

Bajaj Allianz General Insurance Company Limited

CIN: U66010PN2000PLC015329
 UIN: IRDA/NL-HLT/BAGI/P-H/V.I/21/13-14

Issuing Office :

SURGICAL PROTECTION PLAN POLICY DOCUMENT

Surgical Protection Plan has 2 Sections

1. Section I: Surgical Benefit Cover (with 11 plans)
2. Section II: Add On covers (Optional)
 - A. Hospital Cash Daily Allowance
 - B. Critical Illness Cover
 - C. Personal Accident Cover

Types of Policy

- Individual Surgical Protection Plan Policy
- Group Surgical Protection Plan Policy

Policy period

This is an annual policy

Preamble

Our agreement to insure You is based on Your Proposal to Us, which is the basis of this agreement, and Your payment of the premium. This Policy records the entire agreement between us and sets out what We insure, how We insure it, and what We expect of You and what You can expect of Us.

Scope of cover

The Company hereby agrees to pay in respect of an admissible claim, any or all of the following covers subject to the Sum Insured, limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

Section I : Surgical Benefit Cover

Coverage

1. If You are Hospitalised on the advice of a Doctor because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period and undergo a Surgical Procedure which is listed in Annexure 1 of this policy document, then We will pay You a benefit amount as per the grade of the Surgery and the Sum Insured shown on the Schedule.

2. Specific Exclusions Applicable for Surgical Benefit Cover

We will not pay for claims arising out of or howsoever connected to the following:

- i. Any Pre-Existing Condition for which the surgery is required & the surgery is listed in the annexure 1 of the policy wordings. This exclusion shall cease to apply if You have maintained a Surgical Protection Plan Policy with Us for a continuous period of a full four years with out break from the date of Your first Surgical Protection Plan policy with Us. In case of enhancement of Sum Insured, this exclusion shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced Sum Insured) and if the policy is a renewal of Surgical Protection Plan Policy with Us without break in cover.
- ii. Without derogation from 2(i) above, any treatment undertaken during the first two consecutive annual periods during which You have the benefit of a Surgical Protection Plan Policy with Us in connection with

1. Any types of gastric or duodenal ulcers	10. Cataract
2. Cardiovascular diseases	11. Fissure in ano
3. Benign prostatic hypertrophy	12. Dysfunctional uterine bleeding
4. Hernia of all types	13. Fibromyoma
5. Hydrocele	14. Endometriosis
6. All types of sinuses	15. Hysterectomy
7. Fistulae	16. Stones in the urinary and biliary systems
8. Haemorrhoids	17. Surgery on ears/tonsils/adenoids/paranasal sinuses
9. Surgery for any skin ailment	18. Surgery on all internal or external tumours/cysts/nodules/polyps of any kind including breast lumps or growth.

This exclusion period shall apply for a continuous period of a full four years from the date of Your first Surgical Protection Plan policy with Us if the above referred illness were present at the time of commencement of the Policy .

In case of enhancement of Sum Insured, the waiting periods shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced Sum Insured) and if the policy is a renewal of Surgical Protection Plan Policy with Us without break in cover.

- iii. Any treatment undertaken during the first four consecutive annual periods during which You have the benefit of a Surgical Protection Plan Policy with Us in connection with Surgery for joint replacement, Surgery for prolapsed inter vertebral disc (unless necessitated due to Accident), Surgery to correct deviated nasal septum and hypertrophied turbinate, congenital internal diseases or anomalies.

In case of enhancement of Sum Insured, the waiting periods shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced Sum Insured) and if the policy is a renewal of Surgical Protection Plan Policy with Us without break in cover.

- iv. Any treatment undertaken within 90 days of the commencement of the Policy Period, except those incurred as a result of Accidental Bodily Injury.

However, this exclusion shall not be applicable if the policy is a renewal of Surgical Protection Plan Policy with Us without break in cover.

This exclusion shall apply only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced Sum Insured) and if the policy is a renewal of Surgical Protection Plan Policy with Us without break in cover.

- v. War, invasion, acts of foreign, enemies hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.
- vi. Circumcision unless required for the treatment of an Illness or Accidental Bodily Injury.
- vii. Cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender.
- viii. Any form of plastic surgery unless necessary for the treatment of cancer, burns or Accidental Bodily Injury.
- ix. Dental treatment or surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring Hospitalization.
- x. Convalescence, general debility, rest cure, Congenital External Anomaly, genetic disorders, stem cell implantation or surgery, or growth hormone therapy.
- xi. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol).
- xii. Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.
- xiii. Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus or Variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS.
- xiv. Any Hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations.
- xv. Any treatment where Inpatient Care is not warranted and does not require supervision of qualified nursing staff and qualified Medical Practitioner round the clock.
- xvi. Any claim directly or indirectly caused by or contributed to by nuclear weapons and/or materials.
- xvii. Treatment arising from or traceable to pregnancy and childbirth including caesarian section, and/or any treatment related to pre and postnatal care(ectopic pregnancy is covered under the policy).
- xviii. Any fertility, sub fertility, impotence, assisted conception operation or sterilization procedure.
- xix. Experimental, unproven or non-standard treatment.
- xx. Treatment for any other system other than modern medicine (also known as Allopathy).
- xxi. Venereal disease or any sexually transmitted disease or sickness.
- xxii. Weight management services and treatment related to weight reduction programs, including treatment of obesity.
- xxiii. Any Surgery which is not listed in the Annexure 1 of policy wordings.

Section II: Add on Covers

A. Hospital Cash Daily Allowance

Coverage:

1. In the event of the insured person undergoing any of the listed Surgical Procedures (as per Annexure 1) during the Policy Period and causing Your Hospitalization within the Policy Period,
We will pay:
 - i. ₹ 1500 for each continuous and completed period of 24 hours of Hospitalization necessitated solely by reason of the listed Surgical Procedures, (as per Annexure 1) subject to a maximum of 30 days during the Policy Period or
 - ii. If the insured person is admitted in the Intensive Care Unit (ICU) for any of the listed Surgical Procedures (as per Annexure 1) during the policy period, then we will pay ₹ 3000/- for each continuous and completed period of 24 hours hospitalisation in the ICU, subject to a maximum of 15 days during the policy period.

2. Specific Conditions Applicable for Hospital Cash Daily Allowance

- In respect of any claim for which We are liable to make payment under Operative Part ii), We shall have no liability to make payment under Operative Part i).
- If the insured person is admitted in the hospital in Non ICU Section for any of the Day care procedures listed in the annexure 1 of the policy wordings we will pay ₹1500/- & for admission in ICU for any of the Day care procedures listed in the annexure 1 of the policy wordings we will pay ₹ 3000/-

3. Specific Exclusions Applicable for Hospital Cash Daily Allowance

We will not pay for claims arising out of or howsoever connected to the following:

- Any Pre-Existing Condition for which the surgery is required & the surgery is listed in the annexure 1 of the policy wordings. This exclusion shall cease to apply if You have maintained a Surgical Protection Plan Policy with Us for a continuous period of a full four years with out break from the date of Your first Surgical Protection Plan policy with Us.
- Without derogation from (3i) above, any treatment undertaken during the first two consecutive annual periods during which You have the benefit of a Surgical Protection Plan Policy with Us in connection with

1. Any types of gastric or duodenal ulcers	10. Cataract
2. Cardiovascular diseases	11. Fissure in ano
3. Benign prostatic hypertrophy	12. Dysfunctional uterine bleeding
4. Hernia of all types	13. Fibromyoma
5. Hydrocele	14. Endometriosis
6. All types of sinuses	15. Hysterectomy
7. Fistulae	16. Stones in the urinary and biliary systems
8. Haemorrhoids	17. Surgery on ears/tonsils/adenoids/paranasal sinuses
9. Surgery for any skin ailment	18. Surgery on all internal or external tumours/cysts/nodules/polyps of any kind including breast lumps or growth.

This exclusion period shall apply for a continuous period of a full four years from the date of Your first Surgical Protection Plan policy with Us if the above referred illness were present at the time of commencement of the Policy .

- Any treatment undertaken during the first four consecutive annual periods during which You have the benefit of a Surgical Protection Plan Policy with Us in connection with Surgery for joint replacement, Surgery for prolapsed inter vertebral disc (unless necessitated due to Accident), Surgery to correct deviated nasal septum and hypertrophied turbinate, congenital internal diseases or anomalies.
- Any treatment undertaken within 90 days of the commencement of the Policy Period, except those incurred as a result of Accidental Bodily Injury. However, this exclusion shall not be applicable if the policy is a renewal of Surgical Protection Plan Policy with Us without break in cover.
- War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.
- Circumcision unless required for the treatment of an Illness or Accidental Bodily Injury.
- Cosmetic or aesthetic treatments of any description treatment or surgery for change of life/gender.
- Any form of plastic surgery unless necessary for the treatment of cancer burns or Accidental Bodily Injury.
- Dental treatment or surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring Hospitalization.
- Convalescence general debility rest cure Congenital External Anomaly genetic disorders stem cell implantation or surgery or growth hormone therapy.
- Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol).
- Ailments requiring treatment due to use or abuse of any substance drug or alcohol and treatment for de-addiction.
- Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus or Variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS.
- Any Hospitalisation primarily and specifically for diagnostic X-ray or laboratory examinations and investigations.
- Any treatment where Inpatient Care is not warranted and does not require supervision of qualified nursing staff and qualified Medical Practitioner round the clock.
- Any claim directly or indirectly caused by or contributed to by nuclear weapons and/or materials.
- Treatment arising from or traceable to pregnancy and childbirth including caesarian section and/or any treatment related to pre and postnatal care (ectopic pregnancy is covered under the policy)
- Any fertility sub fertility impotence assisted conception operation or sterilization procedure.
- Experimental unproven or non-standard treatment.
- Treatment for any other system other than modern medicine (also known as Allopathy)

- xxi. Venereal disease or any sexually transmitted disease or sickness.
- xxii. Weight management services and treatment related to weight reduction programs, including treatment of obesity.
- xxiii. Any Surgery which is not listed in the Annexure 1 of policy wordings.

