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LIC's
AROGYA RAKSHAK

A Non-Linked, Non-Participating, Individual, Health Insurance Plan

Plan No: 906
UIN: 512N318V01



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LIC
भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

Har Pal Aapke Saath

LIC/AR/2021-22/07Eng/SB

LIC's AROGYA RAKSHAK (UIN: 512N318V01)
(A Non-linked, Non-Participating, Individual, Health Insurance Plan)

Health is the greatest blessings for all human beings. Good health is central to human happiness and well being that contributes significantly to prosperity and wealth. Every aspect of life is dependent on good health. Due to changing lifestyles, health issues have escalated. Today, every individual is aware that the number of illnesses is increasing day by day and so are the related costs for treatment. Therefore, it is important to plan for your health emergencies before it is too late.

LIC's Arogya Rakshak, is a Non-Linked, Non-Participating, Regular Premium, Individual, Health Insurance plan which provides fixed benefit health insurance cover against certain specified health risks and provides you with timely support in case of medical emergencies and helps you and your family remain financially independent in difficult times.

You (as Principal Insured (PI)), your spouse, all your children, and your parents can all be insured under one policy. Quite a relief isn't it, to have all insured under one policy.

LIC's Arogya Rakshak gives you following benefits under one policy:

- **Flexible benefit limit to choose from**
- **Flexible premium payment options**
- **Valuable financial protection in case of hospitalisation, surgery etc**
- **Lump sum benefit irrespective of actual medical costs**
- **Increasing Health cover by way of Auto StepUp Benefit and No Claim Benefit.**
- **If more than one members are covered under a policy, Premium Waiver for other Insured(s) in case of unfortunate death of the Original Principal Insured i.e. the Policyholder at inception of policy.**
- **Premium Waiver Benefit for one year in the event of any Insured undergoing surgery falling under Category I or Category II as listed in Major Surgical Benefit Annexure.**
- **Ambulance Benefit**
- **Health Check-up Benefit**

You can choose the amount of Initial Daily Benefit (i.e., the Hospital Cash Benefit applicable in the first year of the policy) in respect of each of the family members proposed to be covered under the same policy from ₹2,500 per day to ₹10,000 per day(in the multiples of ₹500) as per your needs.

This is the amount that will be payable in the event of hospitalisation in the first three policy years on a per day basis. The amount of Hospital Cash Benefit will increase automatically by way of Auto Step Up Benefit and No Claim Benefit. The Major Surgical Benefit that you will be covered for will be 100 times the Hospital Cash Benefit. Thus,

the initial Major Surgical Benefit Sum Assured will range from ₹2.5 lakh to ₹10 lakh in multiples of ₹50,000. Other benefits such as Day Care Procedure Benefit, Other Surgical Benefit, Medical Management Benefit, Major Surgical Benefit Restoration,Extended Hospitalization Benefit, Health Check-up benefit shall also depend upon the Hospital Cash Benefit chosen.

Your premium as the Principal Insured will depend on your age, gender, the level of Health cover i.e. the Initial Daily Benefit you have chosen at outset and the mode of payment.

The Premium for other Insured members which includes your Spouse, children and your parents will depend on their age, gender, the level of Initial Daily Benefit chosen as well as on the age of PI.

1. Eligibility Conditions and other Restrictions :

i. Minimum age at entry:
Principal Insured: [18] years (last birthday)
Insured Spouse/ Parents: [18] years (last birthday)
Insured Children: [91] days (completed)

ii. Maximum age at entry:
Principal Insured: [65] years (last birthday)
Insured Spouse/ Parents: [65] years (last birthday)
Insured Children: [20] years (last birthday)

iii. Cover Period:
Principal Insured, Insured Spouse, Parents:
- [80 minus Age at entry]
- [70 minus Age at entry], if AHC benefit is triggered and the policy is not continued by payment of premium after expiry of AHC period.

Insured Children: [25 minus Age at entry]

iv. Initial Daily Benefit (i.e. the level of Hospital Cash Benefit (HCB) at inception):

Initial Daily Benefit	Principal Insured (PI)	Insured Spouse (if any), Insured Parents (if any)	Insured Children (if any)
a) Minimum Initial Daily Benefit	₹ 2,500/-	₹ 2,500/-	₹ 2,500/-
b) Maximum Initial Daily Benefit	₹ 10,000/- per life*	Insured Spouse - Less than or equal to that of PI Insured Parents - Less than or equal to that of Insured Spouse (PI, if there is no Insured Spouse). Further, included parents shall be covered for equal benefits.	Less than or equal to that of Insured Spouse (PI, if there is no Insured Spouse). Further, included children shall be covered for equal benefits.
Initial Daily Benefit shall be in multiple of ₹ 500/- *The total Initial Daily Benefit under all policies issued to an individual under this plan shall not exceed ₹ 10,000/-			

The benefits under this plan are payable in terms of Applicable Daily Benefit (ADB):

Applicable Daily Benefit means the amount of Hospital Cash Benefit in a Policy Year reckoned as follows:

a) During the first three years of cover starting from the Effective Date of Cover in respect of an Insured, the Applicable Daily Benefit shall be equal to the Initial Daily Benefit (i.e. the level of Hospital Cash Benefit) chosen by the Principal Insured.

b) After the third year of cover, the Applicable Daily Benefit of the previous Policy Year shall be increased by way of 'Auto Step Up Benefit' (as specified under Para 3.I below) and 'No Claim Benefit' (as specified under Para 3.II. below). And the resulting amount shall be the Applicable Daily Benefit for that Policy Year.

2. Benefits payable on inpatient hospitalisation during the Cover Period:

I. **Hospital Cash Benefit (HCB):** If any of the Insured(s) is hospitalised due to Accidental Body Injury or Sickness and the stay in hospital exceeds a continuous period of 24 hours, then for any continuous period of 24 hours or part thereof(after having completed the 24 hours), provided any such part stay exceeds a continuous period of 4 hours in a non-ICU ward/room of a hospital, an amount equal to the Applicable Daily Benefit (ADB)available under the policy during that policy year shall be payable, regardless of actual costs of treatment, subject to Benefit Limits and Conditions mentioned in Para 14.I, Waiting Period mentioned in Para 17 and Exclusions mentioned in Para 18 below.

If any of the Insured(s) is required to stay in an Intensive Care Unit of a hospital, two times the Applicable Daily Benefit will be payable subject to Benefit Limits and Conditions mentioned in Para 14.I., Waiting Period mentioned in Para 17 and Exclusions mentioned in Para 18 below.

During a period of 24 continuous hours (i.e. one day) of Hospitalisation, if the said Hospitalisation included stay in an Intensive Care Unit as well as in any other inpatient (non-Intensive Care Unit) ward of the Hospital, the Corporation shall pay benefits as if the admission was to the Intensive Care Unit provided that the period of Hospitalisation in the Intensive Care Unit was at least 4 continuous hours.

II. **Major Surgical Benefit:** In the event of an Insured, due to medical necessity, undergoing one of the surgeries listed in Major Surgical Benefit Annexure, in a hospital due to Accidental Bodily Injury or Sickness, the respective benefit percentage of the Major Surgical Benefit Sum Assured, as specified against each of the eligible surgeries mentioned in Major Surgical Benefit Annexure, shall be payable subject to Benefit Limits and Conditions mentioned in Para 14.II., Waiting Period mentioned in Para 17 and Exclusions mentioned in Para 18 below. The Major Surgical Benefit Sum Assured is equal to 100 (one hundred) times the Applicable Daily Benefit for that Policy Year in respect of each Insured.

Hospital Cash Benefit will be paid over and above the lump sum Major Surgical Benefit based on the length of stay in the hospital. In addition, the following benefits shall also be available under Major Surgical Benefit:

a. Ambulance Benefit:
In the event that a Major Surgical Benefit (as mentioned in the Major Surgical Benefit Annexure) is payable and emergency transportation costs by an ambulance have been incurred, an additional lump sum of ₹1,000 will be payable in lieu of ambulance expenses.

b. Premium Waiver Benefit:
In the event that a Major Surgical Benefit falling under Category 1 or Category 2 (as mentioned in the Major Surgical Benefit Annexure) is payable in respect of any Insured, the total one year premium in respect of the Policy including Rider Premium (if opted for), from the date of instalment premium due coinciding with or next following the date of the Surgery will be waived.

In case of multiple MSB claims (in respect of multiple/same Insured) falling under Category 1 or Category 2(as mentioned in the Major Surgical Benefit Annexure) in the same Policy year, premium waiver benefit will be available only once during the policy year.

c. Major Surgical Benefit Restoration:
In the event that 100% of Major Surgical Benefit Sum Assured is exhausted in a policy year in respect of an Insured due to the previous Major Surgical Benefit claims in that policy year, the next Major Surgical Benefit claim (i.e. in case of any specified surgeries as mentioned in the Major Surgical Benefit Annexure) in that policy year, post exhaustion of Sum Assured, will be covered, subject to:
   i. The subsequent Major Surgical Benefit claim should not be arising from or due to the previous Major Surgical Benefit claims in that policy year.
   ii. The subsequent Major Surgical Benefit claim should be for a different category/bucket (For e.g. Cardiovascular System, Digestive System etc.) than any of the previous Major Surgical Benefit claims in that policy year.
   iii. The subsequent Major Surgical Benefit claim should be for a different procedure (For e.g. CABG, Pancreatolithotomy etc.) than any of the previous Major Surgical Benefit claims in that policy year.

III. Day Care Procedure Benefit: In the event of an Insured, due to medical necessity undergoing any specified Day Care Procedure mentioned in the Day Care Procedure Benefit Annexure, in a Hospital or Day Care Centre due to Accidental Bodily Injury or Sickness, a lump sum amount equal to 5 (five) times the Applicable Daily Benefit shall be payable, regardless of the actual costs incurred subject to Benefit Limits and Conditions mentioned in

Para 14.III., Waiting Period mentioned in Para 17 and Exclusions mentioned in Para 18 below.

IV. **Other Surgical Benefit:** In the event of an Insured, due to medical necessity, undergoing any Surgery not listed under Major Surgical Benefit or Day Care Procedure Benefit causing the Insured's Hospitalization to exceed continuous period of 24 hours then, a daily benefit equal to 2.5 (two and half) times the Applicable Daily Benefit shall be payable regardless of the actual costs incurred for each continuous period of 24 hours or part thereof provided any such part stay exceeds a continuous period of 4 hours of Hospitalization, subject to Benefit Limits and Conditions mentioned in Para 14.IV., Waiting Period mentioned in Para 17 and Exclusions mentioned in Para 18 below.

Hospital Cash Benefit will be paid over and above the Other Surgical Benefit based on the length of stay in the hospital.

V. **Medical Management Benefit**: In the event of an Insured undergoing inpatient hospitalization, due to the following major medical conditions, a lump-sum of 2.5 times of Applicable Daily Benefit shall be payable regardless of the actual cost incurred, subject to Benefit Limits and Conditions mentioned in Para 14.V., Waiting Period mentioned in Para 17 and Exclusions mentioned in Para 18 below.

a. Dengue
b. Malaria
c. Pneumonia
d. Pulmonary Tuberculosis
e. Viral Hepatitis A

Hospital Cash Benefit will be paid over and above the Medical Management Benefit based on the length of stay in the hospital.

VI. **Extended Hospitalization Benefit :**In the event of an Insured undergoing a single period of continuous inpatient hospitalization in excess of 30 days due to Accidental Body Injury or Sickness, a lumpsum of 10 times of Applicable Daily Benefit shall be payable regardless of the actual cost incurred, subject to Benefit Limits and Conditions mentioned in Para 14.VI., Waiting Period mentioned in Para 17 and Exclusions mentioned in Para 18 below.

Extended Hospitalization benefit would be payable in addition to any applicable Hospital Cash Benefit, Major Surgical Benefit, Other Surgical Benefit or Day Care Benefit payable for the same event of inpatient hospitalization.

