

Kind Attention : Policyholder

Please check whether the details given by you about the insured persons in the proposal form (a copy of which was provided at the time of issuance of cover for the first time) are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the person/s covered would be taken as correct.

So also the coverage details may also be gone through and in the absence of any communication from you within 15 days from the date of receipt of this policy, it would be construed that the policy issued is correct and the claims if any arise under the policy will be dealt with based on proposal / policy details.

Customer Information Sheet – Diabetes Safe Insurance Policy

Unique Identification No.: Unique ID: IRDAI/HLT/SHAI/P-H/V.III/173/2016-17

TITLE	Description - PLAN A (With pre-acceptance medical screening)	Clause no. of the policy
Coverage for (Section 1)	a. In-patient Treatment- Covers hospitalisation expenses for period more than 24 hrs.	1a.(A,B,C)
	b. Emergency Ambulance- Up to Rs. 2000/- per policy period.	1a.(E)
	c. Pre-Hospitalisation- Medical Expenses incurred up to 30 days prior to hospitalization	1a.(D)
	d. Post-Hospitalisation- Medical Expenses incurred up to 60 days after discharge from the hospital. Medical Expenses incurred up to 7% of hospitalization expenses subject to a maximum of Rs.5000/-	1a.(F)
Special Condition for Section -1	a. Donor expenses for Kidney transplantation where the insured person is the recipient provided the claim for transplantation is payable and subject to the availability of sum insured	1b.(1)
	b. Expenses incurred on dialysis(inclusive of AV fistula/graft creation charges) upto Rs.1000/- per sitting commencing from the policy year in which Chronic Kidney disease occurs upto 24 consecutive months	1b.(2)
Major exclusions Section 1	1. Any hospital admission primarily for investigation/diagnostic purposes	1c.(10)
	2. Pregnancy (other than ectopic pregnancy) infertility, congenital external (other than for new born)	1c.(4)
	3. Non Allopathic Treatment	1c.(15)
	4. Treatment out side India	3(21)
	5. Circumcision, Sex change surgery, cosmetic surgery and plastic surgery (other than for accidents or covered disease)	1c.(16)
	6. Refractive error correction/ hearing impairment correction, corrective and cosmetic dental surgery, weight control services including surgical procedures for treatment of obesity, medical treatment for weight control/loss programs,treatment for metabolic, genetic and endocrine disorders	1c.(5,9)
	7. Expenses incurred on High Intensity Focused Ultra Sound, Baloon Sinoplasty, Enhanced External Counter Pulsation Therapy and related therapies, Deep Brain Stimulation, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy and such other similar therapies	1c(8)
	8. Intentional self injury and use of intoxicating drugs/alcohol, HIV or AIDS	1c.(3,6)
	9. Naturopathy Treatment	1c.(12)
	10.Hospital registration charges, admission charges, record charges telephone charges and such other charges	1c.(14)
	The exclusions given above is only a partial list. Please refer the policy clause for the complete list	
Coverage for Section 2	a. In-patient Treatment- Covers hospitalisation expenses for period more than 24 hrs.	1d.(A,B,C)
	b. Emergency Ambulance- Up to Rs. 2000/- per policy period.	1d.(E)
	c. Pre-Hospitalisation- Medical Expenses incurred up to 30 days prior to hospitalisation,	1d.(D)

	d. Post-Hospitalisation- Medical Expenses incurred up to 60 days after discharge from the hospital. Medical Expenses incurred up to 7% of hospitalization expenses subject to a maximum of Rs.5000/-	1d.(F)
	e. Sublimit : Expenses incurred on treatment of Cataract	1d.(F) Note
Special Condition for Section 2	a. The expenses as above are payable only where in-patient hospitalization is for a minimum period of 24 hrs. However this time limit will not apply to the day care treatments	1e.(1)
	b. All other expenses relating to the hospitalization will be considered in proportion to the eligible room rent or actual whichever is less	1e.(2)
Major exclusions Section 2	1. Any hospital admission primarily for investigation/diagnostic purposes	1 f.(15)
	2. Pregnancy (other than ectopic pregnancy) infertility, congenital external (other than for new born)	1 f.(11)
	3. Non Allopathic Treatment	1 f(20)
	4. Treatment out side India	4(22)
	5. Circumcision, Sex change surgery, cosmetic surgery and plastic surgery (other than for accidents or covered disease)	1 f.(4,21)
	6. Refractive error correction/ hearing impairment correction, corrective and cosmetic dental surgery, weight control services including surgical procedures for treatment of obesity, medical treatment for weight control/loss programs, treatment for metabolic, genetic and endocrine disorders	1 f.(12,14,)
	7. Expenses incurred on High Intensity Focused Ultra Sound, Baloon Sinoplasty, Enhanced External Counter Pulsation Therapy and related therapies, Deep Brain Stimulation, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy and such other similar therapies	1f(13)
	8. Intentional self injury and use of intoxicating drugs/alcohol, HIV or AIDS	1 f.(6,9)
	9. Naturopathy Treatment	1 f.(17)
	10.Hospital registration charges, admission charges, record charges telephone charges and such other charges	1 f(19)
	The exclusions given above is only a partial list. Please refer the policy clause for the complete list	
Waiting Period Section 2	a. Pre existing diseases will be covered after a waiting period of 48 months	1f.(1)
	b. Diseases contracted during the first 30 days from the commencement date of the policy (not applicable for subsequent renewals)	1f.(2)
	c. 24 months for specific illness during the first 2 years from the commencement date of the policy (not applicable for subsequent renewals)	1f.(3)
Coverage applicable for Both the Section - 1 and Section - 2	a. Day-Care procedures- Medical Expenses for enlisted 405 Day care procedures	List attached
	b. Restoration of Sum Insured : Automatic restoration of sum insured once during the currency of the policy period on exhaustion of the sum insured. This facility is not available for Floater basis.	3(18)
	c. The Companies Liability in respect of Package Charges will be restricted to 80% of such amount	3 (22)
Coverage for Section 3	a. Outpatient expenses The Company will pay the amount of such expenses as are reasonably and necessarily incurred at the network hospitals/diagnostic centers as an Out Patient.	1g
Coverage for Section 4	a. Personal Accident : Covers death only	1h
Major exclusions – Section 4	a. Intentional self injury and use of intoxicating drugs/alcohol/HIV or AIDS HIV	1i.(2,3)
	b. War, Biological, nuclear and chemical terrorism and nuclear perils	1i(5,7)
	c. Engaging in Hazardous sports/activities	1i(9)
Waiting Periods for Section 4	No waiting periods applicable for this section	
PayOut	Cashless or reimbursement of covered expenses upto the specified limit	1a.(A,B,C) and 1d.(A,B,C) 1g and 1h
Cost Sharing	Copayment	NIL
Renewal Condition	Life long renewal subject to payment of renewal premium in full before the due date	3(10) and
	Grace period of 30 days for renewing the policy is provided	
	In the event of this policy being withdrawn, the insured will be accommodated in any other equivalent health insurance policy offered by the Company at the relevant point of time	3(13)
Renewal Benefit	NIL	
Cancellation	Policy can be cancelled 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 without refund of premium	3 (18)
Claim under 2 policy periods	If any claim falls under 2 policy period, the renewal policy sum insured shall be taken in to account for claims settlement	3(9)

(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the Key Feature Document and the policy document the terms and conditions mentioned in the policy document shall prevail



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DIABETES SAFE INSURANCE POLICY

Unique Identification No. : IRDAI/HLT/SHAI/P-H/V.III/173/2016-17

PLAN A

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

1. Coverage

In consideration of the premium paid 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:

a. Section 1

If during the policy period stated in the schedule, the **Insured Person** shall develop any complications of Diabetes Mellitus and if such complications shall require the Insured Person, upon the advice of the duly Qualified **Medical Practitioner**, to incur hospitalization expenses for medical/surgical treatment at **Nursing Home / Hospital** in India as an **inpatient**, the Company will pay the amount of such expenses as are **reasonably and necessarily** incurred as would fall under different heads as stated hereto up-to the limits indicated but not exceeding the sum insured in aggregate in any one policy period.

- A. Room (Single Standard A/C room), Boarding and Nursing Expenses.
- B. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees.
- C. Anaesthesia, Blood, Oxygen and Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and diagnostic imaging modalities, X-ray and stent. 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 only
- D. Relevant **Pre-Hospitalization** medical expenses incurred for a period not exceeding 30 days prior to the date of Hospitalisation, on the disease/illness contracted following an admissible claim under the policy.
- E. Emergency ambulance charges up-to a sum of Rs. 2000/- 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 this section.
- F. **Post-Hospitalization** expenses incurred up to 60 days after discharge from the hospital. The amount payable shall not exceed the sum equivalent to 7% of the hospitalization expenses subject to a maximum of Rs.5,000/- 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..

b. Special conditions applicable for Section 1:

1. Donor expenses for kidney transplantation where the insured person is the recipient are payable provided the claim for transplantation is payable and subject to the availability of the sum insured. Donor screening expenses and post-donation complications of the donor are not payable
2. Expenses incurred on dialysis (**inclusive of AV fistula /graft creation charges**) are payable up-to Rs.1,000/- per sitting commencing from the policy year in which Chronic Kidney disease occurs and payable for up to 24 consecutive months provided the policy is in force.
Claims directly or indirectly relating to Cardio Vascular System, Renal System, Diseases of eye, Foot Ulcer, Diabetic Peripheral Vascular Diseases and other complications of diabetes are eligible to be payable under Section 1 only, except where specifically provided for.
Claim for cataract surgery is payable under Section 2 only

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.

All other expenses relating to the hospitalization will be considered in proportion to the eligible room rent or actual whichever is less.

