



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 Fax : 044 - 2831 9100 Website : www.starhealth.in

CIN : U66010TN2005PLC056649 Email:info@starhealth.in Website: www.starhealth.in IRDA Regn. No: 129

MEDI CLASSIC ACCIDENT CARE(INDIVIDUAL) INSURANCE POLICY

Unique Identification No. : IRDA/NL-HLT/SHAI/P-H/V.I/162/13-14

Section I – Health Insurance Coverage

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

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

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

1.0

- A) Room, boarding, nursing expenses as provided by the Hospital / Nursing Home at 2% of the Sum Insured, subject to a maximum of Rs.5,000/- per day
- B) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.
- C) Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, diagnostic materials and X-ray, diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy, cost of pacemaker, stent, similar expenses. With regard to coronary stenting, the company will pay such amount up to the extent of cost of bare metal stent/drug eluting cobalt-chromium stent/drug eluting stainless steel stent.
- D) Emergency ambulance charges up-to a sum of Rs. 750/- per hospitalization and overall limit of Rs. 1,500/- per policy period for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment, provided however there is an admissible claim under the policy.
- E) Relevant Pre-Hospitalization medical expenses incurred for a period not exceeding 30 days prior to the date of hospitalization, for the disease/illness, injury sustained following an admissible claim under the policy.
- F) Post–Hospitalization expenses incurred up to 60 days after discharge from the hospital. The amount payable shall not exceed the sum equivalent to 7% of the hospitalization expenses subject to a maximum of Rs 5000/- per hospitalization. For the purpose of calculation of the 7%, only nursing expenses, surgeon's / consultants fees, diagnostic charges and cost of drugs and medicines will be taken
- G) Expenses incurred towards Cost of Health check-up up-to 1% of the average Sum Insured of the eligible block subject to a maximum of Rs 5000/- is payable. This benefit is available for sum insured of Rs 200000/- and above only. The insured person becomes eligible for this benefit after continuous coverage under this policy after every block of 4 claim free years with the Company and payable on renewal
- H) The cost of engaging one attendant at residence immediately after discharge from the hospital provided the same is recommended by the attending physician. Such expenses are payable up-to Rs 400/- for each completed day up-to 5 days per occurrence and 14 days per policy period. No payment will be made for the first day.

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

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

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

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

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

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

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

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

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

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

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

2. DEFINITIONS

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

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

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

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

Company means Star Health and Allied Insurance Company Limited

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

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

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

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

Day means a period of 24 consecutive hours.

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

- a. Undertaken under general or local anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement and
- b. Which would have otherwise required a hospitalization of more than 24 hours

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- i. Such Medical Expenses are incurred for the same condition for which the insured person's hospitalization was required and
- ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

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

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

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

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

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

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

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

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

3. EXCLUSIONS

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

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

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

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

If these are pre-existing at the time of proposal they will be covered subject to the waiting period mentioned in exclusion 1 above

4. Injury/disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not)
5. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
6.
 - a) Circumcision unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident,
 - b) Vaccination (except for post –bite treatment and for medical treatment other than for prevention of diseases.)
 - c) Inoculation or change of sex or cosmetic or aesthetic treatment of any description, plastic surgery (other than as necessitated due to an accident or as a part of any illness).
7. Cost of spectacles and contact lens, hearing aids including cochlear implants, walkers, crutches wheel chairs including CPAP, CAPD, infusion pump and such other similar aids.
8. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization.
9. Convalescence, general debility, run-down condition or rest cure, nutritional deficiency states, psychiatric, mental and behavioral disorders, congenital external disease or defects or anomalies, venereal disease, intentional self injury and use of intoxicating drugs / alcohol, smoking and tobacco chewing

