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that pays you, not the hospital - no matter
the actual medical expenses.



UIN: 512N369V01 | Plan No.: 907

Non-Par, Non-Linked, Health, Individual, Pure Risk Plan

Benefits of the Policy:

- ✓ A comprehensive plan that covers your entire family
- ✓ Fixed daily hospital cash benefit
- ✓ Lump sum payouts for major surgeries & illnesses
- ✓ Income support beyond medical bills
- ✓ Increasing benefits for claim-free years



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LIC's Health Shield (UIN: 512N369V01)

(A Non-Par, Non-linked, Health, Individual, Pure Risk Plan)

LIC's Health Shield is a Non-Par, Non-Linked, Health, Individual, Pure Risk plan. It is a regular premium health insurance plan which provides fixed benefit cover against specified health risks.

An individual can take the cover for himself/herself. This individual will be addressed as Principal Insured (PI) under this plan. The Spouse, Children and Parents of PI can also be covered under the same policy.

This is a non-par product under which benefits payable in case of hospitalisation and for various surgical procedures are fixed irrespective of actual cost incurred. This plan is not entitled to any discretionary benefits like bonus etc. or share in Surplus.

This Plan can be purchased Offline through Licensed agents, Corporate Agents, Brokers, Insurance Marketing Firms as well as Online directly through website www.licindia.in.

The prospective policyholders are hereby informed that while making a buying decision reference may be made to the features of the product including associated risks and benefits and select the product which best suits their needs.

1. Key Features

- Premiums are guaranteed throughout the policy term.
- Fixed lump sum or daily benefits irrespective of actual medical costs.
- Increasing Health cover by way of No Claim Benefit.
- Premium Waiver Benefit for other Insured(s) in case of unfortunate death of the Original Principal Insured.
- Premium Waiver Benefit for one year in the event of any Insured undergoing surgery falling under Category 1 or Category 2 as listed in Major Surgical Benefit Annexure.
- Option to enhance protection by opting for rider benefits on payment of additional premium for the rider.
- Attractive incentive for higher Initial Daily Benefit.

The benefits under this plan are payable in terms of **Applicable Daily Benefit (ADB)**. The Applicable Daily Benefit shall be equal to the **Initial Daily Benefit** chosen at the time of commencement of cover in respect of each of the family members proposed to be covered under the same policy. The amount of Initial Daily Benefit can be chosen from ₹ 2,500 to ₹10,000 (in the multiples of ₹500) as per the need, within the conditions specified in Para 2.v below. Applicable Daily Benefit (ADB) may increase by way of No Claim Benefit as specified in Para 3. B. I below.

The plan provides Hospital Cash Benefit, Major Surgical Benefit, Day Care Procedure Benefit, Other Surgical Benefit, Medical Management Benefit, Extended Hospitalisation Benefit and Health Check-up benefit as specified in Para 3. below.

2. Eligibility Conditions and Other Restrictions:

i. Minimum/Maximum Age at entry:

Insured	Minimum Age at entry	Maximum Age at entry
Principal Insured	18 years (last birthday)	65 years (last birthday)
Insured Spouse/ Parents	18 years (last birthday)	65 years (last birthday)
Insured Children	90 days (completed)	20 years (last birthday)

ii. Policy Term: 15 years

iii. Cover Period & Maximum Cover ceasing age:

Member	Cover Period	Maximum Cover ceasing age
Principal Insured/Insured Parents	15 years	80 years (last birthday)
Insured Spouse	Outstanding policy term, subject to minimum five years.	80 years (last birthday)
Insured Children	Outstanding policy term, subject to minimum five years.	35 years (last birthday)

iv. Premium Paying Term : 15 years
v. Initial Daily Benefit (at inception / inclusion of Spouse or Children into the Policy as applicable):

Initial Daily Benefit	Principal Insured (PI)	Insured Spouse (if any), Insured Parents(if any)	Insured Children (if any)
Minimum Initial Daily Benefit	₹ 2,500/-	₹ 2,500/-	₹ 2,500/-
Maximum Initial Daily Benefit	₹ 10,000/- per life*	<u>Insured Spouse-</u> Less than or equal to that of PI <u>Insured Parents</u> Less than or equal to that of Insured Spouse (PI, if there is no Insured Spouse). Further, included parents shall be covered for equal benefits.	Less than or equal to that of Insured Spouse (PI, if there is no Insured Spouse). Further, included children shall be covered for equal benefits.

Initial Daily Benefit shall be in multiple of ₹ 500/-

*The total Initial Daily Benefit under all policies issued to an individual under this plan shall not exceed ₹ 10,000/

Note:

1. Effective Date of Cover in respect of an Insured is the date on which the Corporation after underwriting accepts the risk for insurance (cover) in respect of that Insured.
2. If both of the parents (father and mother) are alive and are eligible for cover, then either both of them will have to be covered or none of them will be covered. The PI will not have any option to choose one of them. Similarly all eligible children will have to be covered at inception or none of them will be covered. If the existing spouse and/or all eligible children and/or parents of PI are not covered at the inception of the policy, then they will not be covered subsequently under the policy.

3. Benefits payable under an in-force policy:

A. Benefit on hospitalisation:

I. **Hospital Cash Benefit (HCB):**

In the event of Accidental Bodily Injury or Sickness first occurring or manifesting itself on or after the Effective Date of Cover and during the Cover Period causing an Insured's Hospitalisation to exceed a continuous period of 24 hours, then, the Daily Benefit is payable as follows, regardless of the actual costs incurred:

a) **In case of Hospitalisation in the general or special ward (i.e. a non-Intensive Care Unit ward/room) of a Hospital:**

The **Applicable Daily Benefit** for each continuous period of 24 hours or any part thereof (after having completed the 24 hours) provided any such part stay exceeds a continuous period of 4 hours of Hospitalisation necessitated solely by reason of the said Accidental Bodily Injury or Sickness, shall be payable.

b) **In case of Hospitalisation in the Intensive Care Unit of a Hospital:**

Two times of Applicable Daily Benefit for each continuous period of 24 hours or part thereof (after having completed the 24 hours) provided any such part stay exceeds a continuous period of 4 hours of Hospitalisation in the Intensive Care Unit of a Hospital during any period of Hospitalisation necessitated solely by reason of the said Accidental Bodily Injury or Sickness shall be payable.

c) **Combined stay in Non-ICU and ICU ward/room:**

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

II. Major Surgical Benefit (MSB):

In the event of an Insured, due to medical necessity, undergoing any specified surgery listed in Major Surgical Benefit Annexure in a hospital due to Accidental Bodily Injury or

Sickness first occurring or manifesting itself on or after the Effective Date of Cover in respect of that Insured and during the Cover Period then, a percentage of the Major Surgical Benefit Sum Assured, as specified against each of the eligible surgeries mentioned in Major Surgical Benefit Annexure, shall be payable, regardless of the actual costs incurred. The Major Surgical Benefit Sum Assured is equal to 100 times of Applicable Daily Benefit for that Policy Year in respect of each Insured.

Hospital Cash Benefit will be paid over and above the lump sum Major Surgical Benefit based on the duration of stay in the hospital.

In addition, the following benefits shall also be available under Major Surgical Benefit:

a. **Ambulance Benefit:**

In the event that a Major Surgical Benefit is payable and emergency transportation costs by an ambulance have been incurred, an additional lump sum of Rs 1,000 will be payable in lieu of ambulance expenses.

b. **Premium Waiver Benefit for one year:**

In the event that a Major Surgical Benefit falling under Category 1 or Category 2 (as mentioned in the Major Surgical Benefit Annexure) is payable in respect of any Insured, instalment premiums under the Base Policy for one year in respect of all Insured(s) from the date of instalment premium due coinciding with or next following the date of the Surgery will be waived. However, premiums in respect of any riders on the life of PI/Insured Spouse, if opted for, shall not be waived and shall continue to be paid as per respective rider conditions.

In case of multiple MSB claims (in respect of multiple/same Insured) falling under Category 1 or Category 2 in the same policy year, Premium Waiver Benefit will be available only once during the policy year i.e. the premium due coinciding with or next following the date of first surgery will be waived for one year.

c. **Major Surgical Benefit Restoration:**

In the event that Major Surgical Benefit Sum Assured is exhausted in a policy year in respect of an Insured due to the previous Major Surgical Benefit claims in that policy year, the next Major Surgical Benefit claim (i.e. in case

of any specified surgeries as mentioned in the Major Surgical Benefit Annexure) in that policy year, post exhaustion of Major Surgical Benefit Sum Assured, will be covered, subject to:

- i. The subsequent Major Surgical Benefit claim should not be arising from or due to the previous Major Surgical Benefit claims in that policy year.
- ii. The subsequent Major Surgical Benefit claim should be for a different category/bucket (e.g. Cardiovascular System, Digestive System etc.) than any of the previous Major Surgical Benefit claims in that policy year.
- iii. The subsequent Major Surgical Benefit claim should be for a different procedure (e.g. CABG, Pancreatolithotomy etc.) than any of the previous Major Surgical Benefit claims in that policy year.

III. Day Care Procedure Benefit (DCPB):

In the event of an Insured, due to medical necessity, undergoing any specified Day Care Procedure mentioned in the Day Care Procedure Benefit Annexure, in a Hospital or Day Care Centre due to Accidental Bodily Injury or Sickness first occurring or manifesting itself on or after the Effective Date of Cover in respect of that Insured and during the Cover Period then, a lump sum amount equal to 5 times of Applicable Daily Benefit shall be payable, regardless of the actual costs.

IV. Other Surgical Benefit (OSB):

In the event of an Insured, due to medical necessity, undergoing any Surgery not listed under Major Surgical Benefit or Day Care Procedure Benefit in a Hospital due to Accidental Bodily Injury or Sickness first occurring or manifesting itself on or after the Effective Date of Cover in respect of that Insured and during the Cover Period causing the Insured's Hospitalisation to exceed continuous period of 24 hours then, a daily benefit equal to 2.5 times of Applicable Daily Benefit shall be payable regardless of the actual costs incurred for each continuous period of 24 hours or part thereof provided any such part stay exceeds a continuous period of 4 hours of Hospitalisation.

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

V. Medical Management Benefit (MMB) :

In the event of an Insured undergoing inpatient hospitalisation , due to the following major medical conditions first occurring or manifesting itself on or after the Effective Date of Cover, in respect of that Insured and during the Cover Period then, a lump-sum of 2.5 times of Applicable Daily Benefit shall be payable regardless of the actual cost incurred.

