

Star Family Delite Insurance Policy

Unique Identification No. : IRDA/NL-HLT/SHAI/P-H/V.I/139/13-14

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

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

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

1. COVERAGE:

- A. Room, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home at 1% of the sum insured per day.
- B. Intensive Care Unit charges upto 1.5% of the Sum Insured.
- C. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees, anesthesia, Blood, Oxygen, Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, diagnostic imaging modalities Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker and similar expenses
- D. Emergency ambulance charges up-to a sum of Rs. 750/- per hospitalization and overall limit of Rs. 1,500/- per policy period for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment provided such hospitalization claim is admissible as per the Policy.
- E. Relevant Pre-Hospitalization medical expenses incurred for a period not exceeding 30 days prior to the date of Hospitalization, for the disease/illness, injury sustained following an admissible claim under the policy.
- F. A sum equivalent to 7% of the hospitalization expenses incurred comprising of Nursing Charges, Surgeon/Consultant fees, Diagnostic charges, Medicines and Drugs only subject to a maximum of Rs. 5,000/- per occurrence, incurred within 60 days from the date of discharge from the hospital, towards **Post Hospitalization** medical expenses wherever recommended by the attending Medical Practitioner.

Where Package rates are charged by the hospitals the Post-Hospitalization benefit will be calculated after taking the room and boarding charges at the applicable limits for the location as provided for in 1.0

Expenses on Hospitalization for minimum period of 24 hours are admissible. However this time limit will not apply for Dialysis, Chemotherapy, Radiotherapy, Cataract surgery, Dental Surgery following accident, Lithotripsy, Tonsillectomy, Incision and Draining of Abscess, Liver Aspiration, Pleural Effusion Aspiration, Sclerotherapy, taken in the Hospital / Nursing Home and the Insured is discharged on the same day.

The amount payable in respect of the following treatment is up-to the limit mentioned there-against and subject to waiting period mentioned in the exclusions

Lithotripsy (Kidney stone removal) Rs15,000/-

Tonsillectomy/Adenoidectomy Rs 12,000/-

Incision and drainage of abscess Rs 1,500/-

Liver aspiration / Pleural effusion aspiration Rs2,000/-

Sclerotherapy Rs5,000/-

Expenses incurred on treatment of cataract are limited to the amount stated in the Schedule

Note: - Company's liability in respect of all claims admitted during the period of insurance shall not exceed the Sum insured per family mentioned in the Schedule.

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

The expenses payable in respect of the following diseases/ conditions is up-to the amount mentioned there-against:

Sr No	Diseases / conditions	Limit of Company's liability in one policy period (For single room occupancy)	
		Sum Insured Rs. 2,00,000/-	Sum Insured Rs. 3,00,000/1
1	All Cardiac diseases /ailments a. For Coronary Artery By-Pass Grafting (CABG) b. PTCA (All inclusive irrespective of the number of stents used) (The limits mentioned are inclusive of cost of Angiogram)	Rs110000/- Rs 70000/-	Rs 125000/- Rs 80000/-
2	Minor surgeries warranting Hospitalisation	Rs12000/-	Rs 15000/-
3	Admissions for medical diseases related to Cardio - Vascular System / Central Nervous System	Rs35000/-	Rs 45000/-
4	Major Surgeries (other than what is specifically provided)	Rs 35000/-	Rs 45000/-
5	Oncology (all modes of therapy)	Rs70000/-	Rs100000/-
6.	Accidental grievous injuries	Rs 70000/	Rs 100000/
7	Joint Replacement	Rs70000/	Rs100000/
8	Renal Transplant surgery Dialysis Per sitting cost limited to Rs 1000/	Rs 70000/ Rs15000/	Rs 100000/ Rs 20000/-
9	Cataract	Rs15000/	Rs 20000/
10	Treatment for infectious diseases	Up - to Rs 3000/- per day subject to a maximum of Rs. 9000/- per hospitalization	Up - to Rs4500/- per day subject to a maximum of Rs. 12000/- per hospitalization

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.

