



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.

Policy Wordings



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Customer Information Sheet - Star Comprehensive Insurance Policy

Unique Identification No. : IRDA/NL-HLT/SHAI/P-H/V.III/398/14-15

TITLE	DESCRIPTION	CLAUSE No. OF THE POLICY
What am I covered for	A. In-patient Treatment : covers hospitalisation expenses for period more than 24 hrs.	Section-1
	B. Emergency Ambulance- Minimum Rs. 2,000/- per policy period, Maximum Rs. 5,000/- based on the sum insured opted. In case of Air Ambulance, the per policy limit is up to 10% of the Sum Insured opted. Note : Air Ambulance is available for the Sum Insured of Rupees 7.50 lakhs and above only	1(D)
	C. Pre-Hospitalisation : Medical Expenses incurred up to 30 days prior to the hospitalisation	1(E)
	D. Post-Hospitalisation : Medical Expenses incurred up to 60 days after discharge from the hospital	1(F)
	E. Outpatient consultation (other than Dental and Ophthalmic treatment) Minimum Rs. 1,200/- Maximum Rs.3,300/- based on the sum insured	1-G
	F. Domiciliary Hospitalisation treatment for a period exceeding three days	1-H
	G. Coverage for Delivery Minimum Rs.10,000/- Maximum Rs.40,000/- based on the sum insured New Born Baby cover Minimum Rs.50,000/- maximum Rs.1,00,000/- based on the sum insured	Section-2
	H. Outpatient Dental and Ophthalmic treatment Minimum Rs. 5,000/- Maximum Rs.10,000/- based on the sum insured	Section-3
	I. Cash benefit for each completed day of hospitalization .	Section-4
	J. Health Check up : Expenses incurred for health check up minimum Rs. 5,000/- maximum Rs. 12,000/- based on the sum insured	Section-5
	K. Bariatric Surgery	Section-6
	L. Accidental Death and Permanent Total Disablement	Section 7
	M. Second Medical Opinion	Section 8
	N. Day Care Procedure	List Attached
	O. Restoration of Sum Insured : Automatic restoration of basic sum insured once during the currency of the policy period on exhaustion of the basic sum insured and accrued cumulative bonus, if any	Condition 11
What are the major Exclusions Applicable for Sections 1 to 6	1. Any hospital admission primarily for investigation/diagnostic purposes	Exclusion-11
	2. Pregnancy (other than ectopic pregnancy) (except to the extend covered under section 2) infertility, congenital external (other than for new born)	Exclusion-13
	3. Non Allopathic Treatment	Exclusion-18
	4. Treatment outside India	Condition-15

TITLE	DESCRIPTION	CLAUSE No. OF THE POLICY
What are the major Exclusions Applicable for Sections 1 to 6	5. Circumcision, Sex change surgery, cosmetic surgery and plastic surgery (other than for accidents or covered disease)	Exclusion-6
	6. Refractive error correction/ hearing impairment correction, corrective and cosmetic dental surgery, weight control services including cosmetic procedures for treatment of obesity, medical treatment for weight control/loss programs except to the extent provided under Section-6	Exclusion-16 and 17
	7. Intentional self injury and use of intoxicating drugs/alcohol/HIV or AIDS	Exclusion-9 and 10
	8. War, terrorism and nuclear perils	Exclusion-4 and 5
	9. Naturopathy Treatment	Exclusion-14
	10. Enhanced External Counter Pulsation therapy and related therapies and Rotational Field Quantum Magnetic Resonance Therapy	Exclusion-19
	11. Hospital registration charges, admission charges, record charges, telephone charges and such other charges	Exclusion-15
	The exclusions given above are only a partial list. Please refer the policy clause for the complete list	
What are the major Exclusions Applicable for Section 7	1. All Pre-existing Conditions	Exclusion - 23
	2. Intentional Self injury and use of intoxicating drugs /alcohol/ HIV or AIDS	Exclusion – 24 and 25
	3. War (nuclear, chemical and biological terrorism and nuclear perils)	Exclusion – 27 and 29
	4. Engaging in Hazardous sports/ activities	Exclusion - 31

(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

STAR COMPREHENSIVE INSURANCE POLICY

Unique Identification No. : IRDA/NL-HLT/SHAI/P-H/V.III/398/14-15

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 that if during the period stated in the Schedule of Benefits 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, 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** the amount of such expenses as are reasonably and necessarily incurred up-to the limits indicated but not exceeding the sum insured in any one period stated in the Schedule hereto.

1. COVERAGE:

Section 1 : Hospitalization

- A) Room (Single Standard A/C room), Boarding and Nursing Expenses as provided by the Hospital / Nursing Home
- 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, Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker and similar expenses.
- D) Emergency ambulance charges up-to the limit stated in the schedule of Benefits 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 such Hospitalization claim is admissible as per the Policy.

Subject to the above terms, the Insured Person/s is/are eligible for reimbursement, expenses incurred towards the cost of air ambulance as per the schedule of Benefits, if availed on the advice of the treating Medical Practitioner / Hospital. Air ambulance is payable for only from the place of first occurrence of the illness / accident to the nearest appropriate hospital. Such Air ambulance should have been duly licensed to operate as such by Competent Authorities of the Government/s.

- E) Relevant **Pre-Hospitalization** medical expenses incurred for a period up-to 30 days immediately prior to the date of Hospitalization on the disease / illness sustained following an admissible claim under the policy.
- F) Post Hospitalization expenses incurred under the policy towards Consultant fees, Diagnostic charges, Medicines and Drugs wherever recommended by the Hospital / Medical Practitioner, where the treatment was taken, for 60 days after discharge from the hospital following an admissible claim. Provided however such expenses so incurred are in respect of ailment for which the insured person was hospitalized.
- G) Expenses of Medical Consultations as an Out Patient incurred in a Network Hospital for other than Dental and Ophthalmic treatments, up to the limits mentioned in the schedule of benefits with a limit of Rs.300/- per consultation. Payment under this benefit G does not form part of Sum Insured, and payable while the policy is in force.
- H) Domiciliary hospitalization treatments for a period exceeding three days

Coverage for medical treatment for a period exceeding three days, for an illness/disease/injury, which in the normal course, would require care and treatment at a Hospital but, on the advice of the attending Medical Practitioner, is taken whilst confined at home under any of the following circumstances

1. The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
2. The patient takes treatment at home on account of non-availability of room in a hospital.

However, this benefit shall not cover Asthma, Bronchitis, Chronic Nephritis and Nephritic Syndrome, Diarrhoea and all types of Dysenteries including Gastro-enteritis, Diabetes Mellitus and Insipidus, Epilepsy, Hypertension, Influenza, Cough and Cold, all Psychiatric or Psychosomatic Disorders, Pyrexia of unknown origin for less than 10 days, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Arthritis, Gout and Rheumatism.