Note: Only complications of Diabetes that are declared by the insured and accepted by the company shall be considered as covered under Section 1.

c. Exclusions applicable for Section 1

The Company shall not be liable to make any payments under this policy in respect of any expenses incurred by any Insured Person in connection with or in respect of:

1. 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)
2. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
3. 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 and sexually transmitted diseases.

4. Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these (other than ectopic pregnancy), family planning treatment. All types of treatment for infertility and its complications there of
5. Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control, treatment for, genetic and other endocrine disorders, Sleep Apnea
6. Convalescence, general debility, run-down condition or rest cure, nutritional deficiency states, psychiatric, mental and behavioral disorders, Venereal diseases and Sexually transmitted diseases, intentional self injury and use of intoxicating drugs / alcohol, smoking and tobacco chewing
7. Congenital External diseases/conditions defects or anomalies
8. 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 exclusion no.8
9. Expenses incurred on Lasik Laser or Refractive Error Correction and its complications, all treatment for eye disorders requiring intra-vitreous injections and related procedures.
10. Charges incurred at Hospital or Nursing Home primarily for diagnostic, Radiology or laboratory Tests 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.
11. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
12. Naturopathy Treatment, unconventional, untested/unproven, experimental therapies.
13. Stem cell Therapy, Artificial Pancreas, Chondrocyte Implantation, Immunotherapy without proper indication.
14. Hospital registration charges, admission charges, record charges, telephone charges and such other charges
15. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicines other than Allopathy
16. 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 dysfunction
17. 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 othersimilar aids.
Note: Cost of artificial limbs following amputation is payable up-to 10% of Sum Insured provided the claim for such amputation is admissible under the policy
18. Any specific time-bound or life time exclusions applied, specified and accepted by the insured.
19. Other expenses as detailed under the table "Other Excluded Expenses"

d. Section 2

If during the period stated in the Schedule the insured person, 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 for any disease/illness/sickness (Other than those falling under Section 1 above), accidental injuries at any **Nursing Home / Hospital** in India as an in-patient, the Company will pay to the **Insured Person/s** the amount of such expenses as are **reasonably and necessarily** incurred up-to the limits indicated but not exceeding the sum insured in aggregate in any one period stated in the schedule hereto.

- A. Room, Boarding and Nursing Expenses at 1.5% of the sum insured subject to a maximum of Rs. 8,500/- per day
- B. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees.
- C. Anaesthesia, Blood, Oxygen, and Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and diagnostic imaging modalities and X-ray.
- D. Relevant **Pre-Hospitalization** medical expenses incurred for a period not exceeding 30 days prior to the date of Hospitalisation, on the disease/illness contracted following an admissible claim under the policy.
- E. Emergency ambulance charges up-to a sum of Rs. 2000/- 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 this section.
- F. **Post-Hospitalization** expenses incurred up to 60 days after discharge from the hospital. The amount payable shall not exceed the sum equivalent to 7% of the hospitalization expenses subject to a maximum of Rs.5,000/- 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.

Note : The expenses incurred on treatment of cataract are limited to

Sum Insured	Limit
Sum Insured Rs.3,00,000/- Rs.4,00,000/- and Rs. 5,00,000/-	20,000/- per eye per hospitalisation and 30,000/- for the entire policy period.
Rs. 10,00,000/-	30,000/- per eye per hospitalisation and 40,000/- for the entire policy period

Where Package rates are charged by the hospitals the Post-Hospitalization benefit will be calculated after taking the room, boarding and nursing charges at 1.5% of sum insured subject to a maximum of Rs.8,500/- per day.

e. Special conditions applicable for Section 2:

1. 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.
2. All other expenses relating to the hospitalization will be considered in proportion to the eligible room rent or actual whichever is less.

f. Exclusions applicable for Section 2

The Company shall not be liable to make any payments under this policy in respect of any expenses incurred by any 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 Non-Life Insurer.
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 Non Life 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 any expenses on
 - a) Cataract and diseases of the Anterior and Posterior Chamber of the Eye, Retinal detachment, Glaucoma, Diseases of ENT, Diseases related to Thyroid, Prolapse of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers, all Diseases of Prostrate, Stricture Urethra, all Obstructive Uropathies, Benign Prostatic Hypertrophy, Stapedectomy, all types of Hernia, Epididymal Cyst, Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele, Fistula / Fissure in ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence, and Congenital Internal disease / defect
 - b) Desmoid Tumour of anterior abdominal wall, Gall Bladder and Pancreatic diseases and All treatments (conservative, interventional, laparoscopic and open) for Hepato Pancreato Biliary diseases including Gall bladder and Pancreatic Calculi. All types of management for Kidney and Genitourinary tract calculi.
 - c) All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Uterus, Fallopian Tubes, Cervix and Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases, Benign breast diseases, Umbilical Sinus, Umbilical Fistula.
 - d) Conservative, operative treatment of all types of intervention for diseases related to Tendon, Ligament, Fascia, Bones and Joint including Arthroscopy and Arthroplasty [other than caused by accident]
 - e) Degenerative Disc and Vertebral Diseases including Replacement of bones and joints and Degenerative diseases of the musculo-skeletal system
 - f) Subcutaneous Benign Lumps, Sebaceous Cyst, Dermoid Cyst, Mucous Cyst lip/cheek, Carpel Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Ganglion and similar pathology
 - g) Any transplant and related surgery.

This waiting period 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 Non life Insurer for a continuous period of preceding 24 months without any break.

If these are pre-existing at the time of proposal they will be covered subject to Exclusion No 1 above.

4. Circumcision, Preputioplasty, Frenuloplasty, Inoculation or Vaccination (except for post-bite treatment and for medical treatment other than for prevention of diseases.)
5. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable)
6. Convalescence, general debility, run-down condition or rest cure, nutritional deficiency states, psychiatric, mental and behavioral disorders, Venereal diseases and Sexually transmitted diseases, intentional self injury and use of intoxicating drugs / alcohol, smoking and tobacco chewing
7. Congenital External diseases/conditions defects or anomalies
8. 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)
9. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
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 and Sexually Transmitted Diseases
11. Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these (other than ectopic pregnancy), family planning treatment. All types of treatment for infertility and its complications thereof.
12. Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control, treatment for genetic and other endocrine disorders, Sleep Apnea
13. 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 exclusion no.13
14. Expenses incurred on Lasik Laser or Refractive Error Correction and its complications, all treatment for disorders of eye requiring intra-vitreous injections and related procedures.
15. Charges incurred at Hospital or Nursing Home primarily for diagnostic, Radiology or laboratory tests 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.

16. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
17. Naturopathy Treatment, unconventional, untested, unproven, experimental therapies.
18. Stem cell Therapy, Artificial Pancreas, Chondrocyte Implantation, Immunotherapy without proper indication.
19. Hospital registration charges, admission charges, record charges, telephone charges and such other charges
20. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicines other than Allopathy
21. 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 dysfunction.
22. 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.
Note: Cost of artificial limbs following amputation is payable up-to 10% of Sum Insured provided the claim for such amputation is admissible under the policy
23. Any specific time-bound or life time exclusions applied, specified and accepted by the insured.
24. Other expenses as detailed under the table "Other Excluded Expenses".

g. Section 3 - Outpatient Expenses:

The Company will pay the amount of such expenses as are reasonably and necessarily incurred at the network hospitals/diagnostic centers as an Out Patient, provided the policy is in force

- a. The Cost of Fasting and Post Prandial and HbA1C tests - once every six months – upto Rs.750/- per event upto Rs.1500/- per policy period.
- b. Other expenses like medical consultation, other diagnostics, medicines and drugs upto the limits given below per policy period.

	Individual				Floater			
Sum Insured Rs.	3,00,000	4,00,000	5,00,000	10,00,000	3,00,000	4,00,000	5,00,000	10,00,000
Limit of OP Benefit	1000/-	2500/-	3500/-	5500/-	2000/-	3500/-	5500/-	7500/-

This benefit forms part of Sum Insured.

h. Section 4 - Personal Accident:

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

Note : 1. This Section is applicable for the person specifically mentioned in the Schedule .

2. At any point of time only one person will be eligible to be covered under this Section

i. Exclusions applicable for Section 4 :

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
2. Any claim arising out of Accident of the Insured Person from
 - a. Intentional self injury / suicide or attempted suicide or
 - b. Whilst under the influence of intoxicating liquor or drugs or
 - c. Self endangerment unless in self defense or to save human life.
3. Any claim arising out of mental disorder, suicide or attempted suicide self inflicted injuries, or sexually transmitted conditions, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immunodeficiency Virus) and / or any HIV related illness including AIDS (Acquired Immunodeficiency Syndrome), insanity and / or any mutant derivative or variations thereof howsoever caused.
4. Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from.
5. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detainments of all kings princes and people of whatever nation, condition or quality whatsoever.
6. Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
7. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
 - a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel.
 - b. Nuclear weapons material
 - c. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 - d. Nuclear, chemical and biological terrorism

8. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.
9. Participation in Hazardous Sport / Hazardous Activities
10. Persons who are physically challenged, unless specifically agreed and endorsed in the policy.
11. Any loss arising out of the Insured Person's actual or attempted commission of or willful, participation in an illegal act or any violation or attempted violation of the law.
12. Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly.

2. DEFINITIONS

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

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

Basic Sum Insured: means the Sum Insured Opted for and for which the premium is paid.

Cashless Service 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 means Star Health and Allied Insurance Company Limited

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

Contribution is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a ratable proportion of Sum Insured

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.

Chronic Renal Failure means End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner

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

Disclosure to information norms 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.