Company means Star Health and Allied Insurance Company Limited

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

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

Diagnosis means Diagnosis by a registered medical practitioner, supported by clinical, radiological, 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.

Family means Insured Person, spouse, dependent children not over 25 years of age

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

Grievous injury means emasculation, permanent privation of the sight of either eye, permanent privation of hearing of either ear, privation of any member or joint, destruction or permanent impairing of the powers of any member or joint, permanent disfigurement of head or face, fracture or dislocation of a bone or tooth.

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:

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

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

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

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.

Major surgeries mean a surgical procedure that is extensive, involving removal of organs, and/or life-threatening, other than what is specifically provided for in the schedule of benefits.

Minor surgeries means any surgical procedure that can be performed in a brief period of time—under local anesthesia, does not—under normal circumstances—constitute a major hazard to life or function of organs or body parts.

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

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.

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

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

Pre-Existing Disease means 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 Hospitalised, provided that

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation 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 Hospitalisation was required, and
- ii. The In- patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

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

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 expenses means a charge for medical care which shall be considered reasonable and necessary expenses to the extent that it does not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred when furnishing like or comparable treatment, services or supplies to individuals of the same sex and of comparable age, for a similar disease, illness, medical condition or injury.

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

Surgery/Surgical Operation Surgery or Surgical Procedure 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.

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

3. EXCLUSIONS:

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

1. Pre Existing Diseases as defined in the policy until 48 consecutive months of continuous coverage has elapsed, since inception of the first policy with any Indian Insurer. However the limit of the Company's liability in respect of claim for Pre-existing Diseases under such Portability shall be limited to the Sum Insured under first policy with any Indian Insurance Company.
2. Any disease contracted by the insured person during the first 30 days from the commencement date of the policy. This exclusion shall not apply in

case of the insured person having been covered under any health insurance policy (Individual or Group Insurance policy) with any of the Indian Insurance companies for a continuous period of preceding 12 months without a break.

3. During the First two Years of continuous operation of insurance cover,
 - a) The expenses for treatment of cataract, 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 hemorrhoids congenital internal disease/defect .
 - b) All treatments (conservative, interventional, open, Laparoscopic) for Hepatobiliary Gall Bladder and Pancreatic stones and Genitourinary calculi.
 - c) All treatments (conservative, interventional, open, laparoscopic) for Uterine prolapse, Dysfunctional Uterine Bleeding, Fibroids, Pelvic Inflammatory Diseases, all diseases of fallopian tubes and ovaries,
 - d) Arthroscopic repair /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 exclusions 3 shall not however apply in the case of the Insured person/s having been covered under any Individual health insurance scheme with any of the Indian Insurer for a continuous period of preceding 24 months without any break. The Claim for such illnesses/diseases/disabilities contracted /suffered if admitted will be processed as per the Sum Insured of immediately preceding 24 months policy only and where there is a change in the Sum Insured in the second continuous policy year the lower of the Sum Insured will apply.

4. Injury/Disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike operations (whether war be declared or not)
5. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/materials
6.
 - a) Circumcision unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident,
 - b) vaccination (except for post –bite treatment and for medical treatment other than for prevention of diseases.)
 - c) 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, hearing aids including cochlear implants, walkers, crutches wheel chairs and such other aids.
8. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization.
9. Convalescence, general debility, Run-down condition or rest cure, nutritional deficiency states, psychiatric , Psychosomatic disorders, Congenital external disease or defects or anomalies sterility, venereal disease, intentional self injury and use of intoxicating drugs/alcohol smoking and tobacco chewing
10. All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympo Tropic Virus type III (HTLVIII) 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).
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-vitreal injections.
17. Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control/loss programs)
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. Other expenses as detailed elsewhere in the policy.

4. CONDITIONS:

1. The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance of fulfilment of the terms, provision, conditions and endorsements of this policy by the Insured Person/s, in so far as they relate to anything to be done or complied with by the Insured Person/s, shall be a condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions, and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.

2. Upon the happening of any event, which may give rise to a claim under this policy, notice with full particulars shall be sent to the Company within 24 hours from the date of occurrence of the event.

