STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED
Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034.
Phone : 044 - 2828 8800
CIN : U66010TN2005PLC056649 Email:support@starhealth.in Website: www.starhealth.in IRDAI Regn. No: 129

Kind Attention : Policyholder

Please check whether the details given by you about the insured persons in the proposal form (Copy enclosed) are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the person/s covered would be taken as correct.

So also the coverage details may also be gone through and in the absence of any communication from you within 15 days from the receipt of this policy, it would be construed that the policy issued is correct and the claims if any arise under the policy will be dealt with based on proposal / policy details.

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Customer Information Sheet - Medi Classic Accident Care Individual Insurance Policy

Unique Identification No. : IRDAI/HLT/SHAI/P-H/V.II/162/15-16

TITLE	Description	Clause no. of the policy
Coverage for Section I	a. **In-patient Treatment-** Covers hospitalisation expenses for period more than 24 hrs.	1(A) (B) & (C)
	b. **Emergency Ambulance-** Up to Rs. 750/- per hospitalization for utilizing ambulance service for transporting insured person to hospital in case of an emergency.	1 (D)
	c. **Pre-Hospitalisation-** Medical Expenses incurred up to 30 days prior to hospitalisation,	1 (E)
	d. **Post-Hospitalisation-** Medical Expenses incurred up to 60 days after discharge from the hospital	1 (F)
	e. **Day-Care procedures-** Medical Expenses for enlisted 101 Day care procedures	Attached
	f. **Cost of engaging one attendant** Rs.400/- per day for each completed day	1 (H)
	g. **Cash benefit** for each completed day of hospitalisation Rs.1000/- for each completed day	1 (I)
	h. **Restoration of Sum Insured :** Automatic restoration of sum insured once during the currency of the policy period on exhaustion of the sum insured	4 (12)
Major Exclusions for Section I	1. Any hospital admission primarily for investigation/diagnostic purposes	3 (11)
	2. Pregnancy (other than ectopic pregnancy) infertility, congenital external disease/defects	3 (13)
	3. Non Allopathic Medicine (Covered upto 25% of sum insured subject to a maximum of Rs.25000/- per policy period)	3 (20)
	4. Treatment out side India	4 (15)
	5. Circumcision, Sex change surgery, cosmetic surgery and plastic surgery (other than for accidents or covered disease)	3 (6)
	6. Refractive error correction/ hearing impairment correction, corrective and cosmetic dental surgery, weight control services including surgical procedures for treatment of obesity, medical treatment for weight control/loss programs	3(8), 3(16) &3(17)
	7. Intentional self injury and use of intoxicating drugs/alcohol/HIV or AIDS HIV	3(9)
	8. War, terrorism and nuclear perils	3(4)
	9. Naturopathy Treatment	3(14)
	10. Enhanced External Counter Pulsation therapy and related therapies and Rotational Field Quantum Magnetic Resonance Therapy	3(18)
	11. Hospital registration charges, admission charges, record charges telephone charges and such other charges	3(15)
	The exclusions given above is only a partial list. Please refer the policy clause for the complete list.	

Waiting Period for Section I	**a. Pre existing diseases** will be covered after a waiting period of 48 months	3 (1)
	b. Diseases contracted during the first 30 days from the commencement date of the policy (not applicable for subsequent renewals)	3 (2)
	c. 24 months for specific illness during the first 2 years from the commencement date of the policy (not applicable for subsequent renewals)	3 (3 [a,b,c,d,e,f,])
Payout Section I	Cashless or reimbursement of covered expenses upto the specified limit	1(A)(B)& C
Co-payment Section I	10% of each and every claim for persons entering at 61 years and their subsequent renewals	3 (21)
Renewal Condition Section I	Life long renewal subject to payment of renewal premium in full before the due date	4 (8)
	Grace period of 30 days for renewing the policy is provided	
Renewal Benefit Section I	**Cost of Health Checkup–** 1% of the average sum insured for every block of 4 claim free years.	1 (G)
	Bonus eligibility: 5% subject to a maximum of 25% of the basic sum insured for every claim free year	4 (9)
Cancellation Section I	Policy can be cancelled on grounds of misrepresentation, fraud, non disclosure of material fact as declared in proposal form / at the time of claim, or non-co-operation by the insured person, by sending the insured 30 days notice without refund of premium	4 (13)
Claim under 2 policy periods Section I	If any admissible claim falls under 2 policy period, the renewal policy sum insured shall be taken into account for claims settlement	4(6)
Basic Coverage Section II	**a. Table A Benefit**: Accidental death	Table A
	b. Table B Benefit: Accidental Death/Permanent disablement arising out of accident	Table B(1 and 2)
	c. Table C Benefit: Accidental Death/Permanent Disablement /Temporary total disablement arising out of accident	Table C (1,2 and 3)
Extended Coverage Section II	**a. Educational Grant:** Rs.10000/- for one dependent child and Rs.20000/- for two dependent child	III (1)
	b. Ambulance Charges / Transportation expenses of Mortal Remains: lump sum of Rs.5000/- for either ambulance charges or transportation of mortal remains to his/her place of residence	III (2)
	c. Travel expenses for one relative: 1% of the Total sum insured Up to Rs 50,000/- for the transport expenses to one relative towards the death of the Insured Person	III (3)
	d. Vehicle and/or Residence Modification: 10% of the Table B and Table C sum insured subject to maximum of Rs.50,000/- towards modification of insured person's residential accommodation or vehicle modification where there is an admissible claim under Permanent Total Disability.	III (4)
	e. Purchase of Blood: The company will pay up to 5% of the Total sum insured subject to maximum of Rs.10,000/- towards expenses incurred in purchasing of blood.	III (5)
	f. Transportation of Imported Medicines: The Company will pay upto 5% of Total sum insured subject to a maximum of Rs.20,000/- towards the expenses incurred on freight charges for importing medicines to India	III (6)
Optional Benefits Section II	**a. Medical Expenses Extension Due to Accident** Company will pay amount up to 25% of the valid claim or 10% of the Total sum insured or actual whichever is less, subject to a overall limit of Rs.5,00,000/- per policy period towards medical expenses incurred as an In- patient and as an Out-Patient, provided there is a valid claim under the policy.	IV (a)
	b. Hospital Cash: Cash Benefit of Rs 1000/- for each completed day of Hospitalization (excluding date of admission and date of discharge) arising out of Accident subject to a maximum of 15 days per occurrence and 60 days per policy period	IV (b)
	c. Home Convalescence: The company will pay Rs 500/- for each completed day subject to a maximum of 15 days per occurrence and 60 days per policy period towards engaging one attendant at residence after discharge from hospital.	IV (c)
What are the Major Exclusions in the policy Section II	**I** All Pre-existing conditions	VI (3)
	II Intentional self injury and use of intoxicating drugs/alcohol/HIV or AIDS HIV	VI (4), VI (5)
	III War, Biological nuclear and chemical terrorism and nuclear perils	VI (7), VI (9.D)
	IV Engaging in Hazardous sports/activities	VI (11)
	The exclusions given above are only a partial list. Please refer the policy clause for the complete list.	
Waiting Periods Section II	Initial Waiting Period Specific Waiting Period	No waiting periods applicable for this policy
Payout Basis - Benefit Basis Section II	Fixed amount on the occurrence of a covered event:	
	Accidental Death	Table A,
	Accidental Death/Permanent disablement arising out of accident	Table B,
	Accidental Death/Permanent Disablement /Temporary total disablement arising out of accident	Table C,
	Educational Grant	III (1)
	Ambulance Charges/Transportation expenses of Mortal Remains	II (2)
	Travel Expenses for one relative	III (3)
	Hospital Cash	IV (b)
Payout Basis – Indemnity Basis Section II	Vehicle and/or Residence modification	III (4)
	Purchase of Blood	III (5)
	Transportation of Imported medicine	III (6)
	Medical expenses extension	IV (a)
	Home Convalescence	IV (c)
Cost Sharing Section II	In case of a claim, this policy required you to share the costs	No cost sharing applicable for this policy
Renewal Conditions Section II	Life long renewal subject to payment of renewal premium in full before the due date	VIII (13)
	Grace period of 30 days for renewing the policy is provided	VIII (13)
Renewal Benefits Section II	Cumulative Bonus : Payable for Accidental Death or Permanent total disablement	V
Cancellation Section II	Policy can be cancelled on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in proposal form / at the time of claim, or non-co-operation by the insured person, by sending the insured 30 days notice without refund of premium	VIII (8)

(LEGAL DISCLAIMER) NOTE : The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the KFD (also known as Customer Information Sheet) and the policy document the terms and conditions mentioned in the policy document shall prevail

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MEDI CLASSIC ACCIDENT CARE INDIVIDUAL INSURANCE POLICY

Unique Identification No. : IRDAI/HLT/SHAI/P-H/V.II/162/15-16

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

In consideration of the premium paid, subject to the terms, conditions, exclusions and definitions contained herein the Company agrees as under.