Day Care Centre means any institution established for day care treatment of illness and / or injuries or a medical set up within a hospital and which has been registered with the local authorities, wherever applicable and is under the supervision of a Registered and Qualified Medical Practitioner and must comply with all minimum criteria as under :-

- has qualified nursing staff under its employment;
- has qualified medical practitioner/s in charge;
- has a fully equipped operation theatre of its own where surgical procedures are carried out.
- maintains daily records of patients and will make these accessible to the insurance company's authorized personal

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 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 period and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received

Hospitalization means admission in a hospital for a minimum period of 24 in patient care consecutive hours except for specified procedures/treatment where such admission could be for a period of less than 24 consecutive hours

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.

Hazardous Sports/Activities means engaging whether professionally or otherwise in any sport or activity, which is potentially dangerous to the Insured Person (whether trained, or not). Such Sport/Activity including but not limited to Winter sports, Ice hockey, Skiing, Skydiving, Parachuting, Ballooning, Scuba Diving, Bungee Jumping, Mountain Climbing, Riding or Driving in Races or Rallies, caving or pot holing, hunting or equestrian activities, diving or under-water activity, rafting or canoeing involving rapid waters, yachting or boating outside coastal waters, jockeys, horseback, Polo, Circus personnel, army/navy/air force personnel and policemen whilst on duty, persons working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high-tension supply, nuclear installations, handling hazardous chemicals

Insured Person means the persons named in the schedule of the Policy or any list attached thereto it being understood that such person/s is /are already suffering from Diabetes Mellitus

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.

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

Out patient treatment is one in which the Insured visits a clinic/hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a medial practitioner. The insured is not admitted as a day care or in-patient

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

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

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

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

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

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

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

Reasonable and Customary 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 hours) basis and shall include associated medical expenses.

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

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

3. COMMON CONDITIONS FOR ALL THE SECTIONS

1. Organ transplant on the Insured Person shall satisfy the requirements of the Transplantation of Human Organs Act of 1994 and any amendments thereto.
2. It is not permissible to issue more than one policy per person. Where the Insured Person is already covered by another Diabetes Safe policy issued by the Company the maximum amount payable under all Policies combined will not exceed the amount payable under the Policy with the highest sum insured.
3. 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 and fulfillment of the terms, provision, conditions and endorsements of this policy by the Insured Person, in so far as they relate to anything to be done or complied with by the Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this policy. 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
4. Upon the happening of any event, which may give rise to a valid claim under this policy, notice with full particulars shall be sent to the Company prior to hospitalisation and in any case not later than 24 hours from the time of hospitalisation.

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

Note: Condition 4 & 5 are precedent to admission of liability under the policy. However the company may examine and relax the time limits mentioned in condition 4 & 5 depending upon the merits of the Case.

Post hospitalization bills are to be submitted within 15 days after completion of 60 days from the date of discharge from hospital

6. 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

For reimbursement claims **(Section 1 and Section 2)**

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

For Cashless Treatment: **(Section 1 and Section 2)**

- a. Call the 24 hour help-line for assistance - 1800-425-2255 / 1800-102-4477
- b. Inform the ID number for easy reference
- c. On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk
- d. Obtain the Pre-authorization Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
- e. The Treating Doctor will complete the hospitalisation/ treatment information and the hospital will fill up expected cost of treatment.
- f. This form is submitted to the Company
- g. The Company will process the request and call for additional documents/ clarifications if the information furnished is inadequate.
- h. Once all the details are furnished, the Company will process the request as per the terms and conditions as well as the exclusions therein and either approve or reject the request based on the merits.
- i. In case of emergency hospitalization information to be given within 24 hours after hospitalization
- j. Cashless facility can be availed only in networked Hospitals

Denial of a Pre-authorization request is in no way to be construed as denial of treatment or denial of coverage. The Insured Person can go ahead with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.

In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents

Prescriptions and receipts for Pre and Post-hospitalisation.

Claims of Out Patient Consultations / treatments (Section 3) will be settled on a reimbursement basis on production of cash receipts

For Section 4:

For Accidental Death Claims:-

- a. Death Certificate
- b. Post-mortem Certificate, if conducted
- c. FIR (wherever required)
- d. Police Investigation report (wherever required)
- e. Viscera Sample Report (wherever required)
- f. Forensic Science Laboratory report (wherever required)
- g. Legal Heir Certificate
- h. Succession Certificate (wherever required)

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.

7. Any medical practitioner authorized by the company shall be allowed to examine the Insured Person in case of any alleged covered diseases/conditions requiring Hospitalization when and as often as the same may reasonably be required on behalf of the Company at company's cost.
8. 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.
9. 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.

10. **Renewal:** The policy will be renewed except on grounds of misrepresentation / Non-disclosure of material fact as declared in the proposal form and at the time of claim, fraud committed / moral hazard or non cooperation of the insured. 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 with reference to exclusion no.1,2 and 3 under section 1 will be allowed. Any Disease/illness contracted or injury sustained during the grace period will be deemed as Pre existing and will be subject to waiting period as per exclusion no.1 under section 1 from the date of payment of renewal premium.

Note: 1. The actual period of cover will start only from the date of payment of premium.

2. Renewal premium is subject to change with prior approval from Regulator

11. **Enhancement of Sum Insured** The sum insured can be enhanced at the time of renewal of this policy subject to no claim being lodged or paid under this policy, Both the acceptance for enhancement and the amount of enhancement will be at the discretion of the Company. Where the sum insured is enhanced, the amount of such additional sum insured shall be subject to the following terms

A Waiting period as under shall apply afresh from the date of such enhancement in the sum insured, that is, the difference between the previous sum insured and the increased current sum insured.

- i) First 30 days as under Exclusion No. 2 of Section 2
- ii) 24 months of continuous coverage without break (with grace period) in respect of diseases / treatments falling under exclusion No.3 of Section 2
- iii) 48 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases as defined, under Exclusion No.1 of Section 2
- iv) 48 months of continuous coverage without break (with grace period) for diseases / conditions diagnosed / treated irrespective of whether any claim is made or not in the immediately preceding three policy periods

The above applies to each relevant insured person

12. **Modification of the terms of the policy :** The company reserves the right to modify the policy terms and conditions or modify the premium of the policy with the prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance.
13. **Withdrawal of the policy :** The Company reserves the right to withdraw the product with prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance and the insured shall have the option to choose to be covered by an equivalent or similar policy offered by the Company.
14. **Free Look Period:** The insured will be allowed a free look period of 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable.

If the insured has not made any claim during the free look period, the insured shall be entitled to

- a) A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or;
- b) Where the risk has already commenced and the option of return of the policy is exercised by the policy holder, a deductions towards the proportionate risk premium for period on cover or;
- c) Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

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

15. If at the time of claim under this policy, there is in existence any other similar health policy on indemnity basis covering the insured person and
- a. Where such claim is payable in whole or part under such policy, the insured person has the right to choose the insurer(s) by whom the claim is to be settled.
 - b. Where the admissible claim after considering co-payment exceeds the sum insured, the Company may settle the claim with contribution clause

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

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

17. **Automatic Restoration of Sum Insured :** There shall be automatic restoration of the Basic Sum Insured by 100% immediately upon exhaustion of the basic sum insured, once during the policy period

It is made clear that such restored Sum Insured can be utilized only for illness /disease/treatment unrelated to the illness /diseases/treatment for which claim/s was /were made.

Note : This facility is not available if the policy is on a floater basis.

18. **Cancellation:** The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in the proposal form and/or claim form at the time of claim and non co-operation of the insured by sending the Insured 30 days notice by registered letter at the Insured person's last known address. No refund of premium will be made except where the cancellation is on the grounds of non co-operation of the insured, in which case the refund of premium will be on pro-rata basis. 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	25% of the annual premium
Exceeding one month up to 3 months	40% of the annual premium
Exceeding 3 months up to 6 months	60% of the annual premium
Exceeding 6 months up to 9 months	80% of the annual premium
Exceeding 9 months	Full annual premium

19. **Automatic Expiry of the Policy** : The insurance under this policy with respect to each relevant Insured Person shall expire immediately on the earlier of the following events:

- ✓ Upon the death of the Insured Person. This also means that in case of family floater policy, the cover for the surviving members of the family will continue, subject to other terms of the policy.
- ✓ Upon exhaustion of the Limit of coverage under the policy as a whole

20. 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.

21. 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.

22. **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)

23. **IMPORTANT NOTE**

- a) Where the insured person has opted for floater policy, the sum insured floats amongst the insured members
- b) The Policy Schedule and any Endorsement are to be read together and any word or such meaning wherever it appears.
- c) 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.
- d) Settlement of claims under the Policy are subject to the provisions of Anti- Money Laundering / Counter Financing of Terrorism (AML / CFT) policy of the Company. For further details, please visit our website www.starhealth.in
- e) 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.

24. **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.

25. **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. Toll Free Fax No.: 1800-425-5522, Toll Free No.:1800-425-2255 / 1800-102-4477, E-Mail : support@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

26. **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

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

Grievance Department, Star Health and Allied Insurance Company Limited, No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600034. or Call 044-28288821 during normal business hours or Send e-mail to grievances@starhealth.in.Senior Citizens may Call 044-28288897.

In the event of the following grievances:

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

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

Kind Attention : Policyholder

Please check whether the details given by you about the insured persons in the proposal form (Copy enclosed) are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the person/s covered would be taken as correct.

So also the coverage details may also be gone through and in the absence of any communication from you within 15 days from the receipt of this policy, it would be construed that the policy issued is correct and the claims if any arise under the policy will be dealt with based on proposal / policy details.

