

MEDI-Classic INSURANCE POLICY (INDIVIDUAL)

Unique Identification No. : IRDA/NL-HLT/SHAI/P-H/V.I/128/13-14

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 Rs5000/- per hospitalization. For the purpose of calculation of the 7%, only nursing expenses, surgeon's / consultants fees, diagnostic charges and cost of drugs and medicines will be taken
- G) Expenses incurred towards Cost of Health check-up up-to 1% of the average Sum Insured of the eligible block subject to a maximum of Rs 5000/ is payable. This benefit is available for sum insured of Rs 200000/- and above only. The insured person becomes eligible for this benefit after continuous coverage under this policy after every block of 4 claim free years with the Company and payable on renewal
- H) The cost of engaging one attendant at residence immediately after discharge from the hospital provided the same is recommended by the attending physician. Such expenses are payable up-to Rs 400/- for each completed day up-to 5 days per occurrence and 14 days per policy period. No payment will be made for the first day.

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

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

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

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

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

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

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

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

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

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

2. DEFINITIONS

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

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

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

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

Company means Star Health and Allied Insurance Company Limited

Condition Precedent 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

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

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

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

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.

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 theater 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 centers 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 Hospitalized, provided that :

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

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

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

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

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

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

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

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

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

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

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

3. EXCLUSIONS

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

1. Pre Existing Diseases as defined in the policy until 48 consecutive months of continuous coverage have elapsed, since inception of the first policy with any Indian Insurer. However the limit of the Company's liability in respect of claim for pre-existing diseases under such portability shall be limited to the sum insured under first policy with any Indian Insurance Company.
2. Any disease contracted by the insured person during the first 30 days from the commencement date of the policy. This exclusion shall not apply in case of the insured person having been covered under any health insurance policy (Individual or Group insurance policy) with any of the Indian Insurance companies for a continuous period of preceding 12 months without a break.
3. During the First two Years of continuous operation of insurance cover,
 - a. The expenses for treatment of cataract, glaucoma, retinal detachment / macular degeneration, prolapse of intervertebral disc (other than caused by accident), varicose veins and varicose ulcers, benign prostatic hypertrophy, deviated nasal septum, sinusitis, tonsillitis, nasal polyps, Chronic 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 their 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 time of occurrence of the event.
3. Claim must be filed within 15 days from the date of discharge from the Hospital.

Note: Conditions 2 and 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-hospitalisation.

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 / 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. **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, 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 +91-044-2828869

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, fraud, moral hazard, non disclosure of material fact as declared in proposal form / at the time of claim, or non-co-operation by the insured person, by sending the insured 30 days notice by registered letter

PERIOD ON RISK	RATE OF PREMIUM TO BE RETAINED
Up to one-month	40% of annual premium
Up to three Months	60% of annual premium
Up to six months	85% of annual premium
Exceeding six months	Full annual premium

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

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.

20. **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.

21. **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: 044-2831 9100, 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.

22. **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

23. **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, No1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600034 or Call 044-28288821 during normal business hours or Send e-mail to grievances@starhealth.in

In the event of the following grievances:

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

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 iobbsr@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 Andaman & 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