That if during the period stated in the Schedule the insured person shall contract any disease or suffer from any illness or sustain bodily injury through accident and if such disease or injury shall require the insured Person/s, upon the advice of a duly Qualified Physician/Medical Specialist /**Medical Practitioner** or of duly **Qualified Surgeon** to incur Hospitalization expenses for medical/surgical treatment at any **Nursing Home / Hospital** in India as an **in-patient**, the **Company** will pay to the **Insured Person/s** the amount of such expenses as are **reasonably and necessarily** incurred up-to the limits indicated in the schedule but not exceeding the **sum insured** in aggregate in any one period stated in the schedule hereto.

1. COVERAGE

A) Room, boarding, nursing expenses as provided by the Hospital / Nursing Home at 2% of the Sum Insured, subject to a maximum of Rs.5,000/- per day

B) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.

C) Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, diagnostic materials and X-ray, diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy, cost of pacemaker, stent, similar expenses. With regard to coronary stenting, the company will pay such amount up to the extent of cost of bare metal stent/drug eluting cobalt-chromium stent/drug eluting stainless steel stent.

D) Emergency ambulance charges up-to a sum of Rs. 750/- per hospitalization and overall limit of Rs. 1,500/- per policy period for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment, provided however there is an admissible claim under the policy.

E) Relevant Pre-Hospitalization medical expenses incurred for a period not exceeding 30 days prior to the date of hospitalization, for the disease/illness, injury sustained following an admissible claim under the policy.

F) Post –Hospitalization expenses incurred up to 60 days after discharge from the hospital. The amount payable shall not exceed the sum equivalent to 7% of the hospitalization expenses subject to a maximum of Rs 5000/- per hospitalization. For the purpose of calculation of the 7%, only nursing expenses, surgeon's / consultants fees, diagnostic charges and cost of drugs and medicines will be taken

G) Expenses incurred towards Cost of Health check-up up-to 1% of the average Sum Insured of the eligible block subject to a maximum of Rs 5000/-is payable. This benefit is available for sum insured of Rs 200000/- and above only. The insured person becomes eligible for this benefit after continuous coverage under this policy after every block of 4 claim free years with the Company and payable on renewal

H) The cost of engaging one attendant at residence immediately after discharge from the hospital provided the same is recommended by the attending physician. Such expenses are payable up-to Rs 400/- for each completed day up-to 5 days per occurrence and 14 days per policy period. No payment will be made for the first day.

This benefit is applicable only for insured persons above 60 years of age and becomes payable only upon a valid claim for hospitalization.

I) Cash Benefit of Rs 1000/-for each completed day of hospitalization subject to a maximum of 7 days per occurrence and 14 days per policy period, is payable, provided however there is a valid claim for hospitalization. For the purpose of cash benefit the days of admission and discharge will not be taken into account.

No claim under this head shall lie with the Company where the admission is for physiotherapy and/or any epidemic

Note: Benefits given under H and I above are optional and effective only if specifically opted for and shown in the Policy Schedule.

Where Package rates are charged by the hospitals the Post-Hospitalization benefit will be calculated after taking the room, boarding and nursing charges at Rs 5000/- per day.

The expenses as above are payable only where the in-patient hospitalization is for a minimum period of 24 hours. However this time limit will not apply to the day-care treatments detailed elsewhere in the policy.

The expenses incurred on treatment of cataract are payable up-to the limits mentioned hereunder :

Sum Insured Rs.	Limit for Cataract Surgery Rs.
Up to 2,00,000/-	12,000/- per person per policy period
3,00,000/- to 5,00,000/-	20,000/- per eye per person and not exceeding 30,000/- per policy period
Above 5,00,000/-	30,000/- per eye per person and not exceeding 40,000/- per policy period

Expenses relating to the hospitalization will be considered in proportion to the **room rent** stated in the policy.

Company's liability in respect of all claims admitted during the period of insurance shall not exceed the sum insured per person mentioned in the schedule.

2. DEFINITIONS

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

Attendant means any person other than a relative of the Insured Person who is engaged for the sole purpose of attending to the Insured Person

Any one Illness means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment has been taken. Occurrence of the same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.

Basic Sum Insured: means the sum insured opted for and for which the premium is paid.

Company means Star Health and Allied Insurance Company Limited

Condition Precedent means the policy term or condition upon which the insurer's liability under the policy is conditional upon.

Congenital Internal means congenital anomaly which is not visible and accessible parts of the body.

Congenital External means congenital anomaly which is visible and accessible parts of the body.

Co-payment is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the sum insured.

Day means a period of 24 consecutive hours.

Day Care treatment means medical treatment and/or surgical procedure which is :-

a. Undertaken under general or local anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement and

b. Which would have otherwise required a hospitalization of more than 24 hours

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

Diagnosis means Diagnosis by a registered medical practitioner, supported by clinical, radiological, and histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable, acceptable to the Company.

Disclosure to information norm means the policy shall be void and all premium paid hereon shall forfeited to the Company, in the event of mis-representation, mis description or non disclosure of any material fact

Grace Period means the specified period of time immediately following premium due date during which the payment can be made to renew or continue the policy in force without loss of continuity benefits such as waiting period and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received

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

a. Has qualified nursing staff under its employment round the clock;

b. 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;

c. Has qualified medical practitioner(s) in charge round the clock;

d. Has a fully equipped operation theatre of its own where surgical procedures are carried out;

e. Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

Insured Person means the name/s of persons shown in the schedule of the Policy

In-Patient means an Insured Person who is admitted to Hospital and stays there for a minimum period of 24 hours for the sole purpose of receiving treatment.

Limit of Coverage means Basic Sum Insured plus the Bonus earned wherever applicable

Medically Necessary means any treatment, tests, medication, or stay in *hospital* or part of a stay in *hospital* which

- is required for the medical management of the illness or injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a *medical practitioner*;
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is there by entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.

Network Hospital means all such hospitals, day care centers or other providers that the Company has mutually agreed with, to provide services like cashless access to policyholders. The list is available with the Company and subject to amendment from time to time.

Non Network Hospital means any hospital, day care centre or other provider that is not part of the network

Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another

Pre-Existing Disease means any condition, ailment or injury or related condition (s) for which the insured had signs or symptoms , and/or were diagnosed, and/or received medical advice /treatment within 48 months prior to the Insured's first policy with any Indian insurer

Pre Hospitalization means Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that :

i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and

ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company

Post Hospitalization means Medical Expenses incurred immediately after the insured person is discharged from the hospital provided that:

i. Such Medical Expenses are incurred for the same condition for which the insured person's hospitalization was required and

ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

Qualified Nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India

Reasonable and Customary Charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved .

Room Rent means the amount charged by a hospital for the occupancy of a bed on per day (24 hrs) basis and shall include associated medical expenses.

Sum Insured wherever it appears shall mean Basic Sum Insured only, except otherwise expressed.

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.

Zone 1 means **Delhi** (including Noida, Gurgaon Ghaziabad and Faridabad) Mumbai (including Thane) Pune and the State of Gujarat

Zone 2 means rest of India (other than those mentioned in Zone 1)

Unproven / Experimental means treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

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:

1. Pre Existing Diseases as defined in the policy until 48 consecutive months of continuous coverage have elapsed, since inception of the first policy with any Indian Insurer. However the limit of the Company's liability in respect of claim for pre-existing diseases under such portability shall be limited to the sum insured under first policy with any Indian Insurance Company.
2. Any disease contracted by the insured person during the first 30 days from the commencement date of the policy. This exclusion shall not apply in case of the insured person having been covered under any health insurance policy (Individual or Group insurance policy) with any of the Indian Insurance companies for a continuous period of preceding 12 months without a break.
3. During the First two Years of continuous operation of insurance cover,
   a. The expenses for treatment of cataract, glaucoma, retinal detachment/ macular degeneration, prolapse of intervertebral disc (other than caused by accident), varicose veins and varicose ulcers, benign prostatic hypertrophy, deviated nasal septum, sinusitis, tonsillitis, nasal polyps, Chronic Supparative Otitis Media and related disorders, stapedectomy, hernia, hydrocele, fistula / fissure in ano and hemorrhoids, congenital internal disease/defect .
   b. All treatments (conservative, interventional, laparoscopic and open) for Hepatobilary gall bladder and pancreatic calculi and genitourinary calculi.
   c. All treatments (conservative, interventional, laparoscopic and open) for Uterine prolapse, Dysfunctional Uterine Bleeding, Fibroids, Pelvic Inflammatory Diseases, all diseases of fallopian tubes and ovaries,
   d. Conservative and operative treatment of joint diseases [other than caused by accident]
   e. All types of joint replacement (other than caused by accident)
   f. Degenerative disc and vertebral diseases and degenerative diseases of the musculo-skeletal system

   This exclusion 3 shall not however apply in the case of the Insured person/s having been covered under any Individual health insurance scheme with any of the Indian Insurer for a continuous period of preceding 24 months without any break.

