



HIMALAYAN GENERAL INSURANCE CO. LTD.

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Personal Health Insurance Policy Wordings

For the purposes of interpretation and understanding of the product, some of the important words has been defined below some of the important words used in this Policy. Words not defined below are to be construed in the usual English language meaning as contained in Standard English language dictionaries.

The terms and conditions, insurance coverage and exclusions, other Benefits, various procedures and conditions which have been built-in to the product are to be construed in accordance with the applicable provisions contained in the product.

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate.

1. DEFINITIONS

- 1.1 Accidental / Accident** is a sudden, unforeseen, and involuntary event caused by external, visible and violent means.
- 1.2 Age** means the completed age of the Insured Person as on his last birthday.
- 1.3 Ambulance** means a vehicle operated by a licensed/ authorized service provider and equipped for the transport and paramedical treatment of persons requiring medical attention.
- 1.4 Annexure** means the document attached and marked as Annexure to this Policy.
- 1.5 Any One Illness** means a continuous Period of Illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where the treatment was taken
- 1.6 Assistance Service Provider** means the service provider specified in the Policy Schedule appointed by the Company from time to time.
- 1.7 Break in Policy** occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.
- 1.8 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.
- 1.9 City of Residence** means and includes any city, town or village in which the Insured Person is currently residing in Nepal and as specified in the Insured Person's corresponding address in the Policy Schedule.
- 1.10 Claim** means a demand made in accordance with the terms and conditions of the Policy for payment of the specified Benefits in respect of the Insured Person as covered under the Policy.
- 1.11 Claimant** means a person who possesses a relevant and valid Insurance Policy which is issued by the Company and is eligible to file a Claim in the event of a covered loss.
- 1.12 Claim Administrator**
Care Health Insurance Company being the reinsurer of the treaty will act as claims administrator to service cashless claims through its network of hospitals in India and all reimbursement claims filed directly or through Insurance company.
- 1.13 Ceding Company (also referred as Insurer/We/Us)** referred as Himalayan General Insurance Company Ltd
- 1.14 Condition Precedent** shall mean a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
- 1.15 Congenital Anomaly** refers to a condition which is present since birth, and which is abnormal with reference to form, structure or position:
- a. Internal Congenital Anomaly –
Congenital anomaly which is not in the visible and accessible parts of the body

- b. External Congenital Anomaly –
Congenital anomaly which is in the visible and accessible parts of the body
- 1.16 Co-payment** is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the sum insured.
- 1.17 Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital in India or Nepal and which has been registered with the local authorities of India or Nepal, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under—
- has qualified nursing staff under its employment;
 - has qualified Medical Practitioner/s in-charge;
 - has a fully equipped operation theatre of its own, where Day Care Treatment is carried out.
 - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- 1.18 Day Care Treatment** means any Surgical Procedure which is:
- undertaken under general or local anesthesia in a Hospital/ Day Care Centre in less than 24 consecutive hours because of technological advancement, and
 - which would have otherwise required a Hospitalization of more than 24 hours.
- Treatment normally taken on an out-patient basis is not included in the scope of this definition.
- 1.19 Deductible** is a cost-sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified 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.
- 1.20 Disclosure to Information Norm:** The Policy shall be void and all premiums paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- 1.21 Diagnosis** means pathological conclusion drawn by a registered medical practitioner registered with relevant authority in India or Nepal, supported by acceptable Clinical, radiological, histological, histopathological and laboratory evidence wherever applicable.
- 1.22 Emergency Care (Emergency)** 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.
- 1.23 Grace Period** means the specified period of time immediately following the premium due date during which payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-existing Diseases. Coverage is not available for the period for which no premium is received.
- 1.24 Hazardous Activities** (or Adventure sports) means any sport or activity, which is potentially dangerous to the Insured whether he is trained or not. Such sport/activity includes (but not limited to) stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/ obstacle riding, bobsleighting/ using skeletons, bouldering, boxing, canyoning, caving/ pot holing, cave tubing, rock climbing/ trekking/ mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labor, marathon running, martial arts, micro – lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/ parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting or wrestling of any type.
- 1.25 Hospital in India** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- has qualified nursing staff under its employment round the clock;

- b. 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;
- c. has qualified Medical Practitioner(s) in charge round the clock;
- d. has a fully equipped operation theatre of its own where surgical procedures are carried out;
- e. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

Hospital in Nepal means any 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 Nepal Medical Council Rules.

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

- 1.26 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.
- 1.27 ICU Charges** or (Intensive care Unit) Charges means the amount charged by a Hospital towards ICU expenses on a per day basis 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.
- 1.28 Indemnity/Indemnify** means compensating the Insured Person up to the extent of Expenses incurred, on occurrence of an event which results in a financial loss and is covered as the subject matter of the Insurance Cover.
- 1.29 Illness** means a sickness or a disease or a pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- (a) 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
- (b) Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
- (a) It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests;
 - (b) It needs ongoing or long-term control or relief of symptoms;
 - (c) It requires rehabilitation for the patient or for the patient to be specially trained to cope with it;
 - (d) It continues indefinitely;
 - (e) It recurs or is likely to recur.
- 1.30 Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- 1.31 In-patient Care**) means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- 1.32 Insured Person (Insured)** means a person whose name specifically appears under Insured in the Policy Schedule and with respect to whom the premium has been received by the Company.
- 1.33 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.
- 1.34 Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow-up prescription.
- 1.35 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.

- 1.36 Medical Practitioner** is a person who holds a valid registration from a recognized authority in India or Nepal for medical registration
- 1.37 Medically Necessary Treatment** means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:
- a. Is required for the medical management of the Illness or Injury suffered by the Insured Person;
 - b. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - c. Must have been prescribed by a Medical Practitioner;
 - d. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India or Nepal.
- 1.38 Network Provider** means the Hospitals enlisted by appointed claim administrator, to provide medical services to an Insured by a Cashless Facility in India
- 1.39 Nominee** means the person named in the Policy schedule or as declared with the Policyholder who is nominated to receive the benefits under this Policy in accordance with the terms of the Policy, if the Insured Person is deceased.
- 1.40 Notification of Claim** means the process of intimating a Claim to the Insurer or TPA through any of the recognized modes of communication.
- 1.41 OPD Treatment** is one in which the Insured Person 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.
- 1.42 Policy** means these Policy terms and conditions and Annexures thereto, the Proposal Form, Policy Schedule and Optional Cover (if applicable) which form part of the Policy and shall be read together.
- 1.43 Policy Schedule** is a certificate attached to and forming part of this Policy.
- 1.44 Policy Year** means a period of one year commencing on the Policy Period Start Date or any anniversary thereof.
- 1.45 Policyholder** (also referred as You) means the person named in the Policy schedule as the Policyholder.
- 1.46 Policy Period** means the period commencing from the Policy Period Start Date and ending on the Policy Period End Date of the Policy as specifically appearing in the Policy schedule.
- 1.47 Policy Period End Date** means the date on which the Policy expires, as specifically appearing in the Policy schedule.
- 1.48 Policy Period Start Date** means the date on which the Policy commences, as specifically appearing in the Policy schedule.
- 1.49 Policy Year** means a period of 12 consecutive months commencing from the Policy Period Start Date or any anniversary thereof.
- 1.50 Post-hospitalization Medical Expenses** means Medical Expenses incurred during pre-defined number of days immediately after the Insured Person is discharged from the Hospital provided that:
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required and
 - ii. The inpatient Hospitalization claim for such Hospitalization is admissible by the Company.
- 1.51 Pre-existing Disease** means any condition, ailment, injury or disease:
- i. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
 - ii. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by insurer or its reinstatement.
- 1.52 Pre-hospitalization Medical Expenses** means Medical Expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 1.53 Qualified Nurse** is a person who holds a valid registration from the Nursing Council of India or of any of its state or from Nepal Medical Council.

- 1.54 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.
- 1.55 Renewal** defines 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.
- 1.56 Room Rent** means the amount charged by a Hospital towards Room & Boarding expenses and shall include the associated medical expenses.
- 1.57 Senior Citizen** means any person who has completed sixty or more years of age as on the date of commencement or renewal of a health insurance policy.
- 1.58 Single Private Room** means an air conditioned room in a Hospital where a single patient is accommodated with a couch for the attendant and which has an attached toilet (lavatory and bath). Such room type shall be the most basic and the most economical of all accommodations available as a Single room in that Hospital.
- 1.59 Sum Insured** means the amount specified in the Policy Certificate, for which premium is paid by the Policyholder
- 1.60 Surgery/Surgical Procedure** means manual and/or operative procedure(s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a Hospital or a Day Care Centre by a Medical Practitioner.
- 1.61 Total Sum Insured** is the sum total of Sum Insured and the Sum Insured accrued as No Claims Bonus, Quick Recovery Counseling, It represents the maximum, total and cumulative liability for in respect of the Insured Person for any and all Claims incurred during the Policy Year. If the Policy Period is more than 12 months, then it is clarified that the Sum Insured shall be applied separately for each Policy Year in the Policy Period.
- 1.62 Unproven/Experimental Treatment** means a treatment including drug experimental therapy which is not based on established medical practice in India or Nepal, is treatment experimental or unproven.
- 1.63 Variable Medical Expenses** means those Medical Expenses as listed below which vary in accordance with the Room Rent or Room Category or ICU Charges applicable in a Hospital:
- (a) Room, boarding, nursing and operation theatre expenses as charged by the Hospital where the Insured Person availed medical treatment;
 - (b) Intensive Care Unit charges;
 - (c) Fees charged by surgeon, anesthetist, Medical Practitioner;
 - (d) Investigation expenses incurred towards diagnosis of ailment requiring Hospitalization.
Expenses related to the Hospitalization will be considered in proportion to the room rent stated in the Policy.
- 1.64 Installment:** Means Payment of Premium through single/annual mode by the Policy Holder/Insured, applicable only for Policy Term of two or three years.