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

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

VI. Extended Hospitalisation Benefit (EHB):

In the event of an Insured undergoing a single period of continuous inpatient hospitalisation in excess of 30 days, due to Accidental Bodily Injury or Sickness first occurring or manifesting itself on or after the Effective Date of Cover in respect of that Insured and during the Cover Period then, a lump sum of 10 times of Applicable Daily Benefit shall be payable regardless of the actual cost incurred.

Extended Hospitalisation Benefit would be payable in addition to any applicable Hospital Cash Benefit, Major Surgical Benefit, Other Surgical Benefit or Day Care Benefit or Medical Management Benefit payable for the same event of inpatient hospitalisation.

The above benefits are subject to Benefit Limits and Conditions mentioned in Para 5, Waiting Period in Para 7 and Exclusions mentioned in Para 8.

B. Other Benefits:

I. No Claim Benefit:

The No Claim Benefit shall be equal to **10%** of the **Initial Daily Benefit** of the respective Insured and shall be subject to the following conditions:

- No Claim Benefit shall be added to the Applicable Daily Benefit at the end of three consecutive claim-free policy years, reckoned from

o Date of Commencement of the Policy, or
o Date on which the previous No Claim Benefit was added,
whichever is later.

- Upon such addition, the Applicable Daily Benefit shall remain unchanged until the policy completes the next block of three consecutive claim-free policy years.
- There shall be no maximum limit on the total No Claim Benefit that may accumulate over the entire policy period.
- “Claim-free policy year” shall be interpreted with reference to the policy as a whole. A policy year shall be considered claim-free only if no claims are made under any of the benefits specified in Para 3.A (i.e. Hospital Cash Benefit, Major Surgical Benefit, Other Surgical Benefit, Day Care Procedure Benefit or Medical Management Benefit) for any Insured under the policy during that policy year.
- No Claim Benefit shall apply irrespective of whether the Auto Health Cover Benefit (as mentioned in Para 3.C.a. is triggered.
- If any additional insured is included after the Date of Commencement of the Policy, the date of accrual of the No Claim Benefit for such Insured shall coincide with that of the Principal Insured (PI). That is, the No Claim Benefit for an additional Insured shall be added from the policy anniversary on which the No Claim Benefit is added for the Principal Insured.
- No Claim Benefit in respect of any such additional member may accrue even after a minimum period of one year from Effective Date of Cover and before completion of three policy years from his/her joining the policy.
- Thereafter, No Claim Benefit for the Principal Insured and all additional Insureds shall accrue concurrently, regardless of their respective dates of joining the policy.

II. Health Check-up Benefit:

Under an in-force policy, Health Check-up Benefit is payable in respect of each of the Insured after completion of first three policy years from Effective Date of Cover. Thereafter, this benefit is payable once every three years until the end of cover period, provided policy is in force and

three years have been completed from the Date of previous Health Checkup done under the policy.

Under this benefit, an amount equal to the actual expenses incurred but not exceeding One half of Applicable Daily Benefit shall be payable towards Health Check-up expenses provided the Insured undergoes Health Check-up and shares a copy of the medical report and the medical bills.

C. Death Benefit:

a. On death of Original Principal Insured:

Auto Health Cover (AHC) Benefit

On death of original Principal Insured, Auto Health Cover (AHC) Benefit shall be available wherein all the future premiums in respect of all surviving Insured(s) under the Base Policy shall be waived, from the policy anniversary coinciding with or next following the date of death of the Principal Insured. The policy shall continue with new successive PI (as specified in Para 6 below) along with other surviving Insured(s) covered under the policy.

Conditions applicable for Auto Health Cover Benefit shall be as under:

- i. AHC Benefit shall be available in case of death of Original Principal Insured only.
- ii. The policy should be in-force on the date of death of the Original PI.
- iii. AHC Benefit shall be available from the policy anniversary coinciding with or next following the date of death of the Principal Insured. In case of Half-yearly mode of premium payment, any premium falling due before such policy anniversary is required to be paid.
- iv. Premiums in respect of any riders on the life of Insured Spouse, if opted for, shall not be waived and shall continue to be paid as per respective rider conditions. In case the rider premiums are not paid within the grace period, the rider benefits shall cease. Once the rider is ceased, it cannot be re-opted during the cover period.
- v. The benefit payable under the Base Policy shall be based on the Applicable Daily Benefit as ap-

plicable in respect of each Insured as on the date of death of Original PI. This Applicable Daily Benefit shall continue to increase by way of 'No Claims Benefit'.

- vi. AHC benefit shall not be available on death of new successive Principal Insured.
- vii. AHC Benefit shall not be applicable if Principal Insured (whether sane or insane) commits suicide at any time within 12 months from the Effective Date of Cover or within 12 months from the date of revival.

b. On death of an Insured person other than the Principal Insured:

No death benefit is payable and the policy will continue in respect of other Insured(s) and premium payable in respect of the deceased Insured shall cease from the instalment premium due date coinciding with or next following the date of death of the Insured.

D) Maturity Benefit:

No maturity benefits shall be payable under the plan.

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

S. No.	Benefits	Event	Amount of Benefit	Annual Benefit Limit	Lifetime Maximum Benefit Limit	Additional Benefit(s) payable
1	Hospital Cash Benefit (HCB)	Hospitalisation (Non ICU ward)	Applicable Daily Benefit (ADB) for each day of hospitalisation	Year 1: 30 days Year 2 onwards: 90 days	900 Days	i. Extended Hospitalisation Benefit as mentioned under S. No. 6 below, if applicable.
		Hospitalisation (ICU ward)	Two times of ADB for each day of hospitalisation			

2	Major Surgical Benefit (MSB)	Undergoing a Surgical Procedure (as mentioned in MSB Annexure) in a Hospital	Lump Sum Benefit equal to percentage of MSB Sum Assured based on the surgery performed; where MSB Sum Assured is 100 times of ADB	MSB Sum Assured.	10 times of MSB Sum Assured.	i. HCB based on the length of stay in the hospital. ii. Ambulance Benefit: Lump sum of Rs 1,000 payable if ambulance service is availed. iii. Premium Waiver Benefit: Instalment Premium under base Policy for one year will be waived if MSB falling under Category 1 or Category 2 is performed.
						iv. MSB Restoration: On exhaustion of annual limit of 100% of MSB Sum Assured, next MSB claim in that policy year shall also be covered (subject to maximum of 10 times during the Cover period). v. Extended Hospitalisation Benefit as mentioned under S. No. 6 below, if applicable.

3	Day Care Procedure Benefit (DCPB)	Undergoing a Day Care Procedure (as mentioned in DCPB Annexure) in a Hospital or Day Care centre	Lump Sum Benefit equal to 5 times of ADB	3 day care procedures	30 day care procedures	i. HCB shall be payable only if DCPB is hemodialysis or radiotherapy. ii. Extended Hospitalisation Benefit as mentioned under S. No. 6 below, if applicable
4	Other Surgical Benefit (OSB)	Undergoing any Surgical Procedure other than those mentioned under MSB and DCPB in a Hospital	2.5 times of ADB for each day of hospitalisation	Year 1: 15 days Year 2 onwards: 45 days	450 Days	i. HCB based on the length of stay in the hospital. ii. Extended Hospitalisation Benefit as mentioned under S. No. 6 below, if applicable.
5	Medical Management Benefit (MMB)	Inpatient Hospitalisation due to Dengue/ Malaria/ Pneumonia/ Pulmonary Tuberculosis / Viral Hepatitis A	Lump Sum Benefit equal to 2.5 times of ADB	2 times	20 times	i. HCB based on the length of stay in the hospital. ii. Extended Hospitalisation Benefit as mentioned under S. No. 6 below, if applicable.

6	Ex- tended Hospi- talisa- tion Benefit (EHB)	Single period hospital- isation in excess of 30 days (Payable in addi- tion to HCB,MS- B,OSB and DCPB)	Lump Sum Benefit equal to 10 times of ADB	1 time	10 times	-
7	Health Check Up Benefit	Actual costs subject to a maximum of one-half of ADB once in every 3 years after completion of first three policy years.				

4. Options available:

1) Cover to new additional members:

If the Original Principal Insured gets married/ remarried during the Cover Period, the spouse can be included in the policy within twelve months from the date of marriage/ remarriage provided the outstanding term of the policy is at least five years from the date of commencement of cover. The Cover Period in respect of such Spouse shall start from the policy anniversary coinciding with or next following the date of inclusion. Enhanced premium shall be due from such policy anniversary.

Any child born/legally adopted after taking the policy can be included in the policy within twelve months from the date of birth/adoption subject to following terms & conditions:

- The outstanding term of the policy shall be at least five years from the date of commencement of cover.
- The Cover Period in respect of such child shall commence from the policy anniversary coinciding with or next following the date of inclusion provided the child completes the 90 days on such policy anniversary. If child has not completed 90 days on such policy anniversary, the Cover Period shall commence from the next succeeding policy anniversary.
- Enhanced premiums shall be due from such policy anniversary when the cover commences.
- All the eligible surviving children have already been covered under the policy.

Inclusion of each additional Insured shall be subject to receipt of the proof of the event by the Corporation

and shall also be subject to Underwriting Policy of the Corporation. The eligibility conditions as mentioned under Para 2, waiting periods as mentioned under Para 7 and Exclusions as mentioned under Para 8 shall also apply for the new Insured.

Addition of new member in any other case shall not be allowed.

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

II) Removal of existing members:

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

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

III) Quick Cash facility:

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

5. Benefit Limits and Conditions:

I. Hospital Cash Benefit Limits and Conditions:

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

- a. A **maximum of 30 days of Hospitalisation (inclusive of stay in Intensive Care Unit) in the first Policy Year** from the Effective Date of Cover in respect of that Insured
- b. A **maximum of 90 days of Hospitalisation (inclusive of stay in Intensive Care Unit) in the second and subsequent Policy Years** following the Effective Date of Cover in respect of that Insured

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

- ii. The total number of days of Hospitalisation for which Hospital Cash Benefit is payable during the Cover Period, in respect of each and every Insured covered under the policy, shall be limited to a **maximum of 900 days (inclusive of stay in Intensive Care Unit)**. Upon attainment of this limit by an Insured, the Hospital Cash Benefit in respect of that Insured shall cease immediately.
- iii. The Hospital Cash Benefit shall not be payable in the event of an Insured undergoing any specified Day Care Procedure (as mentioned in the Day Care Procedure Benefit Annexure) except for maintenance **hemodialysis and radiotherapy**.
- iv. Though hemodialysis and radiotherapy are Day Care Procedure, the Hospital Cash Benefit shall also be payable for these two procedures even if stay in hospital/day care centre is less than 24 hours.
- v. The Benefit Limits specified in the above clauses in respect of an Insured under the Policy, shall solely and exclusively apply to that Insured. Any unclaimed Hospital Cash Benefit of any one Insured is not transferable to any other Insured.
- vi. The Hospital Cash Benefit shall be payable only if Hospitalisation has occurred within India.