B. Critical Illness Cover

Coverage:

- B1.** If You are diagnosed as suffering from a Critical Illness as listed under the policy which first occurs or manifests itself during the Policy Period, and if You survive for a minimum of 30 days from the date of diagnosis, then We shall pay You the Sum Insured specified in the Schedule for this cover.
- However, if We become liable to make payment for any of the specified Critical Illness, then the insurance under this cover will cease as far as You are concerned and you will not be eligible for this cover in any future renewal policy period as well.

List and Definition of the Critical Illness covered under Critical Illness Cover

1. CANCER OF SPECIFIED SEVERITY

A malignant tumor characterized by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

- Tumors showing the malignant changes of carcinoma in situ & tumors which are histological described as pre- malignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- Any skin cancer other than invasive malignant melanoma
- All tumours of the prostate unless histological classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.
- Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- Chronic lymphocytic leukemia less than RAI stage 3
- Micro carcinoma of the bladder
- All tumors in the presence of HIV infection.

2. FIRST HEART ATTACK – OF SPECIFIED SEVERITY

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

- History of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
- New characteristic electrocardiogram changes
- Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T;
- Other acute Coronary Syndromes
- Any type of angina pectoris

3. COMA OF SPECIFIED SEVERITY

A state of unconsciousness with no reaction or response to external stimuli or internal needs, this diagnosis must be supported by evidence of all of the following:

- No response to external stimuli continuously for at least 96 hours;
- Life support measures are necessary to sustain life; and
- Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma
- The condition has to be confirmed by a specialist medical practitioner.

Exclusion

Coma resulting directly from alcohol or drug abuse is excluded.

4. KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

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

5. STROKE RESULTING IN PERMANENT NEUROLOGICAL SEQUELAE

Any cerebrovascular incident producing permanent neurological sequelae, this includes infarction of brain tissue, thrombosis in an intra-cranial vessel, haemorrhage and Embolisation from an extra-cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- Transient ischemic attacks (TIA)
- Traumatic injury of the brain
- Vascular disease affecting only the eye or optic nerve or vestibular functions

6. MAJOR ORGAN /BONE MARROW TRANSPLANT

The actual undergoing of a transplant of:

- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- Human bone marrow using haematopoietic stem cells
- The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- Other stem-cell transplants
- Where only islets of langerhans are transplanted

7. MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

- Investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
- There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
- Well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with at least two clinically documented episodes at least one month apart.

Exclusion:

Other causes of neurological damage such as SLE and HIV are excluded.

8. APLASTIC ANEMIA

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

- Blood product transfusion;
- Marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow transplantation.

9. END STAGE LUNG DISEASE

End stage lung disease causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following:

- FEV1 test results which are consistently less than 1 litre;
- Permanent supplementary oxygen therapy for hypoxemia;
- Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less ($PaO_2 \leq 55\text{mmHg}$)&
- Dyspnea at rest.
- The diagnosis must be confirmed by a Respiratory Physician

10. END STAGE LIVER FAILURE

End stage liver failure as evidenced by all of the following:

- Permanent jaundice;
- Ascites;
- Hepatic encephalopathy.

Exclusion:

Liver disease secondary to alcohol or drug abuse is excluded.

11. PARKINSON'S DISEASE

The unequivocal diagnosis of idiopathic Parkinson's disease by a consultant neurologist This diagnosis must be supported by all of the following conditions:

- The disease cannot be controlled with medication;
- Signs of progressive impairment; and
- Inability to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months:

Activities of Daily Living:

- Washing- the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;

- Dressing- the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- Transferring- the ability to move from a bed to an upright chair or wheelchair and vice versa;
- Mobility- the ability to move indoors from room to room on level surfaces;
- Toileting- the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding- the ability to feed oneself once food has been prepared and made available.

Exclusion:

Drug-induced or toxic causes of Parkinsonism are excluded.

12. SURGERY OF AORTA

The actual undergoing of major surgery, to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen

For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches.

Exclusion:

Surgery performed using only minimally invasive or intra arterial techniques are excluded.

13. ALZHEIMER'S DISEASE

Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Insured Person. This diagnosis must be supported by the clinical confirmation of an Specialist Consultant and supported by the Company's appointed doctor (If required).

The following are excluded:

- Non-organic diseases such as neurosis and psychiatric illnesses; and
- Alcohol related brain damage.

14. PRIMARY PULMONARY HYPERTENSION

The diagnosis by a Physician of primary pulmonary hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, resulting in permanent irreversible physical impairment to the degree of at least class 3 of the New York Heart Association Classification of cardiac impairment and resulting in the Insured being unable to perform his usual occupation.

15. MAJOR BURNS

Burns involving 40% or more of the body surface area (as calculated on rule of 9 for each area of body affected) OR Second or third degree burns caused by accidental thermal, electric, chemical burn injury.

Exclusion:

Radiation induced burns are specifically excluded.

B2. Specific Exclusions Applicable for Critical Illness Cover

We will not pay for claims arising out of or howsoever connected to the following:

- Any Critical Illness for which care, treatment, or advice was recommended by or received from a Physician, or which first manifested itself or was contracted before the start of the Policy Period, or for which a claim has or could have been made under any earlier policy.
- Any Critical Illness diagnosed within the first 90 days of the date of commencement of the Policy is excluded. This exclusion shall not apply to You if Your coverage has been renewed without a break, for subsequent years.
- Any sexually transmitted diseases or any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus type III (III LB III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.
- Treatment arising from or traceable to pregnancy, childbirth postpartum complications including but not limited to caesarian section, birth defects and congenital anomalies.
- Occupational diseases.
- War, whether war be declared or not, invasion, act of foreign enemy, hostilities, civil war, insurrection, terrorism or terrorist acts or activities, rebellion, revolution, mutiny, military or usurped power, riot, strike, lockout, military or popular uprising, civil commotion, martial law or loot, sack or pillage in connection therewith, confiscation or destruction by any government or public authority or any act or condition incidental to any of the above.
- Naval or military operations of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.
- Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any other kind of natural hazard).
- Radioactive contamination.

- x. Consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever.
- xi. Intentional self-injury and/or the use or misuse of intoxicating drugs and/or alcohol.

C. Personal Accident Cover

Coverage:

1. Our liability to make payment to You for one or more of the events described at **1) Death ,2) Permanent Total Disability** and **3) Permanent Partial Disability** below is limited to the Sum Insured specified in the Schedule for this cover, except as We have agreed at 2) Permanent Total Disability.

You agree that We shall deduct from any amount We have to pay under **1) Death ,2) Permanent Total Disability** and **3) Permanent Partial Disability** any amount that We have already paid under any of **1) Death 2) Permanent Total Disability** and **3) Permanent Partial Disability**, so that Our total payments do not exceed the Sum Insured specified in the Schedule for this cover. However, if We become liable to make payment under **1) Death or 2) Permanent Total Disability**, then the insurance under this cover will cease as far as You are concerned.

1. Death

We will pay Your Nominee 100% of the Sum Insured (i.e. ₹ 500000/-) shown under the Schedule for this cover if during the Policy Period You meet with Accidental Bodily Injury that causes Your death within 12 Months.

2. Permanent Total Disability

We will pay You 125% of the Sum Insured (i.e. ₹ 625000/-) shown under the Schedule for this cover if during the Policy Period You meet with Accidental Bodily Injury that causes Your Permanent Total Disability within 12 months.

3. Permanent Partial Disability

If You meet with Accidental Bodily Injury during the Policy Period that causes Your Permanent Partial Disability within 12 months, We will pay the percentage shown in the table below applied to the Sum Insured shown under the Schedule for this cover:

Nature of Disability	Payable Percentage
An arm at the shoulder joint	70%
An arm above the elbow joint	65%
An arm beneath the elbow joint	60%
A hand at the wrist	55%
A thumb	20%
An index finger	10%
Any other finger	5%
A leg above mid-thigh	70%
A leg up to mid-thigh	60%
A leg up to beneath the knee	50%
A leg up to mid-calf	45%
A foot at the ankle	40%
A large toe	5%
Any other toe	2%
An eye	50%
Hearing of one ear	30%
Hearing of both ears	75%
Sense of smell	10%
Sense of taste	5%

- a. If Your Permanent Partial Disability is not listed in the table, then We will pay a proportion of the Sum Insured shown under the Schedule for this cover. You agree that the amount payable by Us will be decided by the Civil Surgeon of Government Hospital according to the degree to which Your normal functional physical capacity has been impaired.

- b. If You were already suffering from Permanent Partial Disability before the date You met with Accidental Bodily Injury, then the amount We pay will be reduced by that extent. You agree that the reduction will be decided according to the degree of Permanent Partial Disability certified by the Civil Surgeon of Government Hospital).

4. Additional Insurance

a. Transportation

If We have accepted a claim under 1) Death, then We will pay towards the actual cost of transporting Your remains from the place of death to a hospital, cremation ground or burial ground or to your place of residence. The amount We pay will be limited to ₹5,000/-.

b. Children's Education Benefit

If We have accepted a claim under either 1) Death or 2) Permanent Total Disability, then We will make a one time payment of ₹5,000/- each towards the cost of education of up to 2 of your dependent children who were studying on the date You met with Accidental Bodily Injury.