   The claim for such illnesses/diseases/disabilities contracted/suffered if admitted will be processed as per the sum insured of immediately preceding 24 months policy only and where there is a change in the sum insured in the second continuous policy year the lower of the sum insured will apply.

   If these are pre-existing at the time of proposal they will be covered subject to the waiting period mentioned in exclusion 1 above
4. 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)
5. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
6. a) Circumcision unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident,
   b) Vaccination (except for post –bite treatment and for medical treatment other than for prevention of diseases.)
   c) Ioculation or 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).

7. Cost of spectacles and contact lens, hearing aids including cochlear implants, walkers, crutches wheel chairs including CPAP, CAPD, infusion pump and such other similar aids.
8. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization.
9. Convalescence, general debility, run-down condition or rest cure, nutritional deficiency states, psychiatric, mental and behavioral disorders, congenital external disease or defects or anomalies, venereal disease, intentional self injury and use of intoxicating drugs / alcohol, smoking and tobacco chewing
10. All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympho Trophic 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.
11. Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations 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.
12. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.
13. Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these (other than ectopic gestation pregnancy), family planning treatment. All types of treatment for infertility
14. Naturopathy treatment, unconventional, untested/unproven therapies
15. Hospital registration charges, admission charges, record charges, telephone charges and such other charges.
16. Expenses incurred on Lasik Laser or Refractive Error Correction, treatment of eye disorders requiring intra-vitreal injections.
17. Expenses incurred on weight control services including surgical procedures for treatment of obesity and medical treatment for weight control
18. Expenses incurred on Enhanced External Counter Pulsation therapy and related therapies and Rotational Field Quantum Magnetic Resonance Therapy and such other similar therapies.
19. Stem cell implantation and / or therapy
20. Expenses incurred for treatment of diseases/illness/accidental injuries by system of medicines other than allopathic shall be restricted to 25% of the sum insured subject to a maximum of Rs 25000/- during entire policy period.
21. 10% of each and every claim amount for insured persons beyond 60 years at entry level and renewals thereafter
22. Other expenses as detailed elsewhere in the policy.

4. CONDITIONS:

1. The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance of fulfillment of the terms, provision, conditions and endorsements of this policy by the Insured Person/s, in so far as they relate to anything to be done or complied with by the Insured Person/s, shall be a condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions, and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.
2. Upon the happening of any event, which may give rise to a claim under this policy, notice with full particulars shall be sent to the Company within 24 hours from the date of occurrence of the event.
3. Claim must be filed within 15 days from the date of discharge from the Hospital.

   Note: Conditions 2 & 3 are precedent to admission of liability under the policy. However the Company will examine and relax the time limit mentioned in these conditions depending upon the merits of the case.
4. The Insured Person shall obtain and furnish the Company with all original bills, receipts and other documents upon which a claim is based and shall also give the Company such additional information and assistance as the Company may require in dealing with the claim

   Documents to be submitted in support of claim are –

   For reimbursement claims

   a. Duly completed claim form, and
   b. Pre -admission investigations and treatment papers
   c. Discharge summary from the hospital in original
   d. Cash receipts from hospital, chemists
   e. Cash receipts and reports for tests done
   f. Receipts from doctors, surgeons, anesthetist
   g. Certificate from the attending doctor regarding the diagnosis.

For Cashless Treatment:

Prescriptions and receipts for Pre and Post-hospitalization

Note: The Company reserves the right to call for additional documents wherever required

In case of delay in payment of any claim that has been admitted as payable under the Policy terms and conditions, beyond the time period as prescribed under IRDA (Protection of Policyholders Regulation), 2002, the Company shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is approved by the Company. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.

5. Any medical practitioner authorized by the company shall be allowed to examine the **Insured Person/s** in case of any alleged injury or diseases requiring hospitalization when and as often as the same may reasonably be required on behalf of the Company at the Company's cost.
6. If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available sum insured in the two policy periods, including the deductibles for each policy period. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal/due date of premium of health insurance policy, if not received earlier. However this will not apply to the Cash benefit under 1.0 above
7. The Company shall not be liable to make any payment under the policy in respect of any claim if information furnished at the time of proposal i s found to be incorrect or false or such claim is in any manner fraudulent or supported by any fraudulent means or device, misrepresentation whether by the Insured Person or by any other person acting on his behalf.
8. **Renewal**: The policy will be renewed except on grounds of misrepresentation / fraud committed, non-disclosure of material facts as declared in the proposal form.

   If the policy is to be renewed or ported from other Indian Insurance Company for enhanced sum insured then the waiting period as applicable to a fresh policy will apply to additional sum insured as if a separate policy has been issued for the difference. In other words the enhanced sum insured will not be available for an illness, disease, injury already contracted under the preceding policy periods.

   A grace period of 30 days from the date of expiry of the policy is available for renewal. If renewal is made within this 30 days period the continuity of benefits will be allowed. However the actual period of cover will start only from the date of payment of premium. In other words no protection is available between the policy expiry date and the date of payment of premium for renewal.

   In the event of this policy being withdrawn, the insured will be accommodated in any other equivalent health insurance policy offered by the Company at the relevant point of time

9. **Bonus**: The insured person will be eligible for Bonus calculated at 5% of the basic sum insured for every claim free year subject to a maximum of 25% .Such Bonus will be available on that part of the basic sum insured which is continuously renewed without any break. In the event of a claim, the Bonus will be reduced by 5% of the basic sum insured. However the basic sum insured will not be reduced.
10. **Free Look Period**: A free look period of 15 days from the date of receipt of the policy is available to the insured to review the terms and conditions of the policy. In case the insured is not satisfied with the terms and conditions, the insured may seek cancellation of the policy and in such an event the Company shall allow refund of premium paid after adjusting the cost of pre-acceptance medical screening if any, stamp duty charges and proportionate risk premium for the period concerned provided no claim has been made until such cancellation.

    Free look cancellation is not applicable at the time of renewal of the policy

11. **Portability:** This policy is portable. If the insured is desirous of porting this policy to another Insurer towards renewal, application in the appropriate form should be made to the Company at least before 45 days from the date when the renewal is due.

    Where the outcome of acceptance of portability is still waiting from the new insurer on the date of renewal, the existing policy will be extended on the request of the Insured person, for a period not less than one month on pro rata premium. Such extended cover will be cancelled only on the written request by the Insured Person, subject to a minimum pro rata premium for one month. If the Insured Person requests in writing to continue the policy with the Company without porting, it will be allowed by charging the regular premium with the same terms as per the expiring policy. In case of a claim made by the Insured person and admitted by the Company during such extension, the policy will be extended for the remaining period by charging the regular premium. Portability is not possible during the policy period. For details contact "portability@starhealth.in" or call Telephone No +91-044-28288869
12. **Automatic restoration of sum insured**

    There shall be automatic restoration of the Basic Sum Insured by 200%, once during the policy period, immediately upon exhaustion of the limit of coverage which has otherwise been defined.

    It is made clear that such restored sum insured can be utilized only for illness /disease directly or remotely unrelated to the illness /diseases for which claim/s was /were made. This facility is not available for Family Package Plan. Further, this restoration will cease to operate upon the expiry of this policy.