Pre-hospitalisation and Post-hospitalization expenses are not payable for this cover

Note: Expenses on Hospitalization are payable provided the hospitalization is for minimum period of 24 hours. However this time limit will not apply for the treatments / procedures mentioned in the list of Day Care treatments, taken in the Hospital / Nursing Home and the Insured are discharged on the same day.

Section 2 : Delivery and New Born

- A) Expenses for a Delivery including Delivery by Caesarean section (including pre-natal and post natal expenses) up-to the limits mentioned in the schedule per Delivery, subject to a maximum of 2 deliveries in the entire life time of the insured person are payable *while the policy is in force*.
- B) Expenses up-to the limits mentioned in the Schedule of Benefits, incurred in a hospital/ nursing home on treatment of the New-born for any disease, illness (including any congenital disorders) or accidental injuries provided there is an admissible claim under A of Section-2 above and while the policy is in force.
- C) Vaccination expenses up to Rs.1000/, for the new born baby until the new born baby completes one year and is added in the policy on renewal. Claim under this is admissible only if claim under A of Section-2 above has been admitted and *while the policy is in force*.

Special Conditions applicable for this Section

- 1) Benefit under this section is subject to a waiting period of 36 months from the date of first commencement of this policy and continuous renewal thereof with the company. A waiting period of 24 months will apply afresh following a claim under "A" of Section-2 above.
- 2) Pre-hospitalisation and Post Hospitalization expenses and Hospital Cash Benefit are not applicable for this section.
- 3) This cover is available only when both Self and Spouse are Covered under this policy until the period when the benefit under this Section becomes payable. Claims under this section will not reduce the Sum Insured and will not impact the benefit under Section 5.

Section 3 : Out-patient Dental and Ophthalmic Treatment

Expenses incurred on acute treatment to a natural tooth or teeth or the services and supplies provided by a licensed dentist, up to limits mentioned in the schedule of Benefits are payable.

Expenses incurred for the treatment of the eye or the services or supplies provided by a licensed ophthalmologist, hospital or other provider that are medically necessary to treat eye problem including cost of spectacles / contact lenses, not exceeding the limit for the coverage as mentioned in the Schedule of Benefits are payable.

The insured persons become eligible for this benefit after continuous coverage under this policy after every block of 3 years with the company and payable while the policy is in force.

Claims under this section will not reduce the Sum Insured *and will not impact the benefit under Section 5*

Section 4 : Hospital Cash

Cash Benefit up to the limits mentioned in the Schedule of Benefits for each completed day of Hospitalization subject to a maximum of 7 days per occurrence is payable. Provided however there is an admissible claim under Section 1 of the policy.

This Benefit is available for a maximum of 120 days during the entire policy period.

This benefit is subject to an excess of first 24 hours of Hospitalization for each and every claim. Claims under this section will not reduce the Sum Insured.

Section 5 : Health Check Up

Expenses incurred towards Cost of Medical Check-up up to the Limits indicated in the Schedule of Benefits is payable. The insured persons become eligible for these benefits after continuous coverage under this policy after every block of 3 claim-free years with the Company and payable while the policy is in force.

Where the policy is on a floater basis, if a claim is made under Section 1 (other than Section 1G) or under Section 6 by any of the insured persons the health check up benefits will not be available under the policy. However where the policy is on individual sum insured basis a claim made by one insured person will not affect the Health Check-up benefit to other insured persons covered.

Section 6 : Bariatric Surgery

Expenses incurred on hospitalization for bariatric surgical procedure and its complications thereof are payable subject to a maximum of Rs.2,50,000/- during the policy period. This maximum limit of Rs.2,50,000/- is inclusive of pre-hospitalisation and post hospitalization expenses.

Special conditions:

1. This benefit is subject to a waiting period of 36 months from the date of first commencement of this policy and continuous renewal thereof with the Company.
2. The minimum age of the insured at the time of surgery should be above 18 years.
3. This benefit shall not apply where the surgery is performed for
 - a) Reversible endocrine or other disorders that can cause obesity
 - b) Current drug or alcohol abuse
 - c) Uncontrolled, severe psychiatric illness
 - d) Lack of comprehension of risks, benefits, expected outcome, alternatives and lifestyle changes required with bariatric surgery.
 - e) Bariatric surgery performed for Cosmetic reasons

4. The indication for the procedure should be found appropriate by two qualified surgeons and the insured person shall obtain prior approval for cashless treatment from the Company.
5. To make a claim, the insured person should satisfy the following criteria as devised by NIH (National Institute of Health)
 - a) The BMI should be greater than 40 or greater than 35 with co-morbidities (like Diabetes, High Blood Pressure etc.)
 - b) Is unable to lose weight through traditional methods like diet and exercise.

Note: Claims under this section shall be processed only on cashless basis. The limit of cover provided under this section forms part of the sum insured.

Section 7 : Accidental Death and Permanent Total Disablement

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 then the Company will pay as under:

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 the Sum Insured mentioned in the Schedule
2. **Permanent Total 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, 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.

Special Conditions:

1. If the Accident affects any physical or mental function, which was already impaired prior to the accident, a deduction as recommended by any Government Doctor not below the rank of a Civil Surgeon will be made in respect of this prior disablement.
2. In the event of Permanent Total 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.
3. This Section is applicable for the person specifically mentioned in the Schedule.
4. The sum insured for this Section is equal to the sum insured opted for Health Section
5. Where a claim has been paid during the policy period the cover under this Section ceases until the expiry of the policy. Upon renewal the cover applies to the person specifically chosen again. However even if the sum insured under this section is exhausted by way of claim, the coverage under health section will continue until expiry of the policy period.
At any point of time only one person will be eligible to be covered under this Section.
6. Any claim under health portion will not affect the Sum Insured under this section.
7. Where there is an admissible claim for Accidental Death during the policy period, the health cover will continue for the remaining insured persons.
Where there is an admissible claim for Permanent Total Disability during the policy period, the health cover would continue until the expiry of the policy for all the insured persons covered including the person who has made a claim for Permanent Total Disability and renewal thereof.
Where there is an admissible claim for Permanent Total Disability or Death during the policy period, the personal accident cover will be applicable for another person chosen at the time of renewal.
8. Geographical Scope : The cover under this section applies World Wide

Section 8 : Option for Second Medical Opinion

The Insured Person is given the facility of obtaining a Medical Second Opinion from a Doctor in the Company's network of Medical Practitioners. This is an optional benefit to the Insured Person. All the medical records provided by the Insured Person will be submitted to the Doctor chosen by him/her either online or through post/courier and the medical opinion will be made available directly to the Insured by the Doctor.