2. Specific Exclusions Applicable for Personal Accident Cover

We will not pay for claims arising out of or howsoever connected to the following:

- i. Accidental Bodily Injury that You meet with:
 - a. Through suicide, attempted suicide or self inflicted injury.
 - b. While under the influence of liquor or drugs.
 - c. Arising or resulting from You committing any breach of law with criminal intent.
 - d. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
 - e. Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs.
 - f. As a result of any curative treatments or interventions that You carry out or have carried out on Your body.
 - g. Arising out of Your participation in any naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy, whether foreign or domestic.
- ii. Consequential losses of any kind or Your actual or alleged legal liability.
- iii. Any injury/disablement/death directly or indirectly arising out of or contributed to any Pre-Existing Condition.
- iv. Venereal or sexually transmitted diseases.
- v. HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or mutant derivatives or variations thereof however caused.
- vi. Pregnancy, resulting childbirth, miscarriage, abortion, or complications arising out of any of these
- vii. War (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment, confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.
- viii. Nuclear energy, radiation.

Section III: Definitions Applicable for All Covers of this Policy

The following words or terms in *Italic* shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine shall include references to the plural or to the female wherever the context so permits:

1. **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Any one illness** means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken
3. **Bodily Injury/ Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
4. **Cashless facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.
5. **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
6. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position
 - a. Internal Congenital Anomaly: Congenital anomaly which is not in the visible and accessible parts of the body
 - b. External Congenital Anomaly: Congenital anomaly which is in the visible and accessible parts of the body

- 7. Contribution** Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured.
This clause shall not apply to any Benefit offered on fixed benefit basis.
- 8. Critical Illness** means an illness, sickness or a disease or a corrective measure as specified in Critical Illness Cover of this Policy.
- 9. Day care treatment** refers to medical treatment, and/or surgical procedure which is:
- Undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
 - Which would have otherwise required a hospitalization of more than 24 hours.
Treatment normally taken on an out-patient basis is not included in the scope of this definition.
- 10. A day care centre** means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under—
- has qualified nursing staff under its employment;
 - has qualified medical practitioner/s in charge;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel
- 11. Dependent child:** A child is considered a dependent for insurance purposes until his 35th birthday (even if not enrolled in an educational institution) provided he is financially dependent, on the proposer.
- 12. Dental treatment** is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.
- 13. Disclosure to information norm** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of f misrepresentation, mis-description or non-disclosure o f any material fact.
- 14. Emergency care** means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment o f the insured person's health.
- 15. Family Definition** includes the insured; his/her spouse and dependent children and dependant parents.
- 16. Grace period** means the specified period o f time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss o f continuity benefits such as waiting periods and coverage o f p re existing diseases. Coverage is not available for the period for which no premium is received
- 17. Hospital:** A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- has qualified nursing staff under its employment round the clock
 - has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - has qualified medical practitioner(s) in charge round the clock;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - maintains daily records of patients and makes these accessible to the insurance company's authorized personnel
- 18. Hospitalization** means admission in a Hospital for a minimum period of 24 hours In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24consecutive hours
- 19. Illness** means sickness (a condition or an ailment affecting the general soundness and health of the body) or disease (an affliction of the bodily organs having a defined and recognised pattern of symptoms) or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
- Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery

- b. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:—it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests—it needs ongoing or long-term control or relief of symptoms— it requires your rehabilitation or for you to be specially trained to cope with it—it continues indefinitely—it comes back or is likely to come back.
- 20. Inpatient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
- 21. Intensive Care Unit** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- 22. Limit of Indemnity** means Our maximum liability for each Insured Person for any and all benefits claimed for during each Policy Year;
- 23. Medical Advice** Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
- 24. Medical Expenses** means those expenses that an insured person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a medical practitioner, as long as these are no more than would have been payable if the insured person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
- 25. Medically necessary treatment** is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- is required for the medical management of the illness or injury suffered by the insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a medical practitioner,
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 26. Network Provider** means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.
- 27. Nominee** means a person designated by You to receive the proceeds of this Policy upon Your death.
- 28. Non- Network** Any hospital, day care centre or other provider that is not part of the network.
- 29. Notification of claim** is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.
- 30. Occupation** means Your occupation as shown in the Schedule.
- 31. OPD treatment**
OPD treatment is one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient
- 32. Permanent Partial Disability** Disability Certificate from Civil Surgeon of Government Hospital stating the total and continuous loss or impairment of a body part or sensory organ, with the percentage of disability
- 33. Permanent Total Disability** means Disability Certificate from Civil Surgeon of Government Hospital stating the continuous and permanent:
- loss of the sight of both eyes;
 - physical separation of or the loss of ability to use both hands or both feet;
 - physical separation of or the loss of ability to use one hand and one foot;
 - loss of sight of one eye and the physical separation of or the loss of ability to use either one hand or one foot

- 34. Physician/ Consultant/ Doctor/ Medical Practitioner** means is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence and who is not related to You by blood or marriage.
- 35. Policy** means the Proposal, the Schedule, the policy document and any endorsements attaching to or forming part thereof either on the effective date or during the Policy Period.
- 36. Policy Period** means the period commencing from effective date and hour as shown in the Schedule and terminating at midnight on the expiry date as shown in the Schedule.
- 37. Portability** means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.
- 38. Pre-Existing Condition** means any condition, ailment or injury or related condition(s) for which You had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment within 48 months prior to Your first Policy with Us.
- 39. Proposal** means the proposal form and other information and documentation supplied to Us in considering whether and on what terms to offer this insurance.
- 40. Qualified Nurse**
Qualified nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
- 41. Renewal** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.
- 42. Reasonable and Customary Charges**
Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved
- 43. Room rent**
Means the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.
- 44. Schedule** means the Schedule, and any annexure to it, attached to and forming part of this Policy.
- 45. Subrogation** shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.
- 46. Sum Insured** means the amount stated in the Schedule, which (unless expressly stated otherwise) is the maximum amount for You for which We will make payment for any and all claims in the aggregate in relation to the Cover to which the Sum Insured relates during the Policy Period.
- 47. Surgery or Surgical Procedure** means a manual and/or operative procedure(s) required for the treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital by a Medical Practitioner. The list of procedures insurable under this Policy is attached as Annexure 1 of this policy document.
- 48. Unproven/Experimental treatment** is treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven
- 49. You, Your, Yourself, Your Family** means the person or persons We insure as set out in the Schedule.
- 50. We, Our,Ours, Us** means Bajaj Allianz General Insurance Company Limited.

Section IV: Conditions Applicable to All Covers of this Policy

1. Conditions Precedent

Where this Policy requires You to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on Your behalf is a precondition to any obligation We have under this Policy. If You or someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim.

2. Insured

Only those persons named as the insured in the Schedule shall be covered under this Policy.

3. Communications

Any communication meant for Us must be in writing and be delivered to Our address shown in the Schedule. Any communication meant for You will be sent by Us to Your address shown in the Schedule.

4. Claims Procedure

If You meet with any Accidental Bodily Injury or suffer an Illness that may result in a claim, then as a condition precedent to Our liability, You must comply with the following:

A. Cashless Claims Procedure: Available only for Surgical Benefit Cover

Cashless treatment is only available at Network Hospitals. In order to avail of cashless treatment, the following procedure must be followed by You:

- i. Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, You must call Us and request pre-authorisation by way of the written form We will provide.
- ii. After considering Your request and after obtaining any further information or documentation We have sought, We may, if satisfied, send You or the Network Hospital, an authorisation letter. The authorisation letter, the ID card issued to You along with this Policy and any other information or documentation that We have specified must be produced to the Network Hospital identified in the pre-authorisation letter at the time of Your admission to the same.
- iii. If the procedure above is followed, You will not be required to directly pay for the bill amount in the Network Hospital that We are liable under Section 1 Surgical benefit Section above and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorisation does not guarantee that all costs and expenses will be covered. The maximum amount payable would be restricted as specified under the Grade of the Surgery as per the plan opted shown on the Schedule. We reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy.
- iv. In case the hospital bill amount is lower than the payable benefit for the specified Surgery, We will directly pay You the difference between the benefit payable for the specified Surgery and the hospital bill amount. However, if the hospital bill amount is higher than the payable benefit for the specified Surgery, You will be required to settle the balance hospital bill on Your own.

B. Reimbursement Claims Procedure: Applicable for Surgical Benefit Cover*, Critical Illness Cover* and Hospital Cash Daily Allowance*

If Pre-authorisation as per 4A, above is denied by Us or if treatment is taken in a Hospital other than a Network Hospital or if You do not wish to avail cashless facility for Surgical Benefit Cover, then:

- i. You or someone claiming on Your behalf must inform Us in writing immediately within 48 hours of hospitalization in case of emergency hospitalization & 48 hours** prior to hospitalization in case of planned hospitalization
- ii. You must immediately consult a Doctor and follow the advice and treatment that he recommends.
- iii. You must take reasonable steps or measures to minimise the quantum of any claim that may be made under this Policy.
- iv. You must have Yourself examined by Our medical advisors if We ask for this, and as often as We consider this to be necessary at our cost.
- v. You or someone claiming on Your behalf must promptly and in any event within 30 days** of discharge from a Hospital give Us the documentation as listed out in greater detail below and other information We ask for to investigate the claim or Our obligation to make payment for it.
- vi. In the event of the death of the insured person, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 30 days
- vii. If the original documents are submitted with the co-insurer, the Xerox copies attested by the co-insurer should be submitted

*Note: In case You are claiming for the same event under an indemnity based policy of another insurer and are required to submit the original documents related to Your treatment with that particular insurer, then You may provide Us with the attested Xerox copies of such documents along with a declaration from the particular insurer specifying the availability of the original copies of the specified treatment documents with it.

****Note:** Waiver of conditions (i) and (v) may be considered in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You were placed, it was not possible for You or any other person to give notice or file claim within the prescribed time limit.