2. SCOPE OF COVER

GENERAL CONDITIONS APPLICABLE TO ALL THE BENEFITS

1. The maximum, total and cumulative liability of the Company in respect of an Insured Person for any and all Claims arising under this Policy during the Policy Year shall not exceed the Total Sum Insured for that Insured Person.
 - I. The maximum Claim amount payable shall be sum total of base Sum Insured and no claim bonus (If any), subject to sub limits defined for each of the benefit.
 - II. All Claims shall be payable subject to the terms, conditions, exclusions, sub-limits and wait periods of the Policy and subject to availability of the Total Sum Insured.
 - III. The Company's liability shall be restricted to the payment of the balance amount subject to the available Total Sum Insured.
2. Any Claim paid for Benefits namely B "Hospitalization Expenses", "Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses" and "Ambulance Cover" shall reduce the Total Sum Insured for the Policy Year and only the balance shall be available for all the future claims for that Policy Year.
3. The Co-payment proportion (if applicable) shall be borne by the Insured Person on each Claim. Any Claim paid for Benefits, namely Hospitalization Expenses, Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses and Ambulance Cover, shall reduce the Total Sum Insured for the Policy Year and only the balance shall be available for all the future claims for that Policy Year.
4. Hospitalization or Medical Expenses which are 'Medically Necessary' only shall be admissible under the Policy.
5. If the Insured Person suffers a relapse within 45 days from the date of last discharge / consultation from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits of Per Claim Limit under this Policy shall be applied as if they were under a single Claim.
6. Insured persons belonging to the same family are covered on an Individual basis, then every Insured person can opt for different or same Sum Insured
7. Premium has to be paid in (Single or Annual) basis.
8. Admissibility of a claim under the policy is subject to purview of coverage under the policy

2.1 Benefit 1: Hospitalization Expenses

If an Insured Person is diagnosed with an illness or suffers an injury and which requires the Insured Person to be admitted in a Hospital for surgery in India or Nepal which should be Medically Necessary during the Policy Period and while the Policy is in force for:

- (i) **In-patient Care:** The Company will indemnify the Insured Person for Medical Expenses incurred towards Hospitalization due to Covered Conditions, through Cashless Facility in India based on pre approval or Reimbursement facility in Nepal based on pre intimation, maximum up to the Sum Insured as specified in the Policy schedule, provided that the Hospitalization is for a minimum period of 24 consecutive hours and was prescribed in writing, by a Medical Practitioner, and the Medical Expenses incurred are Reasonable and Customary Charges that were Medically Necessary.

(ii) **Day Care Treatment:** The Company will indemnify the Insured Person for Medical Expenses incurred on Day Care Treatment due to Covered Conditions through Cashless Facility in India based on pre approval or reimbursement facility in Nepal based on pre intimation, maximum up to the Sum Insured ,as specified in the Policy Schedule, provided that the Day Care Treatment is listed as per the Policy Terms & Conditions and period of treatment of the Insured Person in the Hospital/Day Care Centre does not exceed 24 hours, which would otherwise require an in-patient admission and such Day Care Treatment was prescribed in written, by a Medical Practitioner, and the Medical Expenses incurred are Reasonable and Customary Charges that were Medically Necessary.

(iii) **Conditions applicable for Hospitalization Expenses:**

A. Room/Boarding and nursing expenses as charged by the Hospital where the Insured Person availed medical treatment (Room Rent / Room Category):

If the Insured Person is admitted in a Hospital room where the Room Category opted or *Room Rent incurred is higher than the eligible Room Category/ Room Rent* as specified in the Policy Schedule, then, The Insured Person shall bear the ratable proportion of the total Variable Medical Expenses (including applicable surcharge and taxes thereon) in the proportion of the difference between the Room Rent actually incurred and the Room Rent specified in the Policy Certificate or the Room Rent of the entitled Room Category to the Room Rent actually incurred.

The Policy Schedule will specify the eligibility of Room Rent or Room Category applicable for the Insured Person under the Policy. The Room Rent or Room Category available under this Policy is mentioned as follows:

1) Single Private Room

If the Policy Certificate states 'Single Private Room' as eligible Room Category, it means the maximum eligible Room Category in case of Hospitalization of the Insured Person payable by the Company is limited to stay in a Single Private Room.

If the Policy Schedule states 'up to 1% of the Sum Insured per day' as eligible Room Rent, it means the maximum eligible Room Rent of the Insured Person payable by the Company is limited to 1% of the Sum Insured per day of Hospitalization.

The nomenclature of Room categories may vary from one hospital to the other. Hence, the final consideration will be as per the definition of the Rooms mentioned in the Policy.

2) Intensive Care Unit Charges (ICU Charges):

If the Insured Person is admitted in an ICU where the ICU charges incurred are higher than the ICU Charges specified in the Policy schedule, then the Insured Person shall bear the ratable proportion of the Variable Medical Expenses (including applicable surcharge and taxes thereon) in the proportion of the difference between the ICU charges actually incurred and the ICU Charges specified in the Policy schedule to the ICU charges actually incurred.

The Policy schedule will specify the limit of ICU Charges applicable for the Insured Person under the Policy. The ICU Charges available under this Policy are as follows:

If the Policy Schedule states 'up to 2% of the Sum Insured per day' as eligible ICU Charges per day of Hospitalization, it means the maximum eligible ICU charges of the Insured Person payable by the Company is limited to 2% of the Sum Insured per day of Hospitalization.

If the Policy Certificate states the eligibility of ICU Charges of the Insured Person as 'no sub-limit', it means that there is no separate restriction on ICU Charges incurred towards stay in ICU during Hospitalization.

3) Expenses incurred on treatment for Named Ailments / Procedures

The Company will indemnify the Insured Person for Medical Expenses incurred in respect of the below mentioned Ailments / Procedures up to the amount specified against each and every Ailment / Procedure mentioned in the Policy Schedule in a Policy Year, provided that the treatment was taken on the advice of a Medical Practitioner. (These conditions will apply only if specifically mentioned in the Policy Schedule)

- i. Treatment of Cataract
- ii. Treatment of Total Knee Replacement
- iii. Surgery for treatment of all types of Hernia
- iv. Hysterectomy
- v. Surgeries for Benign Prostate Hypertrophy (BPH)
- vi. Surgical treatment of stones of renal system
- vii. Treatment of Cerebrovascular and Cardiovascular disorders
- viii. Treatments/Surgeries for Cancer
- ix. Treatment of other renal complications and Disorders
- x. Treatment for breakage of bones

2.2 Benefit 2: Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses

The Company will *indemnify the Insured Person for Medical Expenses incurred which are Medically Necessary*, only through Reimbursement Facility, maximum up to the Sum Insured, as specified in the Policy Schedule, provided that the Medical Expenses so incurred are related to the same Covered Conditions for which the Company has accepted the Insured Person's Claim under Benefit 1 (Hospitalization Expenses) and subject to the conditions specified below:

- (i) Under Pre-Hospitalization Medical Expenses, *for a period of 60 days immediately prior to the Insured Person's date of admission to the Hospital*, provided that the Company shall not be liable to make payment for any Pre-Hospitalization Medical Expenses that were incurred before the Policy Start Date; and
- (ii) Under Post-Hospitalization Medical Expenses, *for a period of 90 days immediately after the Insured Person's date of discharge from the Hospital*.
- (iii) If the provisions of (Payment terms) is applicable to a Claim, then:
 - a) The date of admission to Hospital for the purpose of this Benefit shall be the date of the first admission to the Hospital for the Illness deemed or Injury sustained to be Any One Illness; and
 - b) The date of discharge from Hospital for the purpose of this Benefit shall be the last date of discharge from the Hospital in relation to the Illness deemed or Injury sustained to be Any One Illness.

2.3 Benefit 3: Ambulance Cover

The Company will *indemnify the Insured Person*, through Cashless Facility in India based on pre approval or Reimbursement facility in Nepal basis up to the amount specified against this Benefit in the Policy Schedule, provided that the necessity of such Ambulance transportation is certified by the treating Medical Practitioner and subject to the conditions specified below:

- (i) Such Transportation is from the place of occurrence of Medical Emergency of the Insured person, to the nearest Hospital; and/or

- (ii) Such Transportation is from one Hospital to another Hospital for the purpose of providing better Medical aid to the Insured Person, following an Emergency.

2.4 Benefit 4: No Claims Bonus

At the end of each Policy Year, the Company will enhance the Sum Insured by 10% flat, on a cumulative basis, as a No Claims Bonus for each completed and continuous Policy Year, provided that no Claim has been paid by the Company in the expiring Policy Year, and subject to the conditions specified below:

- i. In any Policy Year, the accrued No Claims Bonus, shall not exceed 50% of the Sum Insured available in the renewed Policy.
- ii. The entire No Claims Bonus will be forfeited if the Policy is not continued / renewed on or before Policy Period End Date or the expiry of the Grace Period whichever is later.
- iii. The No Claims Bonus shall be applicable on an annual basis subject to continuation of the Policy.
- iv. In the event of a Claim occurring during any Policy Year, the accrued No Claims Bonus will be reduced by 10% of the Sum Insured at the commencement of next Policy Year, but in no case shall the Total Sum Insured be reduced than the Sum Insured.
- v. In case Sum Insured under the Policy is reduced at the time of renewal, the applicable No Claims Bonus shall also be reduced in proportion to the Sum Insured.
- vi. In case Sum Insured under the Policy is increased at the time of renewal, the No Claims Bonus shall be calculated on the Sum Insured applicable on the last completed Policy Year.