3. Other Benefits:

I. **Auto Step Up Benefit:** Under this benefit, an amount equal to 15% of Initial Daily Benefit shall be added to the Applicable Daily Benefit of the previous policy year. Such increase in the Applicable Daily Benefit shall be effected at the end of every third policy

anniversary during the Cover Period and shall continue to be added until Applicable Daily Benefit attains a maximum amount of 1.5 times the Initial Daily Benefit. Thereafter this amount in each Policy year in future shall remain at that maximum level attained i.e. no addition shall be made under this benefit.

In case of all the Insured(s) covered at inception, the date on which Auto Step up Benefit is effected may be same. However, in respect of any Insured(s) joining subsequently, the date on which Auto Step up Benefit is effected may be different as the third policy anniversary shall be construed from 'Effective Date of Cover' of the respective Insured.

In case the Auto Health Cover Benefit is triggered in respect of an Insured as detailed in Para 3.IV. below, Auto Step Up Benefit shall not be applicable. On expiry of Auto Health Cover Period, the conditions applicable for Auto Step Up Benefit shall be as specified in Para 3.IV.ii (Auto Health Cover Benefit).

II. **No Claim Benefit**: In the event of every three claim free policy years, an amount equal to 5% (five percent) of the Initial Daily Benefit shall be added to the Applicable Daily Benefit at the end of the third claim free year; where, 'Claim free policy years' shall be construed in respect of the policy as a whole, that is, there are no claims in respect of any of the Insured(s) covered under the policy during the immediate previous three years. There shall be no maximum limit for this benefit throughout the cover period.

Hence, even if any additional member is included after the Date of Commencement of Policy, the date of accrual of No Claim Benefit in respect of such additional member shall coincide with that of PI (i.e. No Claim Benefit shall be added for that additional Insured member from the policy anniversary on which 'No Claim Benefit' is added in respect of Principal Insured). Hence, No Claim Benefit in respect of any such additional member may accrue even after a minimum period of one year from Effective Date of Cover and before completion of three policy years from his/her joining the policy. Therefore, the No Claim Benefit for Principal Insured and additional members will accrue concurrently irrespective of their date of joining the policy.

On death of original PI, in case the Auto Health Cover Benefit is triggered/not triggered in respect of any of the Insured (as detailed in Para 3.IV.ii. below), No Claim Benefit (i.e. in respect of all the Insured members) shall be added in the event of three claim free policy years from the Date of Expiry of AHC period in respect of the Insured member for which AHC period expires in the last.

III. **Health Check-up Benefit:**
In addition to various benefits payable on hospitalization mentioned in Para 1. above, Health Check-up Benefit is also payable in respect of each of the Insured. Under this benefit, an amount equal to the actual expenses incurred but not exceeding

One half of Applicable Daily Benefit shall be payable in respect of each Insured towards Health Check-up expenses once in every 3 policy years provided he/she undergoes Health Check-up and shares a copy of the medical report and the medical bills.

IV. Death Benefit:

i. On death of an Insured person other than the Principal Insured: The policy will continue in respect of other Insured(s) and premium payable in respect of the deceased Insured shall cease from the instalment premium due date coinciding with or next following the date of death of the Insured.

ii. On death of Original Principal Insured: **Auto Health Cover (AHC) Benefit (**wherein the premiums payable under the Base Policy shall be waived for **Auto Health Cover Period)** as detailed below shall be available to the other Insured(s) covered under this policy and the policy shall continue. **Auto Health Cover (AHC) Benefit** shall be available to each of the eligible Insureds, as per terms and conditions mentioned in Para A below. If any of the Insured(s) do(es) not satisfy trigger condition for AHC Benefit, then the condition as specified in Para B below shall apply.

In such an event, the new PI shall be as specified in Para 4 below.

Auto Health Cover (AHC) Benefit:
In case of death of original Principal Insured, the policy shall continue with new PI along with other eligible surviving Insured(s) without any payment of premiums from the policy anniversary coinciding with or next following the date of death of the Principal Insured, for a further period of 15 years or up to specified age in respect of each of the Insureds, whichever is earlier, provided they are eligible for this AHC Benefit.

The period for which AHC Benefit shall be applicable in respect of each of the eligible Insureds shall be denoted as "**Auto Health Cover (AHC) Period".** The applicable **Auto Health Cover Period** for each eligible Insured shall be as detailed below:

- For Insured Child(ren): AHC Period shall be a period of 15 years or till the policy anniversary on which the Insured Child is 25 years, whichever is earlier.
- For Insured Spouse/Insured Parent(s): AHC Period shall be a period of 15 years or till the policy anniversary on which the age of Insured Spouse/Parents is 70 years, whichever is earlier.

(Note: The AHC Period mentioned above shall commence from the policy anniversary coinciding with or next following the date of death of the Principal Insured. On completion of AHC Period, as applicable to each Insured member, the cover in respect of remaining eligible Insured(s) can continue by

payment of premiums for, the outstanding term, if any. The premium payment, in such a case, shall commence from the policy anniversary date coinciding with the date of completion of the AHC Period).

Hence, the Auto Health Cover Benefit will be triggered only if the age of Insured spouse / Insured Parent(s) as on the policy anniversary coinciding with or next following the date of death of PI is below 70 years and/or any of the Insured Child(ren) is below 25 years. In case any of the surviving Insured does not satisfy the criteria, the Auto Health Cover benefit will not be applicable for such Insured life and the condition as specified in B) below shall apply.

A) <u>Conditions applicable for Auto Health Cover Benefit</u>:

i. The policy should be in force, by payment of all due premiums, on the date of death of the PI and also till the start date of AHC Period.

ii. AHC Benefit shall not be applicable if Principal Insured (whether sane or insane) commits suicide at any time within 12 months from the Effective Date of Cover or within 12 months from the date of revival,

iii. The benefit of "Auto Health Cover" as mentioned above shall trigger in respect of each of the Insureds from the policy anniversary coinciding with or next following the date of death of the Principal Insured, provided such surviving Insured(s) satisfy the trigger condition.

iv. During the AHC Period, the premiums under the Base Policy in respect of eligible Insured(s) shall be waived. However, premiums in respect of any riders, if opted for, shall not be waived and shall continue to be paid as per respective rider conditions. In case the rider premiums are not paid within the grace period, the rider benefits shall cease. Once the rider is ceased, it cannot be re-opted during the cover period.

v. The benefit payable under the Base Policy during the AHC Period shall be based on the Applicable Daily Benefit as applicable in respect of each Insured as on the date of death of PI i.e. Applicable Daily Benefit shall remain at the same level during the AHC Period and no further increase in Applicable Daily Benefit by way of 'Auto Step Up' or 'No Claims Benefit' shall apply during this period.

vi. AHC Benefit shall be available in case of death of Original Principal Insured only. On the Insured Spouse/Parent becoming the new PI (as mentioned under Para 4 below), AHC benefit shall not be available on death of new Principal Insured.

vii. If the AHC Benefit is triggered for any eligible Insured(s), the cover in respect of such member(s) shall continue till

the expiry of their respective AHC period. On expiry of the AHC period, the cover in respect of eligible Insured(s) can continue till their Date of Cover Expiry provided premiums in respect of such Insured member(s) are paid by the PI.

If the premium in respect of any such Insured member(s)is not paid within the grace period; then his/her cover shall cease on the expiry of the grace period. The cover may be revived on the request of PI as specified under Para 10. B) below. The revival period of 5 years for each Insured post AHC shall be reckoned from the respective First Unpaid Premium for each such member.
The Applicable Daily Benefit after the expiry of Auto Health Cover Period, under such cases shall be as specified in (viii) below.

viii. **Calculation of Applicable Daily Benefit on expiry of AHC Period in respect of each Insured:**
On expiry of AHC period in respect of an Insured, the Applicable Daily Benefit payable for such a member, for a period of three completed policy years, shall be based on the Applicable Daily Benefit as on the date of death of PI and thereafter the Auto Step Up Benefit shall be resumed.

'No Claim Benefit' (i.e. in respect of all the Insured members) shall be added to Applicable Daily Benefit only after completion of three claim free policy years from date of expiry of AHC period in respect of all the Insured(s) covered. If the date of expiry of AHC period is not same for all the insured(s), the No Claim Benefit shall be added to Applicable Daily Benefit in the event of three claim free policy years from the Date of Expiry of AHC period in respect of the insured member for which AHC period expires in the last.

B) **Conditions applicable if AHC Benefit is not triggered in respect of any of the Insureds i.e. the age of the Insured Spouse and/ or age of the Insured Parent(s) is 70 years or above on the policy anniversary coinciding with or next following the date of death of PI:**
The cover in respect of such member(s) shall continue till their respective Date of Cover Expiry provided the premiums in respect of such Insured member(s) are paid. In such an event, the Applicable Daily Benefit for such member shall continue to be increased only by way of Auto Step-up Benefit, if any. However, No Claim Benefit for such members shall only be added in the event of three claim free policy years from the Date of Expiry of AHC period in respect of the Insured member for which AHC period expires in the last.

If the premium in respect of such Insured member(s)is not paid within the grace period; then his/her cover shall cease on the expiry of the grace period. The cover may be revived on the request of PI as specified under Para 10(B) below.

V. **Maturity Benefit:** No benefits are payable at the end of the Cover Period and the Policy shall stand terminated.

4. Default provision for Insured Spouse/Parent to become Principal Insured on exit of original PI from the policy:

On the exit of original PI in the event of death or expiry of his/her cover (where expiry of cover shall be on the Date of Cover Expiry of PI or on PI exhausting all the lifetime maximum Benefit Limits), the policy shall continue with the surviving Insured Spouse as **new PI** along with other eligible surviving Insured(s). If there is no Insured Spouse under the Policy; or if Insured Spouse has predeceased the PI; or if the Insured Spouse has exited from the policy, the policy shall continue with elder of the surviving Insured Parents as **new PI** along with other eligible surviving Insured(s).

The premium for such new successive PI would be based on the then applicable tabular premium rates for Principal Insured and the age for calculation of revised premium rate will be his/her age at entry. However, the existing level of cover in respect of the new PI shall remain unaltered as applicable to him /her.

In the event of the expiry of cover of PI or on death of PI (wherein AHC benefit is not triggered), the premium in respect of the new PI (Insured Spouse/Parent) will change with effect from the coinciding or following instalment premium due date.In case AHC benefit is triggered the premium in respect of the new PI will change with effect from the instalment premium due date coinciding with the date of expiry of his/her AHC Period.

Further, Auto Health Cover Benefit (as mentioned in Para 3.IV.ii above) will not be available on death of the new PI.

5. Payment of Premiums:

You may pay premiums regularly at yearly or half-yearly intervals over the Cover period.

The premium in respect of each individual will be payable from the date of entry into the policy till the date of cover expiry under the policy and will depend on the age, gender of the insured member, the level of Hospital Cash Benefit (HCB) chosen whether the insured member is Principal Insured or any other Insured life (in case of cover for more than one member in a policy).

The level of premium for Principal Insured and the other insured members shall be different for the same age and same level of cover.

The total premium to be charged for a policy will be the sum of premiums in respect of each member to be covered in that policy.

6. Premium Review:

The premiums are guaranteed for 3 years from the date of commencement of policy in respect of each Insured covered at inception. Based on the experience of the portfolio under this Plan, the Corporation reserves the right to revise the premium rates any time after the completion of 3 policy years starting from the Date of Commencement of Policy, the premium rates for future years will be subject to revision in compliance with applicable Regulations from time to time. However, such revised rates shall be guaranteed for a further period of at least 3 years.

The instalment premium on each review will be based on age at entry i.e. age as on the Date of Commencement of Policy/ age at the time of inclusion into the policy, as the case may be and the Corporation's premium rates then prevailing for this product.

