Of Blood Products	330	Destruction Of Diseased Tissue In The Skin And Subcutaneous Tissues
287	Telecobalt Therapy		
288	Telecesium Therapy	331	Reconstruction Of Deformity/defect In Nail Bed
289	External Mould Brachytherapy	332	Excision Of Bursitis
290	Interstitial Brachytherapy	333	Tennis Elbow Release
291	Intracavity Brachytherapy	334	Incision, Excision And Destruction Of Diseased Tissue Of The Tongue
292	3D Brachytherapy		
293	Implant Brachytherapy	335	Partial Glossectomy
294	Intravesical Brachytherapy	336	Glossectomy
295	Adjuvant Radiotherapy	337	Reconstruction Of The Tongue
296	Afterloading Catheter Brachytherapy	338	Other Operations On The Tongue
297	Conditioning Radiotherapy For Bmt	339	Surgery For Cataract
298	Nerve Biopsy	340	Incision Of Tear Glands
299	Muscle Biopsy	341	Other Operations On The Tear Ducts
300	Epidural Steroid Injection	342	Incision Of Diseased Eyelids
301	Extracorporeal Irradiation To The Homologous Bone Grafts	343	Excision And Destruction Of Diseased Tissue Of The Eyelid
302	Radical Chemotherapy	344	Operations On The Canthus And Epicanthus
303	Neoadjuvant Radiotherapy	345	Corrective Surgery For Entropion And Ectropion
304	LDR Brachytherapy	346	Corrective Surgery For Blepharoptosis
305	Palliative Radiotherapy	347	Removal Of A Foreign Body From The Conjunctiva
306	Radical Radiotherapy	348	Removal Of A Foreign Body From The Cornea
307	Palliative Chemotherapy	349	Incision Of The Cornea
308	Template Brachytherapy	350	Operations For Pterygium
309	Neoadjuvant Chemotherapy	351	Other Operations On The Cornea
310	Adjuvant Chemotherapy	352	Removal Of A Foreign Body From The Lens Of The Eye
311	Induction Chemotherapy	353	Removal Of A Foreign Body From The Posterior Chamber Of The Eye
312	Consolidation Chemotherapy		
313	Maintenance Chemotherapy	354	Removal Of A Foreign Body From The Orbit And Eyeball
314	HDR Brachytherapy	355	Correction Of Eyelid Ptosis By Levator Palpebrae Superioris Resection (bilateral)
315	Incision And Lancing Of A Salivary Gland And A Salivary Duct		
316	Excision Of Diseased Tissue Of A Salivary Gland And A Salivary Duct	356	Correction Of Eyelid Ptosis By Fascia Lata Graft (bilateral)
		357	Diathermy/cryotherapy To Treat Retinal Tear
317	Resection Of A Salivary Gland	358	Anterior Chamber Paracentesis.
318	Reconstruction Of A Salivary Gland And A Salivary Duct	359	Anterior Chamber Cyclotherapy
319	Other Operations On The Salivary Glands And Salivary Ducts	360	Anterior Chamber Cyclocryotherapy
320	Other Incisions Of The Skin And Subcutaneous Tissues	361	Anterior Chamber Goniotomy
321	Surgical Wound Toilet (wound Debridement) And Removal Of Diseased Tissue Of The Skin And Subcutaneous Tissues	362	Anterior Chamber Trabeculotomy
		363	Anterior Chamber Filtering
322	Local Excision Of Diseased Tissue Of The Skin And Subcutaneous Tissues	364	Allied Operations to Treat Glaucoma
		365	Enucleation Of Eye Without Implant
323	Other Excisions Of The Skin And Subcutaneous Tissues	366	Dacryocystorhinostomy For Various Lesions Of Lacrimal Gland