10. All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympho Tropic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS. It is however made clear that such of those who are positive for HIV (Human Immuno Deficiency Virus) would be entitled for expenses incurred for treatment, other than for opportunistic infections and for treatment of HIV/AIDS, provided at the time of first commencement of insurance under this policy, their CD4 count is not less than 350.
11. Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at hospital/nursing home.
12. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.
13. Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these (other than ectopic gestation pregnancy), family planning treatment. All types of treatment for infertility
14. Naturopathy treatment, unconventional, untested/unproven therapies
15. Hospital registration charges, admission charges, record charges, telephone charges and such other charges.
16. Expenses incurred on Lasik Laser or Refractive Error Correction, treatment of eye disorders requiring intra-vitreous injections.
17. Expenses incurred on weight control services including surgical procedures for treatment of obesity and medical treatment for weight control
18. Expenses incurred on Enhanced External Counter Pulsation therapy and related therapies and Rotational Field Quantum Magnetic Resonance Therapy and such other similar therapies.
19. Stem cell implantation and / or therapy
20. Expenses incurred for treatment of diseases/illness/accidental injuries by system of medicines other than allopathic shall be restricted to 25% of the sum insured subject to a maximum of Rs 25000/- during entire policy period.
21. 10% of each and every claim amount for insured persons beyond 60 years at entry level and renewals thereafter
22. Other expenses as detailed elsewhere in the policy.

4. CONDITIONS:

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

Note: Conditions 2 & 3 are precedent to admission of liability under the policy. However the Company will examine and relax the time limit mentioned in these conditions depending upon the merits of the case.

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

Documents to be submitted in support of claim are –

For reimbursement claims

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

For Cashless Treatment:

Prescriptions and receipts for Pre and Post-hospitalization

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

15. 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.

16. 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.

17. **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)

18. Special conditions applicable to Family Package Plan

- Family means the Insured Person, insured spouse and insured dependent children not exceeding two in numbers.
- The sum insured is to be equally apportioned among all the persons insured.
- Each family member is covered up-to his/her limit only.
- No transfer of unutilized balance sum insured to other insured persons is permissible.
- Health check- up benefit will be calculated on the policy sum insured and equally divided among all the insured persons.
- Where any insured member has made a claim then he/she would not be eligible for his/her share of Health check-up benefit. However the other insured members can avail the health check-up benefit up-to their respective share.

- The automatic restoration of sum insured facility is not applicable for this Plan.
- Bonus is not applicable for this Plan
- The insurance with respect to each relevant person shall terminate immediately on earlier of the following events:
 - ✓ Upon death of the insured person
 - ✓ Upon exhaustion of the sum insured with respect to that insured person

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

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

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

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

Section II – Accident Coverage

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

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

1. DEFINITIONS OF WORDS AND EXPRESSIONS

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

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

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

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

Capital sum insured: means the sum insured as specified in the Schedule to this Policy and the cumulative Bonus as shown in the Schedule

Company means Star Health and Allied Insurance Company Limited

Covered Medical Expenses means reasonable charges, which are usually and customarily incurred for services and supplies for any Accident to the Insured Person covered under the policy.

Cumulative Bonus means any increase in the Sum Insured granted by the insurer without an associated increase in premium by the company.

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

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

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.

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.

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

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.

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 service, taking into account the nature of the illness/injury involved.

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

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

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

2. SCOPE OF COVER

The Company hereby agrees, subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to pay to the Insured person or his nominees or his legal heirs, a sum as compensation for any loss occurring during the Period of Insurance as described under different section hereunder and as specified in the Schedule to the Policy, but not exceeding the Sum Insured.

Table 1 ACCIDENTAL DEATH

The Company will pay as hereinafter mentioned:

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

Table 2 – DEATH AND PERMANENT DISABLEMENT

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

1. 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 subject to the maximum Sum Insured.
2. Permanent disablement of the Insured Person: If following an Accident which caused permanent impairment of the Insured's mental or physical capabilities, then the Company will pay the benefits as provided in the Table of Benefits A or B given at the end 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.

Provided always that the policy will not pay under more than one of the following sub clauses in respect of the same Accident

Table 3 - Death, Permanent Disablement and Temporary Total Disablement: Weekly Compensation

1. **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 subject to the maximum Sum Insured.
2. **Permanent disablement of the Insured Person:** If following an Accident which caused permanent impairment of the Insured's mental or physical capabilities, then the Company will pay the benefits as provided in the Table of Benefits A or B as provided at the end, 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.

3. Temporary Total Disablement:

The Company will pay as hereinafter mentioned:

If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury resulting solely and directly from an Accident, then the Insured Person will be paid a sum calculated at the rate of 1% of the Sum Insured as mentioned in the Schedule of this policy per week but not exceeding Rs5000 per week in all under all policies, if such injury shall within 12 Calendar months of occurrence be the sole and direct cause of Temporary Total disablement

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

The benefit is payable for only one occurrence during the entire policy period.