If any additional member is included in the policy after the Date of Commencement of Policy, the premium charged in respect of that member will be guaranteed till the policy anniversary on which the premium rates are revised in respect of Principal Insured and hence may change even before completion of 3 years from his/her joining the policy. Thereafter the premium rates for Principal Insured and additional members will be revised concurrently (i.e. the period of three years shall reckoned from the Date of Commencement of Policy/date from which the premiums are reviewed).

Any such revision in premium rates under a policy, after the approval from the Authority, shall be notified to each policy holder at least ninety days prior to the date when such review or modification comes into effect. However, the policyholder has the option to cancel the policy, if not agreed with the revised instalment premium for this plan.

The instalment premium for both the optional riders is however guaranteed throughout the term for which cover is provided.

7. Sample Illustrative Premium:

Tables below give an indicative annual premium, for all health benefits corresponding to an Initial Daily Benefit of ₹ 5000 per day, for some of the ages in respect of various lives that can be covered under a single policy:

PRINCIPAL INSURED (Male)

Age at entry	Premium (₹)
20	7,884
30	9,543
40	12,381
50	17,254

SPOUSE (Female)

Age of PI at the time of inclusion of Spouse	Age at entry of Spouse	Premium (₹)
30	25	7,121
35	30	8,130
50	45	12,503
55	50	14,312

CHILD

Age of PI at the time of inclusion of Child	Age at entry - Child	Premium (₹)
25	0	3,331
30	5	3,358
40	10	3,481
50	15	3,830

PARENT (Male)

Age of PI at the time of inclusion of other member	Age at entry - Parent	Premium (₹)
25	50	16,727
30	55	19,799
35	60	22,961
40	65	26,105

The above premiums are exclusive of Taxes.

8. Modal loading and HCB Rebates:

i. Modal Loading:

Mode	Loading (as a % of Tabular Premium)
Yearly	Nil
Half-yearly	1.50%

ii. HCB Rebates:

In respect of a member covered under a policy, if HCB is ₹ 4000 or above, then the premium arrived at in respect of that member shall be reduced by an amount (₹) given below:

HCB (₹)	For PI (₹)	For each Insured member other than PI (₹)
4000 & 4500	400	200
5000 & 5500	700	350
6000 & 6500	1000	500
7000 & 7500	1400	700
8000 & 8500	1800	900
9000 & 9500	2300	1150
10000	2800	1400

9. Options:

I) Cover to new additional members:

If the Principal Insured gets married/ remarried during the Cover Period, the spouse can be included in the Policy within Twelve months from the date of marriage/remarriage, but the Cover shall start from the policy anniversary coinciding with or next following the date of inclusion. Enhanced premiums shall be due from such policy anniversary.

Any child born/legally adopted after taking the Policy can be covered from the next immediate policy anniversary date following the date on which the child completes the age of 91 days. If the age of the legally adopted child on the date of adoption is more than 91 days, the child can be covered from the policy anniversary coinciding with or next following the date of adoption. Enhanced premiums shall be due from such policy anniversary.

Such changes will be carried out subject to receipt of the proof of the event by the Corporation and will also be subject to fulfillment of underwriting conditions of the Corporation. Waiting periods and Exclusions will apply for the new Insured.

Addition in any other case will not be allowed. The existing spouse, parents, and children, if not covered at the time of taking policy, shall not be covered under the policy.

If both of the parents (father and mother) are alive and are eligible for cover, then either both of them will have to be covered or none of them will be covered. The PI will not have any option to choose one of them.

Any addition of new lives shall be allowed by the original Principal Insured only. After the death of original Principal Insured, no addition will be allowed.

II) Removal of existing members:

In the event of death or divorce, an Insured may be removed from coverage upon request by the Principal Insured in writing. This will be effective from the instalment premium due date coinciding with or next following the date of such a request. No further premiums are due in respect of that Insured from such instalment premium due date.

In any other circumstances, removal of an existing Insured will be permitted at the sole discretion of the Corporation.

III) Option to migrate:

Children covered under this Plan shall have the option to take a suitable new health insurance policy (subject to underwriting) on the policy anniversary coinciding with or immediately following the completion of 25 years of age.

i) The new policy should be purchased within 90 days of the termination of child's cover from the existing policy.
ii) The Insured member shall be eligible for suitable credits gained for pre-existing conditions and time bound exclusions for all the previous years, provided the policy is in-force. The outstanding Waiting periods and outstanding period of any Exclusion will however apply under the new policy.
iii) These credits shall be available up to a maximum of the current SA level under the existing policy.
iv) Other terms and conditions including premium rates will be as applicable for the new policy.

IV) Quick Cash facility:

If any of the insured lives undergoes any eligible surgery falling under Category 1 or Category 2 (as mentioned in the Major Surgical Benefit Annexure) of Major Surgical Benefit, in any of the listed network hospitals, the PI will have an option to avail Quick Cash facility. Under this facility, 50% of eligible Major Surgical Benefit amount would be made available even during the period of hospitalization of any of the insured lives covered (the surgery may be either planned or emergency due to accident) instead of waiting for making a claim for the benefit after discharge. It will be only an advance payment to the Principal Insured in the event of hospitalization for any Major Surgical Benefit defined in the surgeries listed under categories 1 or 2 (as mentioned in the Major Surgical Benefit Annexure) and permissible under the policy conditions of the Plan. This will be, however, subject to approval from the Corporation, and the advance amount will be adjusted from the final settlement of Major Surgical Benefit claim amount.

This facility of advance payment could be availed by submitting the Bank Account details of the Principal Insured in the prescribed format. The amount of advance shall be credited in the Principal Insured's bank account directly.

V) LIC's New Term Assurance Rider (512B210V01):

Original PI and/ or Insured Spouse may opt for Term Assurance as optional rider up to the MSB SA. This rider is available at the time of inception/inclusion into the policy. This benefit shall be available only till the policy anniversary on which the age nearer birthday of the Insured is 75 years or for a term of 35 years starting from the date of cover commencement, whichever is earlier. In case of unfortunate death, an amount equal to Term Assurance Sum Assured will be payable on death during the term for which Term Assurance Rider is opted for. For more details on the above riders, refer to the rider brochure or contact LIC's nearest Branch Office.

VI) LIC's Accident Benefit Rider (512B203V03):

Original PI and/ or Insured Spouse may also opt for Accident Benefit Rider if Term Assurance Rider has been opted for. Maximum Accident Benefit Sum Assured shall be equal to the Term Assurance Rider SA. LIC's Accidental Benefit Rider can be

opted for at any time provided the outstanding premium paying term of the LIC's New Term Assurance Rider is atleast five years but before the policy anniversary on which the age nearer birthday of life assured is 65 years. In case of unfortunate death due to an accident, a sum equal to the Accident Benefit Sum Assured shall be payable.

Accident Benefit Rider will be available under the Plan by payment of additional premium of ₹ 0.50 (exclusive of taxes) for every ₹ 1,000/- of the Accident Benefit Sum Assured per policy year in respect of each life to be covered.

The additional premium for this benefit will not be required to be paid on and after the Policy anniversary on the expiry of LIC's New Term Assurance Rider or LIC's Accident Benefit Rider, whichever is earlier. For more details on the above riders, refer to the rider brochure or contact LIC's nearest Branch Office.

10. Other Features:

A) Grace Period: A grace period of 30 days will be allowed for payment of yearly or half yearly premiums.
If premium is not paid before the expiry of the days of grace, the Policy lapses and all the benefits payable under this Plan will cease.

B) Revival**:** A policy lapsed due to non-payment of premiums may be revived by the PI within a period of 5 consecutive years from the due date of first unpaid premium but before the expiry of cover in respect of PI.

There may be a possibility that while premiums are not required to be paid in respect of one or more Insured(s) due to continuation of AHC period, premiums in respect of one or more other Insured(s) become payable, either because AHC benefit is not triggered or AHC period is completed in respect of such Insured(s). Under such circumstances, the revival shall be applicable in respect of all those Insured(s) for whom the premiums are due but not paid within the grace period. The cover in respect of such Insured member(s) may be revived on the request of the PI within a period of 5 consecutive years from the due date of their respective first unpaid premium but before the expiry of cover in respect of PI as well as that of such Insured(s). The Insured member shall be exited from the policy if the cover is not revived within 5 years of the First Unpaid Premium for such a member.

The revival shall be effected on payment of all the arrears of premium(s) as applicable together with interest (compounding half-yearly) at such rate as may be fixed by the Corporation from time to time and on satisfaction of Continued Insurability of each such Insured whose cover is to be revived on the basis of information, documents and reports that are already available and any additional information in this regard if and as may be required in accordance with the Underwriting Policy of the

Corporation at the time of revival, being furnished by the Principal Insured/Insured.

Waiting periods and Exclusions, as described in Para 17 and 18 respectively, will apply on revival.
The Corporation reserves the right to accept at original terms, accept with modified terms or decline the revival of a discontinued policy/revival of cover of Insured member(s). The revival of the discontinued policy shall take effect only after the same is approved, accepted and revival receipt is issued by the Corporation.

The rate of interest applicable for revival under this Plan for every 12 months' period from 1st May to 30th April shall not exceed 10-year G-Sec Rate as p.a. compounding half-yearly as at the last trading day of previous financial year plus 300 basis points. For the 12 months' period commencing from 1st May, 2020 to 30th April, 2021 the applicable interest rate shall be 9.5% p.a. compounding half-yearly.

Revival of Rider(s), if opted for, will only be considered along with the revival of the Base Policy and not in isolation.

No benefit will be paid for an event that occurred during the lapse period till the Date of Revival when the Policy/cover was in a discontinued state.

Further, if the premium review date(s) falls between the revival period and revival is done after the Premium Review Date, the premium before and after the Premium Review Date may be different on account of revision in rates. In such case, premium rate as applicable on respective due dates shall apply. However, there shall be no change in premium rates if the revival is effected before the premium review date.

The policy will terminate at the end of revival period if the same is not revived. No revival of policy/cover will be allowed after the expiry of revival period.

C) Surrender:
No surrender value will be available under the Plan.

11. Free Look period:

If you are not satisfied with the "Terms and Conditions" of the policy, you may return the policy to us within 15 days from the date of receipt of the policy bond stating the reasons of objection. The Corporation will cancel the policy and return the premium paid subject to the following deductions: 1) Stamp duty on the policy 2) Proportionate Risk Premium (for Base Policy (shall not be applicable during the waiting period) and Rider(s), if opted for) for the period of cover 3) Any expense borne by the Corporation on medical examination and special reports, if any of the Insured persons.

12. Loan:

No loan will be available under this Plan.

13. Assignment:

No Assignment will be allowed under this Plan.

14. Benefit Limits and Conditions:

I. <u>Hospital Cash Benefit Limits and Conditions</u>:

i. The Hospital Cash Benefit shall be payable only if Hospitalisation has occurred within India.

ii. The total number of days for which hospital cash benefit would be payable, in respect of each Insured, in a Policy Year would be restricted to -

   a. A maximum of 30 (thirty) days of Hospitalization (inclusive of stay in Intensive Care Unit) in the first Policy Year following the Effective Date of Cover in respect of that Insured.

   b. A maximum of 90 (ninety) days of Hospitalization (inclusive of stay in Intensive Care Unit) in the second and subsequent Policy Years following the Effective Date of Cover in respect of that Insured.

   Hospital Cash Benefit paid for hemodialysis and radiotherapy will also be included under this maximum limit.

iii. The total number of days of Hospitalization for which Hospital Cash Benefit is payable during the Cover Period, in respect of each and every Insured covered under the policy, shall be limited to a maximum of 900 (nine hundred) days (inclusive of stay in Intensive Care Unit). Upon attainment of this limit by an Insured, the Hospital Cash Benefit in respect of that Insured shall cease immediately.

iv. The Benefit Limits specified in the above clauses in respect of an Insured under the Policy, shall solely and exclusively apply to that Insured. Any unclaimed Hospital Cash Benefit of any one Insured is not transferable to any other Insured.

v. The Hospital Cash Benefit shall not be payable in the event of an Insured undergoing any specified Day Care Procedure (as mentioned in the Day Care Procedure Benefit Annexure) except for maintenance hemodialysis and radiotherapy.

vi. Though hemodialysis and radiotherapy are Day Care Procedure, the Hospital Cash Benefit shall also be payable for these two procedures even if stay in hospital/day care centre is less than 24 hrs.