II. Major Surgical Benefit Limits and Conditions:

- i. The total amount payable in respect of each Insured under the Major Surgical Benefit in any Policy Year during the Cover Period shall not exceed Major Surgical Benefit Sum Assured in that Policy year. In the event that the Major Surgical Benefit Sum Assured is exhausted in a policy year the next Major Surgical Benefit claim shall be subject to Major Surgical Benefit Restoration.

- ii. The total amount payable in respect of each Insured during the Cover Period under the Major Surgical Benefit shall not exceed a maximum limit of **10 times of the Major Surgical Benefit Sum Assured**. If the total amount paid in respect of an Insured equals this lifetime maximum limit, the Major Surgical Benefit in respect of that Insured will cease immediately. Hence, on receipt of a claim during a Policy year, the maximum lifetime limit and Annual limit shall be calculated based on ADB applicable for that Policy year to decide the amount payable.
- iii. The Major Surgical Benefit for any surgery cannot be claimed and shall not be payable more than once for the same surgery during the Cover Period. Also, PTCA (Percutaneous Transluminal Coronary Angioplasty) conducted under multiple sittings cannot be claimed and shall not be payable more than once.
- iv. If more than one Surgery is performed on the Insured during the same surgical session, the Corporation shall pay 100% of the eligible amount as per the category in respect of the most severe Surgery performed and for other surgeries 25% of the eligible amount shall be paid. This benefit shall be paid for each of the additional surgery done in the single session and is subject to the overall annual and lifetime limits.
- v. If Major Surgical Benefit is payable, Medical Management Benefit would not be payable for the same event of hospitalisation.
- vi. The Benefit Limits specified in the above clauses in respect of an Insured under the Policy, shall solely and exclusively apply to that Insured. Any unclaimed Major Surgical Benefit of any one Insured is not transferable to any other Insured.
- vii. The Major Surgical Benefit shall be paid as a lump sum as specified for the benefit concerned and is subject to providing proof of Surgery to the satisfaction of the Corporation.
- viii. All Surgical Procedures claimed should be confirmed as essential and required, by a qualified Physician or Surgeon, to the satisfaction of the Corporation.
- ix. The Major Surgical Benefit will be payable only after the Corporation is satisfied on the basis

of medical evidence that the specified Surgery covered under the Plan has been performed.

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

In addition, the following benefits and limits are applicable:

a) Ambulance Benefit Limits and Conditions:

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

b) Major Surgical Benefit Restoration Benefit Limits and Conditions:

- i. The Major Surgical Benefit Restoration claim shall be payable **only once in any Policy year in respect of each Insured** i.e. the total amount payable in respect of each Insured under such Major Surgical Benefit Restoration claim in any Policy Year during the Cover Period shall not exceed Major Surgical Benefit Sum Assured in that Policy year.
- ii. The Major Surgical Benefit Restoration claim shall be payable only up to a **maximum of 10 times** during the Cover Period in respect of each Insured.
- iii. The Benefit Limits specified in the above clauses in respect of an Insured, shall solely and exclusively apply to that Insured. Any unclaimed Major Surgical Benefit Restoration claim on any one Insured is not transferable to any other Insured.
- iv. The Major Surgical Benefit Restoration claim shall be paid as a lump sum as specified for the benefit concerned and is subject to providing proof of Surgery to the satisfaction of the Corporation.
- v. All Surgical Procedures claimed should be confirmed as essential and required, by a qualified Physician or Surgeon, to the satisfaction of the Corporation.
- vi. The Major Surgical Benefit Restoration claim will be payable only after the Corporation is satisfied on the basis of medical evidence that the specified Surgery covered under the Plan has been performed.
- vii. The Major Surgical Benefit Restoration claim shall

be payable only if the Surgery has been performed within India.

III. Day Care Procedure Benefit Limits and Conditions:

- i. In respect of each Insured, the Day Care Procedure Benefit shall be payable only up to a **maximum of 3 Day Care Procedures in any Policy Year** during the Cover Period.
- ii. In respect of each Insured during the Cover Period, the Day Care Procedure Benefit shall be payable only up to a **lifetime maximum limit of 30 Day Care Procedures**. If the number of Day Care Procedures eligible for the Day Care Procedure Benefit in respect of an Insured equals this lifetime maximum limit, the Day Care Procedure Benefit in respect of that Insured will cease immediately.
- iii. If more than one Day Care Procedure is performed on the Insured, through the same incision or by making different incisions, during the same surgical session, the Corporation shall only pay for one Day Care Procedure performed.
- iv. If a Day Care Procedure is performed, no Hospital Cash Benefit shall be paid (except for maintenance **hemodialysis** and **radiotherapy**) even if the Hospitalisation for a day care procedure exceeds 24 hours.
- v. If Day Care Benefit is payable, Medical Management Benefit would not be payable for the same event of hospitalisation.
- vi. The Benefit Limits specified in the above clauses in respect of an Insured under the Policy, shall solely and exclusively apply to that Insured. Any unclaimed Day Care Procedure Benefit of any one Insured is not transferable to any other Insured.
- vii. The Day Care Procedure Benefit shall be paid as a lump sum and is subject to providing proof of Surgery/Procedure to the satisfaction of the Corporation.
- viii. All Day Care Procedures claimed should be confirmed as essential and required, by a qualified Physician or Surgeon, to the satisfaction of the Corporation.
- ix. The Day Care Procedure Benefit will be payable only after the Corporation is satisfied on the basis of medical evidence that the specified Day Care Procedure covered under the Plan has been performed.

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

IV. Other Surgical Benefit Limits and Conditions:

- i. The total number of days of Hospitalisation for which the Other Surgical Benefit is payable during a Policy Year in respect of each and every Insured covered under the Policy shall not exceed **15 days in the first Policy Year** from the Effective Date of Cover in respect of that Insured and **45 days for the second and subsequent Policy Years** following the Effective Date of Cover in respect of that Insured.
- ii. The total number of days of Hospitalisation for which the Other Surgical Benefit is payable during the Cover Period, in respect of each and every Insured covered under the Policy shall not exceed a lifetime maximum limit of 450 days. Upon attainment of this lifetime maximum limit, the Other Surgical Benefit in respect of that Insured will cease immediately.
- iii. If more than one Surgical Procedure is performed on the Insured, through the same incision or by making different incisions, during the same surgical session, the Corporation shall only pay for one Surgical Procedure.
- iv. If Other Surgical Benefit is payable, Medical Management Benefit would not be payable for the same event of Hospitalisation.
- v. The Benefit Limits specified in the above clauses in respect of an Insured under the Policy, shall solely and exclusively apply to that Insured. Any unclaimed Other Surgical Benefit on any one Insured is not transferable to any other Insured.
- vi. The Other Surgical Benefit shall be paid as a Daily Benefit and is subject to providing proof of Surgery to the satisfaction of the Corporation.
- vii. All Surgical Procedures claimed should be confirmed as essential and required, by a qualified Physician or Surgeon, to the satisfaction of the Corporation.
- viii. The Other Surgical Benefit will be payable only after the Corporation is satisfied on the basis of medical evidence that the specified Surgical Procedure covered under the Plan has been performed.
- ix. The Other Surgical Benefit shall be payable only if the Surgical Procedure has been performed within India.

V. Medical Management Benefit Limits and Conditions:

- i. In respect of each Insured, the Medical Management Benefit would be payable **maximum of 2 times in each Policy Year** during the Cover Period
- ii. In respect of each Insured during the Cover Period, the Medical Management Benefit will be payable only up to a **lifetime maximum limit of 20 times**. If the Medical Management Benefit in respect of an Insured equals this lifetime maximum limit, the Medical Management Benefit in respect of that Insured will cease immediately.
- iii. Medical Management Benefit would not be payable if Major Surgical Benefit, Other Surgical Benefit or Day Care benefits are payable for the same event of inpatient Hospitalisation.
- iv. The Benefit Limits specified in the above clauses in respect of an Insured, shall solely and exclusively apply to that Insured. Any unclaimed Medical Management Benefit on any one Insured is not transferable to any other Insured.
- v. The Medical Management Benefit shall be paid as a lump sum, subject to providing proof of hospitalisation for the specified medical condition, to the satisfaction of the Corporation.
- vi. The Medical Management benefit shall be payable only if Hospitalisation and treatment has occurred within India

VI. Extended Hospitalisation Benefit Limits and Conditions:

- i. In respect of each Insured, the Extended Hospitalisation Benefit would be payable **only once in each Policy Year** during the Cover Period.
- ii. In respect of each Insured during the Cover Period, the Extended Hospitalisation Benefit shall be payable only up to a **lifetime maximum limit of 10 times**. If the Extended Hospitalisation Benefit in respect of an Insured equals this lifetime maximum limit, the Extended Hospitalisation Benefit in respect of that Insured will cease immediately.
- iii. The Benefit Limits specified in the above clauses in respect of an Insured under the Policy, shall solely and exclusively apply to that Insured. Any unclaimed Extended Hospitalisation Benefit of any one Insured is not transferable to any other Insured.

- iv. Extended Hospitalisation Benefit shall be paid as a lump sum, subject to providing proof of inpatient hospitalisation to the satisfaction of the Corporation.
- v. Extended Hospitalisation Benefit shall be payable only if Hospitalisation has occurred within India.

VII. Health Check-up Benefit Limits and Conditions:

- i. During the cover period, this benefit shall be first payable after completion of three policy years from Effective Date of Cover in respect of each Insured and thereafter it shall be payable after completion of three years from the Date of previous Health Checkup.
- ii. The Benefit Limits specified in the above clause in respect of an Insured, shall solely and exclusively apply to that Insured. Any unclaimed Health Check-up Benefit on any one Insured is not transferable to any other Insured.
- iii. Health Check-up Benefit shall be payable only if the Health Check-up is done within India.