In no case shall the compensation exceed the sum insured under the policy

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

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

Special Conditions:

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

Exclusions:

- a) Any payment in case of more than one claim under the policy during the period of insurance by which the maximum liability of the Company in that period would exceed the amount specified in the Schedule
- b) Any other claim after a claim has been admitted by the Company and becomes payable for Death or Permanent Total Disablement, as mentioned in Table A. This would not apply to payment under Medical Expenses, Education Grant, Transportation of remains and Travel expenses of the Relative.
- c) Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly.
- d) Any claim for death or Disablement of the Insured Person from
 - (a) intentional self-injury, suicide or attempted suicide
 - (b) whilst under the influence of intoxicating liquor or drugs
 - (c) self-endangerment unless in self-defense or to save life.
- e) Any exclusion mentioned in the 'General Exclusions' of this Policy.

EXTENSION FOR MEDICAL EXPENSES DUE TO ACCIDENT:

The Company will pay any medical expenses necessarily and reasonably incurred and expended by the Insured Person in connection with the accident as specified in the policy for which a claim has been admitted by the Company, an amount up to 25% of the valid claim or actuals whichever is less, subject to a maximum of 10% of the sum insured Subject to exclusions mentioned in the General Exclusion of this policy. Sufficient proof for the treatment taken to be submitted to the Company

CONDITIONS**1. EDUCATIONAL GRANT:**

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

- i. If the Insured Person has one dependent child below the age of 18 years, an amount of Rs.5000/- is payable.
- ii. If the Insured Person has more than one dependent child below the age of 18 years an amount of Rs.5,000/- per child but in any case not more than Rs.10000/-.

Provided that if there be any other subsisting Personal Accident Insurance/s covering the Insured Person with the Company total benefits in respect of Educational Grant, under all those Policies, shall be limited to

1. A maximum of Rs.5 000/- in case there is one dependent child.
2. A maximum of Rs.10,000/- in case there are two dependent children

This grant is payable in addition to the sum insured.

- 2. TRANSPORTATION EXPENSES OF MORTAL REMAINS** Following an admissible claim under the policy towards death of the insured person due to an Accident, outside the place of his/her residence, the Company shall pay a lump sum of Rs.3000/- for transportation of the mortal remains of the Insured Person to the place of his/ her residence irrespective of the number of Personal Accident policies held by the insured.

This includes cost of embalming and coffin charges.

This amount is payable in addition to the sum insured

- 3. TRAVEL EXPENSES FOR RELATIVE** Following an admissible claim under the policy towards Death of the Insured Person due to an Accident, outside the place of his/her residence, the Company will pay for the transport expenses to one relative of the Insured Person Provided such payment shall not exceed a sum of Rs1000/-. This benefit is in addition to the sum insured

- 4. CUMULATIVE BONUS:** Compensation payable for Death, Permanent Total Disablement arising out of accidental injuries shall be increased by 5% thereof in respect of each completed year during which the policy shall have been in force prior to the occurrence of an accident for which the capital sum insured becomes payable but the amount of such increase shall not exceed 50% of the Capital sum insured stated in the Schedule. The Cumulative Bonus is applicable to Capital sum insured, which is renewed continuously.

The Cumulative Bonus will not be lost if the policy is renewed within 30 days.

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

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

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.

2. Any injuries/conditions which are Pre-existing conditions
3. Any claim arising out of Accidents that the Insured Person has caused intentionally or by committing a crime or as a result of drunkenness or addiction (drugs, alcohol).
4. 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.
5. 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.
6. 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.
7. 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.
8. 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
9. 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.
10. Participation in Hazardous Sport / Hazardous Activities
11. Persons who are physically and mentally challenged, unless specifically agreed and endorsed in the policy.
12. 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

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

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

1. The minimum age limit for the Insured is 18 Years except under Family Package where the minimum age is 5 months
2. Obligations of the Insured Person: Claims for insurance benefits must be submitted to the Company not later than one (1) month after the completion of the treatment or after transportation of the mortal remains/ burial in the event of death.

