

STAR NET PLUS

Unique Identification No. : IRDA/NL-HLT/SHAI/P-H/V.I/106/13-14

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

In consideration of the premium paid in full and subject to the terms and conditions as set out in the Schedule with all its Parts, the Company by this Policy agrees as under :-

1. COVERAGE

Section I – HIV Cover Section

The insured person shall contract the covered disease / illness/ accidental injuries as defined herein, the Company will pay to the Insured the limit mentioned in the Schedule as a lump sum.

In the event of any claim becoming admissible under this insurance, the Company will pay to the Insured as follows:-

The lump-sum amount as specified in the Policy Schedule for the covered disease / illness / accidental injuries, subject to terms, conditions, limitations and exclusions mentioned therein, if the Insured Person is declared as having reached the stage of AIDS (if the cd4 count falls below 150) as defined herein and the same is diagnosed and certified by a team of doctors appointed / nominated by the Company after conducting appropriate test(s) and during the Period of Insurance and if all of the following conditions are satisfied.

The stage of AIDS experienced by the Insured Person is the first incidence; and

The signs or symptoms experienced by the Insured Person commenced more than 90 days (ninety days) following the Commencement Date of the policy.

The Insured Person subjects himself/herself to examination by the panel doctor of the Company and AIDS is confirmed by the panel doctor.

Only one lump sum payment shall be provided during the Insured Person's lifetime regardless of the number of treatments undergone by the Insured Person. The cover for the respective individual will be automatically terminated after the lump sum payment is made as above and the cover for the respective person shall not be renewed.

Section II – Medical Section

If during the period stated in the Schedule if the insured person shall contract any disease or suffer from any illness or sustain any bodily injury through accident and if such disease or injury shall require such insured Person, upon the advice of the 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 herein defined as an inpatient, the Company will pay to the Insured Person the amount of such expenses as are reasonably and necessarily incurred up-to the limits indicated but not exceeding the sum insured in aggregate in any one period stated in the schedule hereto.

- 1.0 In the event of any claims becoming admissible under this Scheme, the Company will pay to the Insured Person or the estate of the Insured Person.
- 2.0 The amount of such expenses as would fall under different heads up to the limits mentioned, and as are reasonably and necessarily incurred thereof by or on behalf of such Insured Person, but not exceeding the Sum insured in aggregate mentioned in the schedule hereto.
 - A) Room, Boarding Expenses as provided by the Hospital / Nursing Home at 2% of the sum insured.
 - B) Nursing expenses.
 - C) Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees.
 - D) Anaesthesia, Blood, Oxygen, Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis Chemotherapy, Radiotherapy, cost of Pacemaker and similar expenses.
 - E) Emergency ambulance charges up-to a sum of Rs. 750/- per hospitalisation and overall limit of Rs. 1,500/- per policy period for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment provided such hospitalisation claim is admissible as per the Policy.
 - F) Relevant **Pre-Hospitalization** medical expenses incurred for a period not exceeding 30 days prior to the date of Hospitalisation, on the disease/illness, injury sustained following an admissible claim under the policy
 - G) A Sum equivalent to 7% of the hospitalisation expenses incurred comprising of Nursing charges, Surgeon/consultant fees, Diagnostic charges, Medicines and Drugs only subject to a maximum of Rs. 5,000/- per occurrence towards **Post Hospitalisation** Medical expenses wherever recommended by the attending Medical Practitioner.

Where package rates are charged by the hospitals the Post-Hospitalisation benefit will be calculated after taking the room and boarding charges at 2% of the Sum Insured per day.

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

The amount payable respect of the following treatment is **up-to** the limit mentioned there-against:

Cataract surgery- Rs.20000/- in respect of one eye and Rs.30000/- in the entire policy period

Lithotripsy (Kidney stone removal)	-	Rs.20000/-
Tonsillectomy	-	Rs.7500/-
Cutting and Draining of Abscess	-	Rs.1500/-
Liver Aspiration	-	Rs.2000/-
Pleural Effusion Aspiration	-	Rs.2000/-
Sclerotherapy	-	Rs.5000/-

Provided the waiver of the minimum period of 24 hours hospitalisation is limited to the above noted treatments only.

Note: -Company's liability in respect of all claims admitted during the period of insurance shall not exceed the Sum insured per person mentioned (under Section II – Medical Section) in the Schedule.

2. DEFINITIONS

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

AIDS means Acquired Immuno Deficiency Syndrome where the CD4 count of the HIV infected person goes below 150 and this (AIDS) has to be confirmed in conjunction with other relevant tests and parameters.