II. <u>Major Surgical Benefit Limits and Conditions:</u>

i. If more than one Surgery is performed on the Insured, during the same surgical session, the Corporation shall pay 100% as per the category in respect of the most severe Surgery performed and for other surgeries 25% of the eligible amount shall be paid. This benefit shall be paid for each of the additional surgery done in the single session and is subject to the overall annual and lifetime limits.

ii. The Major Surgical Benefit shall be paid as a lump sum as

specified for the benefit concerned and is subject to providing proof of Surgery to the satisfaction of the Corporation.

iii. All Surgical Procedures claimed should be confirmed as essential and required, by a qualified Physician or Surgeon, to the satisfaction of the Corporation.

iv. The Major Surgical Benefit will be payable only after the Corporation is satisfied on the basis of medical evidence that the specified Surgery covered under the Plan has been performed.

v. The Major Surgical Benefit shall be payable only if the Surgery has been performed within India.

vi. The total amount payable in respect of each Insured under the Major Surgical Benefit in any Policy Year during the Cover Period shall not exceed 100% of the Major Surgical Benefit Sum Assured in that Policy year. In the event that the Major Surgical Benefit Sum Assured is exhausted in a policy year the next Major Surgical Benefit claim shall be subject to Major Surgical Benefit Restoration as specified in Para 1.II.c above.

vii. The total amount payable in respect of each Insured during the Cover Period under the Major Surgical Benefit shall not exceed a maximum limit of 1000% of the Major Surgical Benefit Sum Assured i.e. 1000 times the ADB applicable for the policy year in which the claim arises. If the total amount paid in respect of an Insured equals this lifetime maximum limit, the Major Surgical Benefit in respect of that Insured will cease immediately.

viii. The Benefit Limits specified in the above clauses in respect of an Insured under this Policy, shall solely and exclusively apply to that Insured. Any unclaimed Major Surgical Benefit of any one Insured is not transferable to any other Insured.

ix. The Major Surgical benefit for any surgery cannot be claimed and shall not be payable more than once for the same surgery during the Cover Period. Also, PTCA (Percutaneous Transluminal Coronary Angioplasty) conducted under multiple sittings cannot be claimed and shall not be payable more than once.

x. If Major Surgical Benefit is payable, Medical Management Benefit would not be payable for the same event of hospitalization.

In addition, the following benefits and limits are applicable:

a) <u>Ambulance Benefit Limits and Conditions:</u>

The lumpsum payable in case of Ambulance transportation expenses shall be payable for covered Major Surgical Benefit in respect of each Insured, provided the ambulance transportation is medically necessary and is subject to providing satisfactory evidence to the Corporation.

b) <u>Major Surgical Benefit Restoration Benefit Limits and Conditions:</u>

i. In any Policy Year during the Cover Period in respect of each Insured, only the first Major Surgical Benefit claim post exhaustion of 100% of Major Surgical Benefit Sum Assured,

would be payable in line with the applicable benefit payout level (as mentioned in the Major Surgical Benefit Annexure) for the covered procedure.

ii. The Major Surgical Benefit Restoration claim shall be paid as a lump sum as specified for the benefit concerned and is subject to providing proof of Surgery to the satisfaction of the Corporation.

iii. All Surgical Procedures claimed should be confirmed as essential and required, by a qualified Physician or Surgeon, to the satisfaction of the Corporation.

iv. The Major Surgical Benefit Restoration claim will be payable only after the Corporation is satisfied on the basis of medical evidence that the specified Surgery covered under the Plan has been performed.

v. The Major Surgical Benefit Restoration claim shall be payable only if the Surgery has been performed within India.

vi. The Major Surgical Benefit Restoration claim shall be payable only once in any Policy year in respect of each Insured i.e., the total amount payable in respect of each Insured under such Major Surgical Benefit Restoration claim in any Policy Year during the Cover Period shall not exceed 100% of the Major Surgical Benefit Sum Assured in that Policy year.

vii. The Major Surgical Benefit Restoration claim shall be payable only up to a maximum of 10 (ten) times during the Cover Period in respect of each Insured.

viii. The Benefit Limits specified in the above clauses in respect of an Insured, shall solely and exclusively apply to that Insured. Any unclaimed Major Surgical Benefit Restoration claim on any one Insured is not transferable to any other Insured.

III. <u>Day Care Procedure Benefit Limits and Conditions</u>:

i. If more than one Day Care Procedure is performed on the Insured, through the same incision or by making different incisions, during the same surgical session, the Corporation shall only pay for one Day Care Procedure performed.

ii. The Day Care Procedure Benefit shall be paid as a lump sum and is subject to providing proof of Surgery/Procedure to the satisfaction of the Corporation.

iii. All Day Care Procedures claimed should be confirmed as essential and required, by a qualified Physician or Surgeon, to the satisfaction of the Corporation.

iv. The Day Care Procedure Benefit will be payable only after the Corporation is satisfied on the basis of medical evidence that the specified Day Care Procedure covered under the Plan has been performed.

v. The Day Care Procedure Benefit shall be payable only if the Day Care Procedure has been performed within India.

vi. In respect of each Insured, the Day Care Procedure Benefit will be payable only up to a maximum of 3 (three) Day Care Procedures in any Policy Year during the Cover Period.

vii. In respect of each Insured during the Cover Period, the Day Care Procedure Benefit will be payable only up to a lifetime maximum of 30 (thirty) Day Care Procedures. If the number of Day Care Procedures eligible for the Day Care Procedure Benefit in respect of an Insured equals this lifetime maximum limit, the Day Care Procedure Benefit in respect of that Insured will cease immediately.

viii. The Benefit Limits specified in the above clauses in respect of an Insured under the Policy, shall solely and exclusively apply to that Insured. Any unclaimed Day Care Procedure Benefit of any one Insured is not transferable to any other Insured.

ix. If a Day Care Procedure is performed no Hospital Cash Benefit shall be paid (except for maintenance hemo dialysis and radiotherapy) even if the hospitalization for a day care procedure exceeds 24 hours.

x. If Day Care Benefit is payable, Medical Management Benefit would not be payable for the same event of hospitalization.

IV. <u>Other Surgical Benefit Limits and Conditions</u>:

i. If more than one Surgical Procedure is performed on the Insured, through the same incision or by making different incisions, during the same surgical session, the Corporation shall only pay for one Surgical Procedure.

ii. The Other Surgical Benefit shall be paid as a Daily Benefit and is subject to providing proof of Surgery to the satisfaction of the Corporation.

iii. All Surgical Procedures claimed should be confirmed as essential and required, by a qualified Physician or Surgeon, to the satisfaction of the Corporation.

iv. The Other Surgical Benefit will be payable only after the Corporation is satisfied on the basis of medical evidence that the specified Surgical Procedure has been performed.

v. The Other Surgical Benefit shall be payable only if the Surgical Procedure has been performed within India.

vi. The total number of days of Hospitalization for which the Other Surgical Benefit is payable during a Policy Year in respect of each and every Insured covered under the Policy shall not exceed 15 (fifteen) days in the first Policy Year from the Effective Date of Cover in respect of that Insured and 45 (forty five) days for the second and subsequent Policy Years from the Effective Date of Cover in respect of that Insured.

vii. The total number of days of Hospitalization for which the Other Surgical Benefit is payable during the Cover Period, in respect of each and every Insured covered under the Policy shall not exceed a lifetime maximum limit of 450 (four hundred and fifty) days. Upon attainment of this lifetime maximum limit, the Other Surgical Benefit in respect of that Insured will cease immediately.

viii. The Benefit Limits specified in the above clauses in respect of an Insured under this Policy, shall solely and exclusively apply to that Insured. Any unclaimed Other Surgical Benefit on any one Insured is not transferable to any other Insured.

ix. If Other Surgical Benefit is payable, Medical Management Benefit would not be payable for the same event of hospitalization.

V. **Medical Management Benefit Limits and Conditions:**

i. The Medical Management Benefit shall be paid as a lump sum, subject to providing proof of hospitalization for the specified medical condition, to the satisfaction of the Corporation.

ii. The Medical Management benefit shall be payable only if Hospitalisation and treatment has occurred within India.

iii. In respect of each Insured, the Medical Management Benefit would be payable maximum of 2 (two) times in each Policy Year during the Cover Period

iv. In respect of each Insured during the Cover Period, the Medical Management Benefit will be payable only up to a lifetime maximum limit of 20 (twenty) times. If the Medical Management Benefit in respect of an Insured equals this lifetime maximum limit, the Medical Management Benefit in respect of that Insured will cease immediately.

v. The Benefit Limits specified in the above clauses in respect of an Insured, shall solely and exclusively apply to that Insured. Any unclaimed Medical Management Benefit on any one Insured is not transferable to any other Insured.

vi. Medical Management Benefit would not be payable if Major Surgical Benefit, Other Surgical Benefit or Day Care benefits are payable for the same event of inpatient hospitalization.

VI. **Extended Hospitalization Benefit Limits and Conditions:**

i. Extended Hospitalization Benefit shall be paid as a lump sum, subject to providing proof of inpatient hospitalization to the satisfaction of the Corporation.

ii. Extended Hospitalization Benefit shall be payable only if Hospitalization has occurred within India.

iii. In respect of each Insured, the Extended Hospitalization Benefit would be payable maximum of 1 (one) time in each Policy Year during the Cover Period

iv. In respect of each Insured during the Cover Period, the Extended Hospitalization Benefit will be payable only up to a lifetime maximum limit of 10 (ten) times. If the Extended Hospitalization Benefit in respect of an Insured equals this lifetime maximum limit, the Extended Hospitalization Benefit in respect of that Insured will cease immediately.

v. The Benefit Limits specified in the above clauses in respect of an Insured under the Policy, shall solely and exclusively apply to that Insured. Any unclaimed Hospital Cash Benefit of any one Insured is not transferable to any other Insured.

VII. **Health Check-up Benefit Limits and Conditions:**

i. In respect of each Insured, the Health Check-up Benefit would be payable only once every 3 (three) Policy Year during the Cover Period.

ii. The Benefit Limits specified in the above clauses in respect of an Insured, shall solely and exclusively apply to that Insured. Any unclaimed Health Check-up Benefit on any one Insured is not transferable to any other Insured.

iii. Health Check-up Benefit shall be payable only if the Health Check-up is done within India.