13. **Cancellation:**

    The Company may cancel this policy on grounds of misrepresentation, moral hazard, fraud, non disclosure of material fact as declared in proposal form / at the time of claim, or non-co-operation by the insured person, by sending the insured 30 days notice by registered letter at the insured person's last known address. The insured may at any time cancel this policy and in such event the Company shall allow refund after retaining premium at Company's short period rate only (table given below) provided no claim has occurred up to the date of cancellation

For policy with one year term	
PERIOD ON RISK	**RATE OF PREMIUM TO BE RETAINED**
Up to one-month	1/3rd of annual premium
Up to three Months	½ of annual premium
Up to six months	3/4th of annual premium
Exceeding six months	Full annual premium
For policy with two year term	
Up to two-month	1/3rd of policy premium
Up to six months	½ of policy premium
Up to twelve months	3/4th of policy premium
Exceeding twelve months	Full policy premium

14. **Automatic Termination**: The insurance under this policy with respect to each relevant insured person policy shall terminate immediately on the earlier of the following events:
    - ✔ Upon the death of the Insured Person
    - ✔ Upon exhaustion of the sum insured under the policy

15. All claims under this policy shall be payable in Indian currency. All medical/surgical treatments under this policy shall have to be taken in India.

16. **Package Charges**: The Company's liability in respect of package charges will be restricted to 80% of such amount. (Package charges refer to charges that are not advertised in the Schedule of the Hospital)

17. Special conditions applicable to Family Package Plan
    - Family means the Insured Person, insured spouse and insured dependent children not exceeding two in numbers.
    - The sum insured is to be equally apportioned among all the persons insured.
    - Each family member is covered up-to his/her limit only.
    - No transfer of unutilized balance sum insured to other insured persons is permissible.
    - Health check- up benefit will be calculated on the policy sum insured and equally divided among all the insured persons.
    - Where any insured member has made a claim then he/she would not be eligible for his/her share of Health check-up benefit. However the other insured members can avail the health check-up benefit up-to their respective share.
    - The automatic restoration of sum insured facility is not applicable for this Plan.
    - Bonus is not applicable for this Plan
    - The insurance with respect to each relevant person shall terminate immediately on earlier of the following events:
        - ✔ Upon death of the insured person
        - ✔ Upon exhaustion of the sum insured with respect to that insured person

18. **Important Note:**

    The terms conditions and exceptions that appear in the policy or in any endorsement are part of the contract and must be complied with. Failure to comply may result in the claim being denied.

    Note 1: It is hereby made clear that in such contracts of insurance which are issued for a period of two years, the Sum Insured mentioned in the Schedule shall be limited to the sum mentioned, for each of the two years, without any carry over benefit thereof.

    Note 2: In so far as the benefits which are relatable to policy periods, such benefits shall be available for both years but limited to such sums mentioned, for each year.

The attention of the policy holder is drawn to our website: **www.starhealth.in** for anti fraud policy of the Company for necessary compliance by all stake holders.

SECTION II – ACCIDENT COVERAGE

The proposal, declaration and other documents if any given by the proposer form the basis of this policy of insurance

The Company by this Policy agrees, subject to the terms and conditions as set out in the Schedule with all its Parts, that on proof to the satisfaction of the Company, of the compensation having become payable, as set out in the Schedule, upon the happening of an event, to pay the Sum Insured/ appropriate Benefit.

I. DEFINITIONS OF WORDS AND EXPRESSIONS

In this Policy, the following words and expressions shall have the following meanings, as set forth, unless the context otherwise requires:

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

Age means the age of the insured person on his/her completed years as recent birthday as per the English Calendar

Capital sum insured: means the **sum insured** as specified in the Schedule of this Policy and the Cumulative Bonus as shown in the Schedule

Company means Star Health and Allied Insurance Company Limited

Condition Precedent shall mean a policy term or condition upon which the insurer's liability under the policy is conditional upon.

Covered Medical Expenses means reasonable charges, whether as an In Patient or an out Patient, which is usually and customarily incurred for services and supplies for any Accident to the Insured Person, covered under the policy.

Cumulative Bonus shall mean any increase in the Sum Insured granted by the insurer without an associated increase in premium

Dependent Child means a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income.

Disclosure of information norm means the policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

Family means Insured Person, spouse, dependent children between 5 months and 25 years of age

Grace Period means the specified period of time immediately following premium due date during which the payment can be made to renew or continue the policy in force without loss of continuity benefits such as waiting period and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received

Hazardous Sport / Hazardous Activities means engaging whether professionally or otherwise in any sport or activity, which is potentially dangerous to the Insured Person (whether trained, or not). Such Sport/Activity including but not limited to Winter sports, Ice hockey, Skiing, Skydiving, Parachuting, Ballooning, Scuba Diving, Bungee Jumping, Mountain Climbing, Riding or Driving in Races or Rallies, caving or pot holing, hunting or equestrian activities, diving or under-water activity, rafting or canoeing involving rapid waters, yachting or boating outside coastal waters, jockeys, horseback, Polo, Circus personnel, army/navy/air force personnel and policemen whilst on duty, persons working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high-tension supply, nuclear installations, handling hazardous chemicals. **Hospital / Nursing Home** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act or complies with all minimum criteria as under:

a. Has qualified nursing staff under its employment round the clock;
b. 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;
c. Has qualified medical practitioner(s) in charge round the clock;
d. Has a fully equipped operation theatre of its own where surgical procedures are carried out;
e. Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence

Medical expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

Insured Person means the name/s of persons shown in the schedule of the Policy.

Pre-Existing Disease means any condition or ailment or injury or related condition(s) for which the insured person had signs or symptoms and/or were diagnosed and/or received medical advice /treatment within 48 months prior to insured person's first policy with any Indian Insurance Company

Policy means the insurance contract, the Policy Schedule and any other endorsements riders and any other attached enrollment forms.

Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provide and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

Relative means spouse, children, parents, siblings or in-laws

Sum insured means the amount of insurance for each table for which the premium is paid.

Standard type aircraft / Sea Craft means an aircraft/sea-craft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or charted or operated by a regular airline.

Temporary Total Disablement means the Insured Person is totally disabled from engaging in any occupation or business for a temporary period.

II. SCOPE OF COVER

The Company hereby agrees, subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to pay to the Insured person or his nominees or his legal heirs, a sum as compensation for any loss occurring during the Period of Insurance as described under different sections hereunder and as specified in the Schedule to the Policy,

Table-A – ACCIDENTAL DEATH

If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury resulting solely and directly from Accident caused by external, violent and visible means and such accident causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as compensation 100% of the Capital Sum Insured.

Table-B – ACCIDENTAL DEATH AND PERMANENT DISABLEMENT

If the Insured Person meets with an Accident, which leads to disablement or subsequent death, the Company will provide insurance coverage to the Insured in the following manner:

1. **Accidental Death of Insured Person**: If following an Accident that causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as compensation 100% of the Capital Sum Insured.
2. **Permanent disablement of the Insured Person**: If following an Accident which caused permanent impairment of the Insured's mental or physical capabilities, then the Company will pay the benefits as provided in the Table of Benefits B1 or Table of Benefits B2 mentioned herein, depending upon the degree of disablement provided that:
   a) The disablement occurs within 12 Calendar months from the date of the Accident.
   b) The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.
   c) Where a covered Accident results in Permanent Disablement falling under Table of benefits B1 (Permanent Total Disablement) and under Table of benefits B2 (Permanent Partial Disablement) then the higher percentage of the sum insured will be paid.

Table-C – ACCIDENTAL DEATH, PERMANENT DISABLEMENT AND TEMPORARY TOTAL DISABLEMENT: (WEEKLY COMPENSATION)

1. **Accidental Death of Insured Person:** If following an Accident that causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as compensation 100% of the Capital Sum Insured.
2. **Permanent disablement of the Insured Person**: If following an Accident which caused permanent impairment of the Insured's mental or physical capabilities, then the Company will pay the benefits as provided in the Table of Benefits B1 (Permanent Total Disablement) or Table of Benefits B2 (Permanent Partial Disablement) mentioned herein depending upon the degree of disablement provided that:
   a) The disablement occurs within 12 Calendar months from the date of the Accident.
   b) The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.
   c) Where a covered Accident results in Permanent Disablement falling under Table of benefits B1 (Permanent Total Disablement) and under Table of benefits B2 (Permanent Partial Disablement) then the higher percentage of the sum insured will be paid.
3. **Temporary Total Disablement:** If at any time during the period of insurance the insured person/s shall sustain any injury arising solely and directly from an accident and resulting in admission in a Hospital / Nursing Home as an in-patient for a continuous period not less than 5 days, then the insured person will be paid a sum calculated at 1% of the sum insured under Table C per completed week but not exceeding Rs.15,000/- per completed week, in all, under all Persona Accident policies, if such injury be the sole and direct cause of Temporary Total Disablement.