Subject to the following conditions :-

- This should be specifically requested for by the Insured Person
- This opinion is given without examining the patient, based only on the medical records submitted.
- The second opinion should be only for medical reasons and not for medico-legal purposes.
- Any liability due to any errors or omission or consequences of any action taken in reliance of the second opinion provided by the Medical Practitioner is outside the scope of this policy.
- Utilizing this facility alone will not amount to making a claim.

2. DEFINITIONS

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

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.

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

Capital Sum Insured means the sum insured available under Section 7 (Personal Accident)

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 in the visible and accessible parts of the body.

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

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

Cumulative Bonus shall mean any increase in the sum insured granted by the insurer without an associated increase in premium.

Day Care Centre means any institution established for day care treatment of illness and / or injuries or a medical set up within a hospital and which has been registered with the local authorities, wherever applicable and is under the supervision of a Registered and Qualified Medical Practitioner and must comply with all minimum criteria as under :-

-has qualified nursing staff under its employment;

-has qualified medical practitioner/s in charge;

-has a fully equipped operation theatre of its own where surgical procedures are carried out.

-maintains daily records of patients and will make these accessible to the insurance company's authorized personal

Day Care Treatment means medical treatment and or surgical procedure which is: - undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hours because of technological advancement, and - which would have otherwise required a hospitalization of more than 24 hours. Treatment normally taken on an out patient basis is not included in the scope of this definition.

Dental Treatment is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.

Dependent Child means a child (natural or legally adopted) who is financially dependent and does not have his or her independent source of income and not over 25 years

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 be forfeited to the Company, in the event of misrepresentation, mis description or non disclosure of any material fact

Domiciliary hospitalisation means medical treatment for a period exceeding three days, for an illness/disease/injury, which in the normal course, would require care and treatment at a Hospital but, on the advice of the attending Medical Practitioner, is taken whilst confined at home under any of the following circumstances :

The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or

The patient takes treatment at home on account of non-availability of room in a hospital.

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.

Hospitalization means admission in a hospital for a minimum period of 24 in patient care consecutive hours except for specified procedures/treatment where such admission could be for a period of less than 24 consecutive hours.

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.

Illness means sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and requires 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

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.

Intensive Care Unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards

Note: Such facility must be separate and apart from surgical recovery room and from rooms' beds and wards customarily used for patient confinement.

Medical Advice Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

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.

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.

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

Maternity expense shall include a) Medical treatment expenses traceable to child birth (including complicated deliveries and caesarean sections) incurred during Hospitalization b) expenses towards the lawful medical termination of pregnancy during the Policy Period.

Newborn baby means baby born during the Policy Period and is aged between 1 day and 90 days, both days inclusive.

Network Hospital means all such hospitals, day care centers or other providers that the Insurance 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

Notification of claim is the process of notifying a claim to the insurer by specifying the timelines as well as the address / telephone number to which it should be notified.

Out-patient treatment is one in which the Insured visits a clinic/hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a medical practitioner. The insured is not admitted as a day care or in-patient.

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.

Pre Hospitalization means Medical Expenses incurred immediately before the Insured Person is hospitalized, 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.

Portability means transfer by an individual health insurance policy holder (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

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

Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

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.

Single Standard A/C Room means an individual air-conditioned room with attached wash room. This room may have a television, telephone and a couch. This does not include deluxe room / suite or room with additional facilities other than those stated herein.

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.

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

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:

Applicable for Sections 1 to 6

1. Pre Existing Diseases as defined in the policy until 48 consecutive months of continuous coverage has elapsed, since inception of the first policy with any Indian Insurer.
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, degenerative disc of vertebral diseases and 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 Suppurative Otitis Media and related disorders, hernia, hydrocele, fistula / fissure in ano and haemorrhoids congenital internal disease/defect (except to the extent provided under Section 2 for New Born)
 - b) All treatments (conservative, interventional, open laparoscopic) for Hepatobiliary Gall Bladder and Pancreatic stones and Genito-urinary calculi.

- c.) All treatments (conservative, interventional, open, and laparoscopic) for Uterine prolapse, Dysfunctional Uterine Bleeding, Fibroids, Pelvic Inflammatory Diseases, all diseases of fallopian tubes and ovaries,
- d.) Arthroscopic repair and removal [other than caused by an accident]
- If these are Pre-Existing at the time of proposal they will be covered subject to the waiting period mentioned in Exclusion 1 above
- The 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
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. However this exclusion will not apply where such expenses are for post –bite treatment, for medical treatment other than preventive treatments and to the extent provided for under Section 2 for New Born Child
 - c) Inoculation or change of life 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 (in excess of what is specifically provided), hearing aids including cochlear implants, walkers, crutches wheel chairs and such other aids.
 8. Dental treatment or surgery (in excess of what is specifically provided) unless necessitated due to accidental injuries and requiring hospitalization.
 9. Convalescence, general debility, Run-down condition or rest cure, nutritional deficiency states, psychiatric , Psychosomatic disorders, Congenital external disease or defects or anomalies (except to the extent provided under Section 2 for New Born) sterility, venereal disease, intentional self injury and use of intoxicating drugs/alcohol.
 10. All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympo 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, miscarriage, abortion or complications of any of these (other than ectopic pregnancy and to the extent covered under Section 2)
 14. Naturopathy Treatment.
 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-vitreous injections.
 17. Expenses incurred on weight control services including cosmetic procedures for treatment of obesity, medical treatment for weight control, treatment for metabolic, genetic and endocrine disorders except to the extent provided as per 'Coverage' under Section-6 .
 18. Expenses incurred on Non Allopathic treatment.
 19. Expenses incurred on Enhanced External Counter Pulsation therapy and related therapies and Rotational Field Quantum Magnetic Resonance Therapy
 20. Any specific time-bound or life time exclusions applied, specified and accepted by the insured
 21. Other expenses as detailed in the policy.

Applicable for Section 7

22. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
23. Any injuries/conditions which are Pre-existing conditions
24. Any claim arising out of Accidents that the Insured Person has caused
 - a) intentionally or
 - b) by committing a crime / involved in it or
 - c) as a result of / in a state of drunkenness or addiction (drugs, alcohol).
25. 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.
26. 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.
27. 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.
28. 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.
29. 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
30. 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.
31. Participation in Hazardous Sport / Hazardous Activities
32. Persons who are physically and mentally challenged, unless specifically agreed and endorsed in the policy.
33. 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.
34. 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
35. 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.
36. Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly.
37. Any claim for Death or Permanent Total Disablement of the Insured Person from self-endangerment unless in self-defense or to save life.