Customer Information Sheet – Diabetes Safe Insurance Policy

Unique ID: IRDAI/HLT/SHAI/P-H/V.III/173/2016-17

TITLE	Description - PLAN B (With pre-acceptance medical screening)	Clause no. of the policy
Coverage for (Section 1)	a In-patient Treatment- Covers hospitalisation expenses for period more than 24 hrs.	1a.(A,B,C)
	b Emergency Ambulance- Up to Rs. 2000/- per policy period.	1a.(E)
	c Pre-Hospitalisation- Medical Expenses incurred up to 30 days prior to hospitalization	1a.(D)
	d. Post-Hospitalisation- Medical Expenses incurred up to 60 days after discharge from the hospital. Medical Expenses incurred up to 7% of hospitalization expenses subject to a maximum of Rs.5000/-	1a.(F)
Special Condition for Section -1	a. Donor expenses for Kidney transplantation where the insured person is the recipient provided the claim for transplantation is payable and subject to the availability of sum insured	1b.(3)
	b. Expenses incurred on dialysis(inclusive of AV fistula/graft creation charges) upto Rs.1000/- per sitting commencing from the policy year in which Chronic Kidney disease occurs upto 24 consecutive months	1b.(4)
	c Sub Limit : Expenses payable in respect of diseases relating to cardio vascular system	1b.(4)
Major exclusions Section 1	1. Any hospital admission primarily for investigation/diagnostic purposes	1c.(10)
	2. Pregnancy (other than ectopic pregnancy) infertility, congenital external (other than for new born)	1c.(4)
	3. Non Allopathic Treatment	1c.(15)
	4. Treatment out side India	3(22)
	5. Circumcision, Sex change surgery, cosmetic surgery and plastic surgery (other than for accidents or covered disease)	1c.(16)
	6. Refractive error correction/ hearing impairment correction, corrective and cosmetic dental surgery, weight control services including surgical procedures for treatment of obesity, medical treatment for weight control/loss programs,treatment for metabolic, genetic and endocrine disorders	1c.(5,9)
	7. Expenses incurred on High Intensity Focused Ultra Sound, Baloon Sinoplasty, Enhanced External Counter Pulsation Therapy and related therapies, Deep Brain Stimulation, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy and such other similar therapies	1c(8)
	8. Intentional self injury and use of intoxicating drugs/alcohol, HIV or AIDS	1c.(3,6)
	9. Naturopathy Treatment	1c.(12)
	10.Hospital registration charges, admission charges, record charges telephone charges and such other charges	1c.(14)
	The exclusions given above is only a partial list. Please refer the policy clause for the complete list	
Coverage for Section 2	a. In-patient Treatment- Covers hospitalisation expenses for period more than 24 hrs.	1d.(A,B,C)
	b. Emergency Ambulance- Up to Rs. 2000/- per policy period.	1d.(E)
	c. Pre-Hospitalisation- Medical Expenses incurred up to 30 days prior to hospitalisation,	1d.(D)

	d. Post-Hospitalisation- Medical Expenses incurred up to 60 days after discharge from the hospital. Medical Expenses incurred up to 7% of hospitalization expenses subject to a maximum of Rs.5000/-	1d.(F)
	e. Sub Limit : Expenses incurred on treatment of Cataract	1d.(F) Note
Special Condition for Section 2	a. The expenses as above are payable only where in-patient hospitalization is for a minimum period of 24 hrs. However this time limit will not apply to the day care treatments	1e.(1)
	b. All other expenses relating to the hospitalization will be considered in proportion to the eligible room rent or actual whichever is less	1e.(2)
Major exclusions Section 2	1. Any hospital admission primarily for investigation/diagnostic purposes	1f.(15)
	2. Pregnancy (other than ectopic pregnancy) infertility, congenital external (other than for new born)	1 f.(11)
	3. Non Allopathic Treatment	1 f (20)
	4. Treatment out side India	4(24)
	5. Circumcision, Sex change surgery, cosmetic surgery and plastic surgery (other than for accidents or covered disease)	1f.(4,21)
	6. Refractive error correction/ hearing impairment correction, corrective and cosmetic dental surgery, weight control services including surgical procedures for treatment of obesity, medical treatment for weight control/loss programs, treatment for metabolic, genetic and endocrine disorders	1 f.(12,14,)
	7. Expenses incurred on High Intensity Focused Ultra Sound, Baloon Sinoplasty, Enhanced External Counter Pulsation Therapy and related therapies, Deep Brain Stimulation, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy and such other similar therapies	1f(13)
	8. Intentional self injury and use of intoxicating drugs/alcohol, HIV or AIDS	1f.(6,9)
	9. Naturopathy Treatment	11f.(17)
	10. Hospital registration charges, admission charges, record charges telephone charges and such other charges	1 f (19)
	The exclusions given above is only a partial list. Please refer the policy clause for the complete list	
Waiting Period Section 1	a. Diseases contracted during the first 30 days from the commencement date of the policy (not applicable for subsequent renewals)	1b.(1)
	b. A waiting period of 15 months from the commencement date of the policy for complications of Diabetes	1b.(2)
	c. Any transplant and related surgery shall have a waiting period of 24 months from the date of commencement of this insurance	1b.(2)
Waiting Period Section 2	a. Pre existing diseases will be covered after a waiting period of 48 months	1 f.(1)
	b. Diseases contracted during the first 30 days from the commencement date of the policy (not applicable for subsequent renewals)	1 f.(2)
	c. 24 months for specific illness during the first 2 years from the commencement date of the policy (not applicable for subsequent renewals)	1 f.(3)
Coverage applicable for Both the Section - 1 and Section - 2	a. Day-Care procedures- Medical Expenses for enlisted 405 Day care procedures	
	b. Restoration of Sum Insured : Automatic restoration of sum insured once during the currency of the policy period on exhaustion of the sum insured. This facility is not available for Floater basis.	3(18)
	c. The Companies Liability in respect of Package Charges will be restricted to 80% of such amount	3(23)
Coverage for Section 3	a. Outpatient expenses The Company will pay the amount of such expenses as are reasonably and necessarily incurred at the network hospitals/diagnostic centers as an Out Patient.	1 g
Coverage for Section 4	a. Personal Accident : Covers death only	1 h
Major exclusions – Section 4	a. Intentional self injury and use of intoxicating drugs/alcohol/HIV or AIDS HIV	1 i.(2 (b),3)
	b. War, Biological, nuclear and chemical terrorism and nuclear perils	1 i (5,7)
	c. Engaging in Hazardous sports/activities	1 i (9)
Waiting Periods for Section 4	No waiting periods applicable for this section	
PayOut	Cashless or reimbursement of covered expenses upto the specified limit	1 a.(A,B,C) and 1 d.(A,B,C) 1 g and 1 h
Cost Sharing	Copayment	NIL
Renewal Condition	Life long renewal subject to payment of renewal premium in full before the due date	3 (11)
	Grace period of 30 days for renewing the policy is provided	and 3 (14)
Renewal Benefit	In the event of this policy being withdrawn, the insured will be accommodated in any other equivalent health insurance policy offered by the Company at the relevant point of time	
Renewal Benefit	NIL	
Cancellation	Policy can be cancelled 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 without refund of premium	3 (19)
Claim under 2 policy periods	If any claim falls under 2 policy period, the renewal policy sum insured shall be taken in to account for claims settlement	3(10)

(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the Key Feature Document and the policy document the terms and conditions mentioned in the policy document shall prevail



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034.

Phone : 044 - 2828 8800

CIN : U66010TN2005PLC056649 Email:support@starhealth.in Website: www.starhealth.in IRDAI Regn. No: 129

DIABETES SAFE INSURANCE POLICY

Unique Identification No. : IRDAI/HLT/SHAI/P-H/V.III/173/2016-17

PLAN B

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

1. Coverage

In consideration of the premium paid 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:

a. Section 1

If during the policy period stated in the schedule, the Insured Person shall develop any complications of Diabetes Mellitus and if such complications shall require the Insured Person, upon the advice of the duly Qualified Medical Practitioner, to incur hospitalization expenses for medical/surgical treatment at Nursing Home / Hospital in India as an inpatient, the Company will pay the amount of such expenses as are reasonably and necessarily incurred as would fall under different heads as stated hereto up-to the limits indicated but not exceeding the sum insured in aggregate in any one policy period.

- A. Room (Single Standard A/C room), Boarding and Nursing Expenses.
- B. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees.
- C. Anaesthesia, Blood, Oxygen and Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and diagnostic imaging modalities, X-ray and stent. 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 only
- D. Relevant Pre-Hospitalization medical expenses incurred for a period not exceeding 30 days prior to the date of Hospitalisation, on the disease/illness contracted following an admissible claim under the policy.
- E. Emergency ambulance charges up-to a sum of Rs. 2000/- 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 this section.
- F. Post-Hospitalization expenses incurred up to 60 days after discharge from the hospital. The amount payable shall not exceed the sum equivalent to 7% of the hospitalization expenses subject to a maximum of Rs.5,000/- 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.

b. Special conditions applicable for Section 1:

1. A waiting period of 30 days from the date of commencement of the first policy with this insurer shall apply in respect of any and every disease or illness
2. A waiting period of 15 months of continuous coverage without break from the date of commencement of this insurance will apply for any diseases directly or indirectly relating to Cardio Vascular System, Renal System, Diseases of eye, Diabetic Peripheral Vascular Diseases and Foot Ulcer. Any transplant and related surgery shall have a waiting period of 24 months from the date of commencement of this insurance. The waiting periods mentioned above are subject to Portability guidelines of the Regulator
3. Donor expenses for kidney transplantation where the insured person is the recipient are payable provided the claim for transplantation is payable and subject to the availability of the sum insured. Donor screening expenses and post-donation complications of the donor are not payable
4. Expenses incurred on dialysis (**inclusive of AV fistula /graft creation charges**) are payable up-to Rs.1,000/- per sitting commencing from the policy year in which Chronic Kidney disease occurs and payable for up to 24 consecutive months provided the policy is in force.