6. Default provision for Insured Spouse/Eldest of the surviving Major Insured to become Principal Insured on exit of original PI from the policy:

On the exit of Original Principal Insured in the event of death or on Original PI exhausting all the lifetime maximum Benefit Limits), the policy shall continue with the surviving Insured Spouse as new successive PI along with other eligible surviving Insured(s). If there is no Insured Spouse under the Policy; or if Insured Spouse has predeceased the Original PI; or if the Insured Spouse has exited from the policy, the policy shall continue with eldest of the surviving major Insured as new successive PI along with other eligible surviving Insured(s). In case of minor lives, on exit of last successive PI, the legal guardian of minor life shall be the beneficiary.

The premium for such new successive PI(if AHC Benefit is not applicable), would be based on tabular premium rates of Principal Insured and the age for calculation of revised premium rate will be his/her age at entry. Such change in premium of new successive PI shall be effective from the coinciding or following instalment premium due date. However, the existing level of cover in respect of the new successive PI shall remain unaltered as applicable to him/her. The premium rates for other Insureds shall remain same.

7. Waiting Period:

General waiting period:

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

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

Specific waiting period:

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

- i. Treatment for adenoid or tonsillar disorders
- ii. Treatment for anal fistula or anal fissure
- iii. Treatment for benign enlargement of prostate gland
- iv. Treatment for benign uterine disorders like fibroids, uterine prolapse, dysfunctional uterine bleeding etc
- v. Treatment for Cataract
- vi. Treatment for Gall stones
- vii. Treatment for slip disc
- viii. Treatment for Piles
- ix. Treatment for Benign Thyroid Disorders
- x. Treatment for Hernia
- xi. Treatment for Hydrocele
- xii. Treatment for Degenerative Joint Conditions
- xiii. Treatment for Sinus Disorders

- xiv. Treatment for Kidney or Urinary Tract Stones
- xv. Treatment for Varicose Veins
- xvi. Treatment for Carpal Tunnel Syndrome
- xvii. Treatment for Benign Breast Disorders e.g. Fibroadenoma, Fibrocystic disease etc
- xviii. Treatment for Benign Ovarian disorders
- xix. Treatment for Gastric/Duodenal Ulcer
- xx. Treatment for Retinal disorders
- xxi. Treatment for Knee/Joint Replacement Surgery (other than caused by an accident)
- xxii. Treatment for Osteoporosis or Osteoarthritis
- xxiii. Treatment for Chronic renal failure or end stage renal failure

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

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

8. Exclusions:

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

- 1. Any Pre-existing Condition* unless disclosed to and accepted by the Corporation prior to the Effective Date of Cover or the Date of Revival (if the Policy is revived after discontinuance of the Cover).

*Pre-Existing Disease/Condition means any condition, ailment, injury or disease:

- a. that is/are diagnosed by a physician within 36 months prior to the effective date of cover or date of revival of policy; or

- b. for which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of cover or date of revival of policy.
- 2. Any treatment or Surgery not performed by a Physician/Surgeon or any treatment or Surgery of a purely experimental nature.
- 3. Any experimental or unproven pharmacological regimens or usage of any unproven treatment devices; any conditions (injuries or illnesses) arising due to advocacy of any experimental or unproven pharmacological regimens or treatment devices or diagnostic tests.
- 4. Admission, diagnosis, or treatment in a Hospital outside India. Admission into a Hospital for routine examination, preventive medical check-up, vaccinations or any medical examination that are customarily carried out on an Out Patient Basis.
- 5. Any Surgery/ Surgical Procedure carried out purely for the purposes of diagnosis, screening and investigation, e.g. lower/upper GI Endoscopy or true- cut needle biopsy unless otherwise specified.
- 6. Admission into a hospital for any cosmetic, plastic surgery, aesthetic or related treatment of any type, also including any complications attributable to such treatments, irrespective of the reason behind such treatment, unless medically necessary for the treatment of illness or as a result of an injury or accident and performed within 6 months of the same.
- 7. Hospitalisation Surgery for donation of an organ by donor.
- 8. Any dental examination, surgery or treatment except as necessitated due to any accident.
- 9. Any Hospitalisation for treatment under Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homeopathy (AYUSH) are excluded unless such treatment is undertaken in an Indian State/Central Government hospital or in any Institute recognized by the Government of India or the Government of any Indian State and involves inpatient care for a minimum of 24 hours.
 - a. Any Hospitalisations for AYUSH treatments for preventive, rejuvenating, or beautification purposes, including massages, steam baths, detoxification programs, and similar procedures are excluded from coverage.

- b. Any Hospitalisations for treatment in nature cure clinics, health hydros, spas or similar establishments are excluded from coverage
- 10. Any Hospitalisation for Acupressure, acupuncture, magnetic and other therapies.
- 11. Convalescence, general debility, rest cure, external congenital disease or defect or anomaly, sterilization or infertility (diagnosis and treatment), any sanatoriums, spa or rest cures or long term care or hospitalisation undertaken as a preventive or recuperative measure or for sole purpose of physiotherapy.
- 12. Any Hospitalisation related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- 13. Any claim arising out of any condition directly or indirectly due to attempted suicide or intentional self-inflicted injury, by the life insured, whether sane or not at the time.
- 14. Life insured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a Registered Medical Practitioner.
- 15. Removal or correction or replacement of any material/prosthesis/medical devices that was implanted in a former surgery before Effective Date of Cover or Date of Revival (if the Policy is revived after discontinuance of the Cover).
- 16. Any diagnosis or treatment arising from or traceable to pregnancy (This exclusion does not apply in case of ectopic pregnancy), childbirth including caesarean section, medical termination of pregnancy and/or any treatment related to pre and post natal care of the mother or the new born.
- 17. Any treatment directly or indirectly arising from or consequent to War (declared or undeclared), invasion, act of foreign enemy, hostilities (declared or undeclared), civil war, riots, civil commotion, rebellion, revolution or any warlike operations / terrorism / acts of terrorism.

18. Any claim occurring as a direct or indirect result of Service in the military/ para- military, naval, air forces or police organizations and participation in operations requiring the use of arms or which are ordered by such authorities for combating terrorists, rebels and the like.
19. Any claim in respect of treatment due to conditions arising out of Life Insured engaging in or taking part in professional sport(s) or competitive sports or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping, racing, scuba diving, aerial sports.
20. Any treatment directly or indirectly arising from Exposure of life assured to Radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or Accident arising from such nature.
21. Any treatment directly or indirectly arising from or consequent to Participation by the life insured in a criminal or unlawful act.
22. Any claim arising as a direct or indirect consequence of Participation by the life insured in any flying activity other than as a bona fide passenger (whether paying or not), in a licensed aircraft provided that the life insured does not, at that time, have any duty on board such aircraft.
23. Admission into a Hospital for supply or fitting of eyeglasses or hearing aids. LASIK/PRK/Phakic IOL implants or any other procedures carried out for purpose of correcting refractive errors like Myopia.
24. Admission into a Hospital for diagnosis and Treatment of sterility, any fertility, sub-fertility or assisted conception procedure or birth control/contraceptive measures or of a sexually transmitted/ venereal disease.
25. Admission into a Hospital for a sex change operation.
26. Any stem cell therapies except Bone Marrow Transplantation as a reciver.
27. Hormone replacement therapy.
28. Any treatment related to sleep disorder or Sleep Apnoea Syndrome, obesity and any other weight control programmed.
29. Pre and Post Hospitalisation treatment.
30. Treatment for any illness or injury where the period of confinement in a hospital is less than twenty-four hours

(excludes day care procedures and HCB paid out to hemodialysis/ radiotherapy.)

31. General Waiting Period of 90 days/45 days as specified in Para 7 shall be applicable for all the benefits covered under the Plan except in case of Hospitalisation due to an accident or a trauma which occurred after the inception of the policy where this waiting period will not apply.
32. Specific Waiting Period of 24 months as specified in Para 7 for certain conditions and procedures and any complications arising out of them will apply to all benefits covered under the Plan.

9. Optional Rider Benefits:

The following two rider(s) or amended versions of the riders shall be available under this plan.

1) LIC's New Term Assurance Rider (512B210V02):

Original PI and/ or Insured Spouse may opt for Term Assurance as optional rider up to the Major Surgical Benefit Sum Assured. This rider is available only at the time of inception/inclusion into the policy by payment of additional premium provided the outstanding term of the policy as well as rider is at least five years and policy is in-force but before the policy anniversary on which the age nearer birthday of Life Assured is 60 years. The Rider Sum Assured of the insured spouse shall not exceed the Rider Sum Assured of PI.

In case of unfortunate death, an amount equal to "Term Rider Sum Assured on Death" shall be payable during the Rider Term.

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

Original PI and/or Insured Spouse may opt for Accident Benefit Rider under an in-force policy at any time within the cover period of base policy, provided the outstanding premium paying term of the Base policy as well as rider is at least five years but before the policy anniversary on which the age nearer birthday of life assured is 65 years. The benefit cover under this rider shall be during outstanding premium paying term of the Base Policy or (70- Age at entry) years, whichever is lower. The Accident Benefit Sum Assured under the policy for each eligible Insured (PI/Insured Spouse) shall not exceed the respective Major Surgical Benefit Sum Assured under Base Policy. The Accident Benefit Sum Assured of the insured spouse shall not exceed the Accident Benefit Sum Assured of PI.

If this rider is opted for, in case of accidental death, Accident Benefit Sum Assured shall be payable.

The premiums for an Insured under both the riders put

together shall not exceed 30% of premiums under the base plan in respect of that Insured.

For more details on the above riders, refer to the rider brochure or contact LIC's nearest Branch Office.

10. Payment of Premiums:

Premium can be paid regularly with mode of premium payment as yearly or half-yearly.

The Premium Conversion Factors for different modes of Premium Payment are as under:

Mode of Premium Payment	Premium Conversion factor
Yearly	1.0000
Half-yearly	0.5090

For Half-yearly mode of premium payment, the applicable instalment premium shall be arrived at by multiplying the applicable Premium Conversion factor with yearly premium derived.

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

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

11. Rebates:

Rebates applicable for the base plan and riders are as under:

a. Rebates for High Initial Daily Benefit (IDB):

In respect of an Insured, if IDB is ₹4000 or above, then the premium arrived at in respect of that member shall be reduced by an amount (Rs.) given below:

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

b. Rebate under Online Sale:

Proposal to be completed under Online Sale shall be eligible for rebate of 10% on the tabular premium for Base Plan as well as Rider(s), if opted for, provided the policy is not taken through any Agents, Corporate Agents, Brokers, Insurance Marketing Firms.