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, 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. 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: Condition 2 and 3 are precedent to admission of liability under the policy. However the company may examine and relax the time limits mentioned in condition nos. 2 and 3 depending upon the merits of the Case.

Post hospitalization bills are to be submitted within 15 days after completion of 60 days from the date of discharge from hospital

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 Claim

- 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.

Note: Claim towards Bariatric Surgery under Section-6 will not be processed on Reimbursement Basis.

For Cashless Treatment:

- a. Call the 24 hour help-line for assistance - 1800 425 2255
- b. Inform the ID number for easy reference
- c. On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk
- d. Obtain the Pre-authorization Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
- e. The Treating Doctor will complete the hospitalisation/ treatment information and the hospital will fill up expected cost of treatment.
- f. This form is submitted to the Company
- g. The Company will process the request and call for additional documents/ clarifications if the information furnished is inadequate.
- h. Once all the details are furnished, the Company will process the request as per the terms and conditions as well as the exclusions therein and either approve or reject the request based on the merits.
- i. In case of emergency hospitalization information to be given within 24 hours after hospitalization
- j. Cashless facility can be availed only in networked Hospitals

Denial of a Pre-authorization request is in no way to be construed as denial of treatment or denial of coverage. The Insured Person can go ahead with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.

In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents

Prescriptions and receipts for Pre and Post-Hospitalization

Claims of Out Patient Consultations / treatments will be settled on a reimbursement basis on production of cash receipts.

For Accidental Death Claims:-

- a. Death Certificate
- b. Post-mortem Certificate, if conducted
- c. FIR (wherever required)
- d. Police Investigation report (wherever required)
- e. Viscera Sample Report (wherever required)
- f. Forensic Science Laboratory report (wherever required)

- g. Legal Heir Certificate
- h. Succession Certificate (wherever required)

For Permanent Total Disablement Claims:

Certificate from Government doctor confirming the disability and its percentage

Note: 1. The Company authorized doctor may examine the insured if required

- 2. 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 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 Company's Cost.
- 6. **Co-payment:** This policy is subject to co-payment of 10% of each and every claim amount for fresh as well as renewal policies for insured persons whose age at the time of proposing this insurance policy is above 60 years. Co-payment is applicable only for Section 1A to F
- 7. 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. This is applicable for claims falling under Section 1 only.
- 8. **Renewal:** The policy will be renewed except on grounds of misrepresentation / Non-disclosure of material fact as declared in the proposal form and at the time of claim, fraud committed / moral hazard or non cooperation of the insured. 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.

Enhancement of sum insured

The sum insured can be enhanced at the time of renewal or at the time of porting-and the same may be allowed at the discretion of the Company. Where the sum insured is enhanced, the amount of such additional sum insured and the amount of cumulative bonus earned on such additional sum insured shall be subject to the following terms:

- a. Medical test will be done at the Company's cost
- b. Waiting period as under shall apply afresh from the date of such enhancement:
 - 1. First 30 days as under Exclusion No. 2
 - 2. 24 months with continuous coverage without break (with grace period) in respect of diseases / treatments falling under exclusion No.3
 - 3. 48 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases as defined under Exclusion No. 1
 - 4. 48 months of continuous coverage without break (with grace period) in respect of diseases / conditions for which the insured was diagnosed / hospitalized in the preceding 2 policy periods.

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 health insurance policy offered by the Company, if requested for by the Insured Person, at the relevant point of time.

Following an admissible claim under Section-7 the coverage under Personal Accident insurance upon renewal will be applicable for the person to be chosen by the Proposer at the time of renewal, subject to other terms, conditions contained herein

- 9. 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 is 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.

10. **Cumulative Bonus (Applicable for Section 1 other than 1G)** Where the sum insured under the policy is Rs.5,00,000/-, the insured person would be entitled to the benefit of bonus calculated at 50% of the basic sum insured under this policy following a claim free year up to a maximum of 100%. In case a claim is made during the policy period, the bonus will be reduced by 50% in the following year. If there is a claim in the succeeding year also the bonus will become zero. The basic sum insured will however not be reduced.

Where the sum insured under the policy is Rs.7,50,000/- or Rs.10,00,000/- or Rs.15,00,000/- or Rs.20,00,000/- or Rs.25,00,000/-, the insured person would be entitled to the benefit of bonus calculated at 100% of the basic sum insured under this policy following a claim free year. In case a claim is made during the policy period, the bonus will become zero in the following year. The maximum allowable bonus is 100%.

Note: The bonus will be offered on that part of the sum insured that is continuously renewed. Such bonus will be available only upon timely renewal of the policy without break or upon renewal within the grace period allowed. If the Insured opts to reduce the basic Sum Insured at a subsequent renewal, the limit of indemnity by way of such Bonus shall not exceed such reduced sum insured.

Claim under Coverage 1(G) will not affect the No Claim Bonus.

11. **Automatic Restoration of Sum Insured (Applicable for Section 1 Only)**

There shall be automatic restoration of the Basic Sum Insured by 100% immediately upon exhaustion of the Basic Sum Insured and accrued Cumulative Bonus if any, once during the policy period It is made clear that such restored Sum Insured can be utilized only for illness /disease unrelated to the illness /diseases for which claim/s was /were made.

Such restoration will be available for section 1 other than Section 1G.

12. **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-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

13. **Automatic Termination:**

The Health Insurance cover shall terminate immediately on the death of the Insured Person. This also means that in case of family floater policy, cover for the other surviving members of the family will continue, subject to other terms of the policy.

In case of a claim being paid under Section-7 of this policy, this Personal Accident cover ceases for the remaining period of the policy.

14. **Cancellation:** The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact 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 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

PERIOD ON RISK	RATE OF PREMIUM TO BE RETAINED
Up to one-month	1/3rd of the annual premium
Up to three Months	½ of the annual premium
Up to six months	3/4th of the annual premium
Exceeding six months	full annual premium

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. **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

17. Relief under Section 80-D: Insured Person is eligible for relief under Section 80-D of the Income Tax Act in respect of the amount paid by any mode other than cash.
18. In case the policy is issued on floater basis, the sum insured under the policy floats among the insured persons. The specified waiting periods shall be individually applicable to each insured person from date of induction of such insured person into this contract of insurance for the first time for such floater benefits and not be construed in common from the date of commencement of the policy of insurance for the first time itself. This condition is not applicable for Section 7
19. 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.

20. **Policy Dispute:** 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.
21. **Notice:** 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 Toll Free Fax No. 1800 425 5522 E-Mail - support@starhealth.in
22. **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.