Claims directly or indirectly relating to any Cardio Vascular System, Renal System, Diseases of eye , Foot Ulcer and other complications of diabetes are eligible to be payable under Section 1 only, except where specifically provided for.

The expenses payable in respect of diseases relating to Cardio Vascular System is limited to the amount mentioned there against.

Serial Sum	Insured(Rs)	Limit of the Company's Liability per policy period(Rs).
1	3,00,000	2,00,000
2	4,00,000	2,50,000
3	5,00,000	3,00,000
4	10,00,000	4,00,000

Claim for cataract surgery is payable under Section 2 only.

Note: Only complications of Diabetes that are declared by the insured and accepted by the company shall be considered as covered under Section 1.

c. Exclusions applicable for Section 1

The Company shall not be liable to make any payments under this policy in respect of any expenses incurred by any Insured Person in connection with or in respect of:

- 1 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)
- 2 Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
- 3 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 and sexually transmitted diseases.
- 4 Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these (other than ectopic pregnancy), family planning treatment. All types of treatment for infertility and its complications there of
- 5 Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control, treatment for, genetic and other endocrine disorders, Sleep Apnea
- 6 Convalescence, general debility, run-down condition or rest cure, nutritional deficiency states, psychiatric, mental and behavioral disorders, Venereal diseases and Sexually transmitted diseases, venereal disease, intentional self injury and use of intoxicating drugs /alcohol, smoking and tobacco chewing
- 7 Congenital External diseases/conditions defects or anomalies
- 8 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 exclusion no.8
- 9 Expenses incurred on Lasik Laser or Refractive Error Correction and its complications, all treatment for eye disorders requiring intra-vitreous injections and related procedures.
- 10 Charges incurred at Hospital or Nursing Home primarily for diagnostic, Radiology or laboratory Tests 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.
- 11 Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
- 12 Naturopathy Treatment, unconventional, untested/unproven, experimental therapies.
- 13 Stem cell Therapy, Artificial Pancreas, Chondrocyte Implantation, Immunotherapy without proper indication.
- 14 Hospital registration charges, admission charges, record charges, telephone charges and such other charges
- 15 Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicines other than Allopathy
- 16 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 dysfunction
- 17 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.
- 18 Note: Cost of artificial limbs following amputation is payable up-to 10% of Sum Insured provided the claim for such amputation is admissible under the policy
- 19 Any specific time-bound or life time exclusions applied, specified and accepted by the insured.
- 20 Other expenses as detailed under "Other Excluded Expenses"

d. Section 2

If during the period stated in the Schedule the insured person, upon the advice of a duly Qualified Physician/Medical Specialist /Medical Practitioner or of duly Qualified Surgeon to incurs Hospitalization expenses for medical/surgical treatment for any disease/illness/sickness (Other than those falling under Section 1 above), accidental injuries at any Nursing Home / Hospital in India as an in-patient, the Company will pay to the Insured Person/s the amount of such expenses as are reasonably and necessarily incurred up-to the limits indicated but not exceeding the sum insured in aggregate in any one period stated in the schedule hereto.

- A. Room, Boarding and Nursing Expenses at 1.5% of the sum insured subject to a maximum of Rs. 8,500/- per day
- B. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees.
- C. Anaesthesia, Blood, Oxygen, and Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and diagnostic imaging modalities and X-ray.
- D. Relevant Pre-Hospitalization medical expenses incurred for a period not exceeding 30 days prior to the date of Hospitalisation, on the disease/illness contracted following an admissible claim under the policy.
- E. Emergency ambulance charges up-to a sum of Rs. 2000/- 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 this section.

- F. Post-Hospitalization expenses incurred up to 60 days after discharge from the hospital. The amount payable shall not exceed the sum equivalent to 7% of the hospitalization expenses subject to a maximum of Rs.5,000/- 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.

Note : The expenses incurred on treatment of cataract are limited to

Sum Insured (Rs.)	Limit
3,00,000/- 4,00,000/- and 5,00,000/-	Rs.20,000/- per eye per person and not exceeding Rs.30,000/- per policy period
10,00,000/-	Rs.30,000/- per eye per person and not exceeding Rs.40,000/- per policy period

Where Package rates are charged by the hospitals the Post-Hospitalization benefit will be calculated after taking the room, boarding and nursing charges at 1.5% of sum insured subject to a maximum of Rs.8,500/- per day.

e. Special conditions applicable for Section 2:

1. 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.
2. All other expenses relating to the hospitalization will be considered in proportion to the eligible room rent or actual whichever is less.

f. Exclusions applicable for Section 2

The Company shall not be liable to make any payments under this policy in respect of any expenses incurred by any 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 Non-Life Insurer.
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 Non-Life 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 any expenses on
 - a) Cataract and diseases of the Anterior and Posterior Chamber of the Eye, Retinal detachment, Glaucoma, Diseases of ENT, Diseases related to Thyroid, Prolapse of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers, all Diseases of Prostrate, Stricture Urethra, all Obstructive Uropathies, Benign Prostatic Hypertrophy, Stapedectomy, all types of Hernia, Epididymal Cyst, Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele, Fistula / Fissure in ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence, and Congenital Internal disease / defect
 - b) Desmoid Tumour of Anterior Abdominal Wall, Gall Bladder and Pancreatic diseases and All treatments (conservative, interventional, laparoscopic and open) for Hepato Pancreato Biliary diseases including Gall Bladder and Pancreatic Calculi. All types of management for Kidney and Genitourinary tract calculi.
 - c) All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Uterus, Fallopian Tubes, Cervix and Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases, Benign breast diseases, Umbilical Sinus, Umbilical Fistula.
 - d) Conservative, operative treatment of all types of intervention for diseases related to Tendon, Ligament, Fascia, Bones and Joint including Arthroscopy and Arthroplasty [other than caused by accident]
 - e) Degenerative Disc and Vertebral Diseases including Replacement of Bones and Joints and Degenerative diseases of the musculo-skeletal system
 - f) Subcutaneous Benign Lumps, Sebaceous Cyst, Dermoid Cyst, Mucous Cyst lip/cheek, Carpel Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Ganglion and similar pathology
 - g) Any transplant and related surgery.

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

If these are pre-existing at the time of proposal they will be covered subject to Exclusion No 1 above.

4. Circumcision, Preputioplasty, Frenuloplasty, Inoculation or Vaccination (except for post-bite treatment and for medical treatment other than for prevention of diseases.)
5. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable)
6. Convalescence, general debility, run-down condition or rest cure, nutritional deficiency states, psychiatric, mental and behavioral disorders, Venereal diseases and Sexually transmitted diseases, intentional self injury and use of intoxicating drugs / alcohol, smoking and tobacco chewing
7. Congenital External diseases/conditions defects or anomalies
8. 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)
9. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials

10. All expenses arising out of any condition directly or indirectly caused due to or associated with HumanT-cell Lympo 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 and sexually transmitted diseases
11. Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these (other than ectopic pregnancy), family planning treatment. All types of treatment for infertility and its complications thereof.
12. Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control, treatment for genetic and other endocrine disorders, Sleep Apnea
13. 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 exclusion no.13
14. Expenses incurred on Lasik Laser or Refractive Error Correction and its complications, all treatment for disorders of eye requiring intra-vitreous injections and related procedures.
15. Charges incurred at Hospital or Nursing Home primarily for diagnostic, Radiology or laboratory Tests 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.
16. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
17. Naturopathy Treatment, unconventional, untested, unproven, experimental therapies.
18. Stem cell Therapy, Artificial Pancreas, Chondrocyte Implantation, Immunotherapy without proper indication.
19. Hospital registration charges, admission charges, record charges, telephone charges and such other charges
20. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicines other than Allopathy
21. 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 dysfunction.
22. 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.
Note: Cost of artificial limbs following amputation is payable up-to 10% of Sum Insured provided the claim for such amputation is admissible under the policy
23. Any specific time-bound or life time exclusions applied, specified and accepted by the insured.
24. Other expenses as detailed under "Other Excluded Expenses"

g. Section 3 - Outpatient Expenses:

The Company will pay the amount of such expenses as are reasonably and necessarily incurred at the network hospitals/diagnostic centers as an Out Patient provided the policy is in force

- a. The Cost of Fasting and Post Prandial and HbA1C tests - once every six months – upto Rs.750/- per event upto Rs. 1500/- per policy period.
- b. Other expenses like medical consultation, other diagnostics, medicines and drugs upto the limits given below per policy period.

	Individual				Floater			
Sum Insured Rs.	3,00,000	4,00,000	5,00,000	10,00,000	3,00,000	4,00,000	5,00,000	10,00,000
Limit of OP Benefit	500/-	2000/-	3000/-	5000/-	1500/-	3000/-	5000/-	7000/-

This benefit forms part of Sum Insured.

h. Section 4 - Personal Accident:

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

Note: 1. This Section is applicable for the person specifically mentioned in the Schedule .

2. At any point of time only one person will be eligible to be covered under this Section

i. Exclusions applicable for Section 4 :

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
2. Any claim arising out of Accident of the Insured Person from
 - a. Intentional self injury / suicide or attempted suicide or
 - b. Whilst under the influence of intoxicating liquor or drugs or
 - c. Self endangerment unless in self defense or to save human life.