3. EXCLUSIONS

3.1 Wait Period

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

3.2 Specific Waiting Period for Covered Conditions

- a. Any Claim for or arising out of any of the following Illnesses or Surgical Procedures shall not be admissible during the first 24 (twenty-four) consecutive months of coverage of the Insured Person by the Company from the first Policy Period Start Date. This exclusion shall not be applicable for claims arising due to an accident:
- b. 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.
- c. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- d. List of specific diseases/procedures:
 - 1. Any treatment related to Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism, Spinal Disorders (unless caused by accident), Joint Replacement Surgery (unless caused by accident), Arthroscopic Knee Surgeries/ACL Reconstruction/Meniscal and Ligament Repair

2. Surgical treatments for Benign ear, nose and throat (ENT) disorders and surgeries for – Adenoidectomy, Mastoidectomy, Tonsillectomy and Tympanoplasty), Nasal Septum Deviation, Sinusitis and related disorders.
3. Benign Prostatic Hypertrophy
4. Cataract
5. Dilatation and Curettage
6. Fissure / Fistula in anus, Hemorrhoids / Piles, Pilonidal Sinus, Gastric and Duodenal Ulcers
7. Surgery of Genito-urinary system unless necessitated by malignancy
8. All types of Hernia & Hydrocele
9. Hysterectomy for menorrhagia or Fibromyoma or prolapse of uterus unless necessitated by malignancy
10. Internal tumours, skin tumours, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant
11. Kidney Stone / Ureteric Stone / Lithotripsy / Gall Bladder Stone
12. Myomectomy for fibroids
13. Varicose veins and varicose ulcers
14. Parkinson's or Alzheimer's disease or Dementia

3.3 Pre-existing Disease:

- a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with insurer.
 - b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
 - c. Coverage under the policy after the expiry of 24 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.
- (i) The Waiting Periods as defined in Clauses 3.1, 3.2 and 3.3 shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.
- (ii) If Coverage for Benefits (in case of change in Product Plan) at the time of renewal of this Policy, the Waiting Periods as defined above in Clauses 3.1, 3.2 and 3.3 shall be applicable afresh to the newly added Benefits from the time of such renewal.

3.4 Permanent Exclusions:

The following list of permanent exclusions is applicable to all the Benefits and Optional Covers.

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy Terms and conditions.

1. Any item or condition or treatment specified in List of Non-Medical Items as per Policy Terms & Conditions.
2. Investigation & Evaluation
 - 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.
3. Rest Cure, rehabilitation and respite care
 - 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.
4. Obesity/ Weight Control

Expenses related to the surgical treatment of obesity that does not fulfill 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
5. Change-of-Gender treatments:

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
6. Cosmetic or plastic Surgery:

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.
7. Hazardous or Adventure sports:

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.
8. Breach of law:

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

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
10. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
11. Treatments received in health hydros, 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.
12. 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
13. Refractive Error:

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.
14. Unproven Treatments:

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.

15. Sterility and Infertility:

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

16. Maternity:

- a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
- 17.** Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.
- 18.** Charges incurred in connection with routine eye examinations and ear examinations, dentures, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment.
- 19.** Any expenses incurred on external prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, glucometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome and oxygen concentrator for asthmatic condition, cost of cochlear implants and related surgery.
- 20.** Treatment of any external Congenital Anomaly, Illness or defects or anomalies or treatment relating to external birth defects.
- 21.** Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability .
- 22.** Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
- 23.** All preventive care (except eligible and entitled for Benefits – 12: Annual Health Check-up), Vaccination (except eligible and entitled for Benefit – 13: Vaccination Cover), including Inoculation and Immunizations (except in case of post-bite treatment) and tonics.
- 24.** Expenses incurred for Artificial life maintenance, including life support machine use, post confirmation of vegetative state by treating medical practitioner where such treatment will not result in recovery or restoration of the previous state of health under any circumstances.
- 25.** All expenses related to donor treatment including surgery to remove organs from the donor, in case of transplant surgery (This exclusion is only applicable for Care Plan 1).
- 26.** Non-Allopathic Treatment or treatment related to any unrecognized systems of medicine.
- 27.** War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
- 28.** Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of intoxicating drugs, alcohol or hallucinogens.
- 29.** Any charges incurred to procure documents related to treatment or Illness pertaining to any period of Hospitalization or Illness.
- 30.** Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to cosmetics, hygiene articles, body care products and bath additives, as well as similar incidental services and supplies.
- 31.** Expenses related to any kind of RMO charges, Service charge, Surcharge, night charges levied by the hospital under whatever head.
- 32.** Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
- a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.

- b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
 - c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.
33. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner.
 34. Alopecia wigs and/or toupee and all hair or hair fall treatment and products.
 35. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, remodeling clinic or similar institutions.
 36. Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature.
 37. Remicade, Avastin or similar injectable treatment which is undergone other than as a part of In-Patient Care Hospitalisation or Day Care Hospitalisation is excluded.
 38. Any other exclusion as specified in the Policy Schedule.

Note: In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above Permanent Exclusions shall also be excluded.

4. Claims Procedure and Management

This section explains about procedures involved to file a valid Claim by the Insured Person and related processes involved to manage the Claim by the Company. All the procedures and processes such as pre-requisite for filing an admissible Claim, Duties of a Claimant, Documents to be submitted for filing a valid Claim, Claim Settlement Facilities, Intimation of Claims by the Insured to the Company, Progressive order for Assessment of Claims by the Company, settlement of payable Claim Amount by the Company to the Insured Person/Claimant (in case of Reimbursement Facility) and/or Hospital (in case of Cashless Facility) and related terms of Payment, are explained herein.

4.1 Pre-requisite for admissibility of a Claim:

Any claim being made by an Insured Person or attendant of Insured Person during Hospitalization on behalf of the Insured person, should comply with the following conditions:

- (i) The Condition Precedent Clause has to be fulfilled.
- (ii) The health damage caused, Medical Expenses incurred, subsequently the Claim being made, should be with respect to the Insured Person only. The Company will not be liable to indemnify the Insured Person for any loss other than the covered Benefits and any other person who is not accepted by the Company as an Insured Person.
- (iii) The holding Insurance Policy should be in force at the event of the Claim. All the Policy Terms and Conditions, wait periods and exclusions are to be fulfilled including the realization of Premium by their respective due dates.
- (iv) All the required and supportive Claim related documents are to be furnished within the stipulated timelines. The Company may call for additional documents wherever required.

4.2 Claim settlement - Facilities

- (a) Cashless Facility (CHIL network in India and HGI Network in Nepal)

The Company extends Cashless Facility as a mode to indemnify the medical expenses incurred by the Insured Person at a Network Provider in India (Only). -

- (i) **Submission of Pre-authorization Form:** A Pre-authorization form which is available with your Insurance Company should be duly filled and signed by the Insured Person and the treating Medical Practitioner, which has to be submitted to the insurance company or appointed Claim Administrator
Only upon due approval, Cashless Facility can be availed
- (ii) **Identification Documents:** one Valid Photo Identification of the Insured Person are to be produced at the Network Provider, photocopies of which shall be forwarded to the Company for authentication purposes.
- (iii) **Company's Approval:** The Claim administrator will confirm in writing, authorization or rejection of the request to avail Cashless Facility for the Insured Person's Hospitalization.
- (iv) **Company's Authorization:**
 - a) If the request for availing Cashless Facility is authorized by the Company, then payment for the Medical Expenses incurred in respect of the Insured Person shall not have to be made to the extent that such Medical Expenses are covered under this Policy and fall within the amount authorized in writing by the Company for availing Cashless Facility.
 - b) An Authorization letter will include details of Sanctioned Amount, any specific limitation on the Claim, and any other details specific to the Insured Person, if any, as applicable.
 - c) In the event that the cost of Hospitalization exceeds the authorized limit, the Network Provider shall request the Claim Administrator for an enhancement of Authorization Limit stating details of specific circumstances which have led to the need for increase in the previously authorized limit. The Claim Administrator will verify the eligibility and evaluate the request for enhancement on the availability of further limits.
- (v) **Event of Discharge from Hospital:** All original bills and evidence of treatment for the Medical Expenses incurred in respect of the Hospitalization of the Insured Person and all other information and documentation as specified in this document shall be submitted by the Network Provider immediately and in any event before the Insured Person's discharge from Hospital.
- (vi) **Company's Rejection:** If the Company does not authorize the Cashless Facility due to insufficient Sum Insured or insufficient information provided to the Company to determine the admissibility of the Claim, then payment for such treatment will have to be made by the Policyholder / Insured Person to the Network Provider. following which a Claim for reimbursement may be made to the Company which shall be considered subject to the Insured Person's Policy limits and relevant conditions. Please note that rejection of a Pre-authorization request is in no way construed as rejection of coverage or treatment. The Insured Person can proceed with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.

The Company may modify the list of Network Providers or modify or restrict the extent of Cashless Facilities that may be availed at any particular Network Provider. For an updated list of Network Providers and the extent of Cashless Facilities available at each Network Provider, the Insured Person may refer to the list of Network Providers available on the Claim Administrator website: www.careinsurance.com

- (vii) **Claim Settlement:** For Claim settlement under Cashless Facility, the payment shall be made to the Network Provider whose discharge would be complete and final.

(b) Re-imbursement Facility (Only in Nepal)

- I. For In-patient hospitalization claims in Nepal insured may file for the reimbursement with company/Claim administrator. All the information and documentation as specified shall be submitted to the Company / Claim Administrator at Policyholder's / Insured Person's own expense, immediately and in any event within 30 days of Insured Person's discharge from Hospital. For in patient claims under reimbursement in Nepal Insurer/Claim Administrator shall be notified either at the call center or in writing, atleast 24 hours prior to planned Hospitalization and within 24 hours of emergency hospitalization

- II. For Claim settlement under reimbursement, the Company will pay the Policyholder. In the event of death of the Policyholder, the Company will pay the nominee (as named in the Policy Schedule) and in case of no 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.

4.3 Duties of a Claimant/ Insured Person in the event of Claim

It is agreed and understood that as a Condition Precedent for a Claim to be considered under this Policy:

- (i) The Policyholder / Insured Person shall check the updated list of Network Provider before submission of a pre-authorization request for Cashless Facility in India.
- (ii) All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.
- (iii) Intimation of the Claim, notification of the Claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified under Claims Procedure and Management of the Policy.
- (iv) The Insured Person will, at the request of the Company, submit himself / herself for a medical examination by the Company's nominated Medical Practitioner as often as the Company considers reasonable and necessary. The cost of such examination will be borne by the Company.
- (v) The Company's Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Person's medical and Hospitalization records and to investigate the facts and examine the Insured Person.
- (vi) The Company shall be provided with complete necessary documentation and information which the Company has requested to establish its liability for the Claim, its circumstances and its quantum.