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.

23. **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.
24. **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- 600 034. 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.

CONTACT DETAILS	JURISDICTION
<p>AHMEDABAD Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014 Tel.:- 079-27546150/139. Fax:- 079-27546142 Email:- bimalokpal.ahmedabad@gbic.co.in</p>	<p>State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.</p>
<p>BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru-560 078. Tel.:- 080-26652048 / 26652049 Email:- bimalokpal.bengaluru@gbic.co.in</p>	<p>Karnataka.</p>
<p>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:- bimalokpalbhupal@gbic.co.in</p>	<p>States of Madhya Pradesh and Chattisgarh.</p>
<p>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</p>	<p>State of Orissa.</p>
<p>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 / 2706468 Fax:- 0172-2708274 Email:- bimalokpal.chandigarh@gbic.co.in</p>	<p>States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.</p>
<p>CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI – 600 018. Tel.:- 044-24333668 / 24335284 Fax:- 044-24333664 Email:- bimalokpal.chennai@gbic.co.in</p>	<p>State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).</p>
<p>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</p>	<p>State of Delhi</p>

CONTACT DETAILS	JURISDICTION
<p>ERNAKULAM Office of the Insurance Ombudsman, 2nd floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, Ernakulum - 682 015. Tel.:- 0484-2358759/2359338 Fax:- 0484-2359336 Email:- bimalokpal.ernakulum@gbic.co.in</p>	Kerala, Lakshadweep, Mahe-a part of Pondicherry
<p>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:- 0361-2732937 Email:- bimalokpal.guwahati@gbic.co.in</p>	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<p>HYDERABAD Office of the Insurance Ombudsman,6-2-46, 1st floor, "Moin Court" Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.:- 040-65504123/23312122 Fax:- 040- 23376599 Email:- bimalokpal.hyderabad@gbic.co.in</p>	States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry.
<p>JAIPUR Office of the Insurance Ombudsman,Jeevan Nidhi-II Bldg., Ground Floor, Bhawani Singh Marg, Jaipur- 302005. Tel.:- 0141-2740363 Email:- bimalokpal.jaipur@gbic.co.in</p>	State of Rajasthan.
<p>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</p>	States of West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands.
<p>LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.:- 0522-2231330 / 2231331 Fax:- 0522-2231310. Email:- bimalokpal.lucknow@gbic.co.in</p>	District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur, Maharajganj, Santkabimnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar.
<p>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</p>	States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.

CONTACT DETAILS	JURISDICTION
<p>NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Gautam Budh Nagar, Noida U.P-201301. Tel: 0120-2514250 / 2514251 / 2514253 Email:- bimalokpal.noida@gbic.co.in</p>	<p>States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanoj, 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.</p>
<p>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</p>	<p>States of Bihar and Jharkhand.</p>
<p>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</p>	<p>States of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>

Schedule of Benefits	
Section 1 D	
Sum Insured (Rs)	Limit per policy period by road ambulance (Up-to) (Rs)
500000/-	2,000/-
750000/-	3,000/-
1000000/-	3,500/-
1500000/-	4,000/-
2000000/-	4,500/-
2500000/-	5,000/-

In case of Air Ambulance, the limit per policy period is up to 10% of the Sum Insured. However, this is not available for Sum Insured option of Rupees Five Lakhs.

Out-Patient Consultation Section 1-G	
Sum Insured Rs	Limit for Out Patient consultation per policy period for other than Dental and Ophthalmic Treatments (up to Rs.)
5,00,000/-	1200/-
7,50,000/-	1500/-
10,00,000/-	2100/-
15,00,000/-	2400/-
20,00,000/-	3000/-
25,00,000/-	3300/-

Limit of per consultation is Rs.300/-

Section 2 Delivery and New Born			
Sum Insured Rs.	Limit for Delivery		Limit of Company's liability for New Born Cover Rs.
	Normal Delivery Rs.	Delivery by Caesarean Section Rs.	
5,00,000/-	10000/-	15000/-	50000/-
7,50,000/-	20000/-	40000/-	100000/-
10,00,000/-	25000/-	40000/-	100000/-
15,00,000/-	25000/-	40000/-	100000/-
20,00,000/-	25000/-	40000/-	100000/-
25,00,000/-	25000/-	40000/-	100000/-

Section 3 Out-patient Dental and Ophthalmic Treatment	
Sum Insured Rs	Limit for Out Patient Dental and Ophthalmic Treatments for each block of 3 continuous years (up to Rs.)
5,00,000/-	5000/-
7,50,000/-	5000/-
10,00,000/-	10000/-
15,00,000/-	10000/-
20,00,000/-	10000/-
25,00,000/-	10000/-

Section 4 Hospital Cash	
Sum Insured Rs	Limit of Company's liability per day (Rs)
5,00,000/-	500/-
7,50,000/-	750/-
10,00,000/-	750/-
15,00,000/-	1000/-
20,00,000/-	1000/-
25,00,000/-	1500/-

Section 5 Health Check Up	
Sum Insured Rs	Limit (Up to Rs)
5,00,000/-	5000/-
7,50,000/-	7500/-
10,00,000/-	7500/-
15,00,000/-	12000/-
20,00,000/-	12000/-
25,00,000/-	12000/-

Section 7 Accidental Death and Permanent Total Disablement	
Benefits	Percentage of the Sum Insured
1. Death	100%
2. Permanent Total Disablement Total and irrevocable loss* of	100%
(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%