List of Day Care Treatments

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

42 Other operations on the cornea

43 Removal of foreign body from the lens of the eye.

44 Removal of foreign body from the posterior chamber of the eye

45 Removal of foreign body from the orbit and the eye ball.

46 Surgery for cataract

General Surgery

47 Incision of a pilonidal sinus abcess

48 Incision and drainage of Abscess

49 Wound debridement and Cover

50 Abscess-Decompression

51 Split Skin Grafting under RA.

52 Split Skin Grafting under GA

53 Exision of Ranula under GA

54 Partial glossectomy

55 Glossectomy

56 Reconstruction of the tongue

57 Excision of Pharyngeal Diverticulam

58 Doleman Procedure

59 Resection of submandibular salivary glands

60 Reconstruction of a salivary gland and sailvary duct

61 Submandibulor Sialolithotomy

62 Plastic surgery to the floor of the mouth.under GA

63 Rigid Oesophagoscopy for PV syndrome

64 Rigid Oesophagoscopy for FB removal

65 Rigid Oesophagoscopy for dilation of benign Strictures

66 Palatoplasty

67 Vocal Cord laterlisation Procedure

68 Transoral incision and drainage of a pharyngeal abcess

69 Toncillectomy without adenoidectomy

70 Tonsillectomy with adenoidectomy

71 Incision & Drainage of Retro Pharyngeal Abcess

72 Incision & Drainage of Para Pharyngeal Abcess

Urology

73 Bladder Neck Incision

74 Cystoscopy & Biopsy

75 Cystoscopy and removal of polyp

76 Hydrocoelectomy

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	54	Face Mask
2	Baby Charges (unless Specified/indicated)	55	Flexi Mask
3	Baby Food	56	Gause Soft
4	Baby Utilites Charges	57	Gauze
5	Baby Set	58	Hand Holder
6	Baby Bottles	59	Hansaplast/ Adhesive Bandages
7	Bottle	60	Lactogen/ Infant Food
8	Brush	61	Slings (Except For Upper Arm Fractures In Which Case, Cost Of One Sling Is Payable)
9	Cosy Towel		Items Specifically Excluded In The Policy
10	Hand Wash	62	Weight Control Programs/ Supplies/ Services
11	Moisturiser Paste Brush	63	Cost Of Spectacles/ Contact Lenses/ Hearing Aids Etc.,
12	Powder	64	Dental Treatment Expenses That Do Not Require Hospitalisation
13	Razor	65	Hormone Replacement Therapy
14	Towel	66	Home Visit Charges
15	Shoe Cover	67	Infertility/ Subfertility / Assisted Conception Procedure
16	Beauty Services	68	Obesity (including Morbid Obesity) Treatment
17	Belts/ Braces (Except For Cases Who Have Undergone Surgery Of Thoracic Or Lumbar Spine)	69	Psychiatric & Psychosomatic Disorders
18	Buds	70	Corrective Surgery For Refractive Error
19	Barber Charges	71	Treatment Of Sexually Transmitted Diseases
20	Caps	72	Donor Screening Charges
21	Cold Pack/hot Pack	73	Admission/registration Charges
22	Carry Bags	74	Hospitalisation For Evaluation/ Diagnostic Purpose)
23	Cradle Charges	75	Expenses For Investigation/ Treatment Irrelevant To The Disease For Which Admitted Or Diagnosed
24	Comb	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)
25	Disposables Razors Charges (For Site Preparations)	77	Stem Cell Implantation/ Surgery
26	Eau-de-cologne / Room Freshners		Items Which Form Part Of Hospital Services Where Separate Consumables Are Not Payable But The Service Is
27	Eye Pad	78	Ward And Theatre Booking Charges
28	Eye Sheild	79	Arthroscopy & Endoscopy Instruments
29	Email / Internet Charges	80	Microscope Cover
30	Food Charges (other Than Patient's Diet Provided By Hospital)	81	Surgical Blades,harmonic Scalpel,shaver
31	Foot Cover	82	Surgical Drill
32	Gown	83	Eye Kit
33	Leggings (except For Bariatric And Varicose Vein Surgery Where Surgery Itself Is Payable)	84	Eye Drape
34	Laundry Charges	85	X-ray Film
35	Mineral Water	86	Sputum Cup
36	Oil Charges	87	Boyles Apparatus Charges
37	Sanitary Pad	88	Blood Grouping And Cross Matching Of Donors Samples
38	Slippers	89	Savlon
39	Telephone Charges	90	Band Aids, Bandages, Sterile Injections, Needles, Syringes
40	Tissue Paper	91	Cotton
41	Tooth Paste	92	Cotton Bandage
42	Tooth Brush	93	Micropore/ Surgical Tape
43	Guest Services	94	Blade
44	Bed Pan	95	Apron
45	Bed Under Pad Charges	96	Torniquet
46	Camera Cover	97	Orthobundle, Gynaec Bundle
47	Care Free	98	Urine Container Elements Of Room Charge
48	Cliniplast	99	Luxury Tax
49	Crepe Bandage	100	Hvac
50	Curapore	101	House Keeping Charges
51	Diaper Of Any Type	102	Service Charges Where Nursing Charge Also Charged
52	Dvd, Cd Charges (payable If Cd Is Specifically Sought For)		
53	Eyelet Collar		