C. Claims Procedure: Applicable for Personal Accident Cover

- i. You or someone claiming on Your behalf must inform us in writing immediately and in any event within 14 days*.
- ii. You must immediately consult a Doctor and follow the advice and treatment that he recommends.
- iii. You must take reasonable steps to lessen the consequences of Your Bodily Injury.
- iv. At Our cost, You must have Yourself examined by Our medical advisors, if we ask for this, and as often as We consider this to be necessary.
- v. You or someone claiming on Your behalf must promptly give Us the documentation and other information We ask for to investigate the claim or Our obligation to make payment for it.
- vi. In event of Your death, someone claiming on Your behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 14 days*.

***Note:** Waiver of conditions (i) and (vi) may be considered in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You were placed, it was not possible for You or any other person to give notice or file claim within the prescribed time limit.

List of Claim documents:

Surgical benefit cover	Hospital Cash Daily Allowance	Critical illness
Duly completed Claim form with NEFT details & cancelled cheque duly signed by Insured	Duly completed Claim Form duly signed by the insured.	Duly completed Claim Form duly signed by the insured.
Original/Attested copies of Discharge Summary / Discharge Certificate / Death Summary with Surgical & anesthetics notes	Copy of Discharge Summary / Discharge Certificate.	Copy of Discharge Summary / Discharge Certificate.
Attested copies of Indoor case papers	Copy of Final Hospital Bill	Copy of Final Hospital Bill
Original/Attested copies Final Hospital Bill with break up of surgical charges, surgeon's fees, OT charges etc		Original Policy copy
Original Paid Receipt against the final Hospital Bill.		First consultation letter for Illness
Original bills towards Investigations done / Laboratory Bills.		Medical certificate for the duration of illness (if required)
Original/Attested copies of Investigation Reports against Investigations done.		All required Investigation Reports as per the Illness (If required)
Cashless settlement letter or other company settlement letter		Letter from the employer clarifying the type of work
First consultation letter for the current ailment.		
In case of implant- invoice & sticker.		

Personal Accident Cover		
Death	Permanent Partial /Total Disablement	Children's education bonus
Duly Completed Claim Form signed by Nominee.	Duly Completed Claim Form signed by insured	Bonafide certificate from school / college or certificate from the educational institution
Copy of address proof (Ration card or electricity bill copy).	Attested copy of disability certificate from Civil Surgeon of Government Hospital stating percentage of disability.	
Legal heir certificate containing affidavit and indemnity bond both duly signed by all legal Heirs and notarized (If Nominee name not mentioned on policy schedule or if Nominee is minor then decree certificate from court).	Attested copy of FIR. (If registered)	
Attested copy of Death Certificate.	Photograph of the claimant before and after injury supporting to disablement.	
Burial Certificate (wherever applicable).	All X-Ray / Investigation reports and films supporting to disablement.	
Attested copy of Statement of Witness, if any lodged with police authorities.	Income Proof, Photo identity proof, Address Proof	
Attested copy of FIR / Panchanama / Inquest Panchanama.	Claim form with NEFT details & cancelled cheque duly signed by Insured	
Attested copy of Post Mortem Report (only if conducted).		
Attested copy of Viscera report if any(Only if Post Mortem is conducted).		
Income Proof, Photo identity proof, Address Proof		
Claim form with NEFT details		

5. Paying a Claim

- i. You agree that We need only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information.
- ii. If you are incapacitated or deceased We will make payment to Your Nominee. If there is no Nominee We will pay Your heir executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.
- iii. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions we shall offer within a period of 30 days a settlement of the claim to the insured. Upon acceptance of an offer of settlement by the insured the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the insured. In the cases of delay in the payment the insurer shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.
- iv. If the insurer for any reasons decides to reject the claim under the policy the reasons regarding the rejection shall be communicated to the insured in writing within 30 days of the receipt of documents. The insured may take recourse to the Grievance Redressal procedure stated under condition no. 24

6. Basis of Claims Payment

- i. If Your claim is paid for a Surgery listed under a particular Grade of Surgeries for the Surgical Benefit Cover, the insurance for You under this cover will cease for the particular Grade of Surgery for the balance period of the current Policy Period. Moreover, if the policy is renewed further with us, then Sum Insured under all the grades would apply as per plan opted
- ii. We shall not make any payment to You for any period of hospitalisation of less than 24 hours, except for the Day Care Procedures which have been listed under Annexure 1 of this policy document.
- iii. We shall make payment in Indian Rupees only.
- iv. Upon the occurrence of an event of Critical Illness and (subject to the terms, conditions and exclusions of this Policy) without prejudice to the Company's obligation to make payment, this critical illness cover shall immediately cease to exist with reference to that Insured.

7. Fraud

If You make or progress any claim knowing it to be false or fraudulent in any way, then this Policy will be void and all claims or payments due under it shall be lost and the premium paid shall become forfeited.

8. Entry Age and Renewal Age

Cover	Member	Eligible Entry Age	Renewal
Surgical Benefit Cover	Self, Spouse and Dependent Parents	18 years to 65 years	lifetime renewals**
	Dependent Children	3 months to 25 years	35 Years*
Hospital Cash Daily Allowance	Self, Spouse and Dependent Parents	18 years to 65 years	lifetime renewals**
	Dependent Children	3 months to 25 years	35 Years*
Critical Illness Cover	Self, Spouse and Dependent Parents	18 years to 65 years	lifetime renewals**
	Dependent Children	3 months to 25 years	35 Years*
Personal Accident Cover	Self, Spouse and Dependent Parents	18 years to 65 years	lifetime renewals**
	Dependent Children	3 months to 25 years	35 years*

* After the completion of maximum renewal age of dependent children, the policy would be renewed for lifetime, subject to Separate proposal form should be submitted to us at the time of renewal with the insured member as proposer and subsequently the policy should be renewed annually with us and within the Grace period of 30 days from date of Expiry. Continuity for all the waiting periods shall be extended in the new policy.

** Subject to policy is renewed annually with us within the Grace period of 30 days from date of Expiry

Eligibility:

- Indian nationals residing in India would be considered for this policy.
- This policy can be opted by Non-Resident Indians also; however the policy will be issued during their stay in India & premium paid in Indian currency & by Indian Account only
- Copy of any one of the below KYC documents will have to be submitted along with the Proposal form: Voters ID Card, Driving License, Passport, PAN Card
- Sum Insured for Self (i.e. Proposer) cannot be less than any of his/her family members.
- The add on covers if opted would be mandatory for self & spouse

9. Renewal & Cancellation

- Under normal circumstances renewal will not be refused except on the grounds of Your moral hazard, misrepresentation, fraud or non-cooperation by you (Subject to policy is renewed annually with us within the Grace period of 30 days from date of Expiry)
- In case of Our own renewal a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of all waiting periods. However any treatment availed for an Illness or Accident sustained or contracted during the break period will not be admissible under the Policy.
- For renewals received after completion of 30 days grace period a fresh application of health insurance should be submitted to Us it would be processed as per a new business proposal.
- For dependent children Policy is renewable upto 35 years. After the completion of maximum renewal age of dependent children the policy would be renewed for lifetime Subject to Separate proposal form to be submitted to us at the time of renewal with the insured member as proposer and subsequently the policy should be renewed with us annually and within the Grace period of 30 days from date of Expiry.. Suitable credit of continuity/waiting periods for all the previous policy years would be extended in the new policy provided the policy has been maintained without a break
- Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDA.
- We may cancel this insurance by giving You at least 15 days written notice and if no claim has been made then We shall refund a pro-rata premium of Base Product & rider (if rider is opted under the policy) for the unexpired Policy Period. Under normal circumstances Policy will not be cancelled except for reasons of mis-representation fraud non-disclosure of material facts or Your non-cooperation.
- You may cancel this insurance by giving Us at least 15 days written notice and if no claim has been made then We shall refund premium of Base Product & rider (if rider is opted under the policy) on short term rates for the unexpired Policy Period as per the rates detailed below

Period on Risk	% of Annual Premium of Base Product & rider (if rider is opted under the policy)Refunded
Up to 1 month	75%
Up to 3 months	50%
Up to 6 months	25%
Exceeding 6 months	Nil

10. Free Look Period

You have a period of 15 days from the date of receipt of the first policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of canceling the Policy stating the reasons for cancellation.

If you have not made any claim during the Free look period, you shall be entitled to refund of premium of Base Product & rider (if rider is opted under the policy)subject to,

- a deduction of the expenses incurred by Us on Your medical examination, stamp duty charges, if the risk has not commenced,
- a deduction of the stamp duty charges, medical examination charges & proportionate risk premium for period on cover, if the risk has commenced
- a deduction of such proportionate risk premium commensurating with the risk covered during such period ,where only a part of risk has commenced
- Free look period is not applicable for renewal and Group policies.

11. Portability Conditions

- Retail Policies: As per the Portability Guidelines issued by IRDA, applicable benefits shall be passed on to insured persons who were holding similar retail health insurance policies of other non-life insurers. The pre-policy medical examination requirements and provisions for such cases shall remain similar to non-portable cases.
- Group Policies: As per the Portability Guidelines issued by IRDA, applicable benefits shall be passed on to insured persons who were insured under Our Group Surgical Protection Plan Policy and are availing Our individual Surgical Protection Plan. However, such benefits shall be applicable only in the event of discontinuation/ non-renewal of the Group Surgical Protection Plan Policy (applicable for both employer-employee relationships and non-employer-employee relationships) and/or the particular insured person leaving the group on account of resignation/ retirement (applicable for employer-employee relationships) or termination of relationship with the Group Administrator (applicable for non-employer-employee relationships). The pre-policy medical examination requirements and provisions for such cases shall remain similar to non-portable cases.
- Complete set of portability documents should be in-warded minimum 45 days prior to the Risk Expiry date.