4.4 Claims Intimation

4.4.1 For In-patient Hospitalization

Upon the occurrence of any Illness or Injury that may result in a Claim under this Policy, then as a Condition Precedent to the Company's liability under the Policy, all of the following shall be undertaken:

- (i) If any Illness is diagnosed or discovered or any Injury is suffered or any other contingency occurs which has resulted in a Claim or may result in a Claim under the Policy, the Company shall be notified with full particulars within 48 hours from the date of occurrence of event either at the Company's call center or in writing.
- (ii) Claim must be filed within 15 days from the date of Loss from the hospital.
- (iii) The following details are to be disclosed to the Company/claim administrator at the time of intimation of Claim:
 - 1. Policy Number;
 - 2. Name of the Policyholder;
 - 3. Name of the Insured Person in respect of whom the Claim is being made;
 - 4. Nature of Illness or Injury;
 - 5. Name and address of the attending Medical Practitioner and Hospital;
 - 6. Date of admission to Hospital or proposed date of admission to Hospital for planned Hospitalization;
 - 7. Any other necessary information, documentation or details requested by the Company.
- (iv) In case of an Emergency Hospitalization, the Company/claim administrator shall be notified immediately and in any event within 48 hours of Hospitalization commencing or before the Insured Person's discharge from Hospital.

Cashless (India)

Company/Claim Administrator will review all documents and medical reports to approve, reject, raise query or send the same for investigation for availing in-patient benefit under this policy. If the case gets initial approval, insured can travel as per the specified dates for taking treatment in any of the opted CHIL network hospital. Company reserves the right to further investigate the case even during hospitalization period and may deny the claim in case of non-disclosure, Fraud, need for hospitalization/surgery or for non-compliance to any other policy terms and condition.

Reimbursement (Nepal)

- ✓ Insurer /Claim Administrator shall be notified either at the call center or in writing, atleast 24 hours prior to planned Hospitalization and within 24 hours of emergency hospitalization.
- ✓ In case, claim intimation is not provided – insurer reserve the right to decline the claim.

4.5 Documents to be submitted for filing a valid Claim

a) The following information and documentation shall be submitted in accordance with the procedures and within the timeframes specified in respect of all Claims:

1. Duly filled and signed Claim form by the Insured Person;
2. Copy of Photo ID of Insured Person;
3. Medical Practitioner's referral letter advising Hospitalization;
4. Medical Practitioner's prescription advising drugs or diagnostic tests or consultations;
5. Original bills, receipts and discharge summary from the Hospital/Medical Practitioner;
6. Original bills from pharmacy/chemists;
7. Original pathological/diagnostic test reports/radiology reports and payment receipts;
8. Operation Theatre Notes;
9. Indoor case papers;
10. Original investigation test reports and payment receipts supported by Doctor's reference slip;
11. Ambulance Receipt;
12. MLC/FIR report, Post Mortem Report if applicable and conducted;
13. Any other document as required by the Company to assess the Claim.

b) The Company will accept bills/invoices which are made in the Insured Person's name only. However, claims filed even beyond the timelines mentioned above should be considered if there are valid reasons for any delay.

4.6 Claim Assessment

- a. The Claim Administrator shall scrutinize the Claim and supportive documents, once received. In case of any deficiency, the Claim Administrator may call for any additional documents or information as required, based on the circumstances of the Claim.
- b. All admissible Claims under this Policy shall be assessed by the Claim Administrator in the following progressive order:
 - (i) If a Room/ICU accommodation has been opted for where the Room Rent or Room Category or ICU Charges is higher than the eligible limit as applicable for that Insured Person as specified in the Policy schedule, then the Variable Medical Expenses payable shall be pro-rated as per the applicable limits.
 - (ii) If any sub-limits on Room Rent/Category for Medical Expenses are applicable as specified in the Policy Certificate, the Company's liability to make payment shall be limited to the extent of the applicable sub-limit for that Medical Expense.
 - (iii) The Deductible (if applicable) shall be applied to the aggregate of all Claims that are either paid or payable under this Policy. The Company's liability to make payment shall commence only once the aggregate amount of all Claims payable or paid exceed the Deductible. Similarly, if 'Deductible per claim' is applicable, the Company's liability to make payment shall commence only once the 'Deductible per claim' limit is exceeded.
 - (iv) Co-payment (if applicable) shall be applicable on the admissible claim amount payable by the Company

- c. The Claim amount assessed would be deducted from the Sum Insured;

4.7 Payment Terms

- (a) This Policy covers only medical treatment taken within India on designated network of claims administrator or in Nepal
- (b) The Company shall have no liability to make payment of a Claim under the Policy in respect of an Insured Person during the Policy Period, once the Total Sum Insured for that Insured Person is exhausted.
- (c) **If the Policyholder / Insured Person suffers a relapse within 45 days** of the date of discharge from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits for Any One Illness under this Policy shall be applied as if they were under a single Claim.
- (d) The Claim shall be paid only for the Policy Year in which the Insured event which gives rise to a Claim under this Policy occurs.
- (e) The Premium for the policy will remain the same for the policy period mentioned in the Policy Schedule.

5. GENERAL TERMS AND CONDITIONS

1. Disclosure to Information Norm

If any untrue or incorrect statements are made or there has been a misrepresentation, mis-description or non-disclosure of any material particulars or any material information having been withheld, or if a Claim is fraudulently made or any fraudulent means or devices are used by the Policyholder, the Insured Person or any one acting on his or their behalf, the Company shall have no liability to make payment of any Claims and the premium paid shall be forfeited ab initio to the Company.

2. Observance of Terms and Conditions

The due observance and fulfillment of the terms and conditions of this Policy (including the realization of premium by their respective due dates and compliance with the specified procedure on all Claims) in so far as they relate to anything to be done or complied with by the Policyholder or any Insured Person, shall be Condition Precedent to the Company's liability under the Policy.

3. Material Change

It is a condition precedent to the Company's liability under the Policy that the Policyholder shall immediately notify the Company in writing of any material change in the risk on account of change in nature of occupation or business at his own expense. The Company may adjust the scope of cover and / or the premium paid or payable, accordingly.

4. No constructive Notice

Any knowledge or information of any circumstance or condition in relation to the Policyholder or Insured Person which is in possession of the Company other than that information expressly disclosed in the Proposal Form or otherwise in writing to the Company, shall not be held to be binding or prejudicially affect the Company.

5. Complete Discharge

Payment made by the Company to the Policyholder or Insured Person or the nominee of the Policyholder or the legal representative of the Policyholder or to the Hospital, as the case may be, of any Medical Expenses or compensation or Benefit under the Policy shall in all cases be complete and construed as an effectual discharge in favor of the Company.

6. Policy Disputes

Any and all disputes or differences under or in relation to the validity, construction, interpretation and effect to this Policy shall be determined by the Nepal Courts and in accordance with Nepal laws.

7. Renewal Terms

- (a) This Policy will automatically terminate on the Policy Period End Date. All renewal applications should reach the Company on or before the Policy Period End Date.
- (b) The premium payable on renewal shall be paid to the Company on or before the Policy Period End Date and in any event before the expiry of the Grace Period.
- (c) For the purpose of this provision, Grace Period means a period of 30 days immediately following the Policy Period End Date during which a payment can be made to renew this Policy without loss of continuity Benefits. Coverage is not available for the period for which premium is not received by the Company and the Company shall not be liable for any Claims incurred during such period.
- (d) The Company will ordinarily not refuse to renew the Policy except on ground of fraud, moral hazard or misrepresentation or non-co-operation by the Insured.
- (e) The Company may carry out underwriting in accordance with its underwriting policy in relation to any request for change in Sum Insured or Deductible at the time of renewal of the Policy.
- (f) The Company may revise the renewal premium payable under the Policy. Revised rates shall be applied only prospectively thereafter for new policies and at the date of renewal for renewals.

8. Termination

The Company may at any time, cancel this Policy on grounds as specified in Clause 'Disclosure to Information Norms' by giving 15 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to the Policyholder at his last known address and the Company shall have no liability to make payment of any Claims and the premium paid shall be forfeited and no refund of premium shall be effected by the Company.

In case of demise of the Policyholder,

- (i) Where the Policy covers only the Policyholder, this Policy shall stand null and void from the date and time of demise of the Policyholder. In case of no claim, proportionate premium for the unexpired period of this Policy shall be refunded
- (ii) Where the Policy covers other Insured Persons, this Policy shall continue till the end of Policy Period for the other Insured Persons. If the other Insured Persons wish to continue with the same Policy, the Company will renew the Policy subject to the appointment of a policyholder provided that:
 - I. Written notice in this regard is given to the Company before the Policy Period End Date; and
 - II. A person of Age 18 years or above, who satisfies the Company's criteria applies to become the Policyholder.

9. Limitation of liability

Any Claim under this Policy for which the notification or intimation of Claim is received 12 calendar months after the event or occurrence giving rise to the Claim shall not be admissible.

10. Communication

Any communication meant for the Company must be in writing and be delivered to its address shown in the Policy Schedule. Any communication meant for the Policyholder will be sent by the Company to his last known address or the address as shown in the Policy Schedule.

All notifications and declarations for the Company must be in writing and sent to the address specified in the Policy Schedule.

11. Alterations in the Policy

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by a written endorsement signed and stamped by the Company. However, change or alteration with respect to increase/ decrease of the Sum Insured shall be permissible only at the time of renewal of the Policy.

Out of all the details of the various Benefits provided in the Policy Terms and Conditions, only the details pertaining to Benefits chosen by policyholder as per Policy Certificate shall be considered relevant

12. Records to be maintained

The Policyholder or Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as the Company may require under this Policy at any time during the Policy Period or Policy Year or until final adjustment (if any) and resolution of all Claims under this Policy.

13. Grievances

The Company has developed proper procedures and effective mechanism to address complaints by the customers. The Company is committed to comply with the Regulations, standards which have been set forth in the Regulations, Circulars issued by the Authority from time to time in this regard.

(a) If the Policyholder / Insured Person has a grievance that the Policyholder / Insured Person wishes the Company to redress, the Policyholder / Insured Person may contact the Company with the details of the grievance through:

Website:

Email:

Contact No

Fax:

Courier

The Policyholder/Insured Person may also approach the Company's designated branches with the details of his/her grievance during the Company's working hours from Monday to Friday.