   This benefit is subject to a maximum period of 100 weeks from the date of such Temporary Total Disablement.

   In no case shall the compensation exceed the sum insured for this benefit.

   The payment shall be made only after the termination of such disablement.

   All the benefit under this section is subject to exclusions, as mentioned in 'General Exclusions' of this Policy.

Special Conditions (Applicable to all Tables)

1. If the Accident affects any physical or mental function, which was already impaired prior to the accident, a deduction as certified by a Government Doctor will be made in respect of this prior disablement.
2. If the accident impairs a number of physical or mental functions, the degree of disablement given in the Table of Benefits will be added together, but liability in any case shall not exceed 100% of the Sum Insured (150% in case of Permanent Total Disablement)
3. In case of Permanent Partial Disablement claim the Sum Insured under the policy will be reduced by the amount of admissible claim under the policy in respect of the Insured Person to whom such sum shall become payable.
4. In the event of Permanent Disablement, the Insured Person will be under obligation:
   a) To have himself/herself examined by doctors appointed by the Company / and the Company will pay the costs involved thereof.
   b) To authorize doctors providing treatments or giving expert opinion and any other authority to supply the Company any information that may be required. If the obligations are not met with due to whatsoever reason, the Company may be relieved of its liability to pay

Exclusions:

a) Any payment in case of more than one claim under the policy during the period of insurance by which the maximum liability of the Company in that period would exceed the amount specified in the Schedule

b) Any other claim after a claim has been admitted by the Company and becomes payable for Death or Permanent Total Disablement, as mentioned in Table of Benefits B1. This would not apply to payment under Educational Grant, Ambulance Charges/Transportation of mortal remains, Travel expenses of the one Relative and Expenses for Vehicle and /or residence Modification, Purchase of Blood, Transportation of Imported Medicine.

c) Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly.

d) Any exclusion mentioned in the 'General Exclusions' of this Policy.

III. ADDITIONAL BENEFITS:

1. EDUCATIONAL GRANT:

The Company will pay as hereinafter mentioned

Following an admissible claim under the policy towards Death/ Permanent Total Disability of the insured person, Educational Grant for a maximum of two dependent children of the Insured, as mentioned below:

I. If the Insured Person has one dependent child below the age of 18 years, an amount of Rs.10,000/- is payable.

ii. If the Insured Person has more than one dependent child below the age of 18 years an amount of Rs.10,000/- per child but in any case not more than Rs.20,000/-.

This grant is payable in addition to the sum insured.

2. AMBULANCE CHARGES / TRANSPORTATION EXPENSES OF MORTAL REMAINS

Following an admissible claim under the policy due to an Accident outside the place of the insured's residence, the Company shall pay during the policy period Either

a) Towards ambulance charges for emergency treatment to go to the hospital in case of injury Or in case of Death

b) Towards transportation of the mortal remains of the insured person (including the cost of embalming and coffin charges) to the residence of the insured,

The limit of Company's liability towards either Ambulance charges or Transportation of mortal remains is Rs.5,000/- only during the policy period. This lump sum amount is payable in addition to the sum insured

3. **TRAVEL EXPENSES FOR ONE RELATIVE** Following an admissible claim under the policy towards Death of the Insured Person due to an Accident, outside the place of his/her residence, the Company will pay 1% of the Total sum insured for the transport expenses to one relative of the Insured Person Provided such payment shall not exceed a sum of Rs.50,000/-

This amount is payable in addition to the sum insured

4. **VEHICLE AND/OR RESIDENCE MODIFICATION**: The Company will pay upto 10% of Table B and Table C sum insured subject to a maximum of Rs.50,000/- towards the expenses incurred to modify the Insured Person's residential accommodation or vehicle as long as the modification have been carried out in India and certified by a Doctor to be necessary and directly required as a result of the Accident for which there is an admissible claim under Permanent Total Disablement.

This benefit is applicable only where there is an admissible claim for Permanent Total Disablement

This amount is payable in addition to the sum insured.

5. **PURCHASE OF BLOOD**: The Company will pay up to 5% of the Total sum insured under Table A subject to a maximum of Rs.10,000 towards the expenses incurred in purchasing blood through a Hospital or Government approved blood bank for the purpose of the Insured Person's medical or surgical treatment provided there is an admissible claim under this policy. This amount is payable in addition to the sum insured

6. **TRANSPORTATION OF IMPORTED MEDICINES:** The Company will pay upto 5% of Total sum insured subject to a maximum of Rs.20,000/- towards the expenses incurred on freight charges for importing medicines to India, provided that:

a. There is an admissible claim under the policy.

b. The medicines, formulations or alternatives of the imported medicines are not available in India, and

c. The medicines are necessary for the medical/surgical treatment of the Insured person in a Hospital following the Accident.

d. The medicines which are imported should be permissible under Government Regulation

e. The medicines shall not include any drugs under clinical trial or medicines, formulations or molecules of unproven efficacy.

This amount is payable in addition to the sum insured

IV. OPTIONAL BENEFITS:

If the additional premium is paid by the Insured person and shown in the Schedule of the policy, the following benefits, as applicable, are payable under the policy in addition to the sum insured. This amount is payable in addition to the sum insured

a. MEDICAL EXPENSES DUE TO ACCIDENT:

The Company will pay any medical expenses necessarily and reasonably incurred and expended by the Insured Person, either as an In Patient or as an Out Patient, in connection with the accident as specified in the policy for which a claim has been admitted by the Company, 25% of the valid claim or 10% of the Total sum insured or actuals whichever is less, subject to a overall limit of Rs.5,00,000/- per policy period. Where the

policy term is more than one year, this benefit is applicable for each year. Subject to General Exclusion of this policy sufficient proof for the treatment taken should to be submitted to the Company.

This benefit is optional and is effective only if

1. Specifically opted for by paying additional premium,
2. Shown in the Policy Schedule and
3. There is an admissible claim under the policy.

This amount is payable in addition to the sum insured

b. Hospital Cash:

If during the policy period the insured person sustains accidental injuries resulting in hospitalization as an in-patient, the Company will pay Cash Benefit of Rs 1000/- for each completed day of Hospitalization provided such hospitalization happens within 30 days from the date of accident. The maximum period for which the benefit is payable is 15 days per occurrence and 60 days per policy period. Where the policy term is more than one year, this benefit limit is applicable for each year. This benefit cannot be cumulated or carried forward. For the purpose of cash benefit the days of admission and discharge will not be taken into account.

This amount is payable in addition to the sum insured. This benefit is optional and is effective only if

1. Specifically opted for by paying additional premium,
2. Shown in the Policy Schedule
3. There is an admissible claim under the policy.

c. Home Convalescence:

The company will pay Rs 500/- for each completed day subject to a maximum of 15 days per occurrence and 60 days per policy period towards the cost of engaging one attendant at residence immediately after discharge from the hospital provided the same is recommended by the attending physician. Where the policy term is more than one year, this benefit limit is applicable for each year. This benefit cannot be cumulated or carried forward This amount is payable in addition to the sum insured.

This benefit is optional and is effective only if

1. Specifically opted for by paying additional premium,
2. Shown in the Policy Schedule
3. The hospitalization is arising out of Accident**.**
4. There is an admissible claim under the policy.

V. CUMULATIVE BONUS

Compensation payable for an admissible claim for Death or Permanent Total disablement arising out of accidental injuries shall be increased by 5% thereof in respect of each completed year during which the policy shall have been in force prior to the occurrence of an accident for which the capital sum insured becomes payable but the amount of such increase shall not exceed 50% of the sum insured stated in the schedule.The c u m u l a t i v e bonus is applicable to that part of the sum insured which is renewed continuously without break.