12. Endorsements

This Policy constitutes the complete contract of insurance. This Policy cannot be changed by anyone (including an insurance agent or broker) except Us. Any change that We make will be evidenced by a written endorsement signed and stamped by Us.

13. Revision/ Modification of the policy:

There is a possibility of revision/ modification of terms, conditions, coverages and/or premiums of this product at any time in future, with appropriate approval from IRDA. In such an event of revision/modification of the product, intimation shall be sent out to all the existing insured members at least 3 months prior to the date of such revision/modification comes into the effect

14. Migration of policy

- The insured can opt for migration of policy to our other similar or closely similar products at the time of renewal.
- The premium will be charged as per Our Underwriting Policy for such chosen new product, and all the guidelines, terms and condition of the chosen product shall be applicable.
- Suitable credit of continuity of waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break

15. Withdrawal of Policy

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDA, as We reserve Our right to do so with a intimation of 3 months to all the existing insured members. In such an event of withdrawal of this product, at the time of Your seeking renewal of this Policy, You can choose, among Our available similar and closely similar Health insurance products. Upon Your so choosing Our new product, You will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDA.

Provided however, if You do not respond to Our intimation regarding the withdrawal of the product under which this Policy is issued, then this Policy shall be withdrawn and shall not be available to You for renewal on the renewal date and accordingly upon Your seeking renewal of this Policy, You shall have to take a Policy under available new products of Us subject to Your paying the Premium as per Our Underwriting Policy for such available new product chosen by You and also subject to Portability condition.

16. Loadings

- The loading would be applicable for the proposals with adverse health conditions given below: Hypertension, Diabetes, Obesity, Cholesterol Disorder, Cardiovascular diseases, or multiple risk factors.

Condition	Loading on premium
Diabetes	10%
Hypertension	10%
Cholesterol Disorder	10%
Obesity	10%
Cardiovascular diseases	10%

- For Multiple conditions cumulative loading would be applied on the published premium.
- The maximum risk loading applicable for an individual shall not exceed 50% of the published premiums, for overall risk per person.
- These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us or on the receipt of the request of increase in Sum Insured (for the increased Sum Insured).
- We will inform You about the applicable risk loading through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your application and refund the premium paid within next 7 days.
- Please note that We will issue Policy only after getting Your consent.

17. Discounts:

A) Retail Surgical protection Plan Discounts:

1. Discount applicable for New Business for online policies

- Good Health Discount:** 5% Good Health Discount can be availed if the below listed medical tests reports are referred to us, and if the reports are within normal parameters. Full Medical Report (Physician Check up), Abdominal-Pelvic ultra sonography, ophthalmic consultation, ECG, Chest X ray, and Fasting and Post Prandial Blood Sugar). Medical reports conducted 30 days prior to the date of proposal would be considered for discount (Good Health Discount can be availed up to age 45 yrs)
- Family Discount:** 5% family discount shall be offered if 2 or more than 2 of any of the eligible family members are covered under a single policy. Moreover, this family discount will be offered for both new policies as well as for renewal policies
- Online Policy Discount:** 10% discount is extended for the online policies. This benefit is extended to direct customers in lieu of the commission.

Total maximum discount of 20% will be extended on published rates for New Business online policies.

2. Discount applicable for online renewal policies

- Family Discount:** 5% family discount shall be offered if 2 or more than 2 of any of the eligible family members are covered under a single policy. Moreover, this family discount will be offered for both new policies as well as for renewal policies
- Online Policy Discount:** 10% discount is extended for the policies renewed online. This benefit is extended to direct customers in lieu of the commission.

Total maximum discount of 15% will be extended on published rates for policies renewed online.

3. Discount applicable for New Business through all other Marketing channels Except online policies

- Good Health Discount:** 5% Good Health Discount can be availed if the below listed medical tests reports are referred to us, and if the reports are within normal parameters. Full Medical Report (Physician Check up), Abdominal-Pelvic ultra sonography, ophthalmic consultation, ECG, Chest X ray, and Fasting and Post Prandial Blood Sugar). Medical reports conducted 30 days prior to the date of proposal would be considered for discount (Good Health Discount can be availed up to age 45 yrs)
- Family Discount:** 5% family discount shall be offered if 2 or more than 2 of any of the eligible family members are covered under a single policy. Moreover, this family discount will be offered for both new policies as well as for renewal policies

Total maximum discount of 10% will be extended on published rates for New Business under Retail policies through all other Marketing channels (Except online policies)

4. Discount applicable for Renewal through all other Marketing channels (Except online policies)

- i. **Family Discount:** 5% family discount shall be offered if 2 or more than 2 of any of the eligible family members are covered under a single policy. Moreover, this family discount will be offered for both new policies as well as for renewal policies

Total maximum discount of 5% will be extended on published rates for Renewals Retail policies through all other Marketing channels (Except online policies)

B) Discount applicable for Group Surgical Protection Plan

- i. **Good Health Discount:** 5% Good Health Discount can be availed if the below listed medical tests reports are referred to us, and if the reports are within normal parameters. Full Medical Report (Physician Check up), Abdominal-Pelvic ultra sonography, ophthalmic consultation, ECG, Chest X ray, and Fasting and Post Prandial Blood Sugar). Medical reports conducted 30 days prior to the date of proposal would be considered for discount (Good Health Discount can be availed up to age 45 yrs)
This discount shall not be applicable for renewal of Group Surgical Protection Plan policies

ii. Discount offered in lieu of Group size

Group Size (No. of Members)	Discount
2 to 100	5.00%
101 to 250	7.50%
251 to 500	10%
501 to 750	12.50%
751 to 1000	15.00%
1001 to 10000	20.00%
10001 to 25000	22.50%
25001 to 50000	25.00%
50001 to 100000	30.00%

Total maximum discount of 35% will be extended on published rates for New Business under Group Surgical Protection Plan

18. Sum Insured Enhancement:

- The Insured member can apply for enhancement of Sum Insured at the time of renewal. You can apply for enhancement of Sum Insured by submitting a fresh proposal form to the company.
- The acceptance of enhancement of Sum Insured would be at the discretion of the company, based on the health condition of the insured members & claim history of the policy
- All waiting periods as defined in the Policy shall apply for this enhanced Sum Insured limit from the effective date of enhancement of such Sum Insured considering such Policy Period as the first Policy with the Company.

19. Inclusion of Dependant members under the policy:

- Where an Insured Person is added to this Policy, either by way of endorsement or at the time of renewal, the pre-existing disease clause, exclusions and waiting periods will be applicable considering such Policy Year as the first year of Policy with the Company for the insured member.
- Mid-Term inclusion of members shall not be allowed during the policy period.

20. Special conditions for Personal Accident Section & Critical Illness sections:

Upon the occurrence of an event of Critical Illness section and / or Permanent Total Disability under Personal Accident section (subject to the terms, conditions and exclusions of this Policy) without prejudice to the Company's obligation to make payment, these sections shall immediately cease to exist with reference to that Insured member.

21. Territorial Limits & Governing Law

- In case of Personal Accident Cover of this Policy, We cover Accidental Bodily Injury sustained during the Policy Period anywhere in the world (subject to the travel and other restrictions that the Indian Government may impose), but We will only make payment within India and in Indian Rupees. For all other Covers of this Policy, We cover insured events arising during the Policy Period, as well as treatment availed, within India only. Our liability to make any payment shall be to make payment within India and in Indian Rupees only.

- The Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an endorsement on the Schedule.
- The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.

22. Arbitration and Reconciliation

- If any dispute or difference shall arise as to the quantum to be paid under the Policy (liability being otherwise admitted), such difference shall independently of all other questions be referred to decision of a sole arbitrator in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of the arbitrators comprising of two arbitrators, one appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996. The law of the arbitration will be Indian law, and the seat of the arbitration and venue for all hearings shall be within India.
- It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if We have disputed or not accepted liability under or in respect of this Policy.
- It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.
- If these arbitration provisions are held to be invalid, then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts.

23. Subrogation

You and any claimant under this Policy shall do whatever is necessary to enable Us to enforce any rights and remedies or obtain relief or indemnity from other parties to which We would become entitled or subrogated upon Us paying for or making good any loss under this Policy whether such acts and things shall be or become necessary or required before or after Your indemnification by Us

24. Grievance Redressal Procedure

Welcome to Bajaj Allianz and Thank You for choosing us as your insurer.

Please read your policy and schedule.

The policy and policy schedule set out the terms of your contract with us. Please read your policy and policy schedule carefully to ensure that the cover meets your needs.

We do our best to ensure that our customers are delighted with the service they receive from Bajaj Allianz. If you are dissatisfied we would like to inform you that we have a procedure for resolving issues. Please include your policy number in any communication. This will help us deal with the issue more efficiently. If you don't have it please call your Branch office.

Initially we suggest you contact the Branch Manager/ Regional Manager of the local office which has issued the policy. The address and telephone number will be available in the policy. Naturally we hope the issue can be resolved to your satisfaction at the earlier stage itself. But if you feel dissatisfied with the suggested resolution of the issue after contacting the local office please e-mail or write to:

Bajaj Allianz General Insurance Co. Ltd

G.E. Plaza, Airport Road, Yerawada, Pune - 411006. IRDA Reg No.: 113.