3. Claim must be filed within 15 days from the date of discharge from the Hospital.

Note: This is a condition precedent to admission of liability under the policy.

However, the Company will examine and relax the time limit mentioned in condition 2 & 3 as per the merits of the case.

4. The Insured Person/s shall obtain and furnish the Company with all original bills, receipts and other documents upon which a claim is based and shall also give the Company such additional information and assistance as the Company may require in dealing with the claim.

Documents to be submitted in support of claim are –

For Reimbursement claims:

- a. Documents to be submitted in support of claim are - Duly completed claim form, and
- b. PreAdmission 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, anaesthetist
- g. Certificate from the attending doctor regarding the diagnosis.

For Cashless Treatment: Prescriptions and receipts for Pre and Post-hospitalisation

Note: The Company may call for additional documents wherever required.

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

5. Any medical practitioner authorized by the company shall be allowed to examine the Insured Person/s in case of any alleged injury or diseases requiring Hospitalization when and as often as the same may reasonably be required on behalf of the Company at Company's cost.

6. If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available sum insured in the two policy periods, including the deductibles for each policy period. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal/due date of premium of health insurance policy, if not received earlier.

7. The Company shall not be liable to make any payment under the policy in respect of any claim if such claim is in any manner fraudulent or supported by any fraudulent means or device, misrepresentation /non disclosure whether by the Insured Person/s or by any other person acting on his behalf.

8. **Renewal:** The Policy will be renewed except on grounds of misrepresentation/fraud committed. A grace period of 30 days from the date of expiry of the policy is available for renewal. If renewal is made within this 30 days period the continuity of benefits will be allowed. However the actual period of cover will start only from the date of payment of premium. In other words no protection is available between the policy expiry date and the date of payment of premium for renewal

In respect of disease / sickness / illness for which claim/s has/have been made the sum insured will be restricted to that policy sum insured where the claim/s was/were first made.

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.

9. **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, 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.

10. **Portability:** T 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 +91-044-2828869

11. **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. 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 annual premium
Up to three Months	½ of annual premium
Up to six months	3/4th of annual premium
Exceeding six months	Full annual premium

12. **Automatic Termination:** The insurance under this policy with respect to each relevant Insured Person policy shall terminate immediately on the earlier of the following events:

- ✓ Upon the death of the Insured Person
- ✓ Upon exhaustion of the sum insured under the policy as a whole

13. 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.

14. 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.
15. **Package Charges:** The Company's liability in respect of package charges will be restricted to 80% of such amount. (Package charges refer to charges that are not advertised in the Schedule of the Hospital)
16. **Relief under Section 80-D:** Insured Person is eligible for relief under Section 80-D of the IT Act 1961 in respect of the premium paid by any mode other than cash.
17. **Policy disputes:** Any dispute concerning the interpretation of the terms, conditions, limitations and/ exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law.
18. **Notices** Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile/email to Star Health and Allied Insurance Company Limited, No 1, New Tank street, Valluvar Kottam High Road, Nungambakkam, Chennai-600034. Fax no: 044-28319100, Toll free fax no: 1800 425 5522 Email: info@starhealth.in
Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.
19. **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
20. **Grievances:** In case the Insured Person is aggrieved in any way, the Insured may contact the Company at the specified address, during normal business hours.

Grievance Department,

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

In the event of the following grievances:

- 1 any partial or total repudiation of claims by an insurer;
- 2 any dispute in regard to premium paid or payable in terms of the policy;
- 3 any dispute on the legal construction of the policies in so far as such disputes relate to claims;
- 4 delay in settlement of claims;
- 5 Non-issuance of any insurance document to customer after receipt of the premium

the Insured Person may approach the Insurance Ombudsman, within whose jurisdiction the branch or office of Star Health and Allied Insurance Company Limited is located.