367	Laser Photocoagulation To Treat Retinal Tear	416	Remove/graft Leg Bone Lesion
368	Biopsy Of Tear Gland	417	Repair/graft Achilles Tendon
369	Treatment Of Retinal Lesion	418	Remove Of Tissue Expander
370	Surgery For Meniscus Tear	419	Biopsy Elbow Joint Lining
371	Incision On Bone, Septic And Aseptic	420	Removal Of Wrist Prosthesis
372	Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis	421	Biopsy Finger Joint Lining
		422	Tendon Lengthening
373	Suture And Other Operations On Tendons And Tendon Sheath	423	Treatment Of Shoulder Dislocation
374	Reduction Of Dislocation Under Ga	424	Lengthening Of Hand Tendon
375	Arthroscopic Knee Aspiration	425	Removal Of Elbow Bursa
376	Surgery For Ligament Tear	426	Fixation Of Knee Joint
377	Surgery For Hemoarthrosis/pyoarthrosis	427	Treatment Of Foot Dislocation
378	Removal Of Fracture Pins/nails	428	Surgery Of Bunion
379	Removal Of Metal Wire	429	Tendon Transfer Procedure
380	Closed Reduction On Fracture, Luxation	430	Removal Of Knee Cap Bursa
381	Reduction Of Dislocation Under Ga	431	Treatment Of Fracture Of Ulna
382	Epiphyseolysis With Osteosynthesis	432	Treatment Of Scapula Fracture
383	Excision Of Various Lesions In Coccyx	433	Removal Of Tumor Of Arm Under GA
384	Arthroscopic Repair Of Acl Tear Knee	434	Removal of Tumor of Arm under RA
385	Closed Reduction Of Minor Fractures	435	Removal of Tumor Of Elbow Under GA
386	Arthroscopic Repair Of Pcl Tear Knee	436	Removal of Tumor Of Elbow Under RA
387	Tendon Shortening	437	Repair Of Ruptured Tendon
388	Arthroscopic Meniscectomy - Knee	438	Decompress Forearm Space
389	Treatment Of Clavicle Dislocation	439	Revision Of Neck Muscle (torticollis Release)
390	Haemarthrosis Knee- Lavage	440	Lengthening Of Thigh Tendons
391	Abscess Knee Joint Drainage	441	Treatment Fracture Of Radius & Ulna
392	Carpal Tunnel Release	442	Repair Of Knee Joint
393	Closed Reduction Of Minor Dislocation	443	External Incision And Drainage In The Region Of The Mouth.
394	Repair Of Knee Cap Tendon	444	External Incision And Drainage in the Region Of the Jaw.
395	Orif With K Wire Fixation- Small Bones	445	External Incision And Drainage in the Region Of the Face.
396	Release Of Midfoot Joint	446	Incision Of The Hard And Soft Palate
397	Orif With Plating- Small Long Bones	447	Excision And Destruction Of Diseased Hard Palate
398	Implant Removal Minor	448	Excision And Destruction of Diseased Soft Palate
399	K Wire Removal	449	Incision, Excision And Destruction In The Mouth
400	Closed Reduction And External Fixation	450	Other Operations In The Mouth
401	Arthrotomy Hip Joint	451	Excision Of Fistula-in-ano
402	Syme's Amputation	452	Excision Juvenile Polyps Rectum
403	Arthroplasty	453	Vaginoplasty
404	Partial Removal Of Rib	454	Dilatation Of Accidental Caustic Stricture Oesophageal
405	Treatment Of Sesamoid Bone Fracture	455	Presacral Teratomas Excision
406	Shoulder Arthroscopy / Surgery	456	Removal Of Vesical Stone
407	Elbow Arthroscopy	457	Excision Sigmoid Polyp
408	Amputation Of Metacarpal Bone	458	Sternomastoid Tenotomy
409	Release Of Thumb Contracture	459	Infantile Hypertrophic Pyloric Stenosis Pyloromyotomy
410	Incision Of Foot Fascia	460	Excision Of Soft Tissue Rhabdomyosarcoma
411	Partial Removal Of Metatarsal	461	Mediastinal Lymph Node Biopsy
412	Repair / Graft Of Foot Tendon	462	High Orchidectomy For Testis Tumours
413	Revision/removal Of Knee Cap	463	Excision Of Cervical Teratoma
414	Amputation Follow-up Surgery	464	Rectal-myomectomy
415	Exploration Of Ankle Joint	465	Rectal Prolapse (delorme's Procedure)