3. Any claim arising out of mental disorder, suicide or attempted suicide self inflicted injuries, or sexually transmitted conditions, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immunodeficiency Virus) and / or any HIV related illness including AIDS (Acquired Immunodeficiency Syndrome), insanity and / or any mutant derivative or variations thereof howsoever caused.
4. Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from.
5. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detainments of all kings princes and people of whatever nation, condition or quality whatsoever.
6. Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
7. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
 - a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel.
 - b. Nuclear weapons material
 - c. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 - d. Nuclear, chemical and biological terrorism
8. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.
9. Participation in Hazardous Sport / Hazardous Activities
10. Persons who are physically challenged, unless specifically agreed and endorsed in the policy.
11. Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.
12. Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly.

2. DEFINITIONS

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

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

Basic Sum Insured: means the Sum Insured Opted for and for which the premium is paid.

Company means Star Health and Allied Insurance Company Limited

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

Contribution is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a ratable proportion of Sum Insured

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 visible and accessible parts of the body.

Chronic Renal Failure means End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner

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

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

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

Hospitalization means admission in a hospital for a minimum period of 24 in patient care consecutive hours except for specified procedures/treatment where such admission could be for a period of less than 24 consecutive hours

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.

Hazardous Sports / Activities means engaging whether professionally or otherwise in any sport or activity, which is potentially dangerous to the Insured Person (whether trained, or not). Such Sport/Activity including but not limited to Winter sports, Ice hockey, Skiing, Skydiving, Parachuting, Ballooning, Scuba Diving, Bungee Jumping, Mountain Climbing, Riding or Driving in Races or Rallies, caving or pot holing, hunting or equestrian activities, diving or under-water activity, rafting or canoeing involving rapid waters, yachting or boating outside coastal waters, jockeys, horseback, Polo, Circus personnel, army/navy/air force personnel and policemen whilst on duty, persons working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high-tension supply, nuclear installations, handling hazardous chemicals

Insured Person means the persons named in the schedule of the Policy or any list attached thereto it being understood that such person/s is /are already suffering from Diabetes Mellitus

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.

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

Out-patient treatment is one in which the Insured visits a clinic/hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a medical practitioner. The insured is not admitted as a day care or in-patient

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

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

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

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

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

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

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

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

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

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

3. COMMON CONDITIONS FOR BOTH SECTIONS

1. Organ transplant on the Insured Person shall satisfy the requirements of the Transplantation of Human Organs Act of 1994 and any amendments thereto.
2. It is not permissible to issue more than one policy per person. Where the Insured Person is already covered by another Diabetes Safe policy issued by the Company the maximum amount payable under all Policies combined will not exceed the amount payable under the Policy with the highest sum insured.
3. 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 and fulfillment of the terms, provision, conditions and endorsements of this policy by the Insured Person, in so far as they relate to anything to be done or complied with by the Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this policy. 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
4. Upon the happening of any event, which may give rise to a valid claim under this policy, notice with full particulars shall be sent to the Company prior to hospitalisation and in any case not later than 24 hours from the time of Hospitalisation.

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

Note: Condition 4 & 5 are precedent to admission of liability under the policy. However the company may examine and relax the time limits mentioned in condition 4 & 5 depending upon the merits of the Case.

6. Post hospitalization bills are to be submitted within 15 days after completion of 60 days from the date of discharge from hospital
7. 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

For reimbursement claims **(Section 1 and Section 2)**

- a. Duly completed claim form,
- 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: **(Section 1 and Section 2)**

- a. Call the 24 hour help-line for assistance - 1800-425-2255 / 1800-102-4477
- b. Inform the ID number for easy reference
- c. On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk
- d. Obtain the Pre-authorization Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
- e. The Treating Doctor will complete the hospitalisation/ treatment information and the hospital will fill up expected cost of treatment.
- f. This form is submitted to the Company
- g. The Company will process the request and call for additional documents/ clarifications if the information furnished is inadequate.
- h. Once all the details are furnished, the Company will process the request as per the terms and conditions as well as the exclusions therein and either approve or reject the request based on the merits.
- i. In case of emergency hospitalization information to be given within 24 hours after hospitalization
- j. Cashless facility can be availed only in networked Hospitals

Denial of a Pre-authorization request is in no way to be construed as denial of treatment or denial of coverage. The Insured Person can go ahead with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.

In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents

Prescriptions and receipts for Pre and Post-hospitalisation.

Claims of Out Patient Consultations / treatments (Section 3) will be settled on a reimbursement basis on production of cash receipts

For Section 4:

For Accidental Death Claims:-

- a. Death Certificate
- b. Post-mortem Certificate, if conducted
- c. FIR (wherever required)
- d. Police Investigation report (wherever required)
- e. Viscera Sample Report (wherever required)
- f. Forensic Science Laboratory report (wherever required)
- g. Legal Heir Certificate
- h. Succession Certificate (wherever required)

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.

8. Any medical practitioner authorized by the company shall be allowed to examine the Insured Person in case of any alleged covered diseases/conditions requiring Hospitalization when and as often as the same may reasonably be required on behalf of the Company at company's cost.
9. 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.
10. 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.

11. **Renewal:** The policy will be renewed except on grounds of misrepresentation / Non-disclosure of material fact as declared in the proposal form and at the time of claim, fraud committed / moral hazard or non cooperation of the insured. 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 with reference to exclusion no.1,2 and 3 under section 1 will be allowed. Any Disease/illness contracted or injury sustained during the grace period will be deemed as Pre existing and will be subject to waiting period as per exclusion no.1 under section 1 from the date of payment of renewal premium.

Note: 1. The actual period of cover will start only from the date of payment of premium.

2. Renewal premium is subject to change with prior approval from Regulator

12. **Enhancement of Sum Insured** The sum insured can be enhanced at the time of renewal of this policy subject to no claim being lodged or paid under this policy, Both the acceptance for enhancement and the amount of enhancement will be at the discretion of the Company. Where the sum insured is enhanced, the amount of such additional sum insured shall be subject to the following terms

A Waiting period as under shall apply afresh from the date of such enhancement in the sum insured, that is, the difference between the previous sum insured and the increase current sum insured.

- i) First 30 days as under Exclusion No. 2 of Section 2
- ii) 24 months with continuous coverage without break (with grace period) in respect of diseases / treatments falling under exclusion No.3 of Section 2
- iii) 48 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases as defined, under Exclusion No. 1 of Section 2. However under section 1, this waiting period will be 15 months
- iv) 48 months of continuous coverage without break (with grace period) for diseases / conditions diagnosed / treated irrespective of whether any claim is made or not in the immediately preceding three policy periods

The above applies to each relevant insured person

13. **Modification of the terms of the policy**

The company reserves the right to modify the policy terms and conditions or modify the premium of the policy with the prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance.

14. **Withdrawal of the policy :** The Company reserves the right to withdraw the product with prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance and the insured shall have the option to choose to be covered by an equivalent or similar policy offered by the Company.

15. **Free Look Period :** The insured will be allowed a free look period of 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable.

If the insured has not made any claim during the free look period, the insured shall be entitled to

- a. A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or;
 - b. Where the risk has already commenced and the option of return of the policy is exercised by the policy holder, a deductions towards the proportionate risk premium for period on cover or;
 - c. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.
- Free look cancellation is not applicable at the time of renewal of the policy

16. If at the time of claim under this policy, there is in existence any other similar health policy on indemnity basis covering the insured person and
- a. Where such claim is payable in whole or part under such policy, the insured person has the right to choose the insurer(s) by whom the claim is to be settled.
 - b. Where the admissible claim after considering co-payment exceeds the sum insured, the Company may settle the claim with contribution clause

17. **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

18. **Automatic Restoration of Sum Insured**

There shall be automatic restoration of the Basic Sum Insured by 100% immediately upon exhaustion of the basic sum insured, once during the policy period

It is made clear that such restored Sum Insured can be utilized only for illness /disease/treatment unrelated to the illness /diseases/treatment for which claim/s was /were made.

Note : This facility is not available if the policy is on a floater basis.

19. **Cancellation:** The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in the proposal form and/or claim form at the time of claim and non co-operation of the insured by sending the Insured 30 days notice by registered letter at the Insured person's last known address. No refund of premium will be made except where the cancellation is on the grounds of non co-operation of the insured, in which case the refund of premium will be on pro-rata basis. 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	25% of the annual premium
Exceeding one month up to 3 months	40% of the annual premium
Exceeding 3 months up to 6 months	60% of the annual premium
Exceeding 6 months up to 9 months	80% of the annual premium
Exceeding 9 months	Full annual premium

20. **Automatic Expiry of the Policy :** The insurance under this policy with respect to each relevant Insured Person shall expire immediately on the earlier of the following events:

- ✓ Upon the death of the Insured Person. This also means that in case of family floater policy, the cover for the surviving members of the family will continue, subject to other terms of the policy.
- ✓ Upon exhaustion of the Limit of coverage under the policy as a whole

20. **IMPORTANT NOTE**

- a) Where the insured person has opted for floater policy, the sum insured floats amongst the insured members
- b) The Policy Schedule and any Endorsement are to be read together and any word or such meaning wherever it appears.
- c) 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.
- d) Settlement of claims under the Policy are subject to the provisions of Anti- Money Laundering / Counter Financing of Terrorism (AML / CFT) policy of the Company. For further details, please visit our website www.starhealth.in
- e) 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.

21. 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.

22. 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.
23. **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)
24. **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.
25. **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. Toll Free Fax No.: 1800-425-5522, Toll Free No.:1800-425-2255 / 1800-102-4477, E-Mail : support@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

26. **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
27. **Grievances :** In case the Insured Person is aggrieved in any way, the Insured may contact the Company at the specified address, during normal business hours.

Grievance Department, Star Health and Allied Insurance Company Limited, No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600034. or Call 044-2828821 during normal business hours or Send e-mail to grievances@starhealth.in. Senior Citizens may Call 044-28288897.