Annexure I - List of Day Care Surgeries

1. Cardiology Related:

1. CORONARY ANGIOGRAPHY

2. Critical Care Related:

2. INSERT NON- TUNNEL CV CATH
3. INSERT PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)

4. REPLACE PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)
5. INSERTION CATHETER, INTRA ANTERIOR
6. INSERTION OF PORTACATH

3. Dental Related:

7. SPLINTING OF AVULSED TEETH
8. SUTURING LACERATED LIP
9. SUTURING ORAL MUCOSA
10. ORAL BIOPSY IN CASE OF ABNORMAL TISSUE PRESENTATION
11. FNAC
12. SMEAR FROM ORAL CAVITY

4. ENT Related:

13. MYRINGOTOMY WITH GROMMET INSERTION
14. TYMPANOPLASTY (CLOSURE OF AN EARDRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES)
15. REMOVAL OF A TYMPANIC DRAIN
16. KERATOSIS REMOVAL UNDER GA
17. OPERATIONS ON THE TURBINATES (NASAL CONCHA)
18. TYMPANOPLASTY (CLOSURE OF AN EARDRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES)
19. REMOVAL OF KERATOSIS OBTURANS
20. STAPEDOTOMY TO TREAT VARIOUS LESIONS IN MIDDLE EAR
21. REVISION OF A STAPEDECTOMY
22. OTHER OPERATIONS ON THE AUDITORY OSSICLES
23. MYRINGOPLASTY (POST-AURA/ENDAURAL APPROACH AS WELL AS SIMPLE TYPE -I TYMPANOPLASTY)
24. FENESTRATION OF THE INNER EAR
25. REVISION OF A FENESTRATION OF THE INNER EAR
26. PALATOPLASTY
27. TRANSORAL INCISION AND DRAINAGE OF A PHARYNGEAL ABSCESS
28. TONSILLECTOMY WITHOUT ADENOIDECTOMY
29. TONSILLECTOMY WITH ADENOIDECTOMY
30. EXCISION AND DESTRUCTION OF A LINGUAL TONSIL
31. REVISION OF A TYMPANOPLASTY
32. OTHER MICROSURGICAL OPERATIONS ON THE MIDDLE EAR
33. INCISION OF THE MASTOID PROCESS AND MIDDLE EAR
34. MASTOIDECTOMY
35. RECONSTRUCTION OF THE MIDDLE EAR
36. OTHER EXCISIONS OF THE MIDDLE AND INNER EAR
37. INCISION (OPENING) AND DESTRUCTION (ELIMINATION) OF THE INNER EAR
38. OTHER OPERATIONS ON THE MIDDLE AND INNER EAR
39. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE NOSE
40. OTHER OPERATIONS ON THE NOSE
41. NASAL SINUS ASPIRATION
42. FOREIGN BODY REMOVAL FROM NOSE
43. OTHER OPERATIONS ON THE TONSILS AND ADENOIDS
44. ADENOIDECTOMY
45. LABYRINTHECTOMY FOR SEVERE VERTIGO
46. STAPEDECTOMY UNDER GA
47. STAPEDECTOMY UNDER LA
48. TYMPANOPLASTY (TYPE IV)
49. ENDOLYMPHATIC SAC SURGERY FOR MENIERE'S DISEASE
50. TURBINECTOMY

51. ENDOSCOPIC STAPEDECTOMY
52. INCISION AND DRAINAGE OF PERICHONDritis
53. SEPTOPLASTY
54. VESTIBULAR NERVE SECTION
55. THYROPLASTY TYPE I
56. PSEUDOCYST OF THE PINNA - EXCISION
57. INCISION AND DRAINAGE - HAEMATOMA AURICLE
58. TYMPANOPLASTY (TYPE II)
59. REDUCTION OF FRACTURE OF NASAL BONE
60. THYROPLASTY TYPE II
61. TRACHEOSTOMY
62. EXCISION OF ANGIOMA SEPTUM
63. TURBINOPLASTY
64. INCISION & DRAINAGE OF RETRO PHARYNGEAL ABSCESS
65. UVULO PALATO PHARYNGO PLASTY
66. ADENOIDECTOMY WITH GROMMET INSERTION
67. ADENOIDECTOMY WITHOUT GROMMET INSERTION
68. VOCAL CORD LATERALISATION PROCEDURE
69. INCISION & DRAINAGE OF PARA PHARYNGEAL ABSCESS
70. TRACHEOPLASTY

5. Gastroenterology Related:

71. CHOLECYSTECTOMY AND CHOLEDOCHO-JEJUNOSTOMY/
DUODENOSTOMY/GASTROSTOMY/EXPLORATION COMMON BILE DUCT
72. ESOPHAGOSCOPY, GASTROSCOPY, DUODENOSCOPY WITH POLYPECTOMY/ REMOVAL OF FOREIGN
BODY/DIATHERMY OF BLEEDING LESIONS
73. PANCREATIC PSEUDOCYST EUS & DRAINAGE
74. RF ABLATION FOR BARRETT'S OESOPHAGUS
75. ERCP AND PAPILOTOMY
76. ESOPHAGOSCOPE AND SCLEROSANT INJECTION
77. EUS + SUBMUCOSAL RESECTION
78. CONSTRUCTION OF GASTROSTOMY TUBE
79. EUS + ASPIRATION PANCREATIC CYST
80. SMALL BOWEL ENDOSCOPY (THERAPEUTIC)
81. COLONOSCOPY, LESION REMOVAL
82. ERCP
83. COLONOSCOPY STENTING OF STRICTURE
84. PERCUTANEOUS ENDOSCOPIC GASTROSTOMY
85. EUS AND PANCREATIC PSEUDO CYST DRAINAGE
86. ERCP AND CHOLEDOCHOSCOPY
87. PROCTOSIGMOIDOSCOPY VOLVULUS DETORSION
88. ERCP AND SPHINCTEROTOMY
89. ESOPHAGEAL STENT PLACEMENT
90. ERCP + PLACEMENT OF BILIARY STENTS
91. SIGMOIDOSCOPY W / STENT
92. EUS + COELIAC NODE BIOPSY
93. UGI SCOPY AND INJECTION OF ADRENALINE, SCLEROSANTS BLEEDING ULCERS

6. General Surgery Related:

94. INCISION OF A PILONIDAL SINUS / ABSCESS
95. FISSURE IN ANO SPHINCTEROTOMY
96. SURGICAL TREATMENT OF A VARICOCELE AND A HYDROCELE OF THE SPERMATIC CORD
97. ORCHIDOPEXY

98. ABDOMINAL EXPLORATION IN CRYPTORCHIDISM
99. SURGICAL TREATMENT OF ANAL FISTULAS
100. DIVISION OF THE ANAL SPHINCTER (SPHINCTEROTOMY)
101. EPIDIDYMECTOMY
102. INCISION OF THE BREAST ABSCESS
103. OPERATIONS ON THE NIPPLE
104. EXCISION OF SINGLE BREAST LUMP
105. INCISION AND EXCISION OF TISSUE IN THE PERIANAL REGION
106. SURGICAL TREATMENT OF HEMORRHOIDS
107. OTHER OPERATIONS ON THE ANUS
108. ULTRASOUND GUIDED ASPIRATIONS
109. SCLEROTHERAPY, ETC.
110. LAPAROTOMY FOR GRADING LYMPHOMA WITH SPLENECTOMY/LIVER/LYMPH NODE BIOPSY
111. THERAPEUTIC LAPAROSCOPY WITH LASER
112. APPENDICECTOMY WITH/WITHOUT DRAINAGE
113. INFECTED KELOID EXCISION
114. AXILLARY LYMPHADENECTOMY
115. WOUND DEBRIDEMENT AND COVER
116. ABSCESS-DECOMPRESSION
117. CERVICAL LYMPHADENECTOMY
118. INFECTED SEBACEOUS CYST
119. INGUINAL LYMPHADENECTOMY
120. INCISION AND DRAINAGE OF ABSCESS
121. SUTURING OF LACERATIONS
122. SCALP SUTURING
123. INFECTED LIPOMA EXCISION
124. MAXIMAL ANAL DILATATION
125. PILES
126. A) INJECTION SCLEROTHERAPY
127. B) PILES BANDING
128. LIVER ABSCESS- CATHETER DRAINAGE
129. FISSURE IN ANO- FISSURECTOMY
130. FIBROADENOMA BREAST EXCISION
131. OESOPHAGEAL VARICES SCLEROTHERAPY
132. ERCP - PANCREATIC DUCT STONE REMOVAL
133. PERIANAL ABSCESS I&D
134. PERIANAL HEMATOMA EVACUATION
135. UGI SCOPY AND POLYPECTOMY OESOPHAGUS
136. BREAST ABSCESS I& D
137. FEEDING GASTROSTOMY
138. OESOPHAGOSCOPY AND BIOPSY OF GROWTH OESOPHAGUS
139. ERCP - BILE DUCT STONE REMOVAL
140. ILEOSTOMY CLOSURE
141. COLONOSCOPY
142. POLYPECTOMY COLON
143. SPLENIC ABSCESSES LAPAROSCOPIC DRAINAGE
144. UGI SCOPY AND POLYPECTOMY STOMACH
145. RIGID OESOPHAGOSCOPY FOR FB REMOVAL
146. FEEDING JEJUNOSTOMY
147. COLOSTOMY
148. ILEOSTOMY
149. COLOSTOMY CLOSURE
150. SUBMANDIBULAR SALIVARY DUCT STONE REMOVAL
151. PNEUMATIC REDUCTION OF INTUSSUSCEPTION
152. VARICOSE VEINS LEGS - INJECTION SCLEROTHERAPY