A short summary of Benefits and their Limits, <u>subject to terms and conditions</u> mentioned in this document, are as under:

S. No.	Benefits	Event	Amount of Benefit	Annual Benefit Limit	Lifetime Maximum Benefit Limit	Additional Benefit(s) payable
1	Hospitalisation Cash Benefit (HCB)	Hospitalisation (Non ICU ward)	Applicable Daily Benefit (ADB) for each day of hospitalisation	Year 1: 30 days Year 2 onwards: 90 days	900 Days	i. Extended Hospitalisation Benefit as mentioned under S. No. 6 below, if applicable.
		Hospitalisation (ICU ward)	Two times of ADB for each day of hospitalisation			
2	Major Surgical Benefit (MSB)	Undergoing a Surgical Procedure (as mentioned in MSB Annexure) in a Hospital	Lump Sum Benefit equal to percentage of MSB Sum Assured based on the surgery performed; where MSB Sum Assured is 100 times of ADB	100% of MSB Sum Assured.	10 times the MSB Sum Assured.	i. HCB based on the length of stay in the hospital. ii. Ambulance Benefit: Lump sum of Rs 1,000 payable if ambulance service is availed. iii. Premium Waiver Benefit: Total one year premium will be waived if MSB falling under Category 1 or Category 2 is performed. iv. MSB Restoration: On exhaustion of annual limit of 100% of MSB Sum Assured, next MSB claim in that policy year shall also be covered (subject to maximum of 10 times during the Cover period). v. Extended Hospitalisation Benefit as mentioned under S. No. 6 below, if applicable.
3	Day Care Procedure Benefit (DCPB)	Undergoing a Day Care Procedure (as mentioned in DCPB Annexure) in a Hospital or Day Care centre	Lump Sum Benefit equal to 5 times of ADB	3-day care procedures	30-day care procedures	i. HCB shall be payable only if DCPB is hemodialysis or radiotherapy. ii. Extended Hospitalisation Benefit as mentioned under S. No. 6 below, if applicable.
4	Other Surgical Benefit (OSB)	Undergoing any Surgical Procedure other than those mentioned under MSB and DCPB in a Hospital	2.5 times of ADB for each day of hospitalisation	Year 1: 15 days Year 2 onwards: 45 days	450 Days	i. HCB based on the length of stay in the hospital. ii. Extended Hospitalisation Benefit as mentioned under S. No. 6 below, if applicable.
5	Medical Management Benefit (MMB)	Inpatient Hospitalisation due to Dengue/ Malaria/ Pnuemonia/ Pulmonary Tuberculosis / Viral Hepatitis A	Lump Sum Benefit equal to 2.5 times of ADB	2 times	20 times	HCB based on the length of stay in the hospital.
6	Extended Hospitalisation Benefit (EHB)	Single period hospitalisation in excess of 30 days (Payable in addition to HCB,MSB,OSB and DCPB)	Lump Sum Benefit equal to 10 times of ADB	1 time	10 times	-
7	Health Check Up Benefit	Actual costs subject to a maximum of one-half of ADB once in every 3 years				

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15. Commencement and Termination of Benefit Covers:

The Hospital Cash Benefit, Major Surgical Benefit, Day Care Benefit, Other Surgical Benefit, Medical Management Benefit and Extended Hospitalization Benefit cover in respect of each Insured covered under your policy shall commence on their respective Effective Date of Cover.

The Hospital Cash Benefit, Major Surgical Benefit, Day Care Procedure Benefit, Other Surgical Benefit, Medical Management Benefit and Extended Hospitalization Benefit cover in respect of each Insured shall terminate at the earliest of the following:

i. The Date of Cover Expiry;
ii. On death of the Insured;
iii. On attaining the lifetime maximum Benefit Limits as specified in Para 14. above;
iv. In respect of the Insured Spouse, on divorce or legal separation from the Principal Insured;
v. On non-payment of premium within the revival period in respect of such Insured;
vi. On termination of the Policy due to non-payment of premium/absence of any eligible PI under the Policy/ any other reason.

16. Termination of Policy:

A) <u>If policy is issued on single life</u>:
The policy shall terminate at the earliest of the following:

i. Non-payment of premiums within the revival period;
ii. On death;
iii. On the Date of Cover Expiry;
iv. On exhausting all the lifetime maximum Benefit Limits as specified in Para 14 above;
v. On payment of free look cancellation amount;
vi. If the Policyholder cancels the Policy after premium review, if any;
vii. On grounds of misrepresentation, fraud, non-disclosure, or non-cooperation of the insured.

B) <u>If policy is issued on more than one life</u>:
The policy shall terminate at the earliest of the following:

i. Non-payment of premiums in respect of each Insured member within the revival period;
ii. If AHC is not being available to any of the Insured, on exit of last successive PI;
iii. If AHC is being available in respect of any of the Insured, on exit of last successive PI and thereafter on the earliest of the following in respect of the last eligible Insured member:
    a. expiry of AHC period;
    b. on death;
    c. on exhaustion of all the lifetime maximum Benefit Limits as specified in Para 14 above;
iv. On payment of free look cancellation amount;
v. If the Policyholder cancels the policy after premium review, if any;

vi. On grounds of misrepresentation, fraud, non-disclosure or non-cooperation of any of the insured.

17. Waiting Period:

General waiting period:

There shall be no general waiting period in case Hospitalization or Surgery is due to Accidental Bodily Injury occurring on or after the Effective Date of Cover of the policy. There shall be a general waiting period during which no benefits shall be payable in the event of Hospitalization or Surgery, if the said Hospitalization or Surgery occurred due to Sickness.

i. The general waiting period shall be 90 (ninety) days from the Effective Date of Cover in respect of each Insured.
ii. If the policy/cover in respect of Insured member(s) is revived after discontinuance of the Cover then the following shall apply in respect of each Insured:
    a. If the request for revival is received by the Corporation within 90 (ninety) days from the due date of the first unpaid premium, then there shall be a general waiting period of 45 (forty-five) days from the Date of Revival in respect of each Insured.
    b. If the request for revival is received by the Corporation beyond 90 (ninety) days from the due date of the first unpaid premium, then there shall be a general waiting period of 90 (ninety) days from the Date of Revival in respect of each Insured.

Specific waiting period:

In addition, in respect of each Insured, no benefits are available hereunder and no payment will be made by the Corporation for any claim under the Policy on account of Hospitalization or Surgery directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following during the specific waiting period:

i. Treatment for adenoid or tonsillar disorders
ii. Treatment for anal fistula or anal fissure
iii. Treatment for benign enlargement of prostate gland
iv. Treatment for benign uterine disorders like fibroids, uterine prolapse, dysfunctional uterine bleeding etc
v. Treatment for Cataract
vi. Treatment for Gall stones
vii. Treatment for slip disc
viii. Treatment for Piles
ix. Treatment for Benign Thyroid Disorders
x. Treatment for Hernia
xi. Treatment for Hydrocele
xii. Treatment for Degenerative Joint Conditions
xiii. Treatment for Sinus Disorders
xiv. Treatment for Kidney or Urinary Tract Stones
xv. Treatment for Varicose Veins
xvi. Treatment for Carpal Tunnel Syndrome
xvii. Treatment for Benign Breast Disorders e.g. Fibroadenoma, Fibrocystic disease etc

xviii. Treatment for Benign Ovarian disorders
xix. Treatment for Gastric/Duodenal Ulcer
xx. Treatment for Retinal disorders
xxi. Treatment for Knee/Joint Replacement Surgery (other than caused by an accident)
xxii. Treatment for Osteoporosis or Osteoarthritis
xxiii. Treatment for Chronic renal failure or end stage renal failure
xxiv. Treatment for Internal Congenital disease or defects or anomalies

The specific waiting period in respect of the treatments specified in the list above shall be as follows:

i. The specific waiting period shall be 2 (two) years from the Effective Date of Cover in respect of each Insured.
ii. If the policy/cover in respect of Insured member(s) is revived after discontinuance of the Cover then the following shall apply in respect of each Insured:
    a. If the request for revival is received by the Corporation within 90 (ninety) days from the due date of the first unpaid premium, then the specific waiting period shall continue to be till 2 (two) years from the Effective Date of Cover in respect of each Insured.
    b. If the request for revival is received by the Corporation beyond 90 (ninety) days from the due date of the first unpaid premium, then there shall be a specific waiting period of 2 (two) years from the Date of Revival in respect of each Insured.

18. Exclusions:

No benefits are available hereunder and no payment will be made by the Corporation for any claim under this policy on account of hospitalization or surgery directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1. Any Pre-existing Condition unless disclosed to and accepted by the Corporation prior to the Effective Date of Cover or the Date of Revival (if the Policy/cover in respect of Insured member(s) is revived after discontinuance of the Cover).
2. Any treatment or Surgery not performed by a Physician/ Surgeon or any treatment or Surgery of a purely experimental nature.
3. Any experimental or unproven pharmacological regimens or usage of any unproven treatment devices; any conditions (injuries or illnesses) arising due to advocation of any experimental or unproven pharmacological regimens or treatment devices or diagnostic tests.
4. Admission, diagnosis, or treatment in a Hospital outside India. Admission into a Hospital for routine examination, preventive medical check-up, vaccinations or any medical examination that are customarily carried out on an Out Patient Basis.
5. Any Surgery/ Surgical Procedure carried out purely for the purposes of diagnosis, screening and investigation, e.g.

lower/upper GI Endoscopy or true- cut needle biopsy unless otherwise specified.

6. Admission into a hospital for any cosmetic, plastic surgery, aesthetic, or related treatment of any type, also including any complications attributable to such treatments, irrespective of the reason behind such treatment, unless medically necessary for the treatment of illness or as a result of an injury or accident and performed within 6 months of the same.
7. Hospitalisation Surgery for donation of an organ by donor.
8. Any dental examination, surgery, or treatment except as necessitated due to any accident.
9. Convalescence, general debility, rest cure, external congenital disease or defect or anomaly, sterilization or infertility (diagnosis and treatment), any sanatoriums, spa or rest cures or long-term care or hospitalization undertaken as a preventive or recuperative measure or for sole purpose of physiotherapy.
10. Any claim arising out of any condition directly or indirectly due to attempted suicide or intentional self-inflicted injury, by the life insured, whether sane or not at the time.
11. Life insured being under the influence of drugs, alcohol, narcotics, or psychotropic substance, not prescribed by a Registered Medical Practitioner.
12. Removal or correction or replacement of any material/ prosthesis/medical devices that was implanted in a former surgery before Effective Date of Cover or Date of Revival (if the Policy/cover in respect of Insured member(s) is revived after discontinuance of the Cover).
13. Any diagnosis or treatment arising from or traceable to pregnancy (This exclusion does not apply in case of ectopic pregnancy), childbirth including caesarean section, medical termination of pregnancy and/or any treatment related to pre and post-natal care of the mother or the new born.
14. Any treatment directly or indirectly arising from or consequent to War (declared or undeclared), invasion, act of foreign enemy, hostilities (declared or undeclared), civil war, riots, civil commotion, rebellion, revolution, or any warlike operations / terrorism / acts of terrorism.
15. Any claim occurring as a direct or indirect result of Service in the military/ para- military, naval, air forces or police organizations and participation in operations requiring the use of arms or which are ordered by such authorities for combating terrorists, rebels, and the like.
16. Any natural peril (including but not limited to avalanche, earthquake, volcanic eruptions, or any kind of natural hazard).
17. Any claim in respect of treatment due to conditions arising out of Life Insured engaging in or taking part in professional sport(s) or competitive sports or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping, racing, scuba diving, aerial sports.
18. Any treatment directly or indirectly arising from Exposure of

life assured to Radioactive, explosive, or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or Accident arising from such nature.

19. Any treatment directly or indirectly arising from or consequent to Participation by the life insured in a criminal or unlawful act.
20. Any conditions resulting from failure to seek or follow reasonable medical advice. "Reasonable Medical Advice" refers to tests or treatments as recommended by a Medical Practitioner that a prudent person would normally undergo.
21. Any claim arising as a direct or indirect consequence of Participation by the life insured in any flying activity other than as a bona fide passenger (whether paying or not), in a licensed aircraft provided that the life insured does not, at that time, have any duty on board such aircraft.
22. Admission into a Hospital for supply or fitting of eyeglasses or hearing aids. LASIK / PRK / Phakik IOL implants or any other procedures carried out for purpose of correcting refractive errors like Myopia.
23. Admission into a Hospital for diagnosis and Treatment of sterility, any fertility, sub-fertility or assisted conception procedure or birth control/contraceptive measures or of a sexually transmitted / veneral disease.
24. Admission into a Hospital for a sex change operation.
25. Any stem cell therapies.
26. Hormone replacement therapy.
27. Any treatment related to sleep disorder or Sleep Apnoea Syndrome, obesity and any other weight control programmed.
28. Pre and Post Hospitalization treatment will not be payable.
29. Treatment for any illness or injury where the period of confinement in a hospital is less than twenty-four hours (excludes day care procedures and HCB paid out to hemodialysis/ radiotherapy.)
30. General Waiting Period of 90 days/45 days as specified in Para 17 shall be applicable for all the benefits covered under the Plan except in case of Hospitalisation due to an accident or a trauma which occurred after the inception of the policy where this waiting period will not apply.
31. Specific Waiting Period of 24 months as specified in Para 17 for certain conditions and procedures and any complications arising out of them will apply to all benefits covered under the Plan.