The Cumulative Bonus will not be lost if the policy is renewed within 30 days. Cumulative bonus is not applicable for the ADDITIONAL BENEFITS OR OPTIONAL BENEFITS

VI. GENERAL EXCLUSIONS (APPLICABLE TO ALL SECTIONS OF THE POLICY):

The Company shall not be liable to make any payments in respect of:

1. Any payment, in case of more than one claim under the Policy, during any one period of insurance by which the maximum liability of the Company in that period would exceed the capital sum insured payable under this Policy except in case of Permanent Total Disability claim, in which case the amount payable is 150% of the sum insured. This exclusion will not apply to payments made under medical expenses extension, Hospital cash, Home Convalescence, Educational Grant, Ambulance Charges /Transportation of mortal remains, Travel expenses of the one Relative and Expenses for Vehicle and /or residence Modification, Purchase of Blood and Transportation of Imported Medicine.
2. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
3. Any injuries/conditions which are Pre-existing.
4. Any claim for Death or Disablement of the Insured Person from (a) intentional self-injury / suicide or attempted suicide or (b) whilst under the influence of intoxicating liquor or drugs or (c) self-endangerment unless in self-defense or to save life.
5. Any claim arising out of mental disorder, suicide or attempted suicide self inflicted injuries, or sexually transmitted conditions, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immunodeficiency Virus) and / or any HIV related illness including AIDS (Acquired Immunodeficiency Syndrome), insanity and / or any mutant derivative or variations thereof howsoever caused.
6. Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from.
7. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detainments of all kings princes and people of whatever nation, condition or quality whatsoever.

8. Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
9. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
   A. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel.
   B. Nuclear weapons material
   C. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
   D. Nuclear, chemical and biological terrorism
10. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.
11. Participation in Hazardous Sport / Hazardous Activities
12. Persons who are physically and mentally challenged, unless specifically agreed and endorsed in the policy.
13. Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.

VII. GENERAL CONDITIONS (APPLICABLE TO ALL SECTIONS UNDER THIS POLICY)

The conditions below apply throughout this insurance. Failure to comply with them may be prejudicial to a claim:

1. Obligations of the Insured Person: Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Claims for insurance benefits must be submitted to the Company not later than one (1) month after the completion of the treatment or after transportation of the mortal remains/ burial in the event of Death.
   1. Claim intimation: Where the claim intimation is received by the call centre/Corporate office details as to coverage is collected.
   2. Documents to be submitted for reimbursement claims:

   Duly completed claim form and

   For Death Claims:-

   - Death Certificate
   - Post-mortem Certificate, if conducted
   - FIR (wherever required)
   - Police Investigation report (wherever required)
   - Viscera Sample Report (wherever required)
   - Forensic Science Laboratory report (wherever required)
   - Legal Heir Certificate
   - Succession Certificate (wherever required)

   For Disability Claims:

   - Certificate from Government doctor not below the rank of Civil Surgeon, confirming the disability and its percentage.

   Note: The Company authorized doctor may examine the insured if required

   - Certificate from the employer confirming leave of absence from duty

   Travel expenses for one relative

   - Proof of expenses incurred (original)

   Vehicle and/or residence modification

   - Certificate from the doctor confirming the Disability and the requirement of modification
   - Estimate from Workshop
   - Cash receipt for having carried the vehicle modification
   - Estimate from civil engineer
   - Cash receipt for completion of the civil work modification

   Purchase of blood:

   - Original receipt for purchase of blood (wherever applicable)

   Transportation of imported medicines:

   - Prescription of the treating doctor with confirmation that the medicine is not available in India.
   - Original receipt for the freight incurred for import of the medicine, along with a copy of invoice

   Educational grant

   - Death Certificate

- Certificate from the school in which the child / children is/are studying, confirming their study

Ambulance charges / transportation expenses of mortal remains

- Death Certificate or
- Proof of hospitalisation
- Proof of utilized services of either Ambulance or Mortuary Van

For Claim under Optional benefits:

Medical expenses due to accident:

- Original Discharge Summary (wherever applicable)
- Original Medical Reports
- Original Invoices/Bills,
- Original Payment Receipts

Hospital Cash and Home Convalescence

- Discharge Summary (Where original is required for other purposes, a certified copy may be submitted)
- Recommendation by the treating doctor for appointing an attendant at home for continuation of treatment.
- Cash receipt for payment made to the attendant

Note: The Company reserves the right to call for additional documents wherever required.

2. **Claims Settlement**: Benefits payable under this policy will be paid within 7 days from the time of receipt of all documents the Company requires.

Note: In case of delay in payment of any claim that has been admitted as payable under the Policy terms and conditions, beyond the time period as prescribed under IRDA (Protection of Policyholders Regulation), 2002, the Company shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is approved by the Company. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate

3. The Company shall be released from any obligation to pay insurance benefits if any of the term and conditions are breached.
4. **Geographical Scope**: The insurance cover applies Worldwide.

VIII. STANDARD TERMS AND CONDITIONS (APPLICABLE TO ALL BENEFITS UNDER THIS POLICY)

1. **Incontestability and Duty of Disclosure:** The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or on non-disclosure in any material particular in the proposal form or at the time of claim, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured Person or any one acting on his behalf to obtain any benefit under this Policy.
2. **Observance of terms and conditions:** The due observance and fulfillment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this Policy.
3. **Material change:** The Insured Person shall immediately notify the Company in writing of any change in his business or occupation or physical defect or infirmity with which he has become affected since the payment of last preceding premium.
4. **Automatic Termination of Insurance:** This policy shall automatically terminate upon the Insured Person's death or payment of the Capital Sum Insured. In case of family cover, the surviving members would continue to have the cover for their respective sum insured, till the expiry date of the policy.
5. **Free Look Period**: A free look period of 15 days from the date of receipt of the policy is available to the insured to review the terms and conditions of the policy. In case the insured is not satisfied with the terms and conditions, the insured may seek cancellation of the policy and in such an event the Company shall allow refund of premium paid after adjusting the stamp duty charges and proportionate risk premium for the period concerned provided no claim has been made until such cancellation.

   Free look cancellation is not applicable at the time of renewal of the policy.
6. **Duties of the insured on occurrence of loss**

   On the occurrence of any loss, within the scope of cover under the Policy the Insured Person / representative shall file / submit a Claim Form in accordance with 'Obligation of the Insured Person' Clause as provided in General Conditions. If the Insured Person/representative does not comply with the provisions of this Clause or other obligations cast upon the Insured Person/representative under this Policy, in terms of the other clauses referred to herein or in terms of the other clauses in any of the Policy documents, all benefits under the Policy shall be forfeited.
7. **Fraudulent claims**

   If any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his behalf to obtain any benefit under this Policy, or if a claim is made and rejected and no court action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve (12) calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited and the policy will be cancelled without any refund of premium.

8. Cancellation/termination

The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in proposal form and/or claim form at the time of claim or non-co-operation of the insured person, by sending the Insured 30 days notice by registered letter at the Insured person's last known address and no refund of premium will be made. The insured may at any time cancel this policy and in such event the Company shall allow refund after retaining premium at Company's short period rate only (table given below) provided no claim has occurred up to the date of cancellation

*Short period scales:

For policy with one year term	
Period on Risk	Rate of premium to be retained
For a period not exceeding 15 days	10% of the Annual Premium
For a period not exceeding 1 month	15% of the Annual Premium
For a period not exceeding 2 months	30% of the Annual Premium
For a period not exceeding 3 months	40% of the Annual Premium
For a period not exceeding 4 months	50% of the Annual Premium
For a period not exceeding 5 months	60% of the Annual Premium
For a period not exceeding 6 months	70% of the Annual Premium
For a period not exceeding 7 months	75% of the Annual Premium
For a period not exceeding 8 months	80% of the Annual Premium
Exceeding 8 months	Full Annual Premium
For policy with two-year term	
Period on Risk	Rate of premium to be retained
Up to 1 year	65% of the premium
Up to 2 years	Full Premium
For policy with 3 year term	
Period on Risk	Rate of premium to be retained
Up to 1 year	45% of the premium
Up to 2 years	85% of the premium
Up to 3 years	Full Premium

9. Currency for payments: All claims payable shall be paid in Indian Rupee only.

10. Important Note: The terms, conditions and exclusions that appear in the policy or in any endorsement are part of the contract and must be complied with. Failure to comply may result in the claim being denied.

Note 1: It is hereby made clear that in policies which are issued for a period of two or three years, the sum insured and the other benefits s h a l l be limited to the sum mentioned for each of the year, without any carry over benefit thereof.

Note 2: In so far as the benefits which are relatable to policy periods, such benefits shall be available for each year but limited to such sums mentioned for each year.

Note 3: Where the policy is issued covering the family, the benefits are applicable individually for each person covered

11. Renewal Clause

The policy will be renewed except on grounds of misrepresentation / fraud committed.

A grace period of 30 days from the date of expiry of the policy is available for renewal. If renewal is made within this 30 days period the continuity of benefits will be allowed. However the actual period of cover will start only from the date of payment of premium. In other words no protection is available between the policy expiry date and the date of payment of premium for renewal.