12. Sample Premium:

The sample illustrative annual premiums for Initial Daily Benefit of ₹ 5000 for some of the ages in respect of various standard lives that can be covered under a single policy to be sold Offline are as under:

PRINCIPAL INSURED		Amount in (₹)
Age at entry	Premium (₹) Male PI	Premium (₹) Female PI
20	6555	5556
30	7195	6883
40	9446	9509
50	14895	13209
60	22350	17341

Other Insured *			Amount in (₹)	
Age of PI	Age at entry other insured (Male)	Premium (₹)	Age at entry other insured (Female)	Premium (₹)
25	0	3161	0	3161
30	18	4471	18	3631
35	25	5147	25	4360
40	35	6326	35	6357
50	45	10563	45	9941
60	50	14586	50	12737

(* The premiums mentioned in above table for the given age and gender are applicable for the Other Insured(s) and are exclusive of premiums for the Principal Insured.)

13. Grace Period:

A grace period of 30 days from the date of First Unpaid Premium will be allowed for payment of yearly or half yearly premiums. During this period, the policy shall be considered in-force with the risk cover without any interruption as per the terms of the policy. If premium is not paid before the expiry of the days of grace, the Policy lapses and all the benefits payable under this Plan will cease

If any claim occurs within the grace period but before the payment of the premium then due, the benefits shall be paid after deductions of the said unpaid premium.

The above grace period will also apply to rider premiums which are payable along with premium for Base Policy.

14. Revival:

A policy lapsed due to non-payment of premiums may be revived by the PI within a period of 5 consecutive complete years from the due date of first unpaid premium but before the expiry of Policy term, as the case may be.

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

Waiting periods and Exclusions, as described in Para 7 and 8 respectively, will apply on revival.

The Corporation reserves the right to accept at original terms, accept with modified terms or decline the revival of a discontinued policy. The revival of the discontinued policy shall take effect only after the same is approved, accepted and revival receipt is issued by the Corporation.

The rate of interest applicable for revival under this Plan for every 12 months' period from 1st May to 30th April shall not exceed 10 year G-Sec Rate as p.a. compounding half-yearly as at the last trading day of previous financial year plus 3% or the yield earned on the Corporation Non Linked Non-Participating fund plus 1%, whichever is higher. For the 12 months' period commencing from 1st May, 2026 to 30th April, 2027 the applicable interest rate shall be 9.5% p.a. compounding half-yearly. The basis for determination of interest rate for policy revival is subject to change.

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

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

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

15. Paid-up Value:

The Policy will not acquire any paid-up value under this plan.

16. Surrender Value and Loan:

There is no surrender value or loan available under this plan.

17. Free Look period:

If a policyholder is not satisfied with the “Terms and Conditions” of the policy, he/she may return the policy to the Corporation stating the reasons of objections within 30 days from the date of receipt of the electronic or physical mode of the Policy Document, whichever is earlier.

On receipt of the same, the Corporation shall cancel the policy and refund the premium. The refund of premium shall be subject to following deductions:

- a) Stamp duty on the policy.
- b) Applicable Proportionate Risk Premium for the Base Policy and rider(s) if opted for, for the period of cover.
- c) Any expense borne by the Corporation on medical examination (including special reports, if any) of the Insured persons.

18. Commencement and Termination of Benefit Covers:

The Hospital Cash Benefit, Major Surgical Benefit, Day Care Procedure Benefit, Other Surgical Benefit, Medical Management Benefit and Extended Hospitalisation Benefit cover in respect of each Insured covered under the policy shall commence on their respective Effective Date of Cover subject to the Terms and Conditions, Waiting Period and Exclusions.

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

- i. The Date of Cover Expiry;
- ii. On death of the Insured;
- iii. On attaining the lifetime maximum Benefit Limits as specified in Para 5 above;
- iv. In respect of the Insured Spouse, on divorce or legal separation from the Principal Insured;
- v. On non-payment of premium within the revival period in respect of such Insured;
- vi. On termination of Policy.

19. Termination of Policy:

A) If policy is issued on single life:

The policy shall terminate at the earliest of the following:

- i. Non-payment of premiums within the revival period;
- ii. On death;
- iii. On the Date of Cover Expiry under the Base Plan;
- iv. On exhausting all the lifetime maximum Benefit Limits as specified in Para 5 above;
- v. On payment of free look cancellation amount;
- vi. On grounds of misrepresentation, fraud or non-disclosure as per the provisions of Section 45 of Insurance Act, 1938 as amended from time to time

B) If policy is issued on more than one life:

The policy shall terminate at the earliest of the following:

- i. Non-payment of premiums due in respect of covered Insured(s) within the revival period;
- ii. On the earliest of the following in respect of the last surviving Insured member:
 - a. on expiry of cover period;
 - b. on death;
 - c. on exhaustion of all the lifetime maximum Benefit Limits as specified in Para 5 above;
- iii. On payment of free look cancellation amount;
- iv. On grounds of misrepresentation, fraud or non-disclosure as per the provisions of Section 45 of Insurance Act, 1938 as amended from time to time.

20. Forfeiture In Certain Events:

In case it is found that any untrue or incorrect statement is contained in the proposal, personal statement, declaration and connected documents or any material information is withheld, then and in every such case the policy shall be void and all claims to any benefit by virtue thereof shall be subject to the provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.

21. Taxes:

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

The amount of applicable taxes as per the prevailing rates, shall be payable by the Policyholder on premiums including extra premiums, if any, and shall be collected separately over and above in addition to the premiums payable by the policyholder. The amount of tax paid shall not be considered for the calculation of benefits payable under the Plan.

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

22. Grievance Redressal Mechanism:

Of the Corporation:

The Corporation has Grievance Redressal Officers (GROs) at Branch/ Divisional/ Zonal/ Central Office to redress grievances of customers. The customers can visit our website (<https://licindia.in/web/guest/grievances>) for names and contact details of the GROs and other information related to grievances.

For ensuring quick redressal of customer grievances the Corporation has introduced Customer friendly Integrated Complaint Management System through our Customer Portal (website) <http://www.licindia.in>, where a registered policy holder can directly register complaint/ grievance and track its status. Customers can also contact at e-mail id co_complaints@licindia.com for redressal of any grievances.

Claimants not satisfied with the decision of claim repudiation have the option of referring their cases for review to Zonal Office Claims Dispute Redressal Committee or Central Office Claims Dispute Redressal Committee. A retired High Court/ District Court Judge is member of each of the Claims Dispute Redressal Committees.

Of IRDAI:

In case the customer is not satisfied with the response or do not receive the response from us within 15 days, then the customer may approach the Policyholder's Protection and Grievance Redressal Department through any of the following modes:

- i) Calling Toll Free Number 155255/18004254732 (i.e. IRDAI Grievance Call Centre-(BIMA BHAROSA SHIKAYAT NIVARAN KENDRA))

- ii) Sending an email to complaints@irdai.gov.in
- iii) Register the complaint online at <https://bimabharosa.irdai.gov.in/>
- iv) Address for sending the complaint through courier/ letter: General Manager, Policyholders Protection and Grievance Redressal Department, Insurance Regulatory and Development Authority of India, Survey No. 115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad-500032, Telangana.

Of Ombudsman:

For redressal of Claims related grievances, claimants can also approach Insurance Ombudsman who provides for low cost and speedy arbitration to customers.

SECTION 45 OF THE INSURANCE ACT, 1938:

The provision of Section 45 of the Insurance Act 1938 shall be as amended from time to time. The current provision is as under:

- (1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e. from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
- (2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later on the ground of fraud:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.

Explanation I- For the purposes of this sub-section, the expression “fraud” means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:-

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

Explanation II- Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

- (3) Notwithstanding anything contained in subsection (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the misstatement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such misstatement of or suppression of a material fact are within the knowledge of the insurer:

Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

Explanation – A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be the agent of the insurer.

- (4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based:

Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of

a material fact, and not on the ground of fraud the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

Explanation - For the purposes of this sub-section, the misstatement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured.

- (5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

PROHIBITION OF REBATES (SECTION 41 OF THE INSURANCE ACT 1938):

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

Various Sections of the Insurance Act, 1938, applicable to LIC to apply as amended from time to time.

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

To purchase the policy online please log on to www.licindia.in.

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS / FRAUDULENT OFFERS

IRDAI or its officials do not involve in any activities of insurance business like selling insurance policies, announcing bonus or investment of premiums, refund of amounts. Policyholders or the prospects receiving such phone calls are requested to lodge a police complaint.

LIFE INSURANCE CORPORATION OF INDIA

“Life Insurance Corporation of India” was established on 1st September, 1956 under Life Insurance Corporation Act, 1956, with the objective of spreading life insurance more widely, in particular to the rural areas with a view to reaching all insurable persons in the country and providing them adequate financial cover against insured events. LIC continues to be the important life insurer even in the liberalized scenario of Indian insurance and is moving fast on a new growth trajectory surpassing its own past records. In its existence of over seven decades, LIC has grown from strength to strength in various areas of operation.

