

SwasthaKutumbam

Unique Identification No: SHAHLGP18082V011718

The declaration given by the proposer and other documents if any shall be the basis of this Contract and is deemed to be incorporated herein.

1. COVERAGE:

In consideration of the premium paid, subject to the terms, conditions, exclusions and definitions contained herein or endorsed or otherwise expressed hereon, the Company agrees as under:

If during the policy period as stated in the Schedule, the Insured person shall require an In-patient hospitalization for treatment of any of the following ailments or medical procedures,

Sl.No	Ailment / Procedure	Sl. No.	Ailment / Procedure
1	Normal delivery	17	Appendectomy
2	Caesarean Deliveries	18	Ectopic Pregnancy
3	Dengue	19	Accidental/ Electrical burns
4	Tuberculosis	20	Oesophageal web
5	Diarrhoea	21	Pituitary adenoma
6	Viral Fever	22	Abdominal large abscess
7	Malaria	23	Bladder perforation intraperitoneal and abdomen distention
8	Typhoid	24	Poly Trauma cases including surgeries (like Craniotomy)
9	Chikungunya	25	Hallow viscous perforation
10	Pneumonia	26	Infected amputation stump and Major/ Minor amputation
11	Snake bite/Scorpion bites	27	Torsion Laparoscopic oophorectomy
12	Paralysis	28	V.P. shunt
13	Seizures	29	Severe Pre-eclampsia
14	Hepatitis	30	Sub acute intestinal Obstruction (SAIO)
15	Pre-term babies	31	Cellulites
16	Infected Implant Removal		

then the Insurer shall provide cashless facility at identified networked hospitals up to the Floater Sum Insured of Rs.1,00,000/- in aggregate during the policy period stated in the Schedule hereto.

Insured Persons and Identification:

- The Insured Persons are the residents in the 16 mandals, 265 villages in the Vijayawada Parliamentary constituency (rural) of the Krishna district as enumerated and identified by the Proposer through an identity card issued by the Company.
- The family is covered as a single unit.

- The number of families covered at the inception of the policy is 225861
- Addition to the above number of families during the policy period shall be done by charging full premium per family. However coverage for such additional family shall be from the date of payment of premium for such addition still expiry date of the policy stated in the Schedule hereto.

2. Definitions

Accident/Accidental sudden, unforeseen and involuntary event caused by external, visible and violent means.

Cashless Facility means a facility extended by the insurer to the insured where the payments, of the cost of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved

Company/ Insurer: means Star Health and Allied Insurance Company Limited

In-Patient Hospitalization means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

Insured Person means the residents in the 16 mandals, 265 villages in the Vijayawada Parliamentary constituency (rural) of the Krishna district as enumerated and identified by Proposer through an identity card issued by the Insurer and Proposer.

Family means the Main Member, Spouse, Dependent Children, Dependent Parents and Dependent Parents-in-law.

Floater Sum Insured means Sum Insured per family

Hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:

- i) has qualified nursing staff under its employment round the clock;
- ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- iii) has qualified medical practitioner(s) in charge round the clock;
- iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
- v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

Network Hospital means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility

Post Hospitalization means medical expenses incurred immediately after the insured person is discharged from the hospital provided that

- a. Such medical expenses are incurred for the same condition for which the insured person's hospitalization was required and
- b. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

Pre-Hospitalisation means medical expenses incurred immediately before the insured person is hospitalized, provided that

- a. Such medical expenses are incurred for the same condition for which the insured person's hospitalization was required and
- b. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

Proposer/Group Administrator means M/s. Tata Education and Development Trust

Surgery/Surgical Operation means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

3. Exclusions :

The Company shall not be liable to make any payments under this policy in respect of any expenses what so ever incurred by the insured person in connection with or in respect of:

- Circumcision, Preputioplasty, Frenuloplasty, Inoculation or Vaccination (except for post-bite treatment and for medical treatment other than for prevention of diseases)
- Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable)
- Convalescence, general debility, run-down condition or rest cure, Rehabilitation Nutritional deficiency states, Psychiatric, mental and behavioral disorders, Venereal disease and Sexually transmitted diseases, intentional self injury , attempted suicide and use of intoxicating drugs / alcohol.
- Injury/disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not)
- Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
- All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympho Tropic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of

a similar kind commonly referred to as AIDS. It is however made clear that such of those who are positive for HIV (Human Immuno Deficiency Virus) would be entitled for expenses incurred for treatment, other than for opportunistic infections and for treatment of HIV/AIDS, provided at the time of first commencement of insurance under this policy, their CD4 count is not less than 350.