153. RIGID OESOPHAGOSCOPY FOR PLUMMER VINSON SYNDROME
154. PANCREATIC PSEUDOCYSTS ENDOSCOPIC DRAINAGE
155. ZADEK'S NAIL BED EXCISION
156. SUBCUTANEOUS MASTECTOMY
157. EXCISION OF RANULA UNDER GA
158. RIGID OESOPHAGOSCOPY FOR DILATION OF BENIGN STRICTURES
159. EVERSION OF SAC
160. UNILATERAL
161. ILATERAL
162. LORD'S PLICATION
163. JABOULAY'S PROCEDURE
164. SCROTOPLASTY
165. CIRCUMCISION FOR TRAUMA
166. MEATOPLASTY
167. INTERSPHINCTERIC ABSCESS INCISION AND DRAINAGE
168. PSOAS ABSCESS INCISION AND DRAINAGE
169. THYROID ABSCESS INCISION AND DRAINAGE
170. TIPS PROCEDURE FOR PORTAL HYPERTENSION
171. ESOPHAGEAL GROWTH STENT
172. PAIR PROCEDURE OF HYDATID CYST LIVER
173. TRU CUT LIVER BIOPSY
174. PHOTODYNAMIC THERAPY OR ESOPHAGEAL TUMOUR AND LUNG TUMOUR
175. EXCISION OF CERVICAL RIB
176. LAPAROSCOPIC REDUCTION OF INTUSSUSCEPTION
177. MICRODOCHETOMY BREAST
178. SURGERY FOR FRACTURE PENIS
179. SENTINEL NODE BIOPSY
180. PARASTOMAL HERNIA
181. REVISION COLOSTOMY
182. PROLAPSED COLOSTOMY- CORRECTION
183. TESTICULAR BIOPSY
184. LAPAROSCOPIC CARDIOMYOTOMY(HELLERS)
185. SENTINEL NODE BIOPSY MALIGNANT MELANOMA
186. LAPAROSCOPIC PYLOROMYOTOMY(RAMSTEDT)

7. Gynecology Related:

187. OPERATIONS ON BARTHOLIN'S GLANDS (CYST)
188. INCISION OF THE OVARY
189. INSUFFLATIONS OF THE FALLOPIAN TUBES
190. OTHER OPERATIONS ON THE FALLOPIAN TUBE
191. DILATATION OF THE CERVICAL CANAL
192. CONISATION OF THE UTERINE CERVIX
193. THERAPEUTIC CURETTAGE WITH COLPOSCOPY/BIOPSY/DIATHERMY/CRYOSURGERY/
194. LASER THERAPY OF CERVIX FOR VARIOUS LESIONS OF UTERUS
195. OTHER OPERATIONS ON THE UTERINE CERVIX
196. INCISION OF THE UTERUS (HYSTERECTOMY)
197. LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE VAGINA AND THE POUCH OF DOUGLAS
198. INCISION OF VAGINA
199. INCISION OF VULVA
200. CULDOTOMY
201. SALPINGO-OOPHORECTOMY VIA LAPAROTOMY
202. ENDOSCOPIC POLYPECTOMY
203. HYSTEROSCOPIC REMOVAL OF MYOMA

- 204. D&C
- 205. HYSTEROSCOPIC RESECTION OF SEPTUM
- 206. THERMAL CAUTERISATION OF CERVIX
- 207. MIRENA INSERTION
- 208. HYSTEROSCOPIC ADHESIOLYSIS
- 209. LEEP
- 210. CRYOCAUTERISATION OF CERVIX
- 211. POLYPECTOMY ENDOMETRIUM
- 212. HYSTEROSCOPIC RESECTION OF FIBROID
- 213. LLETZ
- 214. CONIZATION
- 215. POLYPECTOMY CERVIX
- 216. HYSTEROSCOPIC RESECTION OF ENDOMETRIAL POLYP
- 217. VULVAL WART EXCISION
- 218. LAPAROSCOPIC PARAOVARIAN CYST EXCISION
- 219. UTERINE ARTERY EMBOLIZATION
- 220. LAPAROSCOPIC CYSTECTOMY
- 221. HYMENECTOMY (IMPERFORATE HYMEN)
- 222. ENDOMETRIAL ABLATION
- 223. VAGINAL WALL CYST EXCISION
- 224. VULVAL CYST EXCISION
- 225. LAPAROSCOPIC PARATUBAL CYST EXCISION
- 226. REPAIR OF VAGINA (VAGINAL ATRESIA)
- 227. HYSTEROSCOPY, REMOVAL OF MYOMA
- 228. TURBT
- 229. URETEROCOELE REPAIR - CONGENITAL INTERNAL
- 230. VAGINAL MESH FOR POP
- 231. LAPAROSCOPIC MYOMECTOMY
- 232. SURGERY FOR SUI
- 233. REPAIR RECTO- VAGINA FISTULA
- 234. PELVIC FLOOR REPAIR (EXCLUDING FISTULA REPAIR)
- 235. URS + LL
- 236. LAPAROSCOPIC OOPHORECTOMY
- 237. NORMAL VAGINAL DELIVERY AND VARIANTS

8. Neurology Related:

- 238. FACIAL NERVE PHYSIOTHERAPY
- 239. NERVE BIOPSY
- 240. MUSCLE BIOPSY
- 241. EPIDURAL STEROID INJECTION
- 242. GLYCEROL RHIZOTOMY
- 243. SPINAL CORD STIMULATION
- 244. MOTOR CORTEX STIMULATION
- 245. STEREOTACTIC RADIOSURGERY
- 246. PERCUTANEOUS CORDOTOMY
- 247. INTRATHECAL BACLOFEN THERAPY
- 248. ENTRAPMENT NEUROPATHY RELEASE
- 249. DIAGNOSTIC CEREBRAL ANGIOGRAPHY
- 250. VP SHUNT
- 251. VENTRICULOATRIAL SHUNT

9. Oncology Related:

- 252. RADIOTHERAPY FOR CANCER

253. CANCER CHEMOTHERAPY
254. IV PUSH CHEMOTHERAPY
255. HBI-HEMIBODY RADIOTHERAPY
256. INFUSIONAL TARGETED THERAPY
257. SRT-STEREOTACTIC ARC THERAPY
258. SC ADMINISTRATION OF GROWTH FACTORS
259. CONTINUOUS INFUSIONAL CHEMOTHERAPY
260. INFUSIONAL CHEMOTHERAPY
261. CCRT-CONCURRENT CHEMO + RT
262. 2D RADIOTHERAPY
263. 3D CONFORMAL RADIOTHERAPY
264. IGRT- IMAGE GUIDED RADIOTHERAPY
265. IMRT- STEP & SHOOT
266. INFUSIONAL BISPHOSPHONATES
267. IMRT- DMLC
268. ROTATIONAL ARC THERAPY
269. TELE GAMMA THERAPY
270. FSRT-FRACTIONATED SRT
271. VMAT-VOLUMETRIC MODULATED ARC THERAPY
272. SBRT-STEREOTACTIC BODY RADIOTHERAPY
273. HELICAL TOMOTHERAPY
274. SRS-STEREOTACTIC RADIOSURGERY
275. X-KNIFE SRS
276. GAMMAKNIFE SRS
277. TBI- TOTAL BODY RADIOTHERAPY
278. INTRALUMINAL BRACHYTHERAPY
279. ELECTRON THERAPY
280. TSET-TOTAL ELECTRON SKIN THERAPY
281. EXTRACORPOREAL IRRADIATION OF BLOOD PRODUCTS
282. TELECOBALT THERAPY
283. TELECESIUM THERAPY
284. EXTERNAL MOULD BRACHYTHERAPY
285. INTERSTITIAL BRACHYTHERAPY
286. INTRACAVITY BRACHYTHERAPY
287. 3D BRACHYTHERAPY
288. IMPLANT BRACHYTHERAPY
289. INTRAVESICAL BRACHYTHERAPY
290. ADJUVANT RADIOTHERAPY
291. AFTERLOADING CATHETER BRACHYTHERAPY
292. CONDITIONING RADIOTHERAPY FOR BMT
293. EXTRACORPOREAL IRRADIATION TO THE HOMOLOGOUS BONE GRAFTS
294. RADICAL CHEMOTHERAPY
295. NEOADJUVANT RADIOTHERAPY
296. LDR BRACHYTHERAPY
297. PALLIATIVE RADIOTHERAPY
298. RADICAL RADIOTHERAPY
299. PALLIATIVE CHEMOTHERAPY
300. TEMPLATE BRACHYTHERAPY
301. NEOADJUVANT CHEMOTHERAPY
302. ADJUVANT CHEMOTHERAPY
303. INDUCTION CHEMOTHERAPY
304. CONSOLIDATION CHEMOTHERAPY
305. MAINTENANCE CHEMOTHERAPY
306. HDR BRACHYTHERAPY

10. Operations on the salivary glands & salivary ducts:

- 307. INCISION AND LANCING OF A SALIVARY GLAND AND A SALIVARY DUCT
- 308. EXCISION OF DISEASED TISSUE OF A SALIVARY GLAND AND A SALIVARY DUCT
- 309. RESECTION OF A SALIVARY GLAND
- 310. RECONSTRUCTION OF A SALIVARY GLAND AND A SALIVARY DUCT
- 311. OTHER OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS

11. Operations on the skin & subcutaneous tissues:

- 312. OTHER INCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
- 313. SURGICAL WOUND TOILET (WOUND DEBRIDEMENT) AND REMOVAL OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
- 314. LOCAL EXCISION OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
- 315. OTHER EXCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
- 316. SIMPLE RESTORATION OF SURFACE CONTINUITY OF THE SKIN AND SUBCUTANEOUS TISSUES
- 317. FREE SKIN TRANSPLANTATION, DONOR SITE
- 318. FREE SKIN TRANSPLANTATION, RECIPIENT SITE
- 319. REVISION OF SKIN PLASTY
- 320. OTHER RESTORATION AND RECONSTRUCTION OF THE SKIN AND SUBCUTANEOUS TISSUES.
- 321. CHEMOSURGERY TO THE SKIN.
- 322. DESTRUCTION OF DISEASED TISSUE IN THE SKIN AND SUBCUTANEOUS TISSUES
- 323. RECONSTRUCTION OF DEFORMITY/DEFECT IN NAIL BED
- 324. EXCISION OF BURSITIS
- 325. TENNIS ELBOW RELEASE

12. Operations on the Tongue:

- 326. INCISION, EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TONGUE
- 327. PARTIAL GLOSSECTOMY
- 328. GLOSSECTOMY
- 329. RECONSTRUCTION OF THE TONGUE
- 330. OTHER OPERATIONS ON THE TONGUE