3. Claim Documentation:

- a. Insured Person has to produce bills/vouchers/ reports/ discharge summary, Death Certificate, Viscera Sample Report/ Forensic Science Laboratory report, First Information Report, Post Mortem Report (if conducted), Legal Heir Certificate, Succession Certificate and such other documents as may be required for processing the claim.
- b. Documents to be submitted in support of claim are:

For Reimbursement claims:

1. Duly completed claim form
2. Pre Admission investigations and treatment papers
3. Discharge Summary from the hospital in original
4. Cash receipts from hospital, chemists
5. Cash receipts and reports for test done
6. Receipts from doctors, surgeons, anesthetist
7. Certificate from the attending doctor regarding the diagnosis

Prescriptions and receipts for Pre and Post- hospitalization

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

- c. If the Company requests that bills/vouchers/Reports in a language, other than English be accompanied by an appropriate translation
4. Claims Settlement: Benefits payable under this policy will be paid within 7 days from the time of receipt of all documents the Company requires.

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

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

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

1. **Incontestability and Duty of Disclosure:** The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or on non-disclosure in any material particular in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured Person or any one acting on his behalf to obtain any benefit under this Policy.
2. **Observance of terms and conditions:** The due observance and fulfillment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this Policy.
3. **Material change:** The Insured Person shall immediately notify the Company in writing of any change in his business or occupation or physical defect or infirmity with which he has become affected since the payment of last preceding premium.

4. **Automatic Termination of Insurance:** This policy shall automatically terminate upon the Insured Person's death or payment of the Capital Sum Insured.

5. **Free Look Period:** A free look period of 15 days from the date of receipt of the policy is available to the insured to review the terms and conditions of the policy. In case the insured is not satisfied with the terms and conditions, the insured may seek cancellation of the policy and in such an event the Company shall allow refund of premium paid after adjusting the stamp duty charges and proportionate risk premium for the period concerned provided no claim has been made until such cancellation.

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

6. **Duties of the insured on occurrence of loss** On the occurrence of any loss, within the scope of cover under the Policy the Insured Person shall file/submit a Claim Form in accordance with 'Obligation of the Insured Person' Clause as provided in General Conditions.

If the Insured Person does not comply with the provisions of this Clause or other obligations cast upon the Insured Person under this Policy, in terms of the other clauses referred to herein or in terms of the other clauses in any of the Policy documents, all benefits under the Policy shall be forfeited.

7. **Fraudulent claims** If any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his behalf to obtain any benefit under this Policy, or if a claim is made and rejected and no court action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve (12) calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

8. **Cancellation/termination** The Company may cancel this policy on grounds of misrepresentation, fraud non disclosure of material fact or non-cooperation 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 of after retaining premium at Company's short period rate only (table given below) provided no claim has occurred up to the date of cancellation

***Short period scales:**

Period on Risk	Rate of premium to be retained
For a period not exceeding 15 days	10% of the Annual Premium
For a period not exceeding 1 month	15% of the Annual Premium
For a period not exceeding 2 months	30% of the Annual Premium
For a period not exceeding 3 months	40% of the Annual Premium
For a period not exceeding 4 months	50% of the Annual Premium
For a period not exceeding 5 months	60% of the Annual Premium
For a period not exceeding 6 months	70% of the Annual Premium
For a period not exceeding 7 months	75% of the Annual Premium
For a period not exceeding 8 months	80% of the Annual Premium
Exceeding 8 months	Full Annual Premium

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

10. **Renewal Clause** The policy will be renewed except on grounds of misrepresentation / fraud committed.

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

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

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

Common Conditions for both Section I and II

1. **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.

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

3. **Arbitration clause** 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.

4. **Notices:** Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to Star Health and Allied Insurance Company Limited, No 1, New Tank Street, Valluvar Kottam High Road, 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.

5. **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.