<u>Day Care Procedure Benefit Annexure</u>	
Sl. No.	DAY CARE PROCEDURE
1	Stapedotomy
2	Stapedectomy
3	Revision of Stapedectomy
4	Other operations on the auditory Ossicles
5	Myringoplasty (Type-I Tympanoplasty)
6	Tympanoplasty (Closure of Eardrum Perforation/ reconstruction of the Auditory Ossicles)
7	Myringotomy with grommet insertion
8	Closure of Mastoid fistula
9	Revision of a Tympanoplasty
10	Other microsurgical operations on the Middle Ear
11	Myringotomy
12	Benign Tumour removal from the external ear
13	Incision of the mastoid process and Middle ear
14	Simple Mastoidectomy
15	Reconstruction of the middle ear
16	Other excisions of the middle and inner ear
17	Fenestration of the inner ear
18	Revision of fenestration of the inner ear
19	Petrous Apicectomy
20	Other microsurgical operations on the inner Ear
21	Excision and destruction of diseased tissue of the nose
22	Operation on Nasal Turbinates
23	Septoplasty (medically necessitated)
24	Functional Endoscopic Sinus Surgery
25	Endoscopic placement/removal of stents
26	Dacryocystorhinostomy
27	Other Operations for tear gland/duct lesions
28	Tarsorrhaphy
29	Excision of the diseased tissue of the eyelid
30	Operations of canthus and epicanthus when done for adhesions due to chronic infections
31	Corrective surgery of entropion
32	Corrective surgery for blepharoptosis
33	Excision of lacrimal sac and passage
34	Removal of a deep or embedded foreign body from cornea

35	Corrective surgery of ectropion
36	Operations for Pterygium with or without grafting
37	Other operations on the cornea
38	Removal of a foreign body from the lens of the eye
39	Removal of a foreign body from posterior chamber of the eye
40	Removal of a foreign body from orbit and eyeball
41	Cataract Surgery (ECCE or Phacoemulsification with or without intraocular lens implant)
42	Operation for glaucoma
43	Repair of corneal laceration or wound with conjunctival flap
44	Surgery for pilonidal sinus
45	Surgical excisional debridement of wound toilet (Wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues under anaesthesia
46	Local excision or destruction of diseased tissue of skin and subcutaneous tissues under anaesthesia
47	Surgery for pilonidal cyst
48	Free skin transplantation, recipient site
49	Revision of skin plasty
50	Chemosurgery for skin cancer
51	Incision, excision and destruction of diseased tissue of the tongue.
52	Partial glossectomy
53	Reconstruction of the tongue
54	Other Operations on the tongue
55	Incision and lancing of salivary glands and Salivary ducts
56	Excision of a diseased tissue of salivary glands and Salivary ducts
57	Resection of a salivary gland with or without salivary duct
58	Reconstruction of a salivary gland and salivary duct
59	Open Sialolithotomy
60	External incision and drainage in the region of the mouth, jaw and face
61	Excision of the diseased hard and soft palate
62	Excision biopsy and/or destruction of diseased structures from the oropharynx.
63	Palatoplasty

64	Other operations in the mouth
65	Transoral incision and drainage of a pharyngeal abscess
66	Tonsillectomy without adenoidectomy
67	Tonsillectomy with adenoidectomy
68	Excision and destruction of a lingual tonsil
69	Drainage of tonsillar abscess/quinsy
70	Incision and Drainage of the bone for septic and aseptic conditions
71	Closed reduction of fracture
72	Closed reduction of sub-luxation
73	Epiphyseolysis with osteosynthesis
74	Suture and other Operations on tendons and tendon sheath
75	Reduction of dislocation under GA
76	Arthroscopic knee aspiration
77	Incision and Drainage of breast abscess
78	Operations on the nipple except congenitally inverted nipples
79	Incision and excision of tissue in the perianal region
80	Surgical treatment of anal fistulas
81	Surgical treatment of Haemorrhoids.
82	Division of the anal sphincter (sphincterotomy)
83	Other operations of the anus
84	Ultrasound guided aspiration of deep seated rectal abscess
85	Sclerotherapy
86	Dilation of digestive tract strictures
87	Endoscopic gastrotomy
88	Endoscopic decompression of colon
89	Endoscopic Polypectomy
90	Incision of the ovary
91	Other operations on the Fallopian tubes
92	Dilatation of the cervical canal
93	Conisation of the uterine cervix
94	Incision of the Uterus (Hysterectomy) not done as a part of MTP
95	Therapeutic / diagnostic dilatation and curettage (not done as part of MTP)
96	Culdotomy
97	Hymenectomy

98	Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
99	Incision and drainage of the Vulva
100	Operations on the Bartholin's glands(cyst)
101	Hysteroscope guided biopsy of uterus
102	Suprapubic cystostomy
103	Drainage of Prostatic abscess
104	Transurethral excision and destruction of prostate tissue
105	Percutaneous excision and destruction of prostate tissue
106	Excision of seminal vesicle
107	Incision and excision of periprostatic tissue
108	Incision and Drainage of the Scrotum and tunica vaginalis testis
109	Operations on testicular hydrocele
110	Excision or Eversion of Hydrocele
111	Incision and drainage of the testis
112	Excision or destruction of testicular lesion
113	Unilateral orchidectomy
114	Other operations on the testis
115	Surgical treatment of a varicocele and hydrocele of a spermatic cord
116	Excision of epididymal cyst
117	Epididymectomy
118	Other operations on the spermatic cord, epididymis and ductus deferens (other than vasectomy)
119	Circumcision and other Operations on the foreskin (if medically necessitated)
120	Local excision and destruction of diseased tissue of the penis
121	Other operations on the penis
122	Cystoscopic removal of stones
123	Lithotripsy
124	Coronary angiography
125	Bronchoscopic treatment of bleeding lesion
126	Bronchoscopic treatment of fistula/stenting
127	Bronchoalveolar lavage and biopsy
128	Pericardiocentesis
129	Insertion of filter in Inferior Vena cava
130	Insertion of gel foam in artery or vein
131	Carotid angioplasty or Artherectomy

132	Renal angioplasty
133	Tumor embolisation
134	Endoscopic drainage of pseudo pancreatic cyst
135	Varicose vein stripping or ligation
136	Excision of dupuytren's contracture
137	Carpal tunnel Decompression
138	PCNS (Percutaneous neprostomy)
139	PCNL(Percutaneous nephro lithotomy)
140	Nail bed deformity/resection and reconstruction
141	Vertebral angioplasty or Atherectomy
142	Injection of sclerosing agent into vein
143	Repair of esophageal stricture
144	Incision of rectal stricture
145	Repair of perirectal fistula
146	Ablation of esophageal neoplasm by endoscopic approach
147	Control of esophageal bleeding by endoscopic approach
148	Insertion of Sengstaken tube (Esophageal tamponade for bleeding varices)
149	Esophageal varices banding by endoscopic approach
150	Injection of esophageal varices by endoscopic approach
151	Laparoscopic appendectomy
152	Open Appendectomy
153	Closure of appendiceal fistula
154	Percutaneous [endoscopic] gastrostomy [PEG]
155	Endoscopic excision or destruction Gastric varices
156	Percutaneous aspiration of gallbladder
157	Endoscopic retrograde cholangiography [ERC]
158	Endoscopic retrograde pancreatography [ERP]
159	Endoscopic insertion of stent (tube) into bile duct
160	Endoscopic Retrograde Cholangiopancreatography (ERCP) with or without insertion of Stent into Bile duct
161	Intra-abdominal venous shunt-mesocaval
162	Intra-abdominal venous shunt-portacaval
163	Intra-abdominal venous shunt-portal vein to inferior vena cava
164	Intra-abdominal venous shunt-splenic and renal veins

165	TIPS procedure for portal Hypertension (trans jugular intrahepatic Porto systemic shunt)
166	Incision and lancing of parotid gland and duct
167	Closure of salivary fistula
168	Suture of laceration of salivary gland
169	Probing of salivary duct
170	Injection of hemorrhoids
171	Temporary colostomy
172	Removal of foreign body from tonsil and adenoid by incision
173	Excision of lesion of tonsil and adenoid
174	Drainage (oral) (transcervical) of retropharyngeal abscess
175	Drainage (oral) (transcervical) of peritonsillar abscess
176	Drainage (oral) (transcervical) of parapharyngeal abscess
177	Other Operations on the Middle and Internal Ear
178	Adenoidectomy without tonsillectomy
179	Tracheostomy
180	Correction of Eyelid ptosis
181	Repair of postoperative wound dehiscence of cornea
182	Destruction of chorioretinal lesion by laser photocoagulation/cryotherapy
183	Repair of retinal tear by photocoagulation
184	Repair of retinal detachment with cryotherapy
185	Repair of retinal detachment with laser photocoagulation
186	Laparoscopic/ Abdominal Hysterectomy for benign conditions (with/without Pelvic floor repair, with/without Salpingo- Oophorectomy)
187	Removal of ectopic pregnancy
188	Operation On Ovarian Cyst
189	Amputation of toe/fingers
190	Open reduction of fracture with internal fixation (carpals and metacarpals, phalanges of hand, tarsals and metatarsals, phalanges of foot)
191	Debridement of open fracture, unspecified site
192	Open reduction of fracture with internal fixation, unspecified site
193	Application of external fixator device (Humerus, Radius and Ulna, Carpals & Metacarpals)

194	Application of external fixator device (Femur, Patella, tibia and fibula, tarsals and metatarsals)
195	Application of external fixator device, Scapula, Clavicle and thorax
196	Reduction of alveolar fracture with stabilization of teeth
197	Insertion of intercostal catheter for drainage
198	Release of tarsal tunnel
199	Repair of Hernia
200	Biopsy of bone marrow
201	Injection or infusion of cancer chemotherapeutic substance (Chemoembolization/ Injection or infusion of antineoplastic agent)
202	Radioisotopic Teleradiotherapy
203	Superficial radiation (Contact radiation [up to 150 KVP])
204	Orthovoltage radiation (Deep radiation [200-300 KVP])
205	Infusion of liquid brachytherapy radioisotope - I-125 radioisotope (Includes: removal of radioisotope)
206	Intracavitary brachytherapy (Includes: removal of radioisotope)
207	Teleradiotherapy of other particulate radiation (Neutrons/ Protons / Non specific)
208	Implantation or insertion of radioactive elements - Intravascular brachytherapy
209	Injection or instillation of radioisotopes
210	Other radiotherapeutic procedure
211	Arterio -Venous Fistula for renal Dialysis
212	Prostatolithotomy
213	Drainage of periprosthetic abscess
214	Excision of hematocele of tunica vaginalis
215	Fulguration of lesion of scrotum
216	Reduction of elephantiasis of scrotum
217	Partial scrotoectomy of scrotum
218	Repair of scrotal fistula
219	Suture of laceration of scrotum and tunica vaginalis
220	Excision or destruction of lesion or tissue of scrotum
221	Removal of blood clot from ureter or renal pelvis without incision
222	Removal of calculus from ureter or renal pelvis without incision

223	Removal of foreign body from ureter or renal pelvis without incision
224	Maintenance Heamo Dialysis for Chronic renal failure
225	Peritoneal dialysis or Heamo Dialysis for Acute Renal Failure
226	Extracorporeal shockwave lithotripsy [ESWL] of the kidney, ureter and/or bladder
227	Cutting of urethral sphincter
228	Internal urethral meatotomy
229	Urethrolysis
230	Dilation of urethrovesical junction
231	Passage of sounds through urethra
232	Removal of calculus from urethra without incision
233	Closed [percutaneous] [needle] biopsy of kidney
234	Open biopsy of kidney
235	Excision of vocal cords
236	Excision of laryngeal cartilage
237	Epiglottidectomy
238	Other lavage of bronchus and trachea
239	Closure of bronchostomy
240	Marsupialization of laryngeal cyst
241	Full-thickness skin graft to hand
242	Other skin graft to hand
243	Full-thickness skin graft to other sites