Website: www.bajajallianz.com

Call : 1800-209-0144/1800-209-5858

SMS : SPP TO 56070

E-mail: customercare@bajajallianz.co.in

Grievance Redressal Cell for Senior Citizens

Senior Citizen Cell for Insured Person who are Senior Citizens

'Good things come with time' and so for our customers who are above 60 years of age we have created Senior Citizen Cell to address any health insurance related query. Our senior citizen customers can reach us through the below dedicated channels to enable us to service them promptly

Health toll free number: 1800-103-2529

Exclusive Email address: seniorcitizen@bajajallianz.co.in

If you are still not satisfied you can approach the Insurance Ombudsman in the respective area for resolving the issue. The contact details of the Ombudsman offices are mentioned below:

Office of the Ombudsman	Name of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Shri P. Ramamoorthy	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. Tel.:- 079-27546840 Fax : 079-27546142 Email ins.omb@rediffmail.com	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL		Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023. Tel.:- 0755-2569201 Fax : 0755-2769203 Email bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Shri B. P. Parija	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455 Fax : 0674-2596429 Email ioobbsr@dataone.in	Orissa
CHANDIGARH	Shri Manik Sonawane	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, CHANDIGARH-160 017. Tel.:- 0172-2706468 Fax : 0172-2708274 Email ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
CHENNAI		Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.:- 044-24333668 /5284 Fax : 044-24333664 Email chennaiinsuranceombudsman@gmail.com	Tamil Nadu, UT–Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Shri Surendra Pal Singh	Shri Surendra Pal Singh Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.:- 011-23239633 Fax : 011-23230858 Email iobdelraj@rediffmail.com	Delhi & Rajasthan

GUWAHATI	Shri D. C. Choudhury	Shri D.C. Choudhury, Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email ombudsmanghy@rediffmail.com	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD		Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel : 040-65504123 Fax: 040-23376599 Email insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
KOCHI	Shri R. Jyothindranathan	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759 Fax : 0484-2359336 Email iokochi@asianetindia.com	Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry
KOLKATA	Ms. Manika Datta	Ms. Manika Datta Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, Kolkatta – 700 072. Tel: 033 22124346/(40) Fax: 033 22124341 Email:iombsbpa@bsnl.in	West Bengal , Bihar , Jharkhand and UT of Andaman & Nicobar Islands , Sikkim
LUCKNOW	Shri G. B. Pande	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331 Fax : 0522-2231310 Email insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
MUMBAI		Insurance Ombudsman, Office of the Insurance Ombudsman, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106928 Fax : 022-26106052 Email ombudsmanmumbai@gmail.com	Maharashtra , Goa

Note: Address and contact number of Governing Body of Insurance Council

Secretary General - Governing Body of Insurance Council

Jeevan Seva Annexe, 3rd Floor, S.V. Road, Santacruz (W), Mumbai - 400 054

Tel No: 022-2610 6889, 26106245, Fax No. : 022-26106949, 2610 6052, E-mail ID: inscoun@vsnl.net

Cashless facility offered through network hospitals of Bajaj Allianz only. Cashless facility at 3300+ Network hospitals PAN India.

Please visit our website for list of network hospitals and network Diagnostic Centres , Website: www.bajajallianz.com or get in touch with 24*7 helpline number: 1800-103-2529 (toll free) / 020-30305858

SURGICAL PROTECTION PLAN

ANNEXURE 1: LIST AND GRADING OF SURGERIES

i. Grade of the Surgeries:

Grade 1- Supra-Major Surgeries
Grade 2- Major Surgeries
Grade 3- Sub- Major Surgeries
Grade 4- Day Care Procedures
Grade 5- Minor Surgeries

Surgical Benefit Cover:

Sum Insured options available under Surgical Benefit cover is from ₹100000/- to ₹1000000/-, as per plan opted (Benefit table given below)

Surgical Benefit Cover: Benefit Amount Calculation											
Grade of the Surgery	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8	Plan 9	Plan 10	Plan 11
Grade 1	₹50000	₹75000	₹100000	₹150000	₹200000	₹250000	₹300000	₹350000	₹400000	₹450000	₹500000
Grade 2	₹20000	₹30000	₹40000	₹60000	₹80000	₹100000	₹120000	₹140000	₹160000	₹180000	₹200000
Grade 3	₹15000	₹25000	₹35000	₹50000	₹70000	₹85000	₹100000	₹115000	₹135000	₹150000	₹170000
Grade 4	₹10000	₹15000	₹20000	₹35000	₹45000	₹60000	₹70000	₹85000	₹95000	₹110000	₹120000
Grade 5	₹5000	₹5000	₹5000	₹5000	₹5000	₹5000	₹10000	₹10000	₹10000	₹10000	₹10000
Sum Insured	₹100000	₹150000	₹200000	₹300000	₹400000	₹500000	₹600000	₹700000	₹800000	₹900000	₹1000000

ii. List of Surgeries

Sr. No.	Surgery	Grade
	A	
1	Abdominal myomectomy	2
2	Abdominoperineal resection	2
3	Above the knee amputation	1
4	Adductor release	2
5	Adrenalectomy	2
6	Ambulatory phlebectomy	4
7	Angiojet Rheolytic thrombectomy	3
8	Ankle arthrocentesis	5
9	Ankle fusion	3
10	Ankle replacement	1
11	Ankle synovectomy	3
12	Anterior colporrhaphy	3
13	Anterior cruciate ligament surgery	3
14	Anterior neck dissection	3
15	Anterolateral thoracotomy	2
16	Aortic Aneurysm Repair	1
17	Aortic valve repair surgery	1
18	Aortic valve replacement surgery	1

19	Aortobifemoral bypass	2
20	Aortofemoral bypass	2
21	Appendectomy (Removal of Appendix)	3
22	Bone & Muscle Tumors Excisions	3
23	Arterial embolectomy	3
24	Arterial switch	1
25	Arthroscopic ankle fusion	3
26	Arthroscopic ankle replacement	1
27	Arthroscopic ankle synovectomy	3
28	Arthroscopic anterior cruciate ligament surgery	3
29	Arthroscopic elbow fusion	3
30	Arthroscopic elbow replacement	1
31	Arthroscopic elbow synovectomy	3
32	Arthroscopic finger joint replacement	3
33	Arthroscopic finger synovectomy	4
34	Arthroscopic foot joint replacement	4
35	Arthroscopic hip fusion	2
36	Arthroscopic hip replacement	1
37	Arthroscopic hip synovectomy	3
38	Arthroscopic knee fusion	3
39	Arthroscopic knee synovectomy	3
40	Arthroscopic lateral release for patellar realignment	3
41	Arthroscopic partial hip replacement	2
42	Arthroscopic partial knee replacement	2
43	Arthroscopic proximal realignment of the patella	3
44	Arthroscopic revision hip surgery	1
45	Arthroscopic revision knee surgery	2
46	Arthroscopic shoulder fusion	3
47	Arthroscopic shoulder replacement	2
48	Arthroscopic shoulder synovectomy	3
49	Arthroscopic toe joint replacement	3
50	Arthroscopic total knee replacement	1
51	Arthroscopic wrist fusion	3
52	Arthroscopic wrist replacement	2
53	Arthroscopic wrist synovectomy	3
54	Artificial urinary sphincter surgery	3
55	Atrial septal defect closure	1
56	Atrioventricular canal repair	1
57	Awake craniotomy	1
58	Axillary thoracotomy	3
	B	
59	Back and Neck Surgery (Spinal Fusion Surgery)	2
60	Laminectomy	2

61	Balloon angioplasty for aortic coarctation	1
62	Balloon angioplasty valvuloplasty	1
63	Beating heart aortic valve repair	1
64	Beating heart aortic valve replacement	1
65	Beating heart atrial septal defect closure	1
66	Beating heart mitral valve repair	1
67	Beating heart mitral valve replacement	1
68	Beating heart pulmonary artery valve replacement	1
69	Beating heart pulmonary valve repair	1
70	Beating heart tricuspid valve repair	1
71	Beating heart tricuspid valve replacement	1
72	Beating heart valve repair	1
73	Beating heart valve replacement	1
74	Beating heart ventricular septal defect closure	1
75	Below the knee amputation	1
76	Bilateral adrenalectomy	3
77	Bilateral inguinal orchiectomy	3
78	Bilateral oophorectomy	2
79	Bilateral salpingectomy	2
80	Bilateral salpingo-oophorectomy	2
81	Bilateral salpingostomy	3
82	Bilobectomy	1
83	Bimaxillary osteotomy	2
84	Bipolar sternocleidomastoid release	3
85	Biventricular pacemaker surgery	1
86	Bladder augmentation	2
87	Blalock-Taussig shunt placement	1
88	Bone grafting	3
89	Bone growth restriction	3
90	Bone Marrow Biopsy	5
91	Bone Marrow Transplant	1
92	Brachial plexus surgery	2
93	Brain Surgery (Craniotomy)	1
94	Bronchopulmonary lavage	3
95	Bronchoscopy	4
96	Burch procedure for bladder neck suspension	2
97	Bypass graft repair for aortic coarctation	1
	C	
98	Calcaneocuboid joint arthrodesis	3
99	Caldwell-Luc procedure	3
100	Capsulotomy	4
101	Cardiopulmonary bypass	1
102	Carotid artery angioplasty	1

103	Carotid Endarterectomy	1
104	Carpal tunnel release	5
105	Carpal Tunnel Release Surgery	5
106	Cataract Surgery	3
107	Cerebral aneurysm repair by clipping	1
108	Cerebral aneurysm repair by endovascular embolization	1
109	Cerebral aneurysm repair by occlusion and bypass	1
110	Cerebral embolectomy	1
111	Cervical discectomy	2
112	Cervical laminectomy	2
113	Cervical laminotomy	2
114	Cervical spine fusion	2
115	Chest wall resection	1
116	Chiari osteotomy	2
117	Choledochal cyst excision	3
118	Choledochojejunostomy	2
119	Circumcision	4
120	Closed Closed reduction and external fixation of long bones	4
121	Closed Reduction Internal Fixation of Long bones	3
122	Colectomy	2
123	Colon Resection	2
124	Colostomy	2
125	Common bile duct exploration	3
126	Complete sternocleidomastoid resection	2
127	Computer-assisted robotic total knee replacement	1
128	Continent ileostomy	2
129	Cordectomy	2
130	Cornea Transplant	3
131	Coronary Angioplasty	1
132	Coronary angioplasty with stent placement	1
133	Coronary artery bypass	1
134	Corpus callostomy	1
135	Craniectomy	1
136	Cranioplasty	1
137	Craniotomy	1
138	Cutting balloon angioplasty	1
139	Cyst or abscess drainage	5
140	Cystduodenostomy	2
141	Cystectomy	1
142	Cystgastrostomy	2
143	Cystjejunostomy	2
144	Cystoprostatectomy	2