6. **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 44-28288821 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 an insurer;
- b. any dispute 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, 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, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014 Tel.:- 079-27546150/139 Fax:- 079-27546142 Email:-ins.omb@rediffmail.com	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.
Office of the Insurance Ombudsman, Janak Vihar Complex 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Bhopal – 462 011. Tel.:- 0755-2769200/201/202 Fax:- 0755-2769203 Email:-bimalokpalbhopal@gmail.com	States of Madhya Pradesh and Chattisgarh
Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596461/2596455 Fax:- 0674-2596429 Email:-ioobbsr@dataone.in	State of Orissa
Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, CHANDIGARH – 160 017. Tel.:- 0172-2706196/5861/6468 Fax:- 0172-2708274 Email:-ombchd@yahoo.co.in	States of Punjab, Haryana Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.
Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312) Anna Salai, Teynampet, CHENNAI – 600 018. Tel.:- 044-24333678/664/668 Fax:- 044-24333664 Email:-chennaiinsuranceombudsman@gmail.com	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry)
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:-iobdelraj@rediffmail.com	States of Delhi and Rajasthan
Office of the Insurance Ombudsman, 'Jeevan Nivesh', 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.:- 0361-2132204/2131307/2132205 Fax:- 0361-2732937 Email:- ombudsmanghy@rediffmail.com	States of Assam, Meghalaya, Manipur, Mizoram Arunachal Pradesh, Nagaland and Tripura
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.:- 040-23325325/23312122 Fax:- 040-23376599 Email:-insombudhyd@gmail.com	States of 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.:- 0484-2358734/759/9338 Fax:- 0484-2359336 Email:- iokochi@asianetindia.com	State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry
Office of the Insurance Ombudsman, Hindustan Bldg. Annexe 4, C.R. Avenue, 4th Floor, KOLKATA - 700 072. TEL : 033-22124346/22124339 Fax : 033-22124341 Email:-insombudsmankolkata@gmail.com	States of West Bengal, Bihar, Sikkim Jharkhand and Union Territories of Andaman and Nicobar Islands.
Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.:- 0522-2201188/31330/1 Fax:- 0522-2231310 Email:-insombudsman@rediffmail.com	States of Uttar Pradesh and Uttaranchal
Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.:- 022-26106928/360/6552/6960 Fax:- 022-26106052 Email:- ombudsmanmumbai@gmail.com	States of Maharashtra and Goa.

DEATH AND PERMANENT TOTAL DISABLEMENT BENEFITS	TABLE A Percentage of Sum Insured
1 Death	100%
2 Permanent Total Disablement #	150% #
3. Total and irrevocable loss* of	
(i) Sight of both eyes	100%
(ii) Physical separation of two entire hands	100%
(iii) Physical separation of two entire foot	100%
(iv) One entire hand and one entire foot	100%
(v) Sight of one eye and loss of one hand	100%
(vi) Sight of one eye and loss of one entire foot	100%
(vii) Use of two hands	100%
(viii) Use of two feet	100%
(ix) Use of one hand and one foot	100%

(x)	Sight of one eye and use of one hand	100%
(xi)	Sight of one eye and use of one foot	100%
(xii)	Sight of one eye	50%
(xiii)	Physical separation of one entire hand	50%
(xiv)	Physical separation of one entire foot	50%
(xv)	Use of one hand without physical separation	50%
(xvi)	Use of one foot without physical separation	50%

Loss of foot / hand means total severance through or above the ankle/ wrist joints respectively. Loss of eye means entire and irrevocable loss of sight. Thumb and index finger means severance through or above the joint that meets the hand at the palm.

payable only when the insured person, following accidental injuries is unable to engage in each and every occupation or employment for compensation or profit for which he is reasonably qualified by education, training or experience for the rest of his life. If at the time of loss the insured person is unemployed, Permanent Total Disability shall mean the total and permanent inability to perform all of the usual and customary duties and activities of a person of like age and sex even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication

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

List of Day Care Treatments

ENT

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

Ophthalmology

- 31 Incision of tear glands
- 32 Other operation on the tear ducts
- 33 Incision of diseased eyelids
- 34 Exision and destruction of the diseased tissue of the eyelid
- 35 Operation on the canthus and epicanthus
- 36 Corrective surgery of the entropion and ectropion
- 37 Corrective surgery of blepharoptosis
- 38 Removal of foreign body from conjunctiva
- 39 Removal of Foreign body from cornea
- 40 Incision of the cornea
- 41 Operations for pterygium

ENT

- 1 Stapedotomy
- 2 Stapedectomy under LA

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

Ophthalmology

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

General Surgery

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

Urology

- 73 Bladder Neck Incision
- 74 Cystoscopy & Biopsy
- 75 Cystoscopy and removal of polyp