LIST OF DAY-CARE TREATMENTS

	ENT	68	CCRT-Concurrent Chemo + RT
1	Stapedotomy	69	2D Radiotherapy
2	Myringoplasty(Type I Tympanoplasty)	70	3D Conformal Radiotherapy
3	Revision stapedectomy	71	IGRT- Image Guided Radiotherapy
4	Labyrinthectomy for severe Vertigo	72	IMRT- Step & Shoot
5	Stapedectomy under GA	73	Infusional Bisphosphonates
6	Ossiculoplasty	74	IMRT- DMLC
7	Myringotomy with Grommet Insertion	75	Rotational Arc Therapy
8	Tympanoplasty (Type III)	76	Tele gamma therapy
9	Stapedectomy under LA	77	FSRT-Fractionated SRT
10	Revision of the fenestration of the inner ear.	78	VMAT-Volumetric Modulated Arc Therapy
11	Tympanoplasty (Type IV)	79	SBRT-Stereotactic Body Radiotherapy
12	Endolymphatic Sac Surgery for Meniere's Disease	80	Helical Tomotherapy
13	Turbinectomy	81	SRS-Stereotactic Radiosurgery
14	Removal of Tympanic Drain under LA	82	X-Knife SRS
15	Endoscopic Stapedectomy	83	Gammaknife SRS
16	Fenestration of the inner ear	84	TBI- Total Body Radiotherapy
17	Incision and drainage of perichondritis	85	intraluminal Brachytherapy
18	Septoplasty	86	Electron Therapy
19	Vestibular Nerve section	87	TSET-Total Electron Skin Therapy
20	Thyroplasty Type I	88	Extracorporeal Irradiation of Blood Products
21	Pseudocyst of the Pinna - Excision	89	Telecobalt Therapy
22	Incision and drainage - Haematoma Auricle	90	Telecesium Therapy
23	Tympanoplasty (Type II)	91	External mould Brachytherapy
24	Keratosis removal under GA	92	Interstitial Brachytherapy
25	Reduction of fracture of Nasal Bone	93	Intracavity Brachytherapy
26	Excision and destruction of lingual tonsils	94	3D Brachytherapy
27	Conchoplasty	95	Implant Brachytherapy
28	Thyroplasty Type II	96	Intravesical Brachytherapy
29	Tracheostomy	97	Adjuvant Radiotherapy
30	Excision of Angioma Septum	98	Afterloading Catheter Brachytherapy
31	Turbinoplasty	99	Conditioning Radiotherapy for BMT
32	Incision & Drainage of Retro Pharyngeal Abscess	100	Extracorporeal Irradiation to the Homologous Bone grafts
33	Uvulo Palato Pharyngo Plasty	101	Radical chemotherapy
34	Palatoplasty	102	Neoadjuvant radiotherapy
35	Tonsillectomy without adenoidectomy	103	LDR Brachytherapy
36	Adenoidectomy with Grommet insertion	104	Palliative Radiotherapy
37	Adenoidectomy without Grommet insertion	105	Radical Radiotherapy
38	Vocal Cord lateralisation Procedure	106	Palliative chemotherapy
39	Incision & Drainage of Para Pharyngeal Abscess	107	Template Brachytherapy
40	Transoral incision and drainage of a pharyngeal abscess	108	Neoadjuvant chemotherapy
41	Tonsillectomy with adenoidectomy	109	Adjuvant chemotherapy
42	Tracheoplasty	110	Induction chemotherapy
	Ophthalmology	111	Consolidation chemotherapy
43	Incision of tear glands	112	Maintenance chemotherapy
44	Other operation on the tear ducts	113	HDR Brachytherapy
45	Incision of diseased eyelids		Plastic Surgery
46	Excision and destruction of the diseased tissue of the eyelid	114	Construction skin pedicle flap
47	Removal of foreign body from the lens of the eye.	115	Gluteal pressure ulcer-Excision
48	Corrective surgery of the entropion and ectropion	116	Muscle-skin graft, leg
49	Operations for pterygium	117	Removal of bone for graft
50	Corrective surgery of blepharoptosis	118	Muscle-skin graft duct fistula
51	Removal of foreign body from conjunctiva	119	Removal cartilage graft
52	Biopsy of tear gland	120	Myocutaneous flap
53	Removal of Foreign body from cornea	121	Fibro myocutaneous flap
54	Incision of the cornea	122	Breast reconstruction surgery after mastectomy
55	Other operations on the cornea	123	Sling operation for facial palsy
56	Operation on the canthus and epicanthus	124	Split Skin Grafting under RA
57	Removal of foreign body from the orbit and the eye ball.	125	Wolfe skin graft
58	Surgery for cataract	126	Plastic surgery to the floor of the mouth under GA
59	Treatment of retinal lesion		Urology
60	Removal of foreign body from the posterior chamber of the eye	127	AV fistula - wrist
	Oncology	128	URSL with stenting
61	IV Push Chemotherapy	129	URSL with lithotripsy
62	HBI-Hemibody Radiotherapy	130	Cystoscopic Litholapaxy
63	Infusional Targeted therapy	131	ESWL
64	SRT-Stereotactic Arc Therapy	132	Haemodialysis
65	SC administration of Growth Factors	133	Bladder Neck Incision
66	Continuous Infusional Chemotherapy	134	Cystoscopy & Biopsy
67	Infusional Chemotherapy	135	Cystoscopy and removal of polyp