Every renewal premium (which shall be paid and accepted in respect of this policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to the Insured that may result to enhance the risk of the Company under the insurer. However in respect of Permanent Partial Disability claims the Company would exclude such disability on renewal in respect of such relevant person.

In the event of this policy being withdrawn / modified with revised terms and/or premium with the prior approval of the Competent Authority, the insured will be intimated three months in advance and accommodated in any other equivalent insurance policy offered by the Company, if requested for by the Insured Person, at the relevant point of time.

Where a claim for Permanent Total Disability is admitted / admissible, the policy is not renewable for such relevant person.

Renewal premium is subject to change with prior approval from the Regulator. Change of options/plans within same product is permissible only at the time of renewal.

Common Conditions for both Section I and II

1. **If any dispute or difference** shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, 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. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

   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.

2. **Policy disputes:** Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law.

3. **Notices :** Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile/email to Star Health and Allied Insurance Company Limited, No 1 New Tank Street, Vallurvar Kottam High Road Nungambakkam Chennai 600034 Fax 04428319100 Toll Free Fax No. 1800 425 5522 E-Mail info@starhealth.in.

4. **Customer Service**

   If at any time the Insured Person requires any clarification or assistance, the insured may contact the offices of the Company at the address specified, during normal business hours

5. **Grievances:**

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

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

   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, within whose jurisdiction the branch or office of Star Health and Allied Insurance Company Limited are located.

List of Insurance Ombudsman

CONTACT DETAILS	JURISDICTION
AHMEDABAD Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, 5,Navyug Colony, Ashram Road, AHMEDABAD-380 014. Tel.:- 079-27546150/27546139 Fax : 079-27546142 Email: bimalokpal.ahmedabad@gbic.co.in	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Bldg, PID No.57-27-N-19 Ground Floor, 24th Main Road, JP Nagar, 1st Phase, **Bengaluru – 560 078.** Tel No: 080-26652048 / 26652049 Email: bimalokpal.bengaluru@gbic.co.in	karnataka
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6 malviya Nagar, Opp.Airtel Office, Near New Market, Bhopal - 462 033. Tel :- 0755-2769200/201/202 Fax: 0755-2769203 Email: bimalkpalbhopal@gbic.co.in	States of Madhya Pradesh and Chatisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.: 0674-2596461 / 2596455 Fax: 0674-2596429 Email:bimalokpal.bhubaneswar@gbic.co.in	State of Orissa.
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel: 0172-2706196/5861 / 27016468 Fax: 0172-2708274 Email : bimalokpal.chandigarh@gbic.co.in	States of Punjab. Haryana, Himatchal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Cour, 4th Floor, 453 (Old 321), Anna Salai, teynampet, Chennai - 600 018. Tel: 044-24333668 / 2433584 Fax : 044-24333664 Email: bimalokpal.chennai@gbic.co.in	State of Tamil Nadu and Union Territories- Pondiche
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel: 011-23239611/7539/7532 Fax: 011-23230858 Email: bimalokpal.delhi@gbic.co.in	State of Delhi
ERNAKULAM Office of the Insurance Ombudsman, 2nd floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, Emakulum - 682 015. Tel: 0484-2358759/2359338 Fax: 0484-2359336 Emai: bimalokpal.ernakulum@co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry
GUWAHATI Office of the Insurance Ombudsman, 'Jeevan Nivesh', 5th Floor, Nr. Panbazar over bridge, S.S Road, Guwahati - 781001(ASSAM). Tel: 0361-2132204/ 2132205 Fax: 0364-2732937 Email: bimalokpal.guwahati@gbic.co.in	State of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura

HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court" Lane Opp. Saleem Function Pal A.C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004.. Tel: 040-65504123/23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@gbic.co.in	State of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry.
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi-II Bldg, Groud Floor, Bhawani Singh Marg, Jaipur - 302005. Tel:0141-2740363 Email: bimalokpal.jaipur@gbic.co.in	State of Rajasthan
KOLKATA Office of the Insurance Ombudsman, Hindustan Building Annexe, 4th floor, 4, CR Avenue, Kolkata - 700 072. Tel: 033-22124339 / 22124340 Fax : 033-22124341 Email: bimalokpal.kolkata@gbic.co.in	States of West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawa S.C.O. No. 101, 102 & 103, 2nd Floor, Phase - II, Nawal Kishore Raod, Hazralganj, Lucknow - 226 001. Tel: 0522-2231330 / 2231331 Fax: 0522-2231310 Email : bimalokpal.lucknow@gbic.co.in	District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sanbhabdra, Fatehput,Pratapgarh, Jaunpur, Varanisi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Stapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Fazabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, chandauli, Ballia, Sidharathnagar.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(w), Mumbai - 400 054. Tel: 022-26106928 /360/889 Fax: 022-26106052 Email: bimalokpal.mumbai@gbic.co.in	States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Raod, Naya Bans, Sector- 15, Gautam Budh Nagar, Noida U.P-201301. Tel.: 0120-2514250 / 2514251 / 2514253 Email: bimalokpal.noida@gbic.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar,Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Tel No: 0612-2680952 Email: bimalokpal.patna@gbic.co.in	State of Bihar and Jharkahand.
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Building, 3rd Floor, CTS Nos. 195 to 198, NC Kelkar Road, Narayan Peth, Pune - 411 030 Tel: 020 - 32341320 Email: bimalokpal.pune@gbic.co.in	States of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

Permanent Total Disablement **Table of Benefits B1**

Benefits	Percentage of Sum Insured
1. Permanent Total Disablement	150%#
Total and irrevocable loss* of	
(i) Sight of both eyes	100%
(ii) Physical separation of two entire hands	100%
(iii) Physical separation of two entire foot	100%
(iv) One entire hand and one entire foot	100%
(v) Sight of one eye and loss of one hand	100%
(vi) Sight of one eye and loss of one entire foot	100%
(vii) Use of two hands	100%
(viii) Use of two foot	100%
(ix) Use of one hand and one foot	100%
(x) Sight of one eye and use of one hand	100%
(xi) Sight of one eye and use of one foot	100%
(xii) Sight of one eye	50%
(xiii) Physical separation of one entire hand	50%
(xiv) Physical separation of one entire foot	50%
(xv) Use of one hand without physical separation	50%

payable only when the insured person, following accidental injuries is unable to engage in each and every occupation or employment for compensation or profit for which he is reasonably qualified by education, training or experience for the rest of his life. If at the time of loss the insured person is unemployed, Permanent Total Disability shall mean the total and permanent inability to perform all of the usual and customary duties and activities of a person of like age and sex even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication Loss of foot / hand means total severance through or above the ankle/ wrist joints respectively. Loss of eye means entire and irrevocable loss of sight. Thumb and index finger means severance through or above the joint that meets the hand at the palm.

Permanent Partial Disablement **Table of Benefits B2**

	BENEFITS		PERCENTAGE OF SUM INSURED
	Loss of toes all	All	20
	Loss of toes all	both phalanges	5
1	Loss of Great toe	one phalanx	2
	Other than Great, if more than		
	One toe lost, for each toe	For each toe	1
	Loss of hearing both ears	Both ears	75
2	Loss of hearing one ear	One ear	30
3	Loss of four fingers and thumbs of One hand		40
	Loss of four fingers		35
4	Loss of thumb both phalanges	Both phalanges	25
		One phalanx	10
	Loss of index finger three phalanges	Three phalanges	10
5	Two phalanges	Two phalanges	8
	One phalanx	One phalanx	4
		Three phalanges	6
6	Loss of middle finger	Two phalanges	4
		One phalanx	2
		Three phalanges	6
6	Loss of ring finger	Two phalanges	4
		One phalanx	2
		Three phalanges	5
7	Loss of little finger	Two phalanges	4
		One phalanx	2
		Three phalanges	4
8	Loss of little finger	Two phalanges	3
		One phalanx	2
9	Loss of metacarpals	First or second Additional (third fourth or fifth)	3 2
10	Any other Permanent partial disablement		Percentage as assessed by the Medical Board or by the government doctor