19. Taxes:

Statutory Taxes, if any, imposed on such insurance plans by the Government of India or any other constitutional Tax Authority of India shall be as per the Tax laws and the rate of tax shall be as applicable from time to time.

The amount of applicable taxes as per the prevailing rates, shall be payable by the Policyholder on premiums including extra

premiums, if any, and shall be collected separately over and above in addition to the premiums payable by the policyholder. The amount of tax paid shall not be considered for the calculation of benefits payable under the Plan.

Regarding Income tax benefits/implications on premium(s) paid and benefits payable under this Plan, please consult your tax advisor for details.

SECTION 45 OF THE INSURANCE ACT, 1938:

The provision of Section 45 of the Insurance Act, 1938 shall be applicable as amended from time to time. The simplified version of this provision is as under:
Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938 are as follows:

1. No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 years from
   a. the date of issuance of policy or
   b. the date of commencement of risk or
   c. the date of revival of policy or
   d. the date of rider to the policy
   whichever is later.

2. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from
   a. the date of issuance of policy or
   b. the date of commencement of risk or
   c. the date of revival of policy or
   d. the date of rider to the policy
   whichever is later.
   For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

3. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:
   a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
   b. The active concealment of a fact by the insured having knowledge or belief of the fact;
   c. Any other act fitted to deceive; and
   d. Any such act or omission as the law specifically declares to be fraudulent.

4. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak, or silence is in itself equivalent to speak.

5. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement

was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

6. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.
7. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.

8. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.

9. The insurer can call for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer: This is not a comprehensive list of Section 45 of the Insurance Act, 1938 and only a simplified version prepared for general information. Policy Holders are advised to refer to the Section 45 of the Insurance Act, 1938, for complete and accurate details.]

PROHIBITION OF REBATES SECTION 41 OF THE INSURANCE ACT, 1938:

1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer:
2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

This product brochure gives only salient features of the plan. For further details please refer to the Policy document on our website www.licindia.in or contact our nearest Branch Office.

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS / FRAUDULENT OFFERS

IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint

LIC
भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA
www.licindia.in

Registered Office:
Life Insurance Corporation of India
Central Office, Yogakshema,
Jeevan Bima Marg, Mumbai-400021
Website: www.licindia.in
Registration Number: 512

Day Care Procedure Benefit Annexure

Sl. No.	DAY CARE PROCEDURE LIST
1	Stapedotomy
2	Stapedectomy
3	Revision of Stapedectomy
4	Other operations on the auditory Ossicles
5	Myringoplasty (Type-I Tympanoplasty)
6	Tympanoplasty (Closure of Eardrum Perforation / reconstruction of the Auditory Ossicles)
7	Myringotomy with grommet insertion
8	Closure of Mastoid fistula
9	Revision of a Tympanoplasty
10	Other microsurgical operations on the Middle Ear
11	Myringotomy
12	Benign Tumour removal from the external ear
13	Incision of the mastoid process and Middle ear
14	Simple Mastoidectomy
15	Reconstruction of the middle ear
16	Other excisions of the middle and inner ear
17	Fenestration of the inner ear
18	Revision of fenestration of the inner ear
19	Petrous Apicectomy
20	Other microsurgical operations on the inner Ear
21	Excision and destruction of diseased tissue of the nose
22	Operation on Nasal Turbinates
23	Septoplasty (medically necessitated)
24	Functional Endoscopic Sinus Surgery
25	Endoscopic placement /removal of stents
26	Dacrocystorhinostomy
27	Other Operations for tear gland/ duct lesions
28	Tarsorraphy
29	Excision of the diseased tissue of the eyelid
30	Operations of canthus and epicanthus when done for adhesions due to chronic infections
31	Corrective surgery of entropion
32	Corrective surgery for blepharoptosis
33	Excision of lacrimal sac and passage
34	Removal of a deep or embedded foreign body from cornea
35	Corrective surgery of ectropion
36	Operations for Pterygium with or without grafting
37	Other operations on the cornea
38	Removal of a foreign body from the lens of the eye
39	Removal of a foreign body from posterior chamber of the eye
40	Removal of a foreign body from orbit and eyeball
41	Cataract Surgery (ECCE or Phacoemulsification with or without intraocular lens implant)
42	Operation for glaucoma
43	Repair of corneal laceration or wound with conjunctival flap
44	Surgery for pilonidal sinus
45	Surgical excisional debridement of wound toilet (Wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues under anaesthesia

46	Local excision or destruction of diseased tissue of skin and subcutaneous tissues under anaesthesia
47	Surgery for pilonidal cyst
48	Free skin transplantation, recipient site
49	Revision of skin plasty
50	Chemosurgery for skin cancer
51	Incision, excision, and destruction of diseased tissue of the tongue.
52	Partial glossectomy
53	Reconstruction of the tongue
54	Other Operations on the tongue
55	Incision and lancing of salivary glands and Salivary ducts
56	Excision of a diseased tissue of salivary glands and Salivary ducts
57	Resection of a salivary gland with or without salivary duct
58	Reconstruction of a salivary gland and salivary duct
59	Open Sialolithotomy
60	External incision and drainage in the region of the mouth, jaw and face
61	Excision of the diseased hard and soft palate
62	Excision biopsy and/or destruction of diseased structures from the oropharynx.
63	Palatoplasty
64	Other operations in the mouth
65	Transoral incision and drainage of a pharyngeal abscess
66	Tonsillectomy without adenoidectomy
67	Tonsillectomy with adenoidectomy
68	Excision and destruction of a lingual tonsil
69	Drainage of tonsillar abscess/quinsy
70	Incision and Drainage of the bone for septic and aseptic conditions
71	Closed reduction of fracture
72	Closed reduction of sub-luxation
73	Epiphyseolysis with osteosynthesis
74	Suture and other Operations on tendons and tendon sheath
75	Reduction of dislocation under GA
76	Arthoscopic knee aspiration
77	Incision and Drainage of breast abscess
78	Operations on the nipple except congenitally inverted nipples
79	Incision and excision of tissue in the perianal region
80	Surgical treatment of anal fistulas
81	Surgical treatment of Haemorrhoids.
82	Division of the anal sphincter (sphincterotomy)
83	Other operations of the anus
84	Ultrasound guided aspiration of deep-seated rectal abscess
85	Sclerotherapy
86	Dilation of digestive tract strictures
87	Endoscopic gastrotomy
88	Endoscopic decompression of colon
89	Endoscopic Polypectomy
90	Incision of the ovary
91	Other operations on the Fallopian tubes
92	Dilatation of the cervical canal
93	Conisation of the uterine cervix
94	Incision of the Uterus (Hysterectomy) not done as a part of MTP
95	Therapeutic / diagnostic dilatation and curettage (not done as part of MTP)
96	Culdotomy

97	Hymenectomy
98	Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
99	Incision and drainage of the Vulva
100	Operations on the Bartholin's glands(cyst)
101	Hysteroscope guided biopsy of uterus
102	Suprapubic cytostomy
103	Drainage of Prostatic abscess
104	Transurethral excision and destruction of prostate tissue
105	Percutaneous excision and destruction of prostate tissue
106	Excision of seminal vesicle
107	Incision and excision of periprostatic tissue
108	Incision and Drainage of the Scrotum and tunica vaginalis testis
109	Operations on testicular hydrocele
110	Excision or Eversion of Hydrocele
111	Incision and drainage of the testis
112	Excision or destruction of testicular lesion
113	Unilateral orchidectomy
114	Other operations on the testis
115	Surgical treatment of a varicocele and hydrocele of a spermatic cord
116	Excision of epididymal cyst
117	Epididymectomy
118	Other operations on the spermatic cord, epididymis and ductus deferens (other than vasectomy)
119	Circumcision and other Operations on the foreskin (if medically necessitated)
120	Local excision and destruction of diseased tissue of the penis
121	Other operations on the penis
122	Cystoscopic removal of stones
123	Lithotripsy
124	Coronary angiography
125	Bronchoscopic treatment of bleeding lesion
126	Bronchoscopic treatment of fistula/stenting
127	Bronchoalveolar lavage and biopsy
128	Pericardiocentesis
129	Insertion of filter in Inferior Vena cava
130	Insertion of gel foam in artery or vein
131	Carotid angioplasty or Artherectomy
132	Renal angioplasty
133	Tumor embolisation
134	Endoscopic drainage of pseudo pancreatic cyst
135	Varicose vein stripping or ligation
136	Excision of dupuytren's contracture
137	Carpal tunnel Decompression
138	PCNS (Percutaneous neprostomy)
139	PCNL(Percutaneous nephro lithotomy)
140	Nail bed deformity/resection and reconstruction
141	Vertebral angioplasty or Atherectomy
142	Injection of sclerosing agent into vein
143	Repair of esophageal stricture
144	Incision of rectal stricture
145	Repair of perirectal fistula
146	Ablation of esophageal neoplasm by endoscopic approach

147	Control of esophageal bleeding by endoscopic approach
148	Insertion of Sengstaken tube (Esophageal tamponade for bleeding varices)
149	Esophageal varices banding by endoscopic approach
150	Injection of esophageal varices by endoscopic approach
151	Laparoscopic appendectomy
152	Open Appendectomy
153	Closure of appendiceal fistula
154	Percutaneous [endoscopic] gastrostomy [PEG]
155	Endoscopic excision or destruction Gastric varices
156	Percutaneous aspiration of gallbladder
157	Endoscopic retrograde cholangiography [ERC]
158	Endoscopic retrograde pancreatography [ERP]
159	Endoscopic insertion of stent (tube) into bile duct
160	Endoscopic Retrograde Cholangiopancreatography (ERCP) with or without insertion of Stent into Bile duct
161	Intra-abdominal venous shunt-mesocaval
162	Intra-abdominal venous shunt-portacaval
163	Intra-abdominal venous shunt-portal vein to inferior vena cava
164	Intra-abdominal venous shunt-splenic and renal veins
165	TIPS procedure for portal Hypertension (trans jugular intrahepatic Porto systemic shunt)
166	Incision and lancing of parotid gland and duct
167	Closure of salivary fistula
168	Suture of laceration of salivary gland
169	Probing of salivary duct
170	Injection of hemorrhoids
171	Temporary colostomy
172	Removal of foreign body from tonsil and adenoid by incision
173	Excision of lesion of tonsil and adenoid
174	Drainage (oral) (transcervical) of retropharyngeal abscess
175	Drainage (oral) (transcervical) of peritonsillar abscess
176	Drainage (oral) (transcervical) of parapharyngeal abscess
177	Other Operations on the Middle and Internal Ear
178	Adenoidectomy without tonsillectomy
179	Tracheostomy
180	Correction of Eyelid ptosis
181	Repair of postoperative wound dehiscence of cornea
182	Destruction of chorioretinal lesion by laser photocoagulation/cyrotherapy
183	Repair of retinal tear by photocoagulation
184	Repair of retinal detachment with cryotherapy
185	Repair of retinal detachment with laser photocoagulation
186	Laproscopic/ Abdominal Hysterectomy for begnin conditions (with/without Pelvic floor repair, with/without Salpingo- Oophorectomy)
187	Removal of ectopic pregnancy
188	Operation On Ovarian Cyst
189	Amputation of toe/fingers
190	Open reduction of fracture with internal fixation (carpals and metacarpals, phalanges of hand, tarsals and metatarsals, phalanges of foot)
191	Debridement of open fracture, unspecified site
192	Open reduction of fracture with internal fixation, unspecified site
193	Application of external fixator device (Humerus, Radius and Ulna, Carpals & Metacarpals)