103	Television & Air Conditioner Charges	156	Ambulance Equipment
104	Surcharges	157	Microsheild
105	Attendant 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)
106	Im Iv Injection Charges		Items Payable If Supported By A Prescription
107	Clean Sheet	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)
108	Extra Diet Of Patient(other Than That Which Forms Part Of Bed Charge)	160	Private Nurses Charges- Special Nursing Charges
109	Blanket/warmer Blanket	161	Nutrition Planning Charges - Dietician Charges- (except Patient Diet Provided By Hospital)
	Administrative Or Non-medical Charges	162	Alex Sugar Free
110	Admission Kit	163	Creams Powders Lotions (toileteries Are Not Payable, Only Prescribed Medical Pharmaceuticals Payable)
111	Birth Certificate	164	Digene Gel/ Antacid Gel (payable When Prescribed)
112	Blood Reservation Charges And Ante Natal Booking 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.
113	Certificate Charges	166	Gloves (except For Sterilized Gloves)
114	Courier Charges	167	Hiv Kit
115	Convenyance Charges	168	Listerine/ Antiseptic Mouthwash (except If Prescribed)
116	Diabetic Chart Charges	169	Lozenges (except If Prescribed)
117	Documentation Charges / Administrative Expenses	170	Mouth Paint (except If Prescribed)
118	Discharge Procedure Charges	171	Nebulisation Kit (except If Used During Hospitalization Is Payable Reasonably)
119	Daily Chart Charges	172	Neosprin (except If Prescribed)
120	Entrance Pass / Visitors Pass Charges	173	Novarapid (except If Prescribed)
121	Expenses Related To Prescription On Discharge (to Be Claimed Under Post Hospitalisation Where Admissible)	174	Volini Gel/ Analgesic Gel ((except If Prescribed))
122	File Opening Charges	175	Zytee Gel (except If Prescribed)
123	Incidental Expenses / Misc. Charges (not Explained)	176	Vaccination Charges (except For Post Bite Treatment)
124	Medical Certificate	177	Ahd
125	Maintainance Charges	178	Alcohol Swabes
126	Medical Records	179	Scrub Solution/sterillium
127	Preparation Charges	180	Vaccine Charges For Baby
128	Photocopies Charges	181	Aesthetic Treatment / Surgery
129	Patient Identification Band / Name Tag	182	Tpa Charges
130	Washing Charges	183	Visco Belt Charges
131	Medicine Box	184	Any Kit With No Details Mentioned [delivery Kit,
132	Mortuary Charges Beyond 24 Hrs (shifting Charges Not Payable)	185	Examination Gloves
133	Medico Legal Case Charges (mlc Charges)	186	Kidney Tray
	External Durable Devices	187	Mask
134	Walking Aids Charges	188	Ounce Glass
135	Bipap Machine	189	Outstation Consultant's/ Surgeon's Fees (not Payable, Except For Telemedicine Consultations If Covered By Policy)
136	Commode	190	Oxygen Mask
137	Cpap/ Capd Equipments	191	Paper Gloves
138	Infusion Pump - Cost	192	Pelvic Traction Belt (payable In Case Of Pivd Requiring Traction)
139	Oxygen Cylinder (for Usage Outside The Hospital)	193	Referral Doctor's Fees
140	Pulseoxymeter Charges	194	Accu Check (Glucometry/ Strips)
141	Spacer	195	Pan Can
142	Spirometre	196	Sofnet
143	Spo2 Probe	197	Trolley Cover
144	Nebulizer Kit	198	Urometer, Urine Jug
145	Steam Inhaler	199	Ambulance (except For Charges Incurred Ambulance From Home To Hospital Or Interhospital Shifts , Rta)
146	Armsling	200	Tegaderm / Vasofix Safety (payable - Maximum Of 3 In 48 Hrs And Then 1 In 24 Hrs)
147	Thermometer	201	Urine Bag (payable Where Medically Necessary Till A Reasonable Cost - Maximum 1 Per 24 Hrs)
148	Cervical Collar	202	Softovac
149	Splint	203	Stockings (except For Case Like Cabg Etc.)
150	Diabetic Foot Wear		
151	Knee Braces (Long/ Short/ Hinged)		
152	Knee Immobilizer/shoulder Immobilizer		
153	Lumbo Sacral Belt (except For Cases Who Have Undergone Surgery Of Lumbar Spine)		
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)		
155	Ambulance Collar		