



## STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office : 1, New Tank Street, ValluvarKottam High Road,  
Nungambakkam, Chennai - 600 034. Phone : 044 - 2828 8800  
CIN : U66010TN2005PLC056649 Email : support@starhealth.in Website : www.starhealth.in IRDAI Regn. No : 129

Policy wordings

### Community Health Insurance Scheme- Vijayawada

#### Unique Identification No: IRDAI/HLT/SHAI/P-H(G)/V.I/36/2016-17

The Agreement 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.

#### 1. **COVERAGE:**

In consideration of the premium paid, subject to the terms, conditions, exclusions and definitions contained herein or endorsed or otherwise expressed hereon, the Company agrees as under:

If during the policy period as stated in the Schedule, the Insured person shall require admission as an In-patient for treatment in a hospital, then the Insurer shall provide cashless facility at networked hospitals up to the Floater Sum Insured in aggregate during the policy period stated in the Schedule hereto.

#### Insured Persons and Identification:

- The Insured Persons are the residents in the 16 mandals, 265 villages in the Vijayawada Parliamentary constituency (rural) of the Krishna district as identified by the Proposer an identity card issued by the Company.
- The family is covered as a single unit.
- The number of families covered at the inception of the policy is 225861
- Addition to the above number of families during the policy period shall be done by charging full premium per family. However coverage for such additions shall be upto expiry date of the policy.

#### 2. **DEFINITIONS**

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

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

**Company / Insurer:** means Star Health and Allied Insurance Company Limited

**Insured Person** means the residents in the 16 mandals, 265 villages in the Vijayawada Parliamentary constituency (rural) of the Krishna district as enumerated and identified by Proposer through an identity card issued by the Insurer and Proposer.

**Family** means the Main Member, Spouse, Dependent Children, Dependent Parents and Dependent Parents-in-law.

**Floater Sum Insured** means Sum Insured per family

**Network Hospital** means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility

**Post Hospitalization** means medical expenses incurred immediately after the insured person is discharged from the hospital provided that

- a. Such medical expenses are incurred for the same condition for which the insured person's hospitalization was required and
- b. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

**Pre-Hospitalisation** means medical expenses incurred immediately before the insured person is hospitalized, provided that

- a. Such medical expenses are incurred for the same condition for which the insured person's hospitalization was required and
- b. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

**Proposer / Group Administrator** means M/s.Tata Education and Development Trust

**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.

### **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:

- Circumcision, Preputio plasty, Frenuloplasty, Inoculation or Vaccination (except for post-bite treatment and for medical treatment other than for prevention of diseases)
- Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable)
- Convalescence, general debility, run-down condition or rest cure, Rehabilitation Nutritional deficiency states, Psychiatric, mental and behavioral disorders, Venereal disease and Sexually

transmitted diseases, intentional self injury , attempted suicide and use of intoxicating drugs / alcohol

- 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)
- Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
- All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympho Trophic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS. It is however made clear that such of those who are positive for HIV (Human Immuno Deficiency Virus) would be entitled for expenses incurred for treatment, other than for opportunistic infections and for treatment of HIV/AIDS, provided at the time of first commencement of insurance under this policy, their CD4 count is not less than 350.
- Expenses incurred on High Intensity Focused Ultra Sound, Uterine fibroid embolisation, Balloon Sinoplasty, Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Deep Brain Stimulation, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other therapies similar to those mentioned herein under this exclusion.
- Charges incurred on diagnostics that are not consistent with the treatment for which the insured is admitted in the hospital / nursing home. Admission primarily for diagnostic purpose with no positive existence of sickness / disease / ailment / injury and no further treatment is indicated.
- Non Allopathic Treatments ,Naturopathy Treatment, unconventional, untested, unproven, experimental therapies.
- Stem cell Therapy, Chondrocyte Implantation, Immunotherapy without proper indication.
- 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), all treatment for erectile dysfunctions.
- Cost of spectacles and contact lens, hearing aids, Cochlear implants and procedures, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids.

#### **4. CONDITIONS:**

##### **Payment of Insurance Premium:**



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The Proposer shall pay to the Insurer a total amount of Rs. 40,00,00,000/- (Rupees Forty Crores only) inclusive of Service Tax in two installments. i.e., 50% on or before inception of policy & balance 50% on or before completion of 4 months from date of inception of policy

### **Cashless Service in Network Hospitals:**

It is a condition precedent to admissibility of any claim that the treatment should be taken by the Insured person in any of the hospitals empanelled by the Insurer from time to time for availing cashless service.

### **Claims Procedure:**

The Insured Persons would be identified by the Identity Card issued jointly by the Insurer and the Proposer. The treatment will be cashless for all the treatments covered under the policy.

- a. The Insured Persons shall call the 24 hour help-line which is available in the guide book for assistance or approach the network hospitals..
- b. Inform the Identity card number for easy reference
- c. On admission in the hospital, produce the ID Card at the Helpdesk at Network Hospital
- d. In case of emergency hospitalization, information to be given within 24 hours after hospitalization.

The insurer would make payment of the claims directly to the hospital.

All the claims settled by the Insurer to the network hospitals based on the bills received from the hospitals and also based on the pre-authorisation given by the company shall be reckoned as final.

### **Role of Group Administrator / Proposer**

The Group administrator shall play a facilitative role between the Insurer and the Insured Person. Such role includes

- a) Furnish to the Company detailed list of Insured Person/s for preparation of ID cards
- b) Distribute ID cards received from the Company
- c) Distribute pamphlets containing the details of Insurance Scheme and details of network hospitals
- d) Sensitize the Insured person/s by creating awareness about the Insurance Scheme along with the Company
- e) To facilitate Insured Person / s in availing cashless facility
- f) To make payment of premium on or before the stipulated time.

### **Cancellation :**

Community Health Insurance Scheme – Vijayawada  
Unique Identification no: IRDAI/HLT/SHAI/P-H(G)/V.I/36/2016-17



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The policy may be cancelled as per terms mutually agreed between the Insurer and the Proposer t by serving 30 days notice by either party.

### **Arbitration:**

If any dispute or difference shall arise under the contract of insurance such difference shall be referred to the decision of a sole arbitrator to be appointed in writing by the parties 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 and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996, as it stands now or may be amended from time to time”.

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.

### **Grievances:**

In case the Insured Person is aggrieved in any way, the insured person may contact the Insurer 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](mailto:grievances@starhealth.in). Senior Citizens may call 044-28288897

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;



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- d. delay in settlement of claims;
  - e. non-issuance of any insurance document to customer after receipt of the premium
- the insured person may approach the Insurance Ombudsman at the address given below

Office of the Insurance Ombudsman,  
6-2-46, 1st floor, "Moin Court" Lane Opp. Saleem Function Palace,  
A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004.  
Tel.:- 040-65504123/23312122 Fax:- 040-23376599  
Email:- bimalokpal.hyderabad@gbic.co.in