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

Company means Star Health and Allied Insurance Company Limited

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

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

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

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

Disclosure to information norm mean 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.

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

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.

HIV means Human Immuno Virus.

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.

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.

Insured means Government or Non Governmental Organisation or Agencies active in the field of serving the cause of people with HIV / AIDS which has proposed this policy and who remits the premium with service tax, as applicable, to the Company under this policy.

Insured person means the name of persons shown in the schedule of the Policy.

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

Pre-Insurance medical test means the clinical and laboratorial tests including CD4 test and/or HIV Viral Load Test or any other test as may be required, conducted on the Insured persons, to establish HIV infection and also to rule out the stage of AIDS.

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

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

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

SPECIAL CONDITIONS : UNDER SECTION 1

The eligibility of a claim under the policy must be confirmed by a registered medical practitioner as defined herein and must be supported by clinical and laboratory evidence acceptable to the Company.

Insurance under this policy shall cease upon payment of the compensation as provided herein and no further payment will be made for any consequent disease or dependent disease.

Payment of claims will be made to the **Insured** whose discharge shall be final and binding. It is for the **Insured** to decide to pass on the benefit of a claim to the claimant either by way of treatment or cash in lieu thereof.

Waiting Period- No claim for compensation will become payable if illness/disease/condition specified in the policy incepts or manifests during the first 90 days of the inception of the policy. In the event of renewal with the Company this 90 days limit shall not apply.

3. EXCLUSIONS:

Exclusions under Section I :

1. The Company shall not be liable to make any payments under this Policy in respect of any expenses what so ever incurred by any Insured person in connection with or in respect of expenses towards the treatment of HIV.
2. All medical conditions which are **Pre Existing** when the cover incepts for the first time including the stage of AIDS except HIV which is specifically covered.
3. AIDS confirmed during the first 90 days from the commencement date of the policy.

Exclusions under Section II :

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 condition shall not however apply in case of the Insured Person having been covered under this scheme or group insurance scheme with any of the Indian Insurance companies for a continuous period of preceding 12 months without any break.
3. Exclusion of medical expenses incurred for treatment of Tuberculosis and Gastro-Enteritis.
4. During the First two Years of continuous operation of Insurance cover, the expenses on treatment of Cataract, Hysterectomy for Menorrhagia or Fibromyoma, Knee replacement Surgery (other than caused by an accident), Joint Replacement Surgery (other than caused by an accident), Prolapse of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers.
5. During the first year of operation of the Insurance cover the expenses on treatment of diseases such as Benign Prostate Hypertrophy, Hernia, Hydrocele, Congenital Internal disease/defect, Fistula in anus, Piles, Sinusitis and related disorders, Gallstones and renal stones removal are not payable.
If these diseases are Pre- Existing at the time of proposal they will be covered subject to the exclusion for Pre-Existing Disease as above
6. The amount of claim indicated in the schedule to be borne by the Insured Person.
7. 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).
8. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination (except for post-bite treatment) or inoculation or change of life or cosmic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
9. Cost of spectacles and contact lens, hearing aids, walkers, crutches wheel chairs and such other aids.
10. Dental treatment or surgery of any kind unless necessitated due to accidental injuries and requiring hospitalization.
11. Convalescence, general debility, Run-down condition or rest cure, congenital external disease or defects or anomalies, sterility, venereal disease, intentional self injury and use of intoxicating drugs/alcohol.
12. 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.
13. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
14. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/ materials.
15. Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these including caesarean section. (other than ectopic pregnancy)

16. Naturopathy Treatment.
17. Hospital registration charges, record charges, telephone charges and such other similar charges.
18. Expenses incurred on Lasik Laser or Refractive Error Correction treatment.
19. Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control/loss programs.
20. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicines other than Allopathic shall be restricted to 25% of the sum insured.
21. Other expenses as detailed elsewhere in the policy.