List of Ombudsman	
Contact Details	Areas of Jurisdiction
Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014 . Tel.:- 079-27546840 Fax : 079-27546142 Email ins.omb@rediffmail.com	Gujarat Union Territory of Dadra & Nagar Haveli Daman and Diu
Office of the Insurance Ombudsman, Janak Vihar Complex, 2 nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023 . Tel.:- 0755-2569201 Fax : 0755-2769203 Email bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009 . Tel.:- 0674-2596455 Email ioobbsr@dataone.in	Orissa
Office of the Insurance Ombudsman, 2nd Floor, Batra Building. S.C.O. No.101-103, Sector 17-D, CHANDIGARH-160 017 . Tel.:- 0172-2706468, Fax : 0172-2708274 Email ombchd@yahoo.co.in	Punjab , Haryana Himachal Pradesh, Jammu & Kashmir Union Territory of Chandigarh
Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018 Tel.:- 044-24333668 044-24333668 /5284 Fax : 044-24333664 Email chennaiinsuranceombudsman@gmail.com	Tamil Nadu Union Territory–Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry)
Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002 . Tel.:- 011-23239633 011-23239633 Fax : 011-23230858 Email iobdelraj@rediffmail.com	Delhi & Rajasthan
Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5 th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM) . Tel.:- 0361-2132204/5, Fax : 0361-2732937 Email ombudsmanghy@rediffmail.com	Assam , Meghalaya, Manipur Mizoram, Arunachal Pradesh Nagaland and Tripura
Office of the Insurance Ombudsman, 6-2-46, 1 st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004 . Tel : 040-65504123 040-65504123 Fax: 040-23376599 Email insombudhyd@gmail.com	Andhra Pradesh Karnataka and Union Territory of Yanam a part of the Union Territory of Pondicherry
Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015 . Tel : 0484-2358759 / 0484-2358759 Fax : 0484-2359336 Email iokochi@asianetindia.com	Kerala , Union Territory of (a) Lakshadweep (b) Mahe – a part of Union Territory of Pondicherry
Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, Kolkatta – 700 072 . Tel: 033 22124346/(40) Fax: 033 22124341 Email:iombsbpa@bsnl.in	West Bengal , Bihar Jharkhand and Union Territory of Andeman & Nicobar Islands Sikkim
Office of the Insurance Ombudsman, Jeevan Bhawan, 6 th Floor, Phase-2, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001 . Tel : 0522 -2231331 / 0522 -2231331 Fax : 0522-2231310 Email insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
Office of the Insurance Ombudsman, S.V. Road, Santacruz(W), MUMBAI-400 054 . Tel : 022-26106928 022-26106928 Fax : 022-26106052 Email ombudsmanmumbai@gmail.com	Maharashtra , Goa

21. **Important Note:** The Policy Schedule and any Endorsement are to be read together and any word or such meaning wherever it appears. 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 Antifraud policy of the company for necessary compliance by all stake holders.

Other Excluded Expenses

TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS

- | | |
|---|--|
| 1 Anne French Charges | 19 Barber Charges |
| 2 Baby Charges (unless Specified/indicated) | 20 Caps |
| 3 Baby Food | 21 Cold Pack/hot Pack |
| 4 Baby Utilites Charges | 22 Carry Bags |
| 5 Baby Set | 23 Cradle Charges |
| 6 Baby Bottles | 24 Comb |
| 7 Bottle | 25 Disposables Razors Charges (For Site Preparations) |
| 8 Brush | 26 Eau-de-cologne / Room Freshners |
| 9 Cosy Towel | 27 Eye Pad |
| 10 Hand Wash | 28 Eye Sheild |
| 11 Moisturiser Paste Brush | 29 Email / Internet Charges |
| 12 Powder | 30 Food Charges (other Than Patient's Diet Provided By Hospital) |
| 13 Razor | 31 Foot Cover |
| 14 Towel | 32 Gown |
| 15 Shoe Cover | 33 Leggings (except For Bariatric And Varicose Vein Surgery Where Surgery Itself Is Payable) |
| 16 Beauty Services | 34 Laundry Charges |
| 17 Belts/ Braces (Except For Cases Who Have Undergone Surgery Of Thoracic Or Lumbar Spine) | 35 Mineral Water |
| 18 Buds | 36 Oil Charges |
| | 37 Sanitary Pad |
| | 38 Slippers |