- 76 Hydrocolectomy
- 77 Eversion of Sac
 - A) Unilateral
 - b) Bilateral
- 78 Lord's plication
- 79 Jaboulay's Procedure
- 80 Scrotoplasty
- 81 Debridement of Fournier's Gangrene
- 82 Surgical treatment of varicocele
- 83 Epididymectomy
- 84 Reconstruction of the spermatic cord
- 85 Reconstruction of the ductus deferens
- 86 Circumcision for Trauma
- 87 Amputation of the Penis
- 88 Meatoplasty
- 89 Partial amputation of the Penis
- 90 Cystoscopic Litholapaxy
- 91 ESWL
- 92 Haemodialysis

ONCOLOGY

- 93 Cancer Chemo therapy
- 94 EB RT - Telecobalt
- 95 EB RT - LINAC
- 96 EB RT - Rapid Arc
- 97 EB RT - IGRT
- 98 EB RT - SRS / SRT
- 99 Intra cavity RT
- 100 Brachytherapy - HDR
- 101 Brachy therapy - LDR

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

OTHER EXCLUDED EXPENSES**TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS**

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

32	Gown	77	Stem Cell Implantation/ Surgery
33	Leggings (except For Bariatric And Varicose Vein Surgery Where Surgery Itself Is Payable)		ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS
34	Laundry Charges	78	Ward And Theatre Booking Charges
35	Mineral Water	79	Arthroscopy & Endoscopy Instruments
36	Oil Charges	80	Microscope Cover
37	Sanitary Pad	81	Surgical Blades,harmonic Scalpel,shaver
38	Slippers	82	Surgical Drill
39	Telephone Charges	83	Eye Kit
40	Tissue Paper	84	Eye Drape
41	Tooth Paste	85	X-ray Film
42	Tooth Brush	86	Sputum Cup
43	Guest Services	87	Boyles Apparatus Charges
44	Bed Pan	88	Blood Grouping And Cross Matching Of Donors Samples
45	Bed Under Pad Charges	89	Savlon
46	Camera Cover	90	Band Aids, Bandages, Sterile Injections, Needles, Syringes
47	Care Free	91	Cotton
48	Cliniplast	92	Cotton Bandage
49	Crepe Bandage	93	Micropore/ Surgical Tape
50	Curapore	94	Blade
51	Diaper Of Any Type	95	Apron
52	Dvd, Cd Charges (payable If Cd Is Specifically Sought For)	96	Torniquet
53	Eyelet Collar	97	Orthobundle, Gynaec Bundle
54	Face Mask	98	Urine Container
55	Flexi Mask		ELEMENTS OF ROOM CHARGE
56	Gause Soft	99	Luxury Tax
57	Gauze	100	Hvac
58	Hand Holder	101	House Keeping Charges
59	Hansaplast/ Adhesive Bandages	102	Service Charges Where Nursing Charge Also Charged
60	Lactogen/ Infant Food	103	Television & Air Conditioner Charges
61	Slings (except For Upper Arm Fractures In Which Case, Cost Of One Sling Is Payable) Items Specifically Excluded In The Policy	104	Surcharges
62	Weight Control Programs/ Supplies/ Services	105	Attendant Charges
63	Cost Of Spectacles/ Contact Lenses/ Hearing Aids Etc.,	106	Im Iv Injection Charges
64	Dental Treatment Expenses That Do Not Require Hospitalisation	107	Clean Sheet
65	Hormone Replacement Therapy	108	Extra Diet Of Patient(other Than That Which Forms Part Of Bed Charge)
66	Home Visit Charges	109	Blanket/warmer Blanket
67	Infertility/ Subfertility/ Assisted Conception Procedure		ADMINISTRATIVE OR NON-MEDICAL CHARGES
68	Obesity (including Morbid Obesity) Treatment	110	Admission Kit
69	Psychiatric & Psychosomatic Disorders	111	Birth Certificate
70	Corrective Surgery For Refractive Error	112	Blood Reservation Charges And Ante Natal Booking Charges
71	Treatment Of Sexually Transmitted Diseases	113	Certificate Charges
72	Donor Screening Charges	114	Courier Charges
73	Admission/registration Charges	115	Convenience Charges
74	Hospitalisation For Evaluation/ Diagnostic Purpose)	116	Diabetic Chart Charges
75	Expenses For Investigation/ Treatment Irrelevant To The Disease For Which Admitted Or Diagnosed	117	Documentation Charges / Administrative Expenses
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)	118	Discharge Procedure Charges
		119	Daily Chart Charges
		120	Entrance Pass / Visitors Pass Charges
		121	Expenses Related To Prescription On Discharge (to Be Claimed Under Post Hospitalisation Where Admissible)