13. Ophthalmology Related:

- 331. SURGERY FOR CATARACT
- 332. INCISION OF TEAR GLANDS
- 333. OTHER OPERATIONS ON THE TEAR DUCTS
- 334. INCISION OF DISEASED EYELIDS
- 335. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE EYELID
- 336. OPERATIONS ON THE CANTHUS AND EPICANTHUS
- 337. CORRECTIVE SURGERY FOR ENTROPION AND ECTROPION
- 338. CORRECTIVE SURGERY FOR BLEPHAROPTOSIS
- 339. REMOVAL OF A FOREIGN BODY FROM THE CONJUNCTIVA
- 340. REMOVAL OF A FOREIGN BODY FROM THE CORNEA
- 341. INCISION OF THE CORNEA
- 342. OPERATIONS FOR PTERYGIUM
- 343. OTHER OPERATIONS ON THE CORNEA
- 344. REMOVAL OF A FOREIGN BODY FROM THE LENS OF THE EYE
- 345. REMOVAL OF A FOREIGN BODY FROM THE POSTERIOR CHAMBER OF THE EYE
- 346. REMOVAL OF A FOREIGN BODY FROM THE ORBIT AND EYEBALL
- 347. CORRECTION OF EYELID PTOSIS BY LEVATOR PALPEBRAE SUPERIORIS RESECTION (BILATERAL)

- 348. CORRECTION OF EYELID PTOSIS BY FASCIA LATA GRAFT (BILATERAL)
- 349. DIATHERMY/CRYOTHERAPY TO TREAT RETINAL TEAR
- 350. ANTERIOR CHAMBER PARACENTESIS/ CYCLODIATHERMY/CYCLOCRYOTHERAPY/
GONIOTOMY/TRABECULOTOMY AND FILTERING AND ALLIED OPERATIONS TO TREAT GLAUCOMA
- 351. ENUCLEATION OF EYE WITHOUT IMPLANT
- 352. DACRYOCYSTORHINOSTOMY FOR VARIOUS LESIONS OF LACRIMAL GLAND
- 353. LASER PHOTOCOAGULATION TO TREAT RATINAL TEAR
- 354. BIOPSY OF TEAR GLAND
- 355. TREATMENT OF RETINAL LESION

14. Orthopedics Related:

- 356. SURGERY FOR MENISCUS TEAR
- 357. INCISION ON BONE, SEPTIC AND ASEPTIC
- 358. CLOSED REDUCTION ON FRACTURE, LUXATION OR EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
- 359. SUTURE AND OTHER OPERATIONS ON TENDONS AND TENDON SHEATH
- 360. REDUCTION OF DISLOCATION UNDER GA
- 361. ARTHROSCOPIC KNEE ASPIRATION
- 362. SURGERY FOR LIGAMENT TEAR
- 363. SURGERY FOR HEMOARTHROSIS/PYOARTHROSIS
- 364. REMOVAL OF FRACTURE PINS/NAILS
- 365. REMOVAL OF METAL WIRE
- 366. CLOSED REDUCTION ON FRACTURE, LUXATION
- 367. REDUCTION OF DISLOCATION UNDER GA
- 368. EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
- 369. EXCISION OF VARIOUS LESIONS IN COCCYX
- 370. ARTHROSCOPIC REPAIR OF ACL TEAR KNEE
- 371. CLOSED REDUCTION OF MINOR FRACTURES
- 372. ARTHROSCOPIC REPAIR OF PCL TEAR KNEE
- 373. TENDON SHORTENING
- 374. ARTHROSCOPIC MENISCECTOMY - KNEE
- 375. TREATMENT OF CLAVICLE DISLOCATION
- 376. HAEMARTHROSIS KNEE- LAVAGE
- 377. ABSCESS KNEE JOINT DRAINAGE
- 378. CARPAL TUNNEL RELEASE
- 379. CLOSED REDUCTION OF MINOR DISLOCATION
- 380. REPAIR OF KNEE CAP TENDON
- 381. ORIF WITH K WIRE FIXATION- SMALL BONES
- 382. RELEASE OF MIDFOOT JOINT
- 383. ORIF WITH PLATING- SMALL LONG BONES
- 384. IMPLANT REMOVAL MINOR
- 385. K WIRE REMOVAL
- 386. POP APPLICATION
- 387. CLOSED REDUCTION AND EXTERNAL FIXATION
- 388. ARTHROTOMY HIP JOINT
- 389. SYME'S AMPUTATION
- 390. ARTHROPLASTY
- 391. PARTIAL REMOVAL OF RIB
- 392. TREATMENT OF SESAMOID BONE FRACTURE
- 393. SHOULDER ARTHROSCOPY / SURGERY
- 394. ELBOW ARTHROSCOPY
- 395. AMPUTATION OF METACARPAL BONE
- 396. RELEASE OF THUMB CONTRACTURE
- 397. INCISION OF FOOT FASCIA
- 398. CALCANEUM SPUR HYDROCORT INJECTION

- 399. GANGLION WRIST HYALASE INJECTION
- 400. PARTIAL REMOVAL OF METATARSAL
- 401. REPAIR / GRAFT OF FOOT TENDON
- 402. REVISION/REMOVAL OF KNEE CAP
- 403. AMPUTATION FOLLOW-UP SURGERY
- 404. EXPLORATION OF ANKLE JOINT
- 405. REMOVE/GRAFT LEG BONE LESION
- 406. REPAIR/GRAFT ACHILLES TENDON
- 407. REMOVE OF TISSUE EXPANDER
- 408. BIOPSY ELBOW JOINT LINING
- 409. REMOVAL OF WRIST PROSTHESIS
- 410. BIOPSY FINGER JOINT LINING
- 411. TENDON LENGTHENING
- 412. TREATMENT OF SHOULDER DISLOCATION
- 413. LENGTHENING OF HAND TENDON
- 414. REMOVAL OF ELBOW BURSA
- 415. FIXATION OF KNEE JOINT
- 416. TREATMENT OF FOOT DISLOCATION
- 417. SURGERY OF BUNION
- 418. INTRA ARTICULAR STEROID INJECTION
- 419. TENDON TRANSFER PROCEDURE
- 420. REMOVAL OF KNEE CAP BURSA
- 421. TREATMENT OF FRACTURE OF ULNA
- 422. TREATMENT OF SCAPULA FRACTURE
- 423. REMOVAL OF TUMOR OF ARM/ ELBOW UNDER RA/GA
- 424. REPAIR OF RUPTURED TENDON
- 425. DECOMPRESS FOREARM SPACE
- 426. REVISION OF NECK MUSCLE (TORTICOLLIS RELEASE)
- 427. LENGTHENING OF THIGH TENDONS
- 428. TREATMENT FRACTURE OF RADIUS & ULNA
- 429. REPAIR OF KNEE JOINT

15. Other operations on the mouth & face:

- 430. EXTERNAL INCISION AND DRAINAGE IN THE REGION OF THE MOUTH, JAW AND FACE
- 431. INCISION OF THE HARD AND SOFT PALATE
- 432. EXCISION AND DESTRUCTION OF DISEASED HARD AND SOFT PALATE
- 433. INCISION, EXCISION AND DESTRUCTION IN THE MOUTH
- 434. OTHER OPERATIONS IN THE MOUTH

16. Pediatric surgery Related:

- 435. EXCISION OF FISTULA-IN-ANO
- 436. EXCISION JUVENILE POLYPS RECTUM
- 437. VAGINOPLASTY
- 438. DILATATION OF ACCIDENTAL CAUSTIC STRICTURE OESOPHAGEAL
- 439. PRESACRAL TERATOMAS EXCISION
- 440. REMOVAL OF VESICAL STONE
- 441. EXCISION SIGMOID POLYP
- 442. STERNOMASTOID TENOTOMY
- 443. INFANTILE HYPERTROPHIC PYLORIC STENOSIS PYLOROMYOTOMY
- 444. EXCISION OF SOFT TISSUE RHABDOMYOSARCOMA
- 445. MEDIASTINAL LYMPH NODE BIOPSY
- 446. HIGH ORCHIDECTOMY FOR TESTIS TUMOURS
- 447. EXCISION OF CERVICAL TERATOMA

- 448. RECTAL-MYOMECTOMY
- 449. RECTAL PROLAPSE (DELORME'S PROCEDURE)
- 450. DETORSION OF TORSION TESTIS
- 451. EUA + BIOPSY MULTIPLE FISTULA IN ANO
- 452. CYSTIC HYGROMA - INJECTION TREATMENT

17. Plastic Surgery Related:

- 453. CONSTRUCTION SKIN PEDICLE FLAP
- 454. GLUTEAL PRESSURE ULCER-EXCISION
- 455. MUSCLE-SKIN GRAFT, LEG
- 456. REMOVAL OF BONE FOR GRAFT
- 457. MUSCLE-SKIN GRAFT DUCT FISTULA
- 458. REMOVAL CARTILAGE GRAFT
- 459. MYOCUTANEOUS FLAP
- 460. FIBRO MYOCUTANEOUS FLAP
- 461. BREAST RECONSTRUCTION SURGERY AFTER MASTECTOMY
- 462. SLING OPERATION FOR FACIAL PALSY
- 463. SPLIT SKIN GRAFTING UNDER RA
- 464. WOLFE SKIN GRAFT
- 465. PLASTIC SURGERY TO THE FLOOR OF THE MOUTH UNDER GA

18. Thoracic surgery Related:

- 466. THORACOSCOPY AND LUNG BIOPSY
- 467. EXCISION OF CERVICAL SYMPATHETIC CHAIN THORACOSCOPIC
- 468. LASER ABLATION OF BARRETT'S OESOPHAGUS
- 469. PLEURODESIS
- 470. THORACOSCOPY AND PLEURAL BIOPSY
- 471. EBUS + BIOPSY
- 472. THORACOSCOPY LIGATION THORACIC DUCT
- 473. THORACOSCOPY ASSISTED EMPYAEMA DRAINAGE