39	Telephone Charges	125	Maintenance Charges
40	Tissue Paper	126	Medical Records
41	Tooth Paste	127	Preparation Charges
42	Tooth Brush	128	Photocopies Charges
43	Guest Services	129	Patient Identification Band / Name Tag
44	Bed Pan	130	Washing Charges
45	Bed Under Pad Charges	131	Medicine Box
46	Camera Cover	132	Mortuary Charges Beyond 24 Hrs (shifting Charges Not Payable)
47	Care Free	133	Medico Legal Case Charges (mlc Charges)
48	Cliniplast		External Durable Devices
49	Crepe Bandage	134	Walking Aids Charges
50	Curapore	135	Bipap Machine
51	Diaper Of Any Type	136	Commode
52	Dvd, Cd Charges (payable If Cd Is Specifically Sought For)	137	Cpap/ Capd Equipments
53	Eyelet Collar	138	Infusion Pump - Cost
54	Face Mask	139	Oxygen Cylinder (for Usage Outside The Hospital)
55	Flexi Mask	140	Pulseoxymeter Charges
56	Gause Soft	141	Spacer
57	Gauze	142	Spirometre
58	Hand Holder	143	Spo2 Probe
59	Hansaplast/ Adhesive Bandages	144	Nebulizer Kit
60	Lactogen/ Infant Food	145	Steam Inhaler
61	Slings (Except For Upper Arm Fractures In Which Case, Cost Of One Sling Is Payable)	146	Armsling
	Items Specifically Excluded In The Policy	147	Thermometer
62	Weight Control Programs/ Supplies/ Services	148	Cervical Collar
63	Cost Of Spectacles/ Contact Lenses/ Hearing Aids Etc.,	149	Splint
64	Dental Treatment Expenses That Do Not Require Hospitalisation	150	Diabetic Foot Wear
65	Hormone Replacement Therapy	151	Knee Braces (Long/ Short/ Hinged)
66	Home Visit Charges	152	Knee Immobilizer/shoulder Immobilizer
67	Infertility/ Subfertility/ Assisted Conception Procedure	153	Lumbo Sacral Belt (except For Cases Who Have Undergone Surgery Of Lumbar Spine)
68	Obesity (including Morbid Obesity) Treatment	154	Nimbus Bed Or Water Or Air Bed Charges (except For Treatment Of Patients In Icu For More Than 6 Consecutive Days, Patients With Paraplegia /quadriplegia. Up To A Maximum Of Rs.200/- Per Day)
69	Psychiatric & Psychosomatic Disorders	155	Ambulance Collar
70	Corrective Surgery For Refractive Error	156	Ambulance Equipment
71	Treatment Of Sexually Transmitted Diseases	157	Microsheild
72	Donor Screening Charges	158	Abdominal Binder (except For Post-surgery Patients Of Major Abdominal Surgery Including Tah, Lscs Incision Hernia Repair, Exploratory Laparotomy For Intestinal Obstructions , Liver Transplant Etc)
73	Admission/registration Charges		Items Payable If Supported By A Prescription
74	Hospitalisation For Evaluation/ Diagnostic Purpose)	159	Betadine \ Hydrogen Peroxide\spirit\dettol (payable When Prescribed For Patient, Not Payable For Hospital Use In Ot Or Ward Or For Dressings In Hospital)
75	Expenses For Investigation/ Treatment Irrelevant To The Disease For Which Admitted Or Diagnosed	160	Private Nurses Charges- Special Nursing Charges
76	Any Expenses When The Patient Is Diagnosed With Retro Virus + Or Suffering From /hiv/ Aids Etc Is Detected/ Directly Or Indirectly (however Please See Specific Exclusion For This Purpose)	161	Nutrition Planning Charges - Dietician Charges- (except Patient Diet Provided By Hospital)
77	Stem Cell Implantation/ Surgery	162	Alex Sugar Free
	Items Which Form Part Of Hospital Services Where Separate Consumables Are Not Payable But The Service Is	163	Creams Powders Lotions (toileteries Are Not Payable,Only Prescribed Medical Pharmaceuticals Payable)