In the event of the following grievances:

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

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

LIST OF OMBUDSMAN

OFFICE DETAILS	JURISDICTION
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road,Ahmedabad – 380 001. Tel.: 079 -25501201/02/05/06 Email:bimalokpal.ahmedabad@gbic.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase,Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email:bimalokpal.bengaluru@gbic.co.in	Karnataka.
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 -2769203 Email:bimalokpal.bhopal@gbic.co.in	Madhya Pradesh, Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park,Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 -2596429 Email:bimalokpal.bhubaneswar@gbic.co.in	Orissa.
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 –D,Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 -2708274 Email:bimalokpal.chandigarh@gbic.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet,CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 -24333664 Email:bimalokpal.chennai@gbic.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 -23230858Email:bimalokpal.delhi@gbic.co.in	Delhi.
GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road,Guwahati –781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 -2732937 Email:bimalokpal.guwahati@gbic.co.in	Assam,Meghalaya,Manipur,Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD 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	Andhra Pradesh,Telangana, Yanam and part of Territory of Pondicherry.

LIST OF OMBUDSMAN

OFFICE DETAILS	JURISDICTION
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 -2740363 Email: Bimalokpal.jaipur@gbic.co.in	Rajasthan.
ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 -2359336 Email: bimalokpal.ernakulam@gbic.co.in	Kerala, Lakshadweep, Mahe- a part of Pondicherry.
KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 -22124341 Email: bimalokpal.kolkata@gbic.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 -2231310 Email: bimalokpal.lucknow@gbic.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 -26106552 / 26106960 Fax: 022 -26106052 Email: bimalokpal.mumbai@gbic.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P.-201301. Tel.: 0120 - 2514250 / 2514252 / 2514253 Email: bimalokpal.noida@gbic.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur,
PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@gbic.co.in	Bihar, Jharkhand.
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@gbic.co.in	Maharashtra, Area of Navi Mumbai and Thane excl uding Mumbai Metropolitan Region.

List of Day Care Treatments

ENT

- 1 Stapedotomy
- 2 Myringoplasty(Type I Tympanoplasty)
- 3 Revision stapedectomy
- 4 Labyrinthectomy for severe Vertigo
- 5 Stapedectomy under GA
- 6 Ossiculoplasty
- 7 Myringotomy with Grommet Insertion
- 8 Tympanoplasty (Type III)
- 9 Stapedectomy under LA
- 10 Revision of the fenestration of the inner ear.
- 11 Tympanoplasty (Type IV)
- 12 Endolymphatic Sac Surgery for Meniere's Disease
- 13 Turbinectomy
- 14 Removal of Tympanic Drain under LA
- 15 Endoscopic Stapedectomy
- 16 Fenestration of the inner ear
- 17 Incision and drainage of perichondritis
- 18 Septoplasty
- 19 Vestibular Nerve section
- 20 Thyroplasty Type I
- 21 Pseudocyst of the Pinna – Excision
- 22 Incision and drainage - Haematoma Auricle
- 23 Tympanoplasty (Type II)
- 24 Keratosis removal under GA
- 25 Reduction of fracture of Nasal Bone
- 26 Excision and destruction of lingual tonsils
- 27 Conchoplasty
- 28 Thyroplasty Type II
- 29 Tracheostomy
- 30 Excision of Angioma Septum
- 31 Turbinoplasty
- 32 Incision and Drainage of Retro Pharyngeal Abscess
- 33 Uvulo Palato Pharyngo Plasty
- 34 Palatoplasty
- 35 Tonsillectomy without adenoidectomy
- 36 Adenoidectomy with Grommet insertion
- 37 Adenoidectomy without Grommet insertion
- 38 Vocal Cord lateralisation Procedure
- 39 Incision and Drainage of Para Pharyngeal Abscess
- 40 Transoral incision and drainage of a pharyngeal abscess
- 41 Tonsillectomy with adenoidectomy
- 42 Tracheoplasty

Ophthalmology

- 43 Incision of tear glands
- 44 Other operation on the tear ducts
- 45 Incision of diseased eyelids
- 46 Excision and destruction of the diseased tissue of the eyelid
- 47 Removal of foreign body from the lens of the eye.
- 48 Corrective surgery of the entropion and ectropion
- 49 Operations for pterygium
- 50 Corrective surgery of blepharoptosis

- 51 Removal of foreign body from conjunctiva
- 52 Biopsy of tear gland
- 53 Removal of Foreign body from cornea
- 54 Incision of the cornea
- 55 Other operations on the cornea
- 56 Operation on the canthus and epicanthus
- 57 Removal of foreign body from the orbit and the eye ball.
- 58 Surgery for cataract
- 59 Treatment of retinal lesion
- 60 Removal of foreign body from the posterior chamber of the eye

Oncology

- 61 IV Push Chemotherapy
- 62 HBI-Hemibody Radiotherapy
- 63 Infusional Targeted therapy
- 64 SRT-Stereotactic Arc Therapy
- 65 SC administration of Growth Factors
- 66 Continuous Infusional Chemotherapy
- 67 Infusional Chemotherapy
- 68 CCRT-Concurrent Chemo + RT
- 69 2D Radiotherapy
- 70 3D Conformal Radiotherapy
- 71 IGRT- Image Guided Radiotherapy
- 72 IMRT- Step and Shoot
- 73 Infusional Bisphosphonates
- 74 IMRT- DMLC
- 75 Rotational Arc Therapy
- 76 Tele gamma therapy
- 77 FSRT-Fractionated SRT
- 78 VMAT-Volumetric Modulated Arc Therapy
- 79 SBRT-Stereotactic Body Radiotherapy
- 80 Helical Tomotherapy
- 81 SRS-Stereotactic Radiosurgery
- 82 X-Knife SRS
- 83 Gammaknife SRS
- 84 TBI- Total Body Radiotherapy
- 85 intraluminal Brachytherapy
- 86 Electron Therapy
- 87 TSET-Total Electron Skin Therapy
- 88 Extracorporeal Irradiation of Blood Products
- 89 Telecobalt Therapy
- 90 Telecesium Therapy
- 91 External mould Brachytherapy
- 92 Interstitial Brachytherapy
- 93 Intracavity Brachytherapy
- 94 3D Brachytherapy
- 95 Implant Brachytherapy
- 96 Intravesical Brachytherapy
- 97 Adjuvant Radiotherapy
- 98 Afterloading Catheter Brachytherapy
- 99 Conditioning Radiotherapy for BMT
- 100 Extracorporeal Irradiation to the Homologous Bone grafts
- 101 Radical chemotherapy

- 102 Neoadjuvant radiotherapy
- 103 LDR Brachytherapy
- 104 Palliative Radiotherapy
- 105 Radical Radiotherapy
- 106 Palliative chemotherapy
- 107 Template Brachytherapy
- 108 Neoadjuvant chemotherapy
- 109 Adjuvant chemotherapy
- 110 Induction chemotherapy
- 111 Consolidation chemotherapy
- 112 Maintenance chemotherapy
- 113 HDR Brachytherapy

Plastic Surgery

- 114 Construction skin pedicle flap
- 115 Gluteal pressure ulcer-Excision
- 116 Muscle-skin graft, leg
- 117 Removal of bone for graft
- 118 Muscle-skin graft duct fistula
- 119 Removal cartilage graft
- 120 Myocutaneous flap
- 121 Fibro myocutaneous flap
- 122 Breast reconstruction surgery after mastectomy
- 123 Sling operation for facial palsy
- 124 Split Skin Grafting under RA
- 125 Wolfe skin graft
- 126 Plastic surgery to the floor of the mouth under GA

Urology

- 127 AV fistula – wrist
- 128 URSL with stenting
- 129 URSL with lithotripsy
- 130 Cystoscopic Litholapaxy
- 131 ESWL
- 132 Haemodialysis
- 133 Bladder Neck Incision
- 134 Cystoscopy and Biopsy
- 135 Cystoscopy and removal of polyp
- 136 Suprapubic cystostomy
- 137 percutaneous nephrostomy
- 138 Ureterocoele decompression
- 139 Cystoscopy and “SLING” procedure.
- 140 TUNA- prostate
- 141 Excision of urethral diverticulum
- 142 Removal of urethral Stone
- 143 Excision of urethral prolapsed
- 144 Mega-ureter reconstruction
- 145 Kidney renoscopy and biopsy
- 146 Ureter endoscopy and treatment
- 147 Vesico ureteric reflux correction
- 148 Surgery for pelvi ureteric junction obstruction
- 149 Anderson hynes operation
- 150 Kidney endoscopy and biopsy

- 151 Paraphimosis surgery
- 152 injury prepuce- circumcision
- 153 Frenular tear repair
- 154 Meatotomy for meatal stenosis
- 155 surgery for fournier's gangrene scrotum
- 156 surgery filarial scrotum
- 157 surgery for watering can perineum
- 158 Repair of penile torsion
- 159 Drainage of prostate abscess
- 160 Orchiectomy
- 161 Cystoscopy and removal of FB

Neurology

- 162 Facial nerve physiotherapy
- 163 Nerve biopsy
- 164 Muscle biopsy
- 165 Epidural steroid injection
- 166 Glycerol rhizotomy
- 167 Spinal cord stimulation
- 168 Motor cortex stimulation
- 169 Stereotactic Radiosurgery
- 170 Percutaneous Cordotomy
- 171 Intrathecal Baclofen therapy
- 172 Entrapment neuropathy Release
- 173 Diagnostic cerebral angiography
- 174 VP shunt
- 175 Ventriculoatrial shunt