- Expenses incurred on High Intensity Focused Ultra Sound, Uterine fibroid embolisation, Balloon Sinoplasty, Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Deep Brain Stimulation, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other therapies similar to those mentioned herein under this exclusion.
- Charges incurred at Hospital or Nursing Home primarily for diagnostic, Radiology or laboratory Tests not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at hospital/nursing home.
- Non Allopathic Treatments ,Naturopathy Treatment, unconventional, untested, unproven, experimental therapies.
- Stem cell Therapy, Chondrocyte Implantation, Immunotherapy without proper indication.
- Change of sex or cosmetic or aesthetic treatment of any description, plastic surgery (other than as necessitated due to an accident or as a part of any illness), all treatment for erectile dysfunctions.
- Cost of spectacles and contact lens, hearing aids, Cochlear implants and procedures, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids.

4. CONDITIONS:

Payment of Insurance Premium:

The Proposer shall pay to the Insurer a total amount of Rs.31,98,19,176/- (Rupees Thirty One Crores Ninety Eight Lakhs Nineteen Thousand One Hundred and Seventy Six Only) inclusive of Tax calculated at 18% in two installments. i.e. Rs.17,70,00,000/- (Rupees Seventeen Crores Seventy Lakhs Only) inclusive of Tax calculated at 18% before inception of policy and the balance Rs. 14,28,19,176/- (Rupees Fourteen Crores Twenty Eight Lakhs Nineteen Thousand One Hundred and Seventy Six Only) inclusive of Tax calculated at 18% on or before 31st March 2018

Cashless Service in Network Hospitals:

It is a condition precedent to admissibility of any claim that the treatment should be taken by the Insured person in any of the hospitals empanelled by the Insurer from time to time for availing cashless service.

Package Rates:

The settlement of claims for ailments / procedure as stated under Coverage shall be as per the package rates agreed between the Insurer and the identified networked hospitals. The package rate includes 30 days Pre Hospitalization expenses and 60 days Post Hospitalization expenses.

Claims Procedure:

The Insured Persons would be identified by the Identity Card issued jointly by the Insurer and the Proposer. The treatment will be cashless for all the treatments covered under the policy.

- a. The Insured Persons shall call the 24 hour help-line which is available in the guide book for assistance or approach the network hospitals.
- b. Inform the Identity card number for easy reference
- c. On admission in the hospital, produce the ID Card at the Helpdesk at Network Hospital
- d. Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to them
- e. The Treating Doctor will complete the hospitalisation/ treatment information and the hospital will fill up expected cost of treatment.
- f. This form is submitted to the Insurer
- g. The Insurer will process the request and call for additional documents/ clarifications if the information furnished is inadequate.
- h. Once all the details are furnished, the Insurer will process the request as per the terms and conditions of the policy and either approve or reject the request based on the scope of cover under the policy. In case of emergency hospitalization, information to be given within 24 hours after hospitalization.

The insurer would make payment of the claims directly to the hospital.

All the claims settled by the Insurer to the network hospitals based on the bills received from the hospitals and also based on the pre-authorisation given by the company shall be reckoned as final.

Role of Group Administrator/ Proposer

The Group administrator shall play a facilitative role between the Insurer and the Insured Person. Such role includes

- a) Furnish to the Company detailed list of Insured Person/s for preparation of ID cards
- b) Distribute ID cards received from the Company
- c) Distribute pamphlets containing the details of Insurance Scheme and details of network hospitals
- d) Sensitize the Insured person/s by creating awareness about the Insurance Scheme
- e) To facilitate Insured Person / s in availing cashless facility
- f) To make payment of premium on or before the stipulated time.

Cancellation :

The policy may be cancelled as per terms mutually agreed between the Insurer and the Proposer by serving 30 days notice by either party. The Insured Persons who are already under in-patient treatment availing cashless facility or who have been provided Pre- authorization to avail cashless facility shall get the benefit up to the eligible amount or up to the pre-authorization amount as applicable

Arbitration:

If any dispute or difference shall arise under the contract of insurance such difference shall be referred to the decision of a sole arbitrator to be appointed in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996, as it stands now or may be amended from time to time”.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

It is also further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not, within three years from the date of such disclaimer have been made the subject matter of a suit in a Court of Law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

Grievances:

In case the Insured Person is aggrieved in any way, the insured person may contact the Insurer at the specified address, during normal business hours.

Grievance Department, Star Health and Allied Insurance Company Limited, No 1, New Tank Street, ValluvarKottam High Road, Nungambakkam, Chennai - 600034. or Call 044-28288821 during normal business hours or Send e-mail to grievances@starhealth.in. Senior Citizens may call 044-28288897

In the event of the following grievances:

- a. any partial or total repudiation of claims by the Company
- b. any dispute in regard to premium paid or payable in terms of the policy;
- c. any dispute on the legal construction of the policies in so far as such disputes relate to claims;
- d. delay in settlement of claims;
- e. non-issuance of any insurance document to customer after receipt of the premium

the insured person may approach the Insurance Ombudsman at the address given below

Office of the Insurance Ombudsman,

6-2-46, 1st floor, "Moin Court" Lane Opp. Saleem Function Palace,

A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004.

Tel.:- 040-65504123/23312122 Fax:- 040-23376599

Email:- bimalokpal.hyderabad@gbic.co.in