4. CONDITIONS:

Conditions under Section I

1. This policy is available for all persons irrespective of age. However, the Company can decline cover to any persons subsequent to pre-insurance medical tests.
2. The renewals shall be automatic provided the renewal premium is paid before expiry of the current policy. The yearly renewal premiums may vary over the period as and when this policy product is reviewed and amended with the clearance of the Statutory Authorities.
3. Pre-insurance medical tests are a pre-condition for all persons also who are included for the first time under this insurance, at the time of renewal of the policy. Insurer can decline cover for any person or persons based on the outcome of such tests.
4. The Insured shall obtain and furnish the Company with all 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.
5. The findings of such medical team shall be final and binding in deciding the admissibility of a claim.
6. Automatic Termination: This policy shall terminate in respect of the relevant Insured person immediately on the earlier of the following events:
 - ✓ Upon the death of the relevant Insured person
 - ✓ Upon payment of benefit under the policy in respect of the relevant Insured person.
7. Limitation: 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.
8. Payment of Claim: All claims under this policy shall be payable in Indian currency.

Conditions under Section II

1. Claim must be filed within 15 days from the date of discharge from the Hospital. This is a condition 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
2. 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.

3. **Automatic Termination:** This insurance in relation to each relevant person shall terminate immediately on the earlier of the following events:
 - ✓ Upon the death of the Insured Person
 - ✓ Upon exhaustion of the sum insured in respect of such person
4. 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.

5. All claims under this policy shall be payable in Indian currency.
6. All medical/surgical treatments under this policy shall have to be taken in India.
7. If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available sum insured in the two policy periods, including the deductibles for each policy period. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal/due date of premium of health insurance policy, if not received earlier.
8. **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) Where Package rates are charged the Post-Hospitalisation benefit will be calculated after taking the room and boarding charges at 2% of the sum insured per day.

Conditions common to Section I and Section II

1. The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance of fulfilment of the terms, provision, conditions and endorsements of this policy by the Insured, in so far as they relate to anything to be done or complied with by the Insured, 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 3 days from the date of the incidence giving rise to a valid claim under the policy.

Note: Waiver of this condition may be considered in extreme cases of hardship where it is proved to the satisfaction of the company that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time limit.

3. A team of medical practitioners as defined herein shall be allowed to examine the Insured person and conduct the required tests in case of an alleged condition giving rise to a claim, when and as often as the same may reasonably be required on behalf of the Company at company's cost.
4. The Company shall not be liable to make any payment under the policy in respect of any claim if such claim is in any manner fraudulent or supported by any fraudulent means or device, misrepresentation whether by the Insured person or by any other person acting on his behalf.
5. **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 at the insured person's last known address. The insured may at any time cancel this policy and in such event the Company shall allow refund after retaining premium at Company's short period rate only (table given below) provided no claim has occurred up to the date of cancellation

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

6. **Policy Dispute:** Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

7. **Renewal:** The policy will be renewed except on grounds of misrepresentation / fraud committed, non-disclosure of material facts as declared in the proposal form.

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.

8. **Notices:** Any notice, direction or instruction given under this policy shall be in writing and delivered by hand, post, or facsimile/email to Star Health and Allied Insurance Company Limited, No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai-600034. Fax no: 044-28319100, Toll free no: 1800-425-2255, 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

9. **Customer Service:** If at any time the Insured requires any clarification or assistance, the Insured may contact the offices of the Company at the address specified, during normal business hours.

10. **Grievances:** In case the Insured Person is aggrieved in any way, the Insured may contact the Company and Company at the specified address, during normal business hours.

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

In the event of the following grievances:

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

the Insured Person may approach the Insurance Ombudsman at the address given below, within whose jurisdiction the branch or offices of Star Health and Allied Insurance Company Limited are located.

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

11. **Important Note:** The Policy Schedule and any Endorsement are to be read together and any word or expression to which a specific meaning has been attached in any one of them shall bear such meaning wherever it appears.

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

The attention of the policy holder is drawn to our website www.starhealth.in for Antifraud policy of the company for necessary compliance by all stake holders.

Other Excluded Expenses

TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS

1	Anne French Charges	55	Flexi Mask
2	Baby Charges (unless Specified/indicated)	56	Gause Soft
3	Baby Food	57	Gauze
4	Baby Utilites Charges	58	Hand Holder
5	Baby Set	59	Hansaplast/ Adhesive Bandages
6	Baby Bottles	60	Lactogen/ Infant Food
7	Bottle	61	Slings (Except For Upper Arm Fractures In Which Case, Cost Of One Sling Is Payable)
8	Brush		
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)	103	Television & Air Conditioner Charges
53	Eyelet Collar		
54	Face Mask		

104	Surcharges	157	Microsheild
105	Attendant Charges	158	Abdominal Binder (except For Post-surgery Patients Of Major Abdominal Surgery Including Tah, Lcs 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 ChargesAnd 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		
156	Ambulance Equipment		