194	Application of external fixator device (Femur, Patella, tibia and fibula, tarsals and metatarsals)
195	Application of external fixator device, Scapula, Clavicle and thorax
196	Reduction of alveolar fracture with stabilization of teeth
197	Insertion of intercostal catheter for drainage
198	Release of tarsal tunnel
199	Repair of Hernia
200	Biopsy of bone marrow
201	Injection or infusion of cancer chemotherapeutic substance (Chemoembolization/Injection or infusion of antineoplastic agent)
202	Radioisotopic Teleradiotherapy
203	Superficial radiation (Contact radiation [up to 150 KVP])
204	Orthovoltage radiation (Deep radiation [200-300 KVP])
205	Infusion of liquid brachytherapy radioisotope - I-125 radioisotope (Includes: removal of radioisotope)
206	Intracavitary brachytherapy (Includes: removal of radioisotope)
207	Teleradiotherapy of other particulate radiation (Neutrons/Protons/Non specific)
208	Implantation or insertion of radioactive elements - Intravascular brachytherapy
209	Injection or instillation of radioisotopes
210	Other radiotherapeutic procedure
211	Arterio -Venous Fistula for renal Dialysis
212	Prostatolithotomy
213	Drainage of periprostatic abscess
214	Excision of hematocele of tunica vaginalis
215	Fulguration of lesion of scrotum
216	Reduction of elephantiasis of scrotum
217	Partial scrotectomy of scrotum
218	Repair of scrotal fistula
219	Suture of laceration of scrotum and tunica vaginalis
220	Excision or destruction of lesion or tissue of scrotum
221	Removal of blood clot from ureter or renal pelvis without incision
222	Removal of calculus from ureter or renal pelvis without incision
223	Removal of foreign body from ureter or renal pelvis without incision
224	Maintenance Heamo Dialysis for Chronic renal failure
225	Peritoneal dialysis or Heamo Dialysis for Acute Renal Failure
226	Extracorporeal shockwave lithotripsy [ESWL] of the kidney, ureter and/or bladder
227	Transurethral excision and destruction of prostate tissue
228	Cutting of urethral sphincter
229	Internal urethral meatotomy
230	Urethrolysis
231	Dilation of urethrovesical junction
232	Passage of sounds through urethra
233	Removal of calculus from urethra without incision
234	Closed [percutaneous] [needle] biopsy of kidney
235	Open biopsy of kidney
236	Excision of vocal cords
237	Excision of laryngeal cartilage
238	Epiglottidectomy
239	Other lavage of bronchus and trachea
240	Closure of bronchostomy
241	Marsupialization of laryngeal cyst

242	Full-thickness skin graft to hand
243	Other skin graft to hand
244	Full-thickness skin graft to other sites

Major Surgical Benefit Annexure

Sl. No	LIST OF MAJOR SURGERIES	% of Major Surgical Benefit Sum Assured	Category
I	**CARDIOVASCULAR SYSTEM**		
1	Major Surgery of Aorta	100%	Category 1
2	CABG (Coronary Artery Bypass Grafting)	100%	Category 1
3	Heart Valve Replacement using Tissue or Prosthetic valve	100%	Category 1
4	Aortic root transplantation with coronary artery reimplantation for proximal aortic aneurysm	100%	Category 1
5	Endovascular repair of defect of thoracic aorta with graft(s) or device(s)	100%	Category 1
6	Endovascular repair of abdominal aortic aneurysm with graft(s) or device(s)	100%	Category 1
7	Resection of vessel with anastomosis, aorta	100%	Category 1
8	Initial implantation of permanent pacemaker in the heart	60%	Category 2
9	Mitral valve repair (Open Heart Valvuloplasty)	60%	Category 2
10	Aortic valve repair (Open Heart Valvuloplasty)	60%	Category 2
11	Tricuspid valve repair (Open Heart Valvuloplasty)	60%	Category 2
12	Pulmonary valve repair (Open Heart Valvuloplasty)	60%	Category 2
13	Excision of benign mediastinal lesions	60%	Category 2
14	Excision of Malignant mediastinal lesions	60%	Category 2
15	Pericardectomy	40%	Category 3
16	Coronary Angioplasty with Stent implantation (two or more coronary arteries or two or more stents implanted)	40%	Category 3
17	Major vein repair with or without grafting for traumatic & nontraumatic lesions	40%	Category 3
18	Percutaneous angioplasty with or without insertion of intracranial vascular stent(s)	40%	Category 3
19	Basilar angioplasty or Atherectomy	40%	Category 3
20	Closed Heart Valvotomy	40%	Category 3
21	Construction of venous valves (peripheral)	40%	Category 3
22	Other endovascular repair (of aneurysm) of other vessels with Endograft(s)	40%	Category 3
23	Other endovascular repair (of aneurysm) of other vessels with Coil embolization or occlusion	40%	Category 3
24	Other endovascular repair (of aneurysm) of other vessels with Liquid tissue adhesive (glue) embolization or occlusion	40%	Category 3
25	Repair of blood vessel with tissue patch graft or with Synthetic patch graft.	40%	Category 3
26	Embolectomy / Thrombectomy with or without Graft	40%	Category 3
27	Endarterectomy with or without Graft	40%	Category 3
28	Pericardiotomy	20%	Category 4
29	Clipping or repair of Aneurysm	20%	Category 4

30	Coronary Angioplasty with Single Stent implantation	20%	Category 4
31	Exploratory thoracotomy	20%	Category 4
32	Arterioplasty (Non-Specific)	20%	Category 4
33	Plication of vein (peripheral)	20%	Category 4
34	Percutaneous (balloon) Valvuloplasty	20%	Category 4
35	Ligation of vena cava (inferior) (superior)	20%	Category 4
II	**NERVOUS SYSTEM**		
36	Repair of Cerebral or Spinal Arterio- Venous Malformations or aneurysms	100%	Category 1
37	Craniotomy for malignant Cerebral tumours	100%	Category 1
38	Excision of pineal gland	100%	Category 1
39	Total Excision of the pituitary gland, unspecified approach	100%	Category 1
40	Hemispherectomy	100%	Category 1
41	Lobectomy of brain	100%	Category 1
42	Curettage/ Debridement of brain	100%	Category 1
43	Marsupialization of brain cyst	100%	Category 1
44	Trans temporal (mastoid) excision of brain tumor	100%	Category 1
45	Lobotomy and tractotomy (Division of Brain tissue/ Cerebral tracts)	100%	Category 1
46	Percutaneous (radiofrequency) cingulotomy	100%	Category 1
47	Amygdalohippocampotomy	100%	Category 1
48	Drainage of intracerebral hematoma	100%	Category 1
49	Craniotomy for non-malignant space occupying lesions	60%	Category 2
50	Operations on Surbaracahnoid space of brain	60%	Category 2
51	Intracranial transection of Cranial nerve	60%	Category 2
52	Other operations on the meninges of the Brain	60%	Category 2
53	Microvascular decompression of cranial nerves/ nervectomy	60%	Category 2
54	Craniotomy with removal of epidural abscess	60%	Category 2
55	Craniotomy with removal of foreign body of skull	60%	Category 2
56	Open biopsy of brain	60%	Category 2
57	Craniectomy (Debridement/Sequestrectomy) of skull	60%	Category 2
58	Excision of acoustic neuroma by craniotomy	60%	Category 2
59	Craniotomy for Drainage of Extradural, subdural or intracerebral space	40%	Category 3
60	Decompression surgery for Entrapment Syndrome	40%	Category 3
61	Peripheral nerve Graft	40%	Category 3
62	Free Fascia Graft for Facial Nerve Paralysis	40%	Category 3
63	Excision of deep-seated peripheral nerve tumour	40%	Category 3
64	Multiple Miscrosurgical Repair of digital nerve	40%	Category 3
65	Fixation of fracture of spine	40%	Category 3
66	Biopsy of skull	40%	Category 3
67	Closed [percutaneous] [needle] biopsy of brain (Burr hole approach/Stereotactic method)	40%	Category 3
68	Closed [percutaneous] [needle] biopsy of cerebral meninges	40%	Category 3
69	Decompression of trigeminal nerve root	40%	Category 3
70	Other cranial nerve decompression	40%	Category 3
71	Division of trigeminal nerve (Retrogasserian neurotomy)	40%	Category 3

72	Endovascular removal of obstruction from head and neck vessel(s)	40%	Category 3
73	Anastomosis of ventricle to cisterna magna/ Ventriculocisternal intubation and Insertion of Holter valve (Ventriculostomy)	40%	Category 3
74	Cranial nerve Graft	40%	Category 3
75	Cryohypophysectomy, complete transfrontal approach (Total)	40%	Category 3
76	Ablation of pituitary by implantation (strontium-yttrium) (Y) transfrontal approach (Total)	40%	Category 3
77	Partial excision of pituitary gland, transfrontal approach	40%	Category 3
78	Partial excision of pituitary gland, unspecified approach	40%	Category 3
79	Bur-hole Drainage of Extradural, subdural or intracerebral space	20%	Category 4
80	Cranial puncture Aspiration of: subdural space	20%	Category 4
81	Cranial puncture Aspiration of: anterior fontanel	20%	Category 4
82	Decompression of spinal canal-laminectomy/ Foraminotomy	20%	Category 4
83	Laminectomy for exploration of intraspinal canal	20%	Category 4
84	Excision or destruction of intervertebral disc	20%	Category 4
85	Ventricular shunt to thoracic cavity (Ventriculopleural anastomosis)	20%	Category 4
86	Ventricular shunt to abdominal cavity and organs (Ventriculocholecystostomy/ Ventriculoperitoneostomy)	20%	Category 4
87	Replacement of ventricular shunt	20%	Category 4
88	Total/Partial Excision of pituitary gland, transsphenoidal approach	20%	Category 4
III	**RESPIRATORY SYSTEM**		
89	Pneumonectomy	60%	Category 2
90	Diaphragmatic/Hiatus Hernia Repair	60%	Category 2
91	Thoracotoplasty	60%	Category 2
92	Open Lobectomy of Lung	60%	Category 2
93	Partial Extirpation of Bronchus	60%	Category 2
94	Partial Pharyngectomy	60%	Category 2
95	Total Pharyngectomy	60%	Category 2
96	Total Laryngectomy	60%	Category 2
97	Excision of Diaphragmatic tumours	60%	Category 2
98	Wide excision and Major reconstruction of malignant Oro-pharyngeal tumours	60%	Category 2
99	Thoracoscopic segmental resection of lung/Partial lobectomy	60%	Category 2
100	Open Segmental resection of lung/Partial lobectomy	60%	Category 2
101	Thoracoscopic lobectomy of lung	60%	Category 2
102	Resection (wide sleeve) of bronchus	60%	Category 2
103	Pleurectomy or Pleural decortication	40%	Category 3
104	Tracheal reconstruction for various lesion	40%	Category 3
105	Hemilaryngectomy	40%	Category 3
106	Partial laryngectomy	40%	Category 3
107	Other excision or destruction of lesion or tissue of larynx	40%	Category 3
IV	**DIGESTIVE SYSTEM**		
108	Excision of esophagus and stomach	100%	Category 1

