

KEY INFORMATION SHEET

First 2-year exclusion (Specific waiting Period):

For medical diseases/ conditions and treatments/procedures mentioned below, a waiting period of 2 years will be applicable. This will not be applicable only in cases where the procedure is required due to occurrence of cancer.

S. No	Organ /Organ System	Illness	Treatment/ Procedure
A	ENT	* Sinusitis * Deviated Nasal Septum	* Treatment for conditions related to Tonsils, adenoids, sinuses * Mastoidectomy
B	Gynecological	* Fibroids (fibromy- oma) * Endometriosis * Prolapsed uterus * Polycystic ovarian disorder (PCOD)	* Dilatation and curet- tage (D&C) * Myomectomy * Hysterectomy
C	Orthopedic	* Arthritis * Gout and Rheuma- tism * Osteoarthritis and Osteoporosis * Spinal or Vertebral Disorders	* Surgery for inter verte- bral disc * Joint replacement surgeries
D	Gastrointestinal	* Calculus diseases of gall bladder including Cholecystitis * Esophageal Varices * Pancreatitis * Fissure/fistula in anus, hemorrhoids, pilonidal sinus, piles * Ulcer and erosion * Gastro Esophageal Reflux Disorder (GERD) * Perineal Abscesses * Perianal Abscesses	* Cholecystectomy * Procedures for Biliary stones
E	Uro-genital	* Calculus diseases of Urogenital system Example: Kidney stone, Urinary blad- der stone etc. * Benign enlargement of Prostate * Chronic Kidney Disease	* Surgery on prostate * Surgery for Hydrocele/ Rectocele * Dialysis
F	Eye	* Cataract	* PHACO emulcification * Any other cataract surgery
G	Other General conditions (Applicable to all organ sys- tems/ organs/ disciplines whether or not described above)	* Internal tumors, cysts, nodules, polyps, skin tumors, Lumps, All types of Internal congenital anomalies/illnesses/ defects	* Surgery of varicose veins and varicose ulcers * Varicocele * Surgery for any Hernia

In case the above Illnesses are Pre-Existing Disease at the commencement of this Policy, then these Illnesses shall be covered after 24 months of continuous coverage, since Period of Insurance Start Date. This waiting period will be reduced by number of continuous preceding years of coverage of the insured person under previous health insurance policy in case of portability.

Important permanent exclusions

Unless covered by way of an appropriate Extension/optional covers, We shall not be liable to make any payment under this Policy in connection with or in respect of

- Any physical, medical or mental condition or treatment or service that is specifically excluded in the Policy Schedule under Special Conditions.
- Cost of routine medical, eye and ear examinations, preventive health check-up, cost of spectacles, laser surgery for correction of

refractory errors, contact lenses or hearing aids, dentures and artificial teeth.

- iii. Expenses incurred on all dental treatment unless necessitated due to Accident.
- iv. Intentional self-injury (whether arising from an attempt to commit suicide or otherwise) and Injury or Illness due to use, misuse or abuse of intoxicating drugs or alcohol.
- v. Any expense incurred on treatment of mental Illness, stress, psychiatric or psychological disorders.
- vi. Aesthetic treatment, cosmetic surgery and plastic surgery including any complications arising out of or attributable to these, unless necessitated due to Accident or as a part of any Illness.
- vii. Any treatment/ surgery for change of sex or treatment/ surgery/ complications/ Illness arising as a consequence thereof.
- viii. Any expense incurred on treatment arising from or traceable to fertility, infertility, sub fertility or assisted conception treatment or sterilization or procedure, birth control procedures and hormone replacement therapy.
However, this exclusion do not apply to ectopic pregnancy proved by diagnostic means and is certified to be life threatening by the Medical Practitioner.
- ix. Treatment relating to birth defects and external congenital Illnesses or defects or anomalies.
- x. All expenses arising out of any condition directly or indirectly caused to or associated with Acquired Immune Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human T-Cell Lymphotropic Virus Type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.

For complete list of **permanent exclusions** refer policy wordings.