122	File Opening Charges	162	Alex Sugar Free
123	Incidental Expenses / Misc. Charges (not Explained)	163	Creams Powders Lotions (toileteries Are Not Payable, Only Prescribed Medical Pharmaceuticals Payable)
124	Medical Certificate	164	Digene Gel/ Antacid Gel (payable When Prescribed)
125	Maintainance Charges	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.
126	Medical Records	166	Gloves (except For Sterilized Gloves)
127	Preparation Charges	167	Hiv Kit
128	Photocopies Charges	168	Listerine/ Antiseptic Mouthwash (except If Prescribed)
129	Patient Identification Band / Name Tag	169	Lozenges (except If Prescribed)
130	Washing Charges	170	Mouth Paint (except If Prescribed)
131	Medicine Box	171	Nebulisation Kit (except If Used During Hospitalization Is Payable Reasonably)
132	Mortuary Charges Beyond 24 Hrs (shifting Charges Not Payable)	172	Neosprin (except If Prescribed)
133	Medico Legal Case Charges (mlc Charges)	173	Novarapid (except If Prescribed)
	EXTERNAL DURABLE DEVICES	174	Volini Gel/ Analgesic Gel ((except If Prescribed))
134	Walking Aids Charges	175	Zytee Gel (except If Prescribed)
135	Bipap Machine	176	Vaccination Charges (except For Post Bite Treatment)
136	Commode	177	Ahd
137	Cpap/ Capd Equipments	178	Alcohol Swabes
138	Infusion Pump - Cost	179	Scrub Solution/sterillium
139	Oxygen Cylinder (for Usage Outside The Hospital)	180	Vaccine Charges For Baby
140	Pulseoxymeter Charges	181	Aesthetic Treatment / Surgery
141	Spacer	182	Tpa Charges
142	Spirometre	183	Visco Belt Charges
143	Spo2 Probe	184	Any Kit With No Details Mentioned [delivery Kit,
144	Nebulizer Kit	185	Examination Gloves
145	Steam Inhaler	186	Kidney Tray
146	Armsling	187	Mask
147	Thermometer	188	Ounce Glass
148	Cervical Collar	189	Outstation Consultant's/ Surgeon's Fees (not Payable, Except For Telemedicine Consultations If Covered By Policy)
149	Splint	190	Oxygen Mask
150	Diabetic Foot Wear	191	Paper Gloves
151	Knee Braces (Long/ Short/ Hinged)	192	Pelvic Traction Belt (payable In Case Of Pivd Requiring Traction)
152	Knee Immobilizer/shoulder Immobilizer	193	Referral Doctor's Fees
153	Lumbo Sacral Belt (except For Cases Who Have Undergone Surgery Of Lumbar Spine)	194	Accu Check (Glucometry/ Strips)
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/quadruplegia. Up To A Maximum Of Rs.200/- Per Day)	195	Pan Can
155	Ambulance Collar	196	Sofnet
156	Ambulance Equipment	197	Trolley Cover
157	Microsheild	198	Urometer, Urine Jug
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)	199	Ambulance (except For Charges Incurred Ambulance From Home To Hospital Or Interhospital Shifts , Rta)
	ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION	200	Tegaderm / Vasofix Safety (payable - Maximum Of 3 In 48 Hrs And Then 1 In 24 Hrs)
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)	201	Urine Bag (payable Where Medicaly Necessary Till A Reasonable Cost - Maximum 1 Per 24 Hrs)
160	Private Nurses Charges- Special Nursing Charges	202	Softovac
161	Nutrition Planning Charges - Dietician Charges- (except Patient Diet Provided By Hospital)	203	Stockings (except For Case Like Cabg Etc.)