136	Suprapubic cystostomy		
137	percutaneous nephrostomy	204	infected keloid excision
139	Cystoscopy and "SLING" procedure.	205	Incision of a pilonidal sinus / abscess
140	TUNA- prostate	206	Axillary lymphadenectomy
141	Excision of urethral diverticulum	207	Wound debridement and Cover
142	Removal of urethral Stone	208	Abscess-Decompression
143	Excision of urethral prolapse	209	Cervical lymphadenectomy
144	Mega-ureter reconstruction	210	infected sebaceous cyst
145	Kidney renoscopy and biopsy	211	Inguinal lymphadenectomy
146	Ureter endoscopy and treatment	212	Incision and drainage of Abscess
147	Vesico ureteric reflux correction	213	Suturing of lacerations
148	Surgery for pelvi ureteric junction obstruction	214	Scalp Suturing
149	Anderson hynes operation	215	infected lipoma excision
150	Kidney endoscopy and biopsy	216	Maximal anal dilatation
151	Paraphimosis surgery	217	Piles
152	injury prepuce- circumcision		A)Injection Sclerotherapy
153	Frenular tear repair		B)Piles banding
154	Meatotomy for meatal stenosis	218	liver Abscess- catheter drainage
155	surgery for fourmier's gangrene scrotum	219	Fissure in Ano- fissurectomy
156	surgery filarial scrotum	220	Fibroadenoma breast excision
157	surgery for watering can perineum	221	Oesophageal varices Sclerotherapy
158	Repair of penile torsion	222	ERCP - pancreatic duct stone removal
159	Drainage of prostate abscess	223	Perianal abscess I&D
160	Orchiectomy	224	Perianal hematoma Evacuation
161	Cystoscopy and removal of FB	225	Fissure in ano sphincterotomy
	Neurology	226	UGI scopy and Polypectomy oesophagus
162	Facial nerve physiotherapy	227	Breast abscess I & D
163	Nerve biopsy	228	Feeding Gastrostomy
164	Muscle biopsy	229	Oesophagoscopy and biopsy of growth oesophagus
165	Epidural steroid injection	230	UGI scopy and injection of adrenaline, sclerosants
166	Glycerol rhizotomy		- bleeding ulcers
167	Spinal cord stimulation	231	ERCP - Bile duct stone removal
168	Motor cortex stimulation	232	Ileostomy closure
169	Stereotactic Radiosurgery	233	Colonoscopy
170	Percutaneous Cordotomy	234	Polypectomy colon
171	Intrathecal Baclofen therapy	235	Splenic abscesses Laparoscopic Drainage
172	Entrapment neuropathy Release	236	UGI SCOPY and Polypectomy stomach
173	Diagnostic cerebral angiography	237	Rigid Oesophagoscopy for FB removal
174	VP shunt	238	Feeding Jejunostomy
175	Ventriculoatrial shunt	239	Colostomy
	Thoracic surgery	240	Ileostomy
176	Thoracoscopy and Lung Biopsy	241	colostomy closure
177	Excision of cervical sympathetic Chain Thoracoscopic	242	Submandibular salivary duct stone removal
178	Laser Ablation of Barrett's oesophagus	243	Pneumatic reduction of intussusception
179	Pleurodesis	244	Varicose veins legs - Injection sclerotherapy
180	Thoracoscopy and pleural biopsy	245	Rigid Oesophagoscopy for Plummer vinson syndrome
181	EBUS + Biopsy	246	Pancreatic Pseudocysts Endoscopic Drainage
182	Thoracoscopy ligation thoracic duct	247	ZADEK's Nail bed excision
183	Thoracoscopy assisted empyaema drainage	248	Subcutaneous mastectomy
	Gastroenterology	249	Excision of Ranula under GA
184	Pancreatic pseudocyst EUS & drainage	250	Rigid Oesophagoscopy for dilation of benign Strictures
185	RF ablation for barrett's Oesophagus	251	Eversion of Sac
186	ERCP and papillotomy		a) Unilateral
187	Esophagoscope and sclerosant injection		b)Bilateral
188	EUS + submucosal resection	252	Lord's plication
189	Construction of gastrostomy tube	253	Jaboulay's Procedure
190	EUS + aspiration pancreatic cyst	254	Scrotoplasty
191	Small bowel endoscopy (therapeutic)	255	Surgical treatment of varicocele
192	Colonoscopy ,lesion removal	256	Epididymectomy
193	ERCP	257	Circumcision for Trauma
194	Colonoscopy stenting of stricture	258	Meatoplasty
195	Percutaneous Endoscopic Gastrostomy	259	Intersphincteric abscess incision and drainage
196	EUS and pancreatic pseudo cyst drainage	260	Psoas Abscess Incision and Drainage
197	ERCP and choledochoscopy	261	Thyroid abscess Incision and Drainage
198	Proctosigmoidoscopy volvulus detorsion	262	TIPS procedure for portal hypertension
199	ERCP and sphincterotomy	263	Esophageal Growth stent
200	Esophageal stent placement	264	PAIR Procedure of Hydatid Cyst liver
201	ERCP + placement of biliary stents	265	Tru cut liver biopsy
202	Sigmoidoscopy w / stent	266	Photodynamic therapy or esophageal tumour and Lung tumour
203	EUS + coeliac node biopsy	267	Excision of Cervical RIB
		268	laparoscopic reduction of intussusception
			General Surgery

269	Microdochoectomy breast
270	Surgery for fracture Penis
271	Sentinel node biopsy
272	Parastomal hernia
273	Revision colostomy
274	Prolapsed colostomy- Correction
275	Testicular biopsy
276	laparoscopic cardiomyotomy(Hellers)
277	Sentinel node biopsy malignant melanoma
278	laparoscopic pyloromyotomy(Ramstedt)
	Orthopedics
279	Arthroscopic Repair of ACL tear knee
280	Closed reduction of minor Fractures
281	Arthroscopic repair of PCL tear knee
282	Tendon shortening
283	Arthroscopic Meniscectomy - Knee
284	Treatment of clavicle dislocation
285	Arthroscopic meniscus repair
286	Haemarthrosis knee- lavage
287	Abscess knee joint drainage
288	Carpal tunnel release
289	Closed reduction of minor dislocation
290	Repair of knee cap tendon
291	ORIF with K wire fixation- small bones
292	Release of midfoot joint
293	ORIF with plating- Small long bones
294	Implant removal minor
295	K wire removal
296	POP application
297	Closed reduction and external fixation
298	Arthrotomy Hip joint
299	Syme's amputation
300	Arthroplasty
301	Partial removal of rib
302	Treatment of sesamoid bone fracture
303	Shoulder arthroscopy / surgery
304	Elbow arthroscopy
305	Amputation of metacarpal bone
306	Release of thumb contracture
307	Incision of foot fascia
308	calcaneum spur hydrocort injection
309	Ganglion wrist hyalase injection
310	Partial removal of metatarsal
311	Repair / graft of foot tendon
312	Revision/Removal of Knee cap
313	Amputation follow-up surgery
314	Exploration of ankle joint
315	Remove/graft leg bone lesion
316	Repair/graft achilles tendon
317	Remove of tissue expander
318	Biopsy elbow joint lining
319	Removal of wrist prosthesis
320	Biopsy finger joint lining
321	Tendon lengthening
322	Treatment of shoulder dislocation
323	Lengthening of hand tendon
324	Removal of elbow bursa
325	Fixation of knee joint
326	Treatment of foot dislocation
327	Surgery of bunion
328	intra articular steroid injection
329	Tendon transfer procedure
330	Removal of knee cap bursa
331	Treatment of fracture of ulna
332	Treatment of scapula fracture
333	Removal of tumor of arm/ elbow under RA/GA
334	Repair of ruptured tendon
335	Decompress forearm space
336	Revision of neck muscle (Torticollis release)
337	Lengthening of thigh tendons
338	Treatment fracture of radius & ulna
339	Repair of knee joint
	Paediatric surgery
340	Excision Juvenile polyps rectum
341	Vaginoplasty
342	Dilatation of accidental caustic stricture oesophageal
343	Presacral Teratomas Excision
344	Removal of vesical stone
345	Excision Sigmoid Polyp
346	Sternomastoid Tenotomy
347	Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
348	Excision of soft tissue rhabdomyosarcoma
349	Mediastinal lymph node biopsy
350	High Orchidectomy for testis tumours
351	Excision of cervical teratoma
352	Rectal-Myomectomy
353	Rectal prolapse (Delorme's procedure)
354	Orchidopexy for undescended testis
355	Detorsion of torsion Testis
356	lap.Abdominal exploration in cryptorchidism
357	EUA + biopsy multiple fistula in ano
358	Cystic hygroma - Injection treatment
359	Excision of fistula-in-ano
	Gynaecology
360	Hysteroscopic removal of myoma
361	D&C
362	Hysteroscopic resection of septum
363	thermal Cauterisation of Cervix
364	MIRENA insertion
365	Hysteroscopic adhesiolysis
366	LEEP
367	Cryocauterisation of Cervix
368	Polypectomy Endometrium
369	Hysteroscopic resection of fibroid
370	LLETZ
371	Conization
372	polypectomy cervix
373	Hysteroscopic resection of endometrial polyp
374	Vulval wart excision
375	Laparoscopic paraovarian cyst excision
376	uterine artery embolization
377	Bartholin Cyst excision
378	Laparoscopic cystectomy
379	Hymenectomy(imperforate Hymen)
380	Endometrial ablation
381	vaginal wall cyst excision
382	Vulval cyst Excision
383	Laparoscopic paratubal cyst excision
384	Repair of vagina (vaginal atresia)
385	Hysteroscopy, removal of myoma
386	TURBT
387	Ureterocoele repair - congenital internal
388	Vaginal mesh For POP
389	Laparoscopic Myomectomy
390	Surgery for SUI
391	Repair recto- vagina fistula
392	Pelvic floor repair(excluding Fistula repair)
393	URS + LL
394	Laparoscopic oophorectomy
	Critical care
395	Insert non- tunnel CV cath
396	Insert PICC cath (peripherally inserted central catheter)
397	Replace PICC cath (peripherally inserted central catheter)
398	Insertion catheter, intra anterior
399	Insertion of Portacath
	Dental
400	Splinting of avulsed teeth
401	Suturing lacerated lip
402	Suturing oral mucosa
403	Oral biopsy in case of abnormal tissue presentation
404	FNAC
405	Smear from oral cavity
	Admissibility will be determined as per the policy terms , conditions and exclusions