Thoracic surgery

- 176 Thoracoscopy and Lung Biopsy
- 177 Excision of cervical sympathetic Chain Thoracoscopic
- 178 Laser Ablation of Barrett's oesophagus
- 179 Pleurodesis
- 180 Thoracoscopy and pleural biopsy
- 181 EBUS + Biopsy
- 182 Thoracoscopy ligation thoracic duct
- 183 Thoracoscopy assisted empyema drainage

Gastroenterology

- 184 Pancreatic pseudocyst EUS and drainage
- 185 RF ablation for barrett's Oesophagus
- 186 ERCP and papillotomy
- 187 Esophagoscope and sclerosant injection
- 188 EUS + submucosal resection
- 189 Construction of gastrostomy tube
- 190 EUS + aspiration pancreatic cyst
- 191 Small bowel endoscopy (therapeutic)
- 192 Colonoscopy ,lesion removal
- 193 ERCP
- 194 Colonoscopy stenting of stricture
- 195 Percutaneous Endoscopic Gastrostomy
- 196 EUS and pancreatic pseudo cyst drainage
- 197 ERCP and choledochoscopy

198	Proctosigmoidoscopy volvulus detorsion	250	Rigid Oesophagoscopy for dilation of benign Strictures
199	ERCP and sphincterotomy	251	Eversion of Sac A) Unilateral b)Bilateral
200	Esophageal stent placement	252	Lord's placcation
201	ERCP + placement of biliary stents	253	Jaboulay's Procedure
202	Sigmoidoscopy w / stent	254	Scrotoplasty
203	EUS + coeliac node biopsy	255	Surgical treatment of varicocele
	General Surgery	256	Epididymectomy
204	infected keloid excision	257	Circumcision for Trauma
205	Incision of a pilonidal sinus / abscess	258	Meatoplasty
206	Axillary lymphadenectomy	259	Intersphincteric abscess incision and drainage
207	Wound debridement and Cover	260	Psoas Abscess Incision and Drainage
208	Abscess-Decompression	261	Thyroid abscess Incision and Drainage
209	Cervical lymphadenectomy	262	TIPS procedure for portal hypertension
210	infected sebaceous cyst	263	Esophageal Growth stent
211	Inguinal lymphadenectomy	264	PAIR Procedure of Hydatid Cyst liver
212	Incision and drainage of Abscess	265	Tru cut liver biopsy
213	Suturing of lacerations	266	Photodynamic therapy or esophageal tumour and Lung tumour
214	Scalp Suturing	267	Excision of Cervical RIB
215	infected lipoma excision	268	laparoscopic reduction of intussusceptions
216	Maximal anal dilatation	269	Microdochectomy breast
217	Piles A)Injection Sclerotherapy B)Piles banding	270	Surgery for fracture Penis
218	liver Abscess- catheter drainage	271	Sentinel node biopsy
219	Fissure in Ano- fissurectomy	272	Parastomal hernia
220	Fibroadenoma breast excision	273	Revision colostomy
221	Oesophageal varices Sclerotherapy	274	Prolapsed colostomy- Correction
222	ERCP - pancreatic duct stone removal	275	Testicular biopsy
223	Perianal abscess land D	276	laparoscopic cardiomyotomy(Hellers)
224	Perianal hematoma Evacuation	277	Sentinel node biopsy malignant melanoma
225	Fissure in ano sphincterotomy	278	laparoscopic pyloromyotomy(Ramstedt)
226	UGI scopy and Polypectomy oesophagus		Orthopedics
227	Breast abscess land D	279	Arthroscopic Repair of ACL tear knee
228	Feeding Gastrostomy	280	Closed reduction of minor Fractures
229	Oesophagoscopy and biopsy of growth oesophagus	281	Arthroscopic repair of PCL tear knee
230	UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers	282	Tendon shortening
231	ERCP - Bile duct stone removal	283	Arthroscopic Meniscectomy – Knee
232	Ileostomy closure	284	Treatment of clavicle dislocation
233	Colonoscopy	285	Arthroscopic meniscus repair
234	Polypectomy colon	286	Haemarthrosis knee- lavage
235	Splenic abscesses Laparoscopic Drainage	287	Abscess knee joint drainage
236	UGI SCOPY and Polypectomy stomach	288	Carpal tunnel release
237	Rigid Oesophagoscopy for FB removal	289	Closed reduction of minor dislocation
238	Feeding Jejunostomy	290	Repair of knee cap tendon
239	Colostomy	291	ORIF with K wire fixation- small bones
240	Ileostomy	292	Release of midfoot joint
241	colostomy closure	293	ORIF with plating- Small long bones
242	Submandibular salivary duct stone removal	294	Implant removal minor
243	Pneumatic reduction of intussusceptions	295	K wire removal
244	Varicose veins legs - Injection sclerotherapy	296	POP application
245	Rigid Oesophagoscopy for Plummer vinson syndrome	297	Closed reduction and external fixation
246	Pancreatic Pseudocysts Endoscopic Drainage	298	Arthrotomy Hip joint
247	ZADEK's Nail bed excision	299	Syme's amputation
248	Subcutaneous mastectomy	300	Arthroplasty
249	Excision of Ranula under GA	301	Partial removal of rib
		302	Treatment of sesamoid bone fracture

- 303 Shoulder arthroscopy / surgery
- 304 Elbow arthroscopy
- 305 Amputation of metacarpal bone
- 306 Release of thumb contracture
- 307 Incision of foot fascia
- 308 calcaneum spur hydrocort injection
- 309 Ganglion wrist hyalase injection
- 310 Partial removal of metatarsal
- 311 Repair / graft of foot tendon
- 312 Revision/Removal of Knee cap
- 313 Amputation follow-up surgery
- 314 Exploration of ankle joint
- 315 Remove/graft leg bone lesion
- 316 Repair/graft achilles tendon
- 317 Remove of tissue expander
- 318 Biopsy elbow joint lining
- 319 Removal of wrist prosthesis
- 320 Biopsy finger joint lining
- 321 Tendon lengthening
- 322 Treatment of shoulder dislocation
- 323 Lengthening of hand tendon
- 324 Removal of elbow bursa
- 325 Fixation of knee joint
- 326 Treatment of foot dislocation
- 327 Surgery of bunion
- 328 intra articular steroid injection
- 329 Tendon transfer procedure
- 330 Removal of knee cap bursa
- 331 Treatment of fracture of ulna
- 332 Treatment of scapula fracture
- 333 Removal of tumor of arm/ elbow under RA/GA
- 334 Repair of ruptured tendon
- 335 Decompress forearm space
- 336 Revision of neck muscle (Torticollis release)
- 337 Lengthening of thigh tendons
- 338 Treatment fracture of radius and ulna
- 339 Repair of knee joint

Paediatric surgery

- 340 Excision Juvenile polyps rectum
- 341 Vaginoplasty
- 342 Dilatation of accidental caustic stricture oesophageal
- 343 Presacral Teratomas Excision
- 344 Removal of vesical stone
- 345 Excision Sigmoid Polyp
- 346 Sternomastoid Tenotomy
- 347 Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
- 348 Excision of soft tissue rhabdomyosarcoma
- 349 Mediastinal lymph node biopsy
- 350 High Orchiectomy for testis tumours
- 351 Excision of cervical teratoma
- 352 Rectal-Myomectomy
- 353 Rectal prolapse (Delorme's procedure)
- 354 Orchiopexy for undescended testis

- 355 Detorsion of torsion Testis
- 356 lap.Abdominal exploration in cryptorchidism
- 357 EUA + biopsy multiple fistula in ano
- 358 Cystic hygroma - Injection treatment
- 359 Excision of fistula-in-ano

Gynaecology

- 360 Hysteroscopic removal of myoma
- 361 Dand C
- 362 Hysteroscopic resection of septum
- 363 thermal Cauterisation of Cervix
- 364 MIRENA insertion
- 365 Hysteroscopic adhesiolysis
- 366 LEEP
- 367 Cryocauterisation of Cervix
- 368 Polypectomy Endometrium
- 369 Hysteroscopic resection of fibroid
- 370 LLETZ
- 371 Conization
- 372 polypectomy cervix
- 373 Hysteroscopic resection of endometrial polyp
- 374 Vulval wart excision
- 375 Laparoscopic paraovarian cyst excision
- 376 uterine artery embolization
- 377 Bartholin Cyst excision
- 378 Laparoscopic cystectomy
- 379 Hymenectomy(imperforate Hymen)
- 380 Endometrial ablation
- 381 vaginal wall cyst excision
- 382 Vulval cyst Excision
- 383 Laparoscopic paratubal cyst excision
- 384 Repair of vagina (vaginal atresia)
- 385 Hysteroscopy, removal of myoma
- 386 TURBT
- 387 Ureterocoele repair - congenital internal
- 388 Vaginal mesh For POP
- 389 Laparoscopic Myomectomy
- 390 Surgery for SUI
- 391 Repair recto- vagina fistula
- 392 Pelvic floor repair(excluding Fistula repair)
- 393 URS + LL
- 394 Laparoscopic oophorectomy

Critical care

- 395 Insert non- tunnel CV cath
- 396 Insert PICC cath (peripherally inserted central catheter)
- 397 Replace PICC cath (peripherally inserted central catheter)
- 398 Insertion catheter, intra anterior
- 399 Insertion of Portacath

Dental

- 400 Splinting of avulsed teeth
- 401 Suturing lacerated lip
- 402 Suturing oral mucosa
- 403 Oral biopsy in case of abnormal tissue presentation
- 404 FNAC
- 405 Smear from oral cavity

Other Excluded Expenses

SI. No.	TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		32	LAUNDRY CHARGES	Not Payable
1	HAIR REMOVAL CREAM	Not Payable	33	MINERAL WATER	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable	34	OIL CHARGES	Not Payable
3	BABY FOOD	Not Payable	35	SANITARY PAD	