List of Day Care Treatments

ENT

1 Stapedotomy
2 Stapedectomy under LA
3 Revision of a stapedectomy
4 Endoscopic Stapedectomy
5 Stapedectomy under GA
6 Ossiculoplasty
7 Myringoplasty(Type I Tympanoplasty)
8 Tympanoplasty (Type II)
9 Tympanoplasty (Type III)
10 Tympanoplasty (Type IV)
11 Endolymphatic Sac Surgery for Meniere's Disease
12 Myringotomy with Grommet Insertion
13 Removal of Tympanic Drain under LA
14 Fenestration of the inner ear
15 Revision of the fenestration of the inner ear.
16 Labyrinthectomy for severe Vertigo
17 Vestibular Nerve section
18 Turbinectomy
19 Turbinoplasty
20 Conchoplasty
21 Septoplasty
22 Reduction of fracture of Nasal Bone
23 Pseudocyst of the Pinna - Excision
24 Incision and drainage - Haematoma Auricle
25 Keloid excision
26 Incision and drainage of perichondritis
27 Exision of Angioma Septum
28 Thyroplasty Type I
29 Thyroplasty Type II
30 Uvula Palato Pharyngo Plasty

Ophthalmology

31 Incision of tear glands
32 Other operation on the tear ducts
33 Incision of diseased eyelids
34 Exision and destruction of the diseased tissue of the eyelid
35 Operation on the canthus and epicanthus
36 Corrective surgery of the entropion and ectropion
37 Corrective surgery of blepharoptosis
38 Removal of foreign body from conjuntiva
39 Removal of Foreign body from cornea
40 Incision of the cornea
41 Oprations for pterygium
42 Other operations on the cornea
43 Removal of foreign body from the lens of the eye.
44 Removal of foreign body from the posterior chamber of the eye
45 Removal of foreign body from the orbit and the eye ball.
46 Surgery for cataract

General Surgery

47 Incision of a pilonidal sinus abcess
48 Incision and drainage of Abscess
49 Wound debridement and Cover
50 Abscess-Decompression
51 Split Skin Grafting under RA.
52 Split Skin Grafting under GA
53 Exision of Ranula under GA
54 Partial glossectomy
55 Glossectomy
56 Reconstruction of the tongue
57 Excision of Pharyngeal Diverticulam
58 Doleman Procedure
59 Resection of submandibular salivary glands
60 Reconstruction of a salivary gland and sailvary duct
61 Submandibulor Sialolithotomy
62 Plastic surgery to the floor of the mouth.under GA
63 Rigid Oesophagoscopy for PV syndrome
64 Rigid Oesophagoscopy for FB removal
65 Rigid Oesophagoscopy for dilation of benign Strictures
66 Palatoplasty
67 Vocal Cord laterlisation Procedure
68 Transoral incision and drainage of a pharyngeal abcess
69 Toncillectomy without adenoidectomy
70 Tonsillectomy with adenoidectomy
71 Incision & Drainage of Retro Pharyngeal Abcess
72 Incision & Drainage of Para Pharyngeal Abcess

Urology

73 Bladder Neck Incision
74 Cystoscopy & Biopsy
75 Cystoscopy and removal of polyp
76 Hyderocelectomy
77 Eversion of Sac
A) Unilateral
b)Bilateral
78 Lord's plication
79 Jaboulay's Procedure
80 Scrotoplasty
81 Debridement of Fournier's Gangrene
82 Surgical treatment of varicocele
83 Epididymectomy
84 Reconstruction of the spermatic cord
85 Reconstruction of the ductus deferens
86 Circumcision for Trauma

87 Amputation of the Penis

88 Meatoplasty

89 Partial amputation of the Penis

90 Cystoscopic Litholapaxy

91 ESWL

92 Haemodialysis

ONCOLOGY

93 Cancer Chemo therapy

94 EB RT - Telecobalt

95 EB RT - LINAC

96 EB RT - Rapid Arc

97 EB RT - IGRT

98 EB RT - SRS / SRT

99 Intra cavitory RT

100 Brachytherapy - HDR

101 Brachy therapy - LDR

The standard exclusions and waiting period are applicable to all of the above mentioned day care procedure. Only 24 hrs hospitalization is not mandatory.

Other Excluded Expenses

Sl. No.	TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS	
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable / Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures should be considered
	ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES	
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Not Payable
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Not Payable
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Not Payable
62	HORMONE REPLACEMENT THERAPY	Not Payable
63	HOME VISIT CHARGES	Not Payable

64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Not Payable
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Not Payable
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Not Payable
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Not Payable
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Not Payable
69	DONOR SCREENING CHARGES	Not Payable
70	ADMISSION/REGISTRATION CHARGES	Not Payable
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not Payable
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERINGFROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not Payable except to the extend provided under exclusion No.10
74	STEM CELL IMPLANTATION/ SURGERY and Storage	Not Payable except Bone Marrow Transplantation where covered by policy
	ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS	
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
77	MICROSCOPE COVER	Payable under OT Charges, not separately.
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not separately
79	SURGICAL DRILL	Payable under OT Charges, not separately
80	EYE KIT	Payable under OT Charges, not separately
81	EYE DRAPE	Payable under OT Charges, not separately
82	X-RAY FILM	Payable under Radiology Charges, not as consumable
83	SPUTUM CUP	Payable under Investigation charges, not as consumable
84	BOYLES APPARATUS CHARGES	Part of OT charges, not separately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
86	Antiseptic or disinfectant lotions	Not Payable Part of Dressing Charges
87	BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES, SYRINGES	Not Payable- Part of Dressing Charges
88	COTTON	Not Payable Part of Dressing Charges
89	COTTON BANDAGE	Not Payable Part of Dressing Charges
90	MICROPORE/ SURGICAL TAPE	Not Payable- Payable by the patient when prescribed, otherwise included as Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
93	TORNIQUET	Not Payable(service is charged by hospitals, consumables cannot be separately charged)
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
95	URINE CONTAINER	Not Payable
	ELEMENTS OF ROOM CHARGE	
96	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
97	HVAC	Part of room charge not payable separately

98	HOUSE KEEPING CHARGES	Part of room charge not payable separately
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
101	SURCHARGES	Part of room charge not payable separately
102	ATTENDANT CHARGES	Not Payable Part of Room Charges
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable
104	CLEAN SHEET	Part of Laundry / Housekeeping not payable separately
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
106	BLANKET/WARMER BLANKET	Not payable part of room charges
	ADMINISTRATIVE OR NON-MEDICAL CHARGES	
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTAINANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
	EXTERNAL DURABLE DEVICES	
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMODE	Not Payable
134	CPAP/ CAPD EQUIPMENTS	Device not Payable
135	INFUSION PUMP - COST	Device not Payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES	Device not Payable
138	SPACER	Not Payable
139	SPIROMETRE	Device not Payable
140	SPO2 PROBE	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBO SACRAL BELT	Essential and should be paid specifically for cases who have undergone surgery of lumbar spine.

151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia / quadriplegia for any reason and at reasonable cost of approximately Rs.200/day
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	Not Payable
155	ABDOMINAL BINDER	Essential and should be paid in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
	ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION	
156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC	May be payable when prescribed for patient, not payable or hospital use in OT or ward or for dressings in hospital
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES-DIET CHARGES	Patient Diet provided by hospital is payable
159	SUGAR FREE Tablets	Payable-Sugar free variants of admissible medicines are not excluded
160	CREAMS POWDERS LOTIONS (TOILETERIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)	Payable when prescribed
161	Digestion gels	Payable when prescribed
162	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU, For longer stay in ICU, may require a change and at least one set every second day must be payable.
163	GLOVES	Sterilized Gloves payable/ unsterilized gloves not payable
164	HIV KIT	Payable - payable pre operative screening
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
166	LOZENGES	Payable when prescribed
167	MOUTH PAINT	Payable when prescribed
168	NEBULISATION KIT	If used during hospitalization is payable reasonably
169	NOVARAPID	Payable when prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine Vaccination not payable/Post Bite Vaccination payable
	PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE	
173	AHD	Not Payable Part of Hospital's internal Cost
174	ALCOHOL SWABES	Not Payable Part of Hospital's internal Cost
175	SCRUB SOLUTION/STERILLIUM	Not Payable Part of Hospital's internal Cost

OTHERS		
176	VACCINE CHARGES FOR BABY	Not Payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT,ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not Payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not Payable
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK (Glucometery/ Strips)	Not Payable pre hospitalization or post hospitalization/ Reports and Charts
		required/Device not payable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Payable Ambulance from home to hospital or interhospital shifts is payable /RTA as specific requirement is payable
196	TEGADERM / VASOFIX SAFETY	Payable maximum of 3 in 48 hrs and then 1 in 24 hrs
197	URINE BAG	Payable where medically necessary till a reasonable cost-maximum 1 per 24 hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Essential for case like CABG etc, where it should be paid

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