78	Ward And Theatre Booking Charges	164	Digene Gel/ Antacid Gel (payable When Prescribed)
79	Arthroscopy & Endoscopy Instruments	165	Ecg Electrodes (except Upto 5 Electrodes For Every Case Visiting Ot Or Icu. For Longer Stay In Icu, Least One Set Every Second Day Payable.
80	Microscope Cover	166	Gloves (except For Sterilized Gloves)
81	Surgical Blades,harmonic Scalpel,shaver	167	Hiv Kit
82	Surgical Drill	168	Listerine/ Antiseptic Mouthwash (except If Prescribed)
83	Eye Kit	169	Lozenges (except If Prescribed)
84	Eye Drape	170	Mouth Paint (except If Prescribed)
85	X-ray Film	171	Nebulisation Kit (except If Used During Hospitalization Is Payable Reasonably)
86	Sputum Cup	172	Neosprin (except If Prescribed)
87	Boyles Apparatus Charges	173	Novarapid (except If Prescribed)
88	Blood Grouping And Cross Matching Of Donors Samples	174	Volini Gel/ Analgesic Gel ((except If Prescribed))
89	Savlon	175	Zytee Gel (except If Prescribed)
90	Band Aids, Bandages, Sterile Injections, Needles, Syringes	176	Vaccination Charges (except For Post Bite Treatment)
91	Cotton	177	Ahd
92	Cotton Bandage	178	Alcohol Swabes
93	Micropore/ Surgical Tape	179	Scrub Solution/sterillium
94	Blade	180	Vaccine Charges For Baby
95	Apron	181	Aesthetic Treatment / Surgery
96	Torniquet	182	Tpa Charges
97	Orthobundle, Gynaec Bundle	183	Visco Belt Charges
98	Urine Container Elements Of Room Charge	184	Any Kit With No Details Mentioned [delivery Kit,
99	Luxury Tax	185	Examination Gloves
100	Hvac	186	Kidney Tray
101	House Keeping Charges	187	Mask
102	Service Charges Where Nursing Charge Also Charged	188	Ounce Glass
103	Television & Air Conditioner Charges	189	Outstation Consultant's/ Surgeon's Fees (not Payable, Except For Telemedicine Consultations If Covered By Policy)
104	Surcharges	190	Oxygen Mask
105	Attendant Charges	191	Paper Gloves
106	Im Iv Injection Charges	192	Pelvic Traction Belt (payable In Case Of Pivd Requiring Traction)
107	Clean Sheet	193	Referral Doctor's Fees
108	Extra Diet Of Patient(other Than That Which Forms Part Of Bed Charge)	194	Accu Check (Glucometry/ Strips)
109	Blanket/warmer Blanket	195	Pan Can
	Administrative Or Non-medical Charges	196	Sofnet
110	Admission Kit	197	Trolley Cover
111	Birth Certificate	198	Urometer, Urine Jug
112	Blood Reservation Charges And Ante Natal Booking Charges	199	Ambulance (except For Charges Incurred Ambulance From Home To Hospital Or Interhospital Shifts , Rta)
113	Certificate Charges	200	Tegaderm / Vasofix Safety (payable - Maximum Of 3 In 48 Hrs And Then 1 In 24 hrs)
114	Courier Charges	201	Urine Bag (payable Where Medically Necessary Till A Reasonable Cost -Maximum 1 Per 24 Hrs)
115	Convenyance Charges	202	Softovac
116	Diabetic Chart Charges	203	Stockings (except For Case Like Cabg Etc.)
117	Documentation Charges / Administrative Expenses		
118	Discharge Procedure Charges		
119	Daily Chart Charges		
120	Entrance Pass / Visitors Pass Charges		
121	ExpensesRelatedToPrescriptionOnDischarge(toBeClaimedUnderPostHospitalisation Where Admissible)		
122	File Opening Charges		
123	Incidental Expenses / Misc. Charges (not Explained)		
124	Medical Certificate		