Other Excluded Expenses

SI.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	Payable for 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	Payable for Varicose Veins surgeries if Varicose veins surgery 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 payable
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	85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
70	ADMISSION/REGISTRATION CHARGES	Not Payable	86	Antiseptic or disinfectant lotions	Not Payable-Part of Dressing Charges
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not Payable	87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable-Part of Dressing Charges
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable	88	COTTON	Not Payable-Part of Dressing Charges
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not Payable, except to the extend provided under exclusion No. 10	89	COTTON BANDAGE	Not Payable-Part of Dressing Charges
74	STEM CELL IMPLANTATION/ SURGERY and Storage	Not Payable except Bone Marrow Transplantation where covered by policy. Stem cell storage not payable	90	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
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	91	BLADE	Not Payable
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.	92	APRON	Not Payable-Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
77	MICROSCOPE COVER	Payable under OT Charges, not separately.	93	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
78	SURGICAL BLADES,HARMONIC SCALPEL, SHAVER	Payable under OT Charges, not separately	94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
79	SURGICAL DRILL	Payable under OT Charges, not separately	95	URINE CONTAINER ELEMENTS OF ROOM CHARGE	Not Payable
80	EYE KIT	Payable under OT Charges, not separately	96	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
81	EYE DRAPE	Payable under OT Charges, not separately	97	HVAC	Part of room charge not payable separately
82	X-RAY FILM	Payable under Radiology Charges, not as consumable	98	HOUSE KEEPING CHARGES	Part of room charge not payable separately
83	SPUTUM CUP	Payable under Investigation charges, not as consumable	99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
84	BOYLES APPARATUS CHARGES	Part of OT charges, not separately			

100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied	128	MEDICINE BOX	Not Payable
101	SURCHARGES	Part of room charge not payable separately	129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
102	ATTENDANT CHARGES	Not Payable-Part of Room Charges	130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable	EXTERNAL DURABLE DEVICES		
104	CLEAN SHEET	Part of Laundry/ Housekeeping not payable separately	131	WALKING AIDS CHARGES	Not Payable
105	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable	132	BIPAP MACHINE	Not Payable
106	BLANKET/WARMER BLANKET	Not payable-part of room charges	133	COMMUNE	Not Payable
ADMINISTRATIVE OR NON-MEDICAL CHARGES			134	CPAP/ CAPD EQUIPMENTS	Device not Payable
107	ADMISSION KIT	Not Payable	135	INFUSION PUMP - COST	Device not Payable
108	BIRTH CERTIFICATE	Not Payable	136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable	137	PULSEOXIMETER CHARGES	Device not Payable
110	CERTIFICATE CHARGES	Not Payable	138	SPACER	Not Payable
111	COURIER CHARGES	Not Payable	139	SPIROMETRE	Device not Payable
112	CONVENYANCE CHARGES	Not Payable	140	SPO2 PROBE	Not Payable
113	DIABETIC CHART CHARGES	Not Payable	141	NEBULIZER KIT	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable	142	STEAM INHALER	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable	143	ARMSLING	Not Payable
116	DAILY CHART CHARGES	Not Payable	144	THERMOMETER	Not Payable (paid by patient)
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable	145	CERVICAL COLLAR	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible	146	SPLINT	Not Payable
119	FILE OPENING CHARGES	Not Payable	147	DIABETIC FOOT WEAR	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable	148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable	149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
122	MAINTAINANCE CHARGES	Not Payable	150	LUMBO SACRAL BELT	Payable for surgery of lumbar spine.
123	MEDICAL RECORDS	Not Payable	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
124	PREPARATION CHARGES	Not Payable	152	AMBULANCE COLLAR	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable	153	AMBULANCE EQUIPMENT	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable	154	MICROSHEILD	Not Payable
127	WASHING CHARGES	Not Payable			

155	ABDOMINAL BINDER	Payable in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.	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
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION					
156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital	PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not payable	173	AHD	Not Payable-Part of Hospital's internal Cost
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES-DIET CHARGES	Patient Diet provided by hospital is payable	174	ALCOHOL SWABES	Not Payable-Part of Hospital's internal Cost
159	SUGAR FREE Tablets	Payable-Sugar free variants of admissible medicines are not excluded	175	SCRUB SOLUTION/STERILLIUM	Not Payable-Part of Hospital's internal Cost
160	CREAMS POWDERS LOTIONS (TOILETERIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)	Payable when prescribed	OTHERS		
161	Digestion gels	Payable when prescribed	176	VACCINE CHARGES FOR BABY	Not Payable
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.	177	AESTHETIC TREATMENT / SURGERY	Not Payable
163	GLOVES Sterilized Gloves payable/ unsterilized gloves	not payable	178	TPA CHARGES	Not Payable
164	HIV KIT	Payable - payable pre operative screening	179	VISCO BELT CHARGES	Not Payable
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed	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	Payable in case of PIVD requiring traction as this is generally not reused
			189	REFERAL DOCTOR'S FEES	Not Payable

190	ACCU CHECK (Glucometry/ 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	Payable for case like CABG etc

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