19. Urology Related:

- 474. HAEMODIALYSIS
- 475. LITHOTRIPSY/NEPHROLITHOTOMY FOR RENAL CALCULUS
- 476. EXCISION OF RENAL CYST
- 477. DRAINAGE OF PYONEPHROSIS/PERINEPHRIC ABSCESS
- 478. INCISION OF THE PROSTATE
- 479. TRANSURETHRAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
- 480. TRANSURETHRAL AND PERCUTANEOUS DESTRUCTION OF PROSTATE TISSUE
- 481. OPEN SURGICAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
- 482. RADICAL PROSTATOVESICULECTOMY
- 483. OTHER EXCISION AND DESTRUCTION OF PROSTATE TISSUE
- 484. OPERATIONS ON THE SEMINAL VESICLES
- 485. INCISION AND EXCISION OF PERIPROSTATIC TISSUE
- 486. OTHER OPERATIONS ON THE PROSTATE
- 487. INCISION OF THE SCROTUM AND TUNICA VAGINALIS TESTIS
- 488. OPERATION ON A TESTICULAR HYDROCELE
- 489. EXCISION AND DESTRUCTION OF DISEASED SCROTAL TISSUE
- 490. OTHER OPERATIONS ON THE SCROTUM AND TUNICA VAGINALIS TESTIS
- 491. INCISION OF THE TESTES
- 492. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TESTES
- 493. UNILATERAL ORCHIDECTOMY

494. BILATERAL ORCHIDECTOMY
495. SURGICAL REPOSITIONING OF AN ABDOMINAL TESTIS
496. RECONSTRUCTION OF THE TESTIS
497. IMPLANTATION, EXCHANGE AND REMOVAL OF A TESTICULAR PROSTHESIS
498. OTHER OPERATIONS ON THE TESTIS
499. EXCISION IN THE AREA OF THE EPIDIDYMIS
500. OPERATIONS ON THE FORESKIN
501. LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE PENIS
502. AMPUTATION OF THE PENIS
503. OTHER OPERATIONS ON THE PENIS
504. CYSTOSCOPICAL REMOVAL OF STONES
505. CATHETERISATION OF BLADDER
506. LITHOTRIPSY
507. BIOPSY OF TEMPORAL ARTERY FOR VARIOUS LESIONS
508. EXTERNAL ARTERIO-VEINOUS SHUNT
509. AV FISTULA - WRIST
510. URSL WITH STENTING
511. URSL WITH LITHOTRIPSY
512. CYSTOSCOPIC LITHOLAPAXY
513. ESWL
514. BLADDER NECK INCISION
515. CYSTOSCOPY & BIOPSY
516. CYSTOSCOPY AND REMOVAL OF POLYP
517. SUPRAPUBIC CYSTOSTOMY
518. PERCUTANEOUS NEPHROSTOMY
519. CYSTOSCOPY AND "SLING" PROCEDURE.
520. TUNA- PROSTATE
521. EXCISION OF URETHRAL DIVERTICULUM
522. REMOVAL OF URETHRAL STONE
523. EXCISION OF URETHRAL PROLAPSE
524. MEGA-URETER RECONSTRUCTION
525. KIDNEY RENOSCOPY AND BIOPSY
526. URETER ENDOSCOPY AND TREATMENT
527. VESICO URETERIC REFLUX CORRECTION
528. SURGERY FOR PELVI URETERIC JUNCTION OBSTRUCTION
529. ANDERSON HYNES OPERATION
530. KIDNEY ENDOSCOPY AND BIOPSY
531. PARAPHIMOSIS SURGERY
532. INJURY PREPUCE- CIRCUMCISION
533. FRENULAR TEAR REPAIR
534. MEATOTOMY FOR MEATAL STENOSIS
535. SURGERY FOR FOURNIER'S GANGRENE SCROTUM
536. SURGERY FILARIAL SCROTUM
537. SURGERY FOR WATERING CAN PERINEUM
538. REPAIR OF PENILE TORSION
539. DRAINAGE OF PROSTATE ABSCESS
540. ORCHIECTOMY
541. CYSTOSCOPY AND REMOVAL OF FB

Sr. No.	Annexure – II List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy
<i>TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS</i>	
1	HAIR REMOVAL CREAM
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
3	BABY FOOD

4	BABY UTILITES CHARGES
5	BABY SET
6	BABY BOTTLES
7	BRUSH
8	COSY TOWEL
9	HAND WASH
10	MOISTURISER PASTE BRUSH
11	POWDER
12	RAZOR
13	SHOE COVER
14	BEAUTY SERVICES
15	BELTS/ BRACES
16	BUDS
17	BARBER CHARGES
18	CAPS
19	COLD PACK/HOT PACK
20	CARRY BAGS
21	CRADLE CHARGES
22	COMB
23	DISPOSABLES RAZORS CHARGES (for site preparations)
24	EAU-DE-COLOGNE / ROOM FRESHNERS
25	EYE PAD
26	EYE SHEILD
27	EMAIL / INTERNET CHARGES
28	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)
29	FOOT COVER
30	GOWN
31	LEGGINGS
32	LAUNDRY CHARGES
33	MINERAL WATER
34	OIL CHARGES
35	SANITARY PAD
36	SLIPPERS
37	TELEPHONE CHARGES
38	TISSUE PAPER
Sr. No.	List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy
39	TOOTH PASTE
40	TOOTH BRUSH
41	GUEST SERVICES
42	BED PAN
43	BED UNDER PAD CHARGES
44	CAMERA COVER
45	CLINIPLAST
46	CREPE BANDAGE
47	CURAPORE
48	DIAPER OF ANY TYPE
49	DVD, CD CHARGES
50	EYELET COLLAR

51	FACE MASK
52	FLEXI MASK
53	GAUSE SOFT
54	GAUZE
55	HAND HOLDER
56	HANSAPLAST/ ADHESIVE BANDAGES
57	LACTOGEN/ INFANT FOOD
58	SLINGS
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES	
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS, ETC.,
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION
62	HORMONE REPLACEMENT THERAPY
63	HOME VISIT CHARGES
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES
69	DONOR SCREENING CHARGES
70	ADMISSION/REGISTRATION CHARGES
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY
74	STEM CELL IMPLANTATION/ SURGERY and storage

Sr. No.	List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS	
75	WARD AND THEATRE BOOKING CHARGES
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS
77	MICROSCOPE COVER
78	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER
79	SURGICAL DRILL
80	EYE KIT
81	EYE DRAPE
82	X-RAY FILM
83	SPUTUM CUP
84	BOYLES APPARATUS CHARGES
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
86	SAVLON
87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES
88	COTTON
89	COTTON BANDAGE
90	MICROPORE/ SURGICAL TAPE
91	BLADE

92	APRON
93	TORNIQUET
94	ORTHOBUNDLE, GYNAEC BUNDLE
95	URINE CONTAINER
ELEMENTS OF ROOM CHARGE	
96	LUXURY TAX
97	HVAC
98	HOUSE KEEPING CHARGES
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
100	TELEVISION & AIR CONDITIONER CHARGES
101	SURCHARGES
102	ATTENDANT CHARGES
103	IM IV INJECTION CHARGES
104	CLEAN SHEET
105	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
106	BLANKET/WARMER BLANKET
ADMINISTRATIVE OR NON-MEDICAL CHARGES	
107	ADMISSION KIT
108	BIRTH CERTIFICATE
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
Sr. No.	List of Expenses Generally Excluded ("Non-medical")in Hospital Indemnity Policy
110	CERTIFICATE CHARGES
111	COURIER CHARGES
112	CONVENYANCE CHARGES
113	DIABETIC CHART CHARGES
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
115	DISCHARGE PROCEDURE CHARGES
116	DAILY CHART CHARGES
117	ENTRANCE PASS / VISITORS PASS CHARGES
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
119	FILE OPENING CHARGES
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
121	MEDICAL CERTIFICATE
122	MAINTAINANCE CHARGES
123	MEDICAL RECORDS
124	PREPARATION CHARGES
125	PHOTOCOPIES CHARGES
126	PATIENT IDENTIFICATION BAND / NAME TAG
127	WASHING CHARGES
128	MEDICINE BOX
129	MORTUARY CHARGES
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)
EXTERNAL DURABLE DEVICES	
131	WALKING AIDS CHARGES
132	BIPAP MACHINE
133	COMMODE
134	CPAP/ CAPD EQUIPMENTS
135	INFUSION PUMP - COST

136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
137	PULSEOXYMER CHARGES
138	SPACER
139	SPIROMETRE
140	SPO2 PROBE
141	NEBULIZER KIT
142	STEAM INHALER
143	ARMSLING
144	THERMOMETER
145	CERVICAL COLLAR
146	SPLINT
147	DIABETIC FOOT WEAR
Sr. No.	List of Expenses Generally Excluded ("Non-medical")in Hospital Indemnity Policy
148	KNEE BRACES (LONG/ SHORT/ HINGED)
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
150	LUMBO SACRAL BELT
151	NIMBUS BED OR WATER OR AIR BED CHARGES
152	AMBULANCE COLLAR
153	AMBULANCE EQUIPMENT
154	MICROSHEILD
155	ABDOMINAL BINDER
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION	
156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\DISINFECTANTS ETC
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES
159	SUGAR FREE Tablets
160	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
161	Digestion gels
162	ECG ELECTRODES
163	GLOVES
164	HIV KIT
165	LISTERINE/ ANTISEPTIC MOUTHWASH
166	LOZENGES
167	MOUTH PAINT
168	NEBULISATION KIT
169	NOVARAPID
170	VOLINI GEL/ ANALGESIC GEL
171	ZYTEE GEL
172	VACCINATION CHARGES
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE	
173	AHD
174	ALCOHOL SWABES
175	SCRUB SOLUTION/STERILLIUM OTHERS
176	VACCINE CHARGES FOR BABY
177	AESTHETIC TREATMENT / SURGERY
178	TPA CHARGES
179	VISCO BELT CHARGES

180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
181	EXAMINATION GLOVES
182	KIDNEY TRAY
183	MASK
Sr. No.	List of Expenses Generally Excluded ("Non-medical")in Hospital Indemnity Policy
184	OUNCE GLASS
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES
186	OXYGEN MASK
187	PAPER GLOVES
188	PELVIC TRACTION BELT
189	REFERAL DOCTOR'S FEES
190	ACCU CHECK (Glucometry/ Strips)
191	PAN CAN
192	SOFNET
193	TROLLY COVER
194	UROMETER, URINE JUG
195	AMBULANCE
196	TEGADERM / VASOFIX SAFETY
197	URINE BAG
198	SOFTOVAC
199	STOCKINGS