466	Detorsion Of Torsion Testis	516	Operations On The Foreskin
467	Eua + Biopsy Multiple Fistula In Ano	517	Local Excision And Destruction Of Diseased Tissue Of The Penis
468	Construction Skin Pedicle Flap		
469	Gluteal Pressure Ulcer-excision	518	Amputation Of The Penis
470	Muscle-skin Graft, Leg	519	Other Operations On The Penis
471	Removal Of Bone For Graft	520	Cystoscopical Removal Of Stones
472	Muscle-skin Graft Duct Fistula	521	Lithotripsy
473	Removal Cartilage Graft	522	Biopsy Oftemporal Artery For Various Lesions
474	Myocutaneous Flap	523	External Arterio-venous Shunt
475	Fibro Myocutaneous Flap	524	Av Fistula - Wrist
476	Breast Reconstruction Surgery After Mastectomy	525	Ursl With Stenting
477	Sling Operation For Facial Palsy	526	Ursl With Lithotripsy
478	Split Skin Grafting Under Ra	527	Cystoscopic Litholapaxy
479	Wolfe Skin Graft	528	Eswl
480	Plastic Surgery To The Floor Of The Mouth Under Ga	529	Bladder Neck Incision
481	Thoracoscopy And Lung Biopsy	530	Cystoscopy & Biopsy
482	Excision Of Cervical Sympathetic Chain Thoracoscopic	531	Cystoscopy And Removal Of Polyp
483	Laser Ablation Of Barrett's Oesophagus	532	Suprapubic Cystostomy
484	Pleurodesis	533	Percutaneous Nephrostomy
485	Thoracoscopy And Pleural Biopsy	534	Cystoscopy And "sling" Procedure
486	Ebus + Biopsy	535	Tuna- Prostate
487	Thoracoscopy Ligation Thoracic Duct	536	Excision Of Urethral Diverticulum
488	Thoracoscopy Assisted Empyaema Drainage	537	Removal Of Urethral Stone
489	Haemodialysis	538	Excision Of Urethral Prolapse
490	Lithotripsy/nephrolithotomy For Renal Calculus	539	Mega-ureter Reconstruction
491	Excision Of Renal Cyst	540	Kidney Renoscopy And Biopsy
492	Drainage Of Pyonephrosis Abscess	541	Ureter Endoscopy And Treatment
493	Drainage Of Perinephric Abscess	542	Vesico Ureteric Reflux Correction
494	Incision Of The Prostate	543	Surgery For Pelvi Ureteric Junction Obstruction
495	Transurethral Excision And Destruction Of Prostate Tissue	544	Anderson Hynes Operation
496	Transurethral And Percutaneous Destruction Of Prostate Tissue	545	Kidney Endoscopy And Biopsy
497	Open Surgical Excision And Destruction Of Prostate Tissue	546	Paraphimosis Surgery
498	Radical Prostatovesiculectomy	547	Injury Prepuce- Circumcision
499	Other Excision And Destruction Of Prostate Tissue	548	Frenular Tear Repair
500	Operations On The Seminal Vesicles	549	Meatotomy For Meatal Stenosis
501	Incision And Excision Of Periprostatic Tissue	550	Surgery For Fournier's Gangrene Scrotum
502	Other Operations On The Prostate	551	Surgery Filarial Scrotum
503	Incision Of The Scrotum And Tunica Vaginalis Testis	552	Surgery For Watering Can Perineum
504	Operation On A Testicular Hydrocele	553	Repair Of Penile Torsion
505	Excision And Destruction Of Diseased Scrotal Tissue	554	Drainage Of Prostate Abscess
506	Other Operations On The Scrotum And Tunica Vaginalis Testis	555	Orchiectomy
507	Incision Of The Testes	556	Cystoscopy And Removal Of Fb
508	Excision And Destruction Of Diseased Tissue Of The Testes	557	RF Ablation Heart
509	Unilateral Orchiectomy	558	RF Ablation Uterus
510	Bilateral Orchiectomy	559	RF Ablation Varicose Veins
511	Surgical Repositioning Of An Abdominal Testis	560	Renal Angiography
512	Reconstruction Of The Testis	561	Peripheral Angiography
513	Implantation, Exchange And Removal Of A Testicular Prosthesis	562	Percutaneous nephrolithotomy (PCNL)
514	Other Operations On The Testis	563	Laryngoscopy Direct Operative with Biopsy
515	Excision In The Area Of The Epididymis	564	Treatment of Fracture of Long Bones

565	Treatment of Fracture of Short Bones	576	Amputation at Shoulder and Upper Arm Level
566	Treatment of Fracture of Foot	577	Amputation at Elbow Joint
567	Treatment of Fracture of Hand	578	Amputation at forearm Level
568	Treatment of Fracture of Wrist	579	Amputation at Wrist Level
569	Treatment of Fracture of Ankle	580	Amputation at Hip Joint Level
570	Treatment of Fracture of Clavicle	581	Amputation at Hip & Thigh Level
571	Amputation of Ear	582	Amputation at Knee Joint
572	Amputation of Nose	583	Amputation at Toe
573	Amputation of Breast	584	Amputation at Midfoot Level
574	Amputation of Genital Organs	585	Chalazion Surgery
575	Amputation at Shoulder Joint	586	Circumcision Surgery

Note: This list is only indicative and may change at a later stage. Please check our website for the most updated list of Day Care Procedures

Aditya Birla Health Insurance Co. Limited

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