	D	
145	Dacryocystorhinostomy	4
146	Darrach procedure	4
147	Debridement	5
148	Deep anterior lamellar keratoplasty	4
149	Defibrillator Implant	1
150	Descemet's stripping with endothelial keratoplasty	4
151	Digit and hand replantation	1
152	Dilatation and Curettage	4
153	Discectomy	2
154	Distal pancreatectomy	3
155	Distal splenorenal shunt	1
156	Distal subtotal gastrectomy	1
157	Dorsal slit	3
158	Dorsalis pedis cannulation	3
159	Drainage of deep neck abscess	3
160	Drainage of thyroglossal duct cyst	4
161	Duodenal switch	2
162	Duodenotomy	2
	E	
163	Ear pinback	5
164	Ear reconstruction	3
165	Ear Tube Placement	3
166	Ectropion repair	4
167	Elbow arthrocentesis	4
168	Elbow replacement	1
169	Elbow resurfacing	2
170	Elbow synovectomy	3
171	Electrodessication and curettage for plantar warts	3
172	Embolization	3
173	Empyema drainage	4
174	End to end anastomosis for aortic coarctation	1
175	Endoscopic carpal tunnel release	4
176	Endoscopic cervical microdiscectomy	2
177	Endoscopic cervical microlaminectomy	2
178	Endoscopic cervical microlaminotomy	2
179	Endoscopic craniotomy	1
180	Endoscopic endonasal approach	3
181	Endoscopic esophageal diverticulectomy	3
182	Endoscopic lumbar microdiscectomy	2
183	Endoscopic lumbar microlaminectomy	2
184	Endoscopic lumbar microlaminotomy	2

185	Endoscopic microdiscectomy	2
186	Endoscopic microlaminectomy	2
187	Endoscopic microlaminotomy	2
188	Endoscopic mucosal resection	3
189	Endoscopic plantar fasciotomy	3
190	Endoscopic Teflon therapy for vesicoureteral reflux (VUR)	2
191	Endoscopic third ventriculostomy	2
192	Endoscopic ventriculostomy	2
193	Endotracheal intubation	3
194	Endovascular cardiopulmonary bypass	1
195	Endovascular stent grafting for aortic aneurysm	1
196	Endovenous laser therapy	4
197	Enteroenterostomy	2
198	Enterolysis	3
199	Entropion repair	4
200	Enucleation	3
201	Epiphyseal stapling	2
202	Esophageal diverticulectomy	2
203	Esophageal replacement	2
204	Esophageal resection	2
205	Esophagogastrectomy	1
206	Esophagoscopy	4
207	Esophagostomy	2
208	External fixation of the femur	3
209	External fixation of the fibula	3
210	External fixation of the foot	3
211	External fixation of the radius	3
212	External fixation of the ulna	3
213	External tibia fixation	3
214	Extra-articular subtalar arthrodesis	3
215	Extracranial-intracranial revascularization	1
216	Extrapleural pneumonectomy	1
217	Extratemporal cortical resection	1
218	Eye globe surgery	2
	F	
219	Facial reanimation surgery	2
220	Femoral osteotomy	2
221	Femoropopliteal bypass	2
222	Femorotibial bypass	2
223	Femur rodding	2
224	Fibula rodding	2
225	Finger fusion	3
226	Finger joint replacement	3

227	Finger synovectomy	3
228	Fingertip repair	4
229	Fistulotomy	2
230	Flexor or extensor tendolysis	3
231	Flexor tendon repair	3
232	Fontan operation	1
233	Foot amputation	1
234	Foot fusion	2
235	Foot joint replacement	1
236	Foot replantation	1
237	Foot surgery for epidermolysis bullosa	3
238	Frey procedure	2
239	Frontotemporal craniotomy	1
240	Functional endoscopic sinus surgery	3
241	Functional neck dissection	1
	G	
242	Gastrectomy	1
243	Gastroduodenostomy	2
244	Gastroesophageal Reflux Surgery	2
245	Glansplasty	3
246	Glenn procedure	1
247	Glossectomy	2
248	Greater saphenous vein cutdown	2
	H	
249	Hand amputation	1
250	Hand surgery for epidermolysis bullosa	3
251	Heart Bypass Surgery	1
252	Heart Transplant	1
253	Heart valve repair surgery	1
254	Heart valve replacement surgery	1
255	Heart-lung transplant	1
256	Heller myotomy	2
257	Hemiarthroplasty	2
258	Hemicolectomy	2
259	Hemorrhoidectomy	2
260	Hepatorrhaphy	2
261	Hernia Repair	2
262	High cervical odontoid excision	2
263	Hindquarter amputation	1
264	Hip amputation	1
265	Hip arthroscopy	3

266	Hip fusion	2
267	Hip osteotomy	2
268	Hip Replacement Surgery	1
269	Hip resurfacing	1
270	Hip synovectomy	2
271	Humerus rodding	2
272	Hydroxyapatite augmentation of the mandible	4
273	Hydroxyapatite augmentation of the maxilla	4
274	Hysteroscopic myomectomy	2
275	Hysteroscopy	3
	I	
276	Ileal conduit	1
277	Ileostomy	2
278	Immediate limb lengthening	2
279	Implantable cardioverter defibrillator surgery	1
280	Infrainguinal arterial bypass	2
281	Inguinal lymph node dissection	3
282	Internal colo-anal pouch	2
283	Interstitial perineal implant treatment	2
284	Interventional stroke treatment	2
285	Intracapsular tonsillectomy	3
286	Intramedullary fixation of the femur	3
287	Intramedullary nailing of the tibia	3
288	Intraventricular baffle to pulmonary valve	1
289	Intraventricular tunnel repair	1
	K	
290	Kidney cyst decortication	2
291	Kidney Transplant	1
292	Knee arthrocentesis	3
293	Knee arthroscopy	3
294	Knee osteotomy	2
295	Knee Repair Surgery (Arthroscopic ACL Meniscal Repair)	3
296	Knee Replacement Surgery	1
297	Knee synovectomy	3
298	Kyphoplasty	3
	L	
299	Laminectomy	2
300	Laminotomy	2
301	Laparoendoscopic single-site surgery (LESS) for adrenal gland removal (adrenalectomy)	2

302	Laparoendoscopic single-site surgery (LESS) for gallbladder removal	2
303	Laparoendoscopic single-site surgery (LESS) for kidney removal (nephrectomy)	1
304	Laparoendoscopic single-site surgery (LESS) for repair of the ureteropelvic junction (pyeloplasty)	2
305	Laparoscopic adrenalectomy	2
306	Laparoscopic appendectomy	3
307	Laparoscopic bilateral adrenalectomy	2
308	Laparoscopic bilateral oophorectomy	2
309	Laparoscopic bilateral salpingectomy	2
310	Laparoscopic bilateral salpingo-oophorectomy	2
311	Laparoscopic bilateral salpingostomy	2
312	Laparoscopic Burch procedure for bladder neck suspension	2
313	Laparoscopic cholecystectomy	2
314	Laparoscopic cholecystostomy	2
315	Laparoscopic choledochal cyst excision	2
316	Laparoscopic choledochojejunostomy	2
317	Laparoscopic colectomy	2
318	Laparoscopic colostomy	2
319	Laparoscopic common bile duct exploration	2
320	Laparoscopic cystduodenostomy	2
321	Laparoscopic cystectomy	2
322	Laparoscopic cystgastrostomy	2
323	Laparoscopic cystjejunostomy	2
324	Laparoscopic cystoprostatectomy	2
325	Laparoscopic distal pancreatectomy	2
326	Laparoscopic distal subtotal gastrectomy	1
327	Laparoscopic enterolysis	3
328	Laparoscopic esophageal resection	2
329	Laparoscopic esophagogastrectomy	2
330	Laparoscopic fundoplication	2
331	Laparoscopic gastrectomy	1
332	Laparoscopic gastroduodenostomy	2
333	Laparoscopic gastrostomy	2
334	Laparoscopic Heller myotomy	2
335	Laparoscopic hemicolectomy	2
336	Laparoscopic ileostomy	2
337	Laparoscopic inguinal-femoral hernia repair	2
338	Laparoscopic kidney cyst decortication	2
339	Laparoscopic left lateral segmentectomy	1
340	Laparoscopic meniscectomy	2
341	Laparoscopic myomectomy	2
342	Laparoscopic nephroureterectomy	2
343	Laparoscopic oophorectomy	2