109	Abdominal-Perineal Pull Through Resection of rectum with Colo-Anal Anastomosis	100%	Category 1
110	Total Pancreatectomy with synchronous duodenectomy	100%	Category 1
111	One-stage pancreaticoduodenal resection with choledochojejunal anastomosis, pancreaticojejunal anastomosis, and gastrojejunostomy	100%	Category 1
112	Two-stage pancreaticoduodenal resection (first stage) (second stage)	100%	Category 1
113	Radical Pancreaticoduodenectomy (Whipples procedure)	100%	Category 1
114	Splenectomy	60%	Category 2
115	Total excision of oesophagus	60%	Category 2
116	Total excision of stomach	60%	Category 2
117	Partial Resection of Liver	60%	Category 2
118	partial pancreatectomy	60%	Category 2
119	Total hepatic lobectomy with partial excision of other lobe	60%	Category 2
120	Radical subtotal pancreatectomy	60%	Category 2
121	Unilateral or Bilateral sympathectomy	40%	Category 3
122	Resection and Anastomosis of any part of digestive tract	40%	Category 3
123	Open Surgery for treatment of Peptic Ulcer	40%	Category 3
124	Total Glossectomy	40%	Category 3
125	Cholecystectomy /Choledochotomy for various Gall bladder lesions	40%	Category 3
126	Pancreatolithotomy	40%	Category 3
127	Transcatheter embolization for gastric or duodenal bleeding for Peptic ulcer	40%	Category 3
128	Partial excision of esophagus	40%	Category 3
129	Partial Gastrectomy	40%	Category 3
130	Radical glossectomy with Neck dissection and tracheostomy	40%	Category 3
131	Excision or avulsion of sympathetic nerve	40%	Category 3
132	Surgical/ Open Gastrostomy	20%	Category 4
133	Permanent colostomy	20%	Category 4
V	**MUSCULOSKELETAL SYSTEM**		
134	Replantation of upper limb	60%	Category 2
135	Replantation of lower limb	60%	Category 2
136	Major reconstructive oro-maxillafacial surgery due to trauma or burns and not for cosmetic purpose	60%	Category 2
137	Total prosthetic replacement of hip joint using cement	40%	Category 3
138	Total prosthetic replacement of hip joint not using cement	40%	Category 3
139	Other total prosthetic replacement of hip joint	40%	Category 3
140	Total prosthetic replacement of knee joint using cement	40%	Category 3
141	Total prosthetic replacement of knee joint not using cement	40%	Category 3
142	Other total prosthetic replacement of knee joint	40%	Category 3
143	Total prosthetic replacement of other joint using cement	40%	Category 3
144	Total prosthetic replacement of other joint not using cement	40%	Category 3
145	Other total prosthetic replacement of other joint	40%	Category 3

146	Prosthetic replacement of head of femur using cement	40%	Category 3
147	Prosthetic replacement of head of femur not using cement	40%	Category 3
148	Other prosthetic replacement of head of femur	40%	Category 3
149	Prosthetic replacement of head of humerus using cement	40%	Category 3
150	Prosthetic replacement of head of humerus not using cement	40%	Category 3
151	Other prosthetic replacement of head of humerus	40%	Category 3
152	Prosthetic replacement of any other bone using cement	40%	Category 3
153	Prosthetic replacement of any other bone not using cement	40%	Category 3
154	Other prosthetic replacement of any other bone	40%	Category 3
155	Prosthetic interposition reconstruction of joint	40%	Category 3
156	Other interposition reconstruction of joint	40%	Category 3
157	Excision reconstruction of joint	40%	Category 3
158	Other reconstruction of joint	40%	Category 3
159	Implantation of prosthesis for limb	40%	Category 3
160	Amputation of arm	40%	Category 3
161	Amputation of leg	40%	Category 3
162	Elevation, Exploration and Fixation of fractured Zygoma	40%	Category 3
163	Forequarter amputation (Interthoracoscapular amputation)	40%	Category 3
164	Hindquarter amputation (Abdominopelvic amputation/ Hemipelvectomy)	40%	Category 3
165	Atlas-axis spinal fusion with or without Bone Graft/ device (s)	40%	Category 3
166	Other cervical fusion, anterior technique, C2 level or below with or without Bone Graft/device (s)	40%	Category 3
167	Other cervical fusion, posterior technique with or without Bone Graft/device (s)	40%	Category 3
168	Dorsal and dorsolumbar fusion, anterior technique, with or without Bone Graft/device (s)	40%	Category 3
169	Dorsal and dorsolumbar fusion, posterior technique, with or withoutBone Graft/device (s)	40%	Category 3
170	Anterior lumbar interbody fusion (ALIF), with or without Bone Graft/device (s)	40%	Category 3
171	Lumbar and lumbosacral fusion, lateral transverse process technique, with or without Bone Graft/ device (s)	40%	Category 3
172	Lumbar and lumbosacral fusion, Posterior lumbar interbody fusion (PLIF), with or without Bone Graft/ device (s)	40%	Category 3
173	Lumbar and lumbosacral fusion, Transforaminal lumbar interbody fusion (TLIF), with or without Bone Graft/device (s)	40%	Category 3
174	Amputation of hand	20%	Category 4
175	Amputation of foot	20%	Category 4
176	Therapeutic endoscopic operations on cavity of knee joint	20%	Category 4
177	Replantation of finger following traumic amputation	20%	Category 4
178	Surgical Drainage and Curettage for osteomyelitis	20%	Category 4
179	Disarticulation of elbow, wrist, shoulder, hip, ankle, and knee	20%	Category 4

180	Thumb reattachment	20%	Category 4
181	Toe reattachment	20%	Category 4
182	Foot reattachment	20%	Category 4
183	Open reduction of fracture with internal fixation, humerus	20%	Category 4
184	Open reduction of fracture with internal fixation, radius and ulna	20%	Category 4
185	Open reduction of fracture with internal fixation, femur	20%	Category 4
186	Open reduction of fracture with internal fixation, tibia and fibula	20%	Category 4
187	Excision of Semilunar cartilage of knee	20%	Category 4
188	Synovectomy, knee	20%	Category 4
189	Five-in-one repair of knee (Medial meniscectomy, medial collateral ligament repair, vastus medialis advancement, semitendinosus advancement, and pes anserinus transfer)	20%	Category 4
190	Triad knee repair (Medial meniscectomy with repair of the anterior cruciate ligament and the medial collateral ligament O'Donoghue procedure)	20%	Category 4
191	Repair of the cruciate ligaments of joint of lower extremity	20%	Category 4
192	Therapeutic endoscopic operations on cavity of Shoulder joint	20%	Category 4
VI	**ORO-MAXILLOFACIAL SURGERY**		
193	Osteotomy including segmental resection with bone grafting for Mandibular and maxillary lesions	60%	Category 2
194	Debridement of compound fracture of skull (due to trauma or burns and not for cosmetic purpose)	60%	Category 2
195	Decompression of skull fracture due to trauma or burns (due to trauma or burns and not for cosmetic purpose)	60%	Category 2
196	Reduction of skull fracture (due to trauma or burns and not for cosmetic purpose)	60%	Category 2
197	Closed/Open reduction of orbital fracture/Orbit rim or wall (due to trauma or burns and not for cosmetic purpose)	40%	Category 3
VII	**ENDOCRINE SYSTEM**		
198	Unilateral/Bilateral excision of adrenal gland	60%	Category 2
199	Complete excision of Thyroid gland	60%	Category 2
200	Complete excision of Parathyroid gland	60%	Category 2
201	Partial excision of adrenal glands	40%	Category 3
202	Partial excision of Thyroid gland	40%	Category 3
203	Partial excision of Parathyroid gland	40%	Category 3
204	Unilateral Thyroid lobectomy/Hemithyroidectomy	40%	Category 3
VIII	**RENAL/GENITO URINARY SYSTEM**		
205	Radical prostatovesiculectomy	60%	Category 2
206	Microvascular reattachment of penis following traumatic amputation	60%	Category 2
207	Total nephrectomy due to medical advice (not as a transplant donor)	40%	Category 3
208	Partial nephrectomy due to medical advice (not as a transplant donor)	40%	Category 3
209	Open extirpation of lesion of kidney	40%	Category 3
210	Partial ureterectomy (Excision of lesion of ureter/ Shortening of ureter with reimplantation)	40%	Category 3

211	Total excision of bladder (total cystectomy with urethrectomy)	40%	Category 3
212	Kidney injury repair	40%	Category 3
213	Pyloplasty / Ureterocalcycostomy for pelvic ureteric junction obstruction	40%	Category 3
214	Amputation of penis	40%	Category 3
215	Total ureterectomy	40%	Category 3
216	Non Specified Uretrectomy.	40%	Category 3
217	Nephrotomy	40%	Category 3
218	Radical cystectomy	40%	Category 3
219	Partial cystectomy (Urinary bladder) -Trigonectomy, Wedge resection of bladder, Excision of bladder	20%	Category 4
220	Therapeutic ureteroscopic operations on ureter	20%	Category 4
221	Urinary diversion	20%	Category 4
222	Replantation of ureter	20%	Category 4
223	Unilateral or Bilateral excision of testes	20%	Category 4
224	Other operations on Scrotum and tunica vaginalis testis	20%	Category 4
225	Reconstruction of the testis	20%	Category 4
226	Open surgical excision and destruction of prostate tissue	20%	Category 4
227	Suprapubic prostatectomy	20%	Category 4
228	Retropubic prostatectomy	20%	Category 4
229	Endoscopic resection of bladder lesion/Tissue	20%	Category 4
230	Orchiopexy	20%	Category 4
231	Radical bilateral orchiectomy (with epididymectomy and lymph node dissection)	20%	Category 4
IX	**ORGAN TRANSPLANT**		
232	Heart/Heart-Lung Transplant	100%	Category 1
233	Bone Marrow transplant (as recipient)	100%	Category 1
234	Lung Transplantation (as recipient)	100%	Category 1
235	Liver Transplantation (as recipient)	100%	Category 1
236	Renal transplant (as recipient)	100%	Category 1
X	**ENT**		
237	Total ear amputation with reconstruction	60%	Category 2
238	Transmastoid removal cholesteatoma with extended Mastoidectomy	60%	Category 2
239	Total Nasal Reconstruction due to Traumatic lesions	60%	Category 2
240	Labyrinthotomy for various lesions	40%	Category 3
241	Operations on frontal sinus	40%	Category 3
242	Operations on maxillary antrum using sublabial approach	20%	Category 4
XI	**EYE**		
243	Orbit Tumour Exenteration /Flap reconstruction	40%	Category 3
244	Corneal or Retinal Repair for Traumatic eye injuries	20%	Category 4
245	Penetrating injuries of the eye or repair of ruptured globe	20%	Category 4
XII	**GYNECOLOGY**		
246	Hysterectomy for malignant conditions	60%	Category 2
247	Excision of vagina	40%	Category 3
248	Unilateral or Bilateral excision of adnexa of uterus	40%	Category 3
249	Extirpation of lesion of vulva	20%	Category 4
250	Excision of vulva	20%	Category 4

XIII	**STEREOTACTIC RADIOSURGERY**		
251	Stereotactic radiosurgery- Single source photon radiosurgery (Linear accelerator -LINAC/High energy x-rays)	60%	Category 2
252	Stereotactic radiosurgery- Particulate radiosurgery (Particle beam radiation (cyclotron)/Proton accelerator)	60%	Category 2
253	Stereotactic radiosurgery- Multi-source photon radiosurgery (Cobalt 60 radiation/Gamma irradiation)	60%	Category 2
254	Other Stereotactic radiosurgery	40%	Category 3
XIV	**OTHERS**		
255	Major Excision and grafting of Lymphoedema	60%	Category 2
256	Radical Mastectomy	60%	Category 2
257	Malignant soft tissue tumour excision and reconstruction	40%	Category 3
258	Excision and Major Flap Repair of skin and Subcutaneous tissue due to Major Burns	40%	Category 3
259	Excision of Retroperitoneal Tumor	40%	Category 3
260	Wide local Excision for oral leukoplakia	20%	Category 4
261	Simple Mastectomy	20%	Category 4
262	Repair of Hernia - Inguinal, Incisional, Femoral, Umblical	20%	Category 4
263	Radical Excision of malignant tumor in bones	20%	Category 4