Major Surgical Benefit Annexure

SI. No	LIST OF MAJOR SURGERIES	% of Major Sur-gical Benefit Sum As-sured	Category
I	CARDIOVASCULAR SYSTEM		
1	Major Surgery of Aorta	100%	Category 1
2	CABG (Coronary Artery By-pass Grafting)	100%	Category 1
3	Heart Valve Replacement using Tissue or Prosthetic valve	100%	Category 1
4	Aortic root transplantation with coronary artery reim-plantation for proximal aortic aneurysm	100%	Category 1

5	Endovascular repair of defect of thoracic aorta with graft(s) or device(s)	100%	Category 1
6	Endovascular repair of abdominal aortic aneurysm with graft(s) or device(s)	100%	Category 1
7	Resection of vessel with anastomosis, aorta	100%	Category 1
8	Initial implantation of permanent pacemaker in the heart	60%	Category 2
9	Mitral valve repair (Open Heart Valvuloplasty)	60%	Category 2
10	Aortic valve repair (Open Heart Valvuloplasty)	60%	Category 2
11	Tricuspid valve repair (Open Heart Valvuloplasty)	60%	Category 2
12	Pulmonary valve repair (Open Heart Valvuloplasty)	60%	Category 2
13	Excision of benign mediastinal lesions	60%	Category 2
14	Excision of Malignant mediastinal lesions	60%	Category 2
15	Pericardectomy	40%	Category 3
16	Coronary Angioplasty with Stent implantation (two or more coronary arteries or two or more stents implanted)	40%	Category 3
17	Major vein repair with or without grafting for traumatic & nontraumatic lesions	40%	Category 3
18	Percutaneous angioplasty with or without insertion of intracranial vascular stent(s)	40%	Category 3
19	Basilar angioplasty or Atherec-tomy	40%	Category 3
20	Closed Heart Valvotomy	40%	Category 3
21	Construction of venous valves (peripheral)	40%	Category 3
22	Other endovascular repair (of aneurysm) of other vessels with Endograft(s)	40%	Category 3
23	Other endovascular repair (of aneurysm) of other vessels with Coil embolization or occlusion	40%	Category 3

24	Other endovascular repair (of aneurysm) of other vessels with Liquid tissue adhesive (glue) embolization or occlusion	40%	Category 3
25	Repair of blood vessel with tissue patch graft or with Synthetic patch graft.	40%	Category 3
26	Embolectomy / Thrombectomy with or without Graft	40%	Category 3
27	Endarterectomy with or without Graft	40%	Category 3
28	Pericardiotomy	20%	Category 4
29	Clipping or repair of Aneurysm	20%	Category 4
30	Coronary Angioplasty with Single Stent implantation	20%	Category 4
31	Exploratory thoracotomy	20%	Category 4
32	Arterioplasty (Non Specific)	20%	Category 4
33	Plication of vein (peripheral)	20%	Category 4
34	Percutaneous (balloon) Valvuloplasty	20%	Category 4
35	Ligation of vena cava (inferior) (superior)	20%	Category 4
II	NERVOUS SYSTEM		
36	Repair of Cerebral or Spinal Arterio- Venous Malformations or aneurysms	100%	Category 1
37	Craniotomy for malignant Cerebral tumours	100%	Category 1
38	Excision of pineal gland	100%	Category 1
39	Total Excision of the pituitary gland, unspecified approach	100%	Category 1
40	Hemispherectomy	100%	Category 1
41	Lobectomy of brain	100%	Category 1
42	Curettage/ Debridement of brain	100%	Category 1
43	Marsupialization of brain cyst	100%	Category 1
44	Trans temporal (mastoid) excision of brain tumor	100%	Category 1
45	Lobotomy and tractotomy (Division of Brain tissue/ Cerebral tracts)	100%	Category 1
46	Percutaneous (radiofrequency) cingulotomy	100%	Category 1
47	Amygdalohippocampotomy	100%	Category 1

48	Drainage of intracerebral hematoma	100%	Category 1
49	Craniotomy for non-malignant space occupying lesions	60%	Category 2
50	Operations on Subarachnoid space of brain	60%	Category 2
51	Intracranial transection of Cranial nerve	60%	Category 2
52	Other operations on the meninges of the Brain	60%	Category 2
53	Microvascular decompression of cranial nerves/nerveotomy	60%	Category 2
54	Craniotomy with removal of epidural abscess	60%	Category 2
55	Craniotomy with removal of foreign body of skull	60%	Category 2
56	Open biopsy of brain	60%	Category 2
57	Craniectomy (Debridement/Sequestrectomy) of skull	60%	Category 2
58	Excision of acoustic neuroma by craniotomy	60%	Category 2
59	Craniotomy for Drainage of Extradural, subdural or intracerebral space	40%	Category 3
60	Decompression surgery for Entrapment Syndrome	40%	Category 3
61	Peripheral nerve Graft	40%	Category 3
62	Free Fascia Graft for Facial Nerve Paralysis	40%	Category 3
63	Excision of deep seated peripheral nerve tumour	40%	Category 3
64	Multiple Microsurgical Repair of digital nerve	40%	Category 3
65	Fixation of fracture of spine	40%	Category 3
66	Biopsy of skull	40%	Category 3
67	Closed [percutaneous] [needle] biopsy of brain (Burr hole approach/Stereotactic method)	40%	Category 3
68	Closed [percutaneous] [needle] biopsy of cerebral meninges	40%	Category 3
69	Decompression of trigeminal nerve root	40%	Category 3
70	Other cranial nerve decompression	40%	Category 3

71	Division of trigeminal nerve (Retrogasserian neurotomy)	40%	Category 3
72	Endovascular removal of obstruction from head and neck vessel(s)	40%	Category 3
73	Anastomosis of ventricle to cisterna magna/Ventriculocisternal intubation and Insertion of Holter valve (Ventriculostomy)	40%	Category 3
74	Cranial nerve Graft	40%	Category 3
75	Cryohypophysectomy, complete transfrontal approach (Total)	40%	Category 3
76	Ablation of pituitary by implantation (strontium-yttrium) (Y) transfrontal approach (Total)	40%	Category 3
77	Partial excision of pituitary gland, transfrontal approach	40%	Category 3
78	Partial excision of pituitary gland, unspecified approach	40%	Category 3
79	Bur-hole Drainage of Extradural, subdural or intracerebral space	20%	Category 4
80	Cranial puncture Aspiration of: subdural space	20%	Category 4
81	Cranial puncture Aspiration of: anterior fontanel	20%	Category 4
82	Decompression of spinal canal-laminectomy/Foraminotomy	20%	Category 4
83	Laminectomy for exploration of intraspinal canal	20%	Category 4
84	Excision or destruction of intervertebral disc	20%	Category 4
85	Ventricular shunt to thoracic cavity (Ventriculopleural anastomosis)	20%	Category 4
86	Ventricular shunt to abdominal cavity and organs (Ventriculocholecystostomy/Ventriculoperitoneostomy)	20%	Category 4
87	Replacement of ventricular shunt	20%	Category 4
88	Total/Partial Excision of pituitary gland, transsphenoidal approach	20%	Category 4
III	RESPIRATORY SYSTEM		
89	Pneumonectomy	60%	Category 2

90	Diaphragmatic/Hiatus Hernia Repair	60%	Category 2
91	Thoracotoplasty	60%	Category 2
92	Open Lobectomy of Lung	60%	Category 2
93	Partial Extirpation of Bronchus	60%	Category 2
94	Partial Pharyngectomy	60%	Category 2
95	Total Pharyngectomy	60%	Category 2
96	Total Laryngectomy	60%	Category 2
97	Excision of Diaphragmatic tumours	60%	Category 2
98	Wide excision and Major reconstruction of malignant Oro-pharyngeal tumours	60%	Category 2
99	Thoracoscopic segmental resection of lung/Partial lobectomy	60%	Category 2
100	Open Segmental resection of lung/Partial lobectomy	60%	Category 2
101	Thoracoscopic lobectomy of lung	60%	Category 2
102	Resection (wide sleeve) of bronchus	60%	Category 2
103	Pleurectomy or Pleural decortication	40%	Category 3
104	Tracheal reconstruction for various lesion	40%	Category 3
105	Hemilaryngectomy	40%	Category 3
106	Partial laryngectomy	40%	Category 3
107	Other excision or destruction of lesion or tissue of larynx	40%	Category 3
IV	DIGESTIVE SYSTEM		
108	Excision of esophagus and stomach	100%	Category 1
109	Abdominal-Perineal Pull Through Resection of rectum with Colo-Anal Anastomosis	100%	Category 1
110	Total Pancreatectomy with synchronous duodenectomy	100%	Category 1
111	One-stage pancreaticoduodenal resection with choledochojejunal anastomosis, pancreaticojejunal anastomosis, and gastrojejunostomy	100%	Category 1
112	Two-stage pancreaticoduodenal resection (first stage) (second stage)	100%	Category 1

113	Radical Pancreaticoduodenectomy (Whipples procedure)	100%	Category 1
114	Splenectomy	60%	Category 2
115	Total excision of oesophagus	60%	Category 2
116	Total excision of stomach	60%	Category 2
117	Partial Resection of Liver	60%	Category 2
118	partial pancreatectomy	60%	Category 2
119	Total hepatic lobectomy with partial excision of other lobe	60%	Category 2
120	Radical subtotal pancreatectomy	60%	Category 2
121	Unilateral or Bilateral sympathectomy	40%	Category 3
122	Resection and Anastomosis of any part of digestive tract	40%	Category 3
123	Open Surgery for treatment of Peptic Ulcer	40%	Category 3
124	Total Glossectomy	40%	Category 3
125	Cholecystectomy /Choledochotomy for various Gall bladder lesions	40%	Category 3
126	Pancreatolithotomy	40%	Category 3
127	Transcatheter embolization for gastric or duodenal bleeding for Peptic ulcer	40%	Category 3
128	Partial excision of esophagus	40%	Category 3
129	Partial Gastrectomy	40%	Category 3
130	Radical glossectomy with Neck dissection and tracheostomy	40%	Category 3
131	Excision or avulsion of sympathetic nerve	40%	Category 3
132	Surgical/ Open Gastrostomy	20%	Category 4
133	Permanent colostomy	20%	Category 4
V	MUSCULOSKELETAL SYSTEM		
134	Replantation of upper limb	60%	Category 2
135	Replantation of lower limb	60%	Category 2
136	Major reconstructive oro-maxillafacial surgery due to trauma or burns and not for cosmetic purpose	60%	Category 2
137	Total prosthetic replacement of hip joint using cement	40%	Category 3
138	Total prosthetic replacement of hip joint not using cement	40%	Category 3