344	Laparoscopic pancreatic pseudocyst drainage	3
345	Laparoscopic partial colectomy	2
346	Laparoscopic partial thyroidectomy	2
347	Laparoscopic proctocolectomy	2
348	Laparoscopic prostatectomy	2
349	Laparoscopic proximal subtotal gastrectomy	2
350	Laparoscopic pyeloplasty	2
351	Laparoscopic pyloroplasty	2
352	Laparoscopic radical cystoprostatectomy	2
353	Laparoscopic radical prostatectomy	2
354	Laparoscopic rectal prolapse surgery	2
355	Laparoscopic repair of perforated duodenal ulcer	2
356	Laparoscopic retrograde cholecystectomy	2
357	Laparoscopic salpingectomy	2
358	Laparoscopic salpingo-oophorectomy	2
359	Laparoscopic salpingostomy	2
360	Laparoscopic small intestine partial resection	2
361	Laparoscopic spigelian hernia repair	2
362	Laparoscopic splenectomy	1
363	Laparoscopic thyroid lobectomy	2
364	Laparoscopic thyroidectomy	2
365	Laparoscopic umbilical hernia repair	2
366	Laparoscopic unilateral oophorectomy	2
367	Laparoscopic unilateral salpingectomy	2
368	Laparoscopic unilateral salpingo-oophorectomy	2
369	Laparoscopic unilateral salpingostomy	2
370	Laparoscopic vagotomy	2
371	Laparoscopic vesicoureteral reflux repair	2
372	Laparoscopic wedge resection of the liver	2
373	Laparoscopic Whipple operation	1
374	Laparoscopic-assisted endorectal colon pull-through	2
375	Laparoscopic-assisted pull-through procedure for imperforate anus	2
376	Laparoscopically assisted vaginal hysterectomy	2
377	Laparotomy	2
378	Laryngopharyngectomy	2
379	Laryngoscopy	3
380	Laryngotracheoplasty	2
381	Laser bronchoscopy	2
382	Laser peripheral iridotomy	3
383	Le Fort I osteotomy	2
384	Le Fort II osteotomy	2
385	Le Fort III osteotomy	2
386	Left lateral segmentectomy	2
387	Left subclavian flap angioplasty for aortic coarctation	1
388	Left ventricular aneurysmectomy	1

389	Left ventricular assist device placement	1
390	Leg amputation	1
391	Leg fasciotomy	2
392	Leg lengthening	2
393	Limb shortening	2
394	Lingual frenectomy	2
395	Lingualplasty	2
396	Liver Biopsy	3
397	Liver resection	2
398	Liver transplant	1
399	Living donor liver transplant	1
400	Lobectomy	1
401	Local transanal resection	2
402	Low anterior resection	2
403	Lumbar discectomy	2
404	Lumbar laminectomy	2
405	Lumbar laminotomy	2
406	Lumbar puncture	4
407	Lumbar spine fusion	2
408	Lumbar sympathectomy	2
409	Lumpectomy	2
410	Lumpectomy (Partial Mastectomy)	2
411	Lung Biopsy	3
412	Lung transplant	1
413	Lung volume reduction surgery	2
	M	
414	Mandibular labial frenectomy	3
415	Mandibular sagittal split osteotomy	2
416	Marginal mandibulectomy	2
417	Mastectomy Total (Radical)	1
418	Maxillary antral lavage	3
419	Maxillary labial frenectomy	3
420	Meniscal transplant surgery	2
421	Meniscectomy	2
422	Microvascular decompression	1
423	Middle-third sternocleidomastoid release	2
424	Mitral valve repair surgery	1
425	Mitral valve replacement surgery	1
426	Modified radical mastectomy	1
427	Modified radical mastoidectomy	2
428	Modified radical neck dissection	1
429	Multiple bypass surgery	1
430	Myelomeningocele repair	1

	N	
431	Needle aponeurotomy	3
432	Needle cricothyrotomy	3
433	Nephrectomy	1
434	Nephroureterectomy	1
	O	
435	Off-pump coronary artery bypass	1
436	Oophorectomy	2
437	Open acromioplasty	3
438	Open anterior shoulder stabilization	2
439	Open bile duct surgery	2
440	Open Bladder Surgery	2
441	Open cholecystectomy	2
442	Open cholecystostomy	2
443	Open fundoplication	2
444	Open gastrostomy	2
445	Open inguinal-femoral hernia repair	2
446	Open lateral release for patellar realignment	2
447	Open maze procedure	1
448	Open proximal realignment of the patella	2
449	Open reduction and internal fixation of a foot fracture	2
450	Open reduction and internal fixation of a tibial plateau fracture	2
451	Open reduction and internal fixation of an ankle fracture	2
452	Open reduction and internal fixation of distal tibia fracture	2
453	Open reduction and internal fixation of the fibula	2
454	Open reduction and internal fixation of the proximal humerus	2
455	Open reduction and pinning for lateral condylar humerus fracture	2
456	Open reduction and pinning for supracondylar humerus fracture	2
457	Open retrograde cholecystectomy	2
458	Open rotator cuff repair	3
459	Open spigelian hernia repair	2
460	Open umbilical hernia repair	2
	P	
461	Pacemaker Implant	1
462	Pacemaker surgery	1
463	Palmar and digital fasciectomy	3
464	Pancreas transplant	1
465	Pancreas-kidney transplant	1
466	Panendoscopy	3
467	Parathyroidectomy	2

468	Parietal cell vagotomy	2
469	Parietal craniotomy	1
470	Partial colectomy	2
471	Partial hip replacement	2
472	Partial hysterectomy	2
473	Partial knee replacement	2
474	Partial laryngectomy	2
475	Partial maxillectomy	2
476	Partial nephrectomy	2
477	Partial temporomandibular joint replacement	2
478	Partial thyroidectomy	3
479	Partial vulvectomy	2
480	Patch aortoplasty for aortic coarctation	1
481	Patent ductus arteriosus repair	1
482	Patent foramen ovale closure	1
483	Pelvic exenteration	1
484	Pelvic osteotomy	2
485	Pericardiectomy	2
486	Pericardiocentesis	2
487	Pharyngectomy	1
488	Pinning for slipped capital femoral epiphysis	2
489	Plantar fasciotomy	3
490	Plate and screw fixation of the arm bones	2
491	Plate and screw fixation of the femur	2
492	Plate and screw fixation of the radius	3
493	Plate and screw fixation of the ulna	3
494	Pleurectomy	3
495	Pneumonectomy	2
496	Polypectomy	3
497	Posterior colporrhaphy	2
498	Posterior exenteration	1
499	Posterior fossa decompression	1
500	Posterior neck dissection	2
501	Posterolateral thoracotomy	2
502	Pressure-sore reconstruction	2
503	Proctocolectomy	1
504	Prostate Removal Surgery	2
505	Prostatectomy	2
506	Proximal row carpectomy	3
507	Proximal subtotal gastrectomy	1
508	Pterygium excision	5
509	Puestow procedure	2
510	Pull-through procedure for Hirschsprung's disease	2
511	Pulmonary artery banding	2
512	Pulmonary artery valve repair	1

513	Pulmonary artery valve replacement	1
514	Pyeloplasty	2
515	Pyloromyotomy	2
516	Pyloroplasty	2
	Q	
517	Quadruple bypass surgery	1
	S	
518	Salpingectomy	3
519	Salpingo-oophorectomy	2
520	Segmental mandibulectomy	2
521	Segmentectomy	2
522	Septal myectomy	1
523	Shoulder arthroscopy	3
524	Shoulder fusion	3
525	Shoulder replacement	1
526	Shoulder Surgery	2
527	Shoulder synovectomy	3
528	Simple bilateral orchiectomy	2
529	Simple mastectomy	2
530	Simple unilateral orchiectomy	3
531	Single-port access laparoscopic right hemicolectomy	2
532	Sinus lift	3
533	Skull base tumor surgery	1
534	Skull tumor craniotomy	1
535	Small intestine partial resection	2
536	Sphincterotomy	3
537	Spinal disc replacement surgery	2
538	Spine fusion	2
539	Spleen Removal Surgery (Splenectomy)	1
540	Splenectomy	1
541	Stapedectomy	3
542	Submandibular gland excision	3
543	Submucosal minimally invasive lingual excision	2
544	Superficial parotidectomy	3
545	Surgery for abdominal aortic aneurysm	1
546	Surgery for the removal of cardiac tumors	1
547	Surgery to correct de Quervain's disease	4
548	Surgery for Renal Calculi	2
549	Surgery for Hydrocele	3

	T	
550	Thoracoplasty	2
551	Thorascopic upper extremity sympathectomy	2
552	Thymectomy	2
553	Thyroid lobectomy	2
554	Thyroid Removal Surgery (Thyroidectomy)	2
555	Thyroidectomy	2
556	Tonsils Removal Surgery (Tonsillectomy)	3
557	Total gastrectomy	1
558	Total Hysterectomy	2
559	Total knee replacement	1
560	Total laparoscopic hysterectomy	2
561	Total laryngectomy	2
562	Total maxillectomy	2
563	Total mesometrial resection	2
564	Total pancreatectomy	1
565	Total parotidectomy	2
566	Total temporomandibular joint replacement	2
567	Trabeculectomy	4
568	Tracheal resection	2
569	Tracheobronchial stenting	2
570	Tracheoesophageal fistula and esophageal atresia repair	2
571	Tracheotomy	3
572	Trans-urethral Bladder Surgery	2
573	Transanal pull-through for Hirschsprung's disease	2
574	Transcatheter atrial septal defect (ASD) closure	1
575	Transcatheter ventricular septal defect (VSD) closure	1
576	Transsphenoidal endoscopy	2
577	Transurethral resection	2
578	Transurethral resection of the prostate	2
579	Tricuspid valve repair surgery	1
580	Tricuspid valve replacement surgery	1
581	Triple bypass surgery	1
582	Truncal vagotomy	1
583	Tympanomastoidectomy	3
584	Tympanoplasty	3
	U	
585	Unilateral oophorectomy	3
586	Unilateral salpingectomy	3
587	Unilateral salpingo-oophorectomy	3
588	Unilateral salpingostomy	3

	V	
589	Vaginal Hysterectomy	2
590	Vena cava filter placement	2
591	Ventricular septal defect repair	1
592	Ventricular shunt placement	1
593	Vertebroplasty	2
	W	
594	Whipple operation	1
595	Wrist replacement	1
596	Wrist synovectomy	3