139	Other total prosthetic replacement of hip joint	40%	Category 3
140	Total prosthetic replacement of knee joint using cement	40%	Category 3
141	Total prosthetic replacement of knee joint not using cement	40%	Category 3
142	Other total prosthetic replacement of knee joint	40%	Category 3
143	Total prosthetic replacement of other joint using cement	40%	Category 3
144	Total prosthetic replacement of other joint not using cement	40%	Category 3
145	Other total prosthetic replacement of other joint	40%	Category 3
146	Prosthetic replacement of head of femur using cement	40%	Category 3
147	Prosthetic replacement of head of femur not using cement	40%	Category 3
148	Other prosthetic replacement of head of femur	40%	Category 3
149	Prosthetic replacement of head of humerus using cement	40%	Category 3
150	Prosthetic replacement of head of humerus not using cement	40%	Category 3
151	Other prosthetic replacement of head of humerus	40%	Category 3
152	Prosthetic replacement of any other bone using cement	40%	Category 3
153	Prosthetic replacement of any other bone not using cement	40%	Category 3
154	Other prosthetic replacement of any other bone	40%	Category 3
155	Prosthetic interposition reconstruction of joint	40%	Category 3
156	Other interposition reconstruction of joint	40%	Category 3
157	Excision reconstruction of joint	40%	Category 3
158	Other reconstruction of joint	40%	Category 3
159	Implantation of prosthesis for limb	40%	Category 3
160	Amputation of arm	40%	Category 3
161	Amputation of leg	40%	Category 3

162	Elevation, Exploration and Fixation of fractured Zygoma	40%	Category 3
163	Forequarter amputation (Intert-horacoscapsular amputation)	40%	Category 3
164	Hindquarter amputation (Ab-dominopelvic amputation/ Hemipelvectomy)	40%	Category 3
165	Atlas-axis spinal fusion with or without Bone Graft/device (s)	40%	Category 3
166	Other cervical fusion, anterior technique, C2 level or below with or without Bone Graft/ device (s)	40%	Category 3
167	Other cervical fusion, posterior technique with or without Bone Graft/device (s)	40%	Category 3
168	Dorsal and dorsolumbar fusion, anterior technique, with or without Bone Graft/device (s)	40%	Category 3
169	Dorsal and dorsolumbar fusion, posterior technique, with or without Bone Graft/device (s)	40%	Category 3
170	Anterior lumbar interbody fusion (ALIF), with or without Bone Graft/device (s)	40%	Category 3
171	Lumbar and lumbosacral fusion, lateral transverse process technique, with or without Bone Graft/device (s)	40%	Category 3
172	Lumbar and lumbosacral fusion, Posterior lumbar interbody fusion (PLIF), with or without Bone Graft/device (s)	40%	Category 3
173	Lumbar and lumbosacral fusion, Transforaminal lumbar interbody fusion (TLIF), with or without Bone Graft/device (s)	40%	Category 3
174	Amputation of hand	20%	Category 4
175	Amputation of foot	20%	Category 4
176	Therapeutic endoscopic operations on cavity of knee joint	20%	Category 4
177	Replantation of finger following traumatic amputation	20%	Category 4
178	Surgical Drainage and Curettage for osteomyelitis	20%	Category 4
179	Disarticulation of elbow, wrist, shoulder, hip, ankle and knee	20%	Category 4

180	Thumb reattachment	20%	Category 4
181	Toe reattachment	20%	Category 4
182	Foot reattachment	20%	Category 4
183	Open reduction of fracture with internal fixation, humerus	20%	Category 4
184	Open reduction of fracture with internal fixation, radius and ulna	20%	Category 4
185	Open reduction of fracture with internal fixation, femur	20%	Category 4
186	Open reduction of fracture with internal fixation, tibia and fibula	20%	Category 4
187	Excision of Semilunar cartilage of knee	20%	Category 4
188	Synovectomy, knee	20%	Category 4
189	Five-in-one repair of knee (Medial meniscectomy, medial collateral ligament repair, vastus medialis advancement, semitendinosus advancement, and pes anserinus transfer)	20%	Category 4
190	Triad knee repair (Medial meniscectomy with repair of the anterior cruciate ligament and the medial collateral ligament O'Donoghue procedure)	20%	Category 4
191	Repair of the cruciate ligaments of joint of lower extremity	20%	Category 4
192	Therapeutic endoscopic operations on cavity of Shoulder joint	20%	Category 4
VI	ORO-MAXILLOFACIAL SURGERY		
193	Osteotomy including segmental resection with bone grafting for Mandibular and maxillary lesions	60%	Category 2
194	Debridement of compound fracture of skull (due to trauma or burns and not for cosmetic purpose)	60%	Category 2
195	Decompression of skull fracture due to trauma or burns(-due to trauma or burns and not for cosmetic purpose)	60%	Category 2

196	Reduction of skull fracture (due to trauma or burns and not for cosmetic purpose)	60%	Category 2
197	Closed/Open reduction of orbital fracture/Orbit rim or wall (due to trauma or burns and not for cosmetic purpose)	40%	Category 3
VII	ENDOCRINE SYSTEM		
198	Unilateral/Bilateral excision of adrenal gland	60%	Category 2
199	Complete excision of Thyroid gland	60%	Category 2
200	Complete excision of Parathyroid gland	60%	Category 2
201	Partial excision of adrenal glands	40%	Category 3
202	Partial excision of Thyroid gland	40%	Category 3
203	Partial excision of Parathyroid gland	40%	Category 3
204	Unilateral Thyroid lobectomy/Hemithyroidectomy	40%	Category 3
VIII	RENAL/GENITO URINARY SYSTEM		
205	Radical prostatovesiculectomy	60%	Category 2
206	Microvascular reattachment of penis following traumatic amputation	60%	Category 2
207	Total nephrectomy due to medical advice (not as a transplant donor)	40%	Category 3
208	Partial nephrectomy due to medical advice (not as a transplant donor)	40%	Category 3
209	Open extirpation of lesion of kidney	40%	Category 3
210	Partial ureterectomy (Excision of lesion of ureter/Shortening of ureter with reimplantation)	40%	Category 3
211	Total excision of bladder (total cystectomy with urethrectomy)	40%	Category 3
212	Kidney injury repair	40%	Category 3
213	Pyloplasty /Ureterocalycostomy for pelvic ureteric junction obstruction	40%	Category 3
214	Amputation of penis	40%	Category 3
215	Total ureterectomy	40%	Category 3
216	Non Specified Uretrectomy.	40%	Category 3
217	Nephrotomy	40%	Category 3
218	Radical cystectomy	40%	Category 3

219	Partial cystectomy (Urinary bladder) -Trigonectomy, Wedge resection of bladder, Excision of bladder	20%	Category 4
220	Therapeutic ureteroscopic operations on ureter	20%	Category 4
221	Urinary diversion	20%	Category 4
222	Replantation of ureter	20%	Category 4
223	Unilateral or Bilateral excision of testes	20%	Category 4
224	Other operations on Scrotum and tunica vaginalis testis	20%	Category 4
225	Reconstruction of the testis	20%	Category 4
226	Open surgical excision and destruction of prostate tissue	20%	Category 4
227	Suprapubic prostatectomy	20%	Category 4
228	Retropubic prostatectomy	20%	Category 4
229	Endoscopic resection of bladder lesion/Tissue	20%	Category 4
230	Orchiopexy	20%	Category 4
231	Radical bilateral orchiectomy (with epididymectomy and lymph node dissection)	20%	Category 4
IX	ORGAN TRANSPLANT		
232	Heart/Heart-Lung Transplant	100%	Category 1
233	Bone Marrow transplant (as recipient)	100%	Category 1
234	Lung Transplantation (as recipient)	100%	Category 1
235	Liver Transplantation (as recipient)	100%	Category 1
236	Renal transplant (as recipient)	100%	Category 1
X	ENT		
237	Total ear amputation with reconstruction	60%	Category 2
238	Transmastoid removal cholesteatoma with extended Mastoidectomy	60%	Category 2
239	Total Nasal Reconstruction due to Traumatic lesions	60%	Category 2
240	Labyrinthotomy for various lesions	40%	Category 3
241	Operations on frontal sinus	40%	Category 3
242	Operations on maxillary antrum using sublabial approach	20%	Category 4

XI	EYE		
243	Orbit Tumour Exenteration / Flap reconstruction	40%	Category 3
244	Corneal or Retinal Repair for Traumatic eye injuries	20%	Category 4
245	Penetrating injuries of the eye or repair of ruptured globe	20%	Category 4
XII	GYNECOLOGY		
246	Hysterectomy for malignant conditions	60%	Category 2
247	Excision of vagina	40%	Category 3
248	Unilateral or Bilateral excision of adnexa of uterus	40%	Category 3
249	Extirpation of lesion of vulva	20%	Category 4
250	Excision of vulva	20%	Category 4
XIII	STEREOTACTIC RADIOSURGERY		
251	Stereotactic radiosurgery- Single source photon radiosurgery	60%	Category 2
252	Stereotactic radiosurgery- Particulate radiosurgery (Particle beam radiation (cyclotron)/Proton accelerator)	60%	Category 2
253	Stereotactic radiosurgery- Multi-source photon radiosurgery	60%	Category 2
254	Other Stereotactic radiosurgery	40%	Category 3
XIV	OTHERS		
255	Major Excision and grafting of Lymphoedema	60%	Category 2
256	Radical Mastectomy	60%	Category 2
257	Malignant soft tissue tumour excision and reconstruction	40%	Category 3
258	Excision and Major Flap Repair of skin and Subcutaneous tissue due to Major Burns	40%	Category 3
259	Excision of Retroperitoneal Tumor	40%	Category 3
260	Wide local Excision for oral leukoplakia	20%	Category 4
261	Simple Mastectomy	20%	Category 4
262	Repair of Hernia - Inguinal, Incisional, Femoral, Umbilical	20%	Category 4
263	Radical Excision of malignant tumor in bones	20%	Category 4



भारतीय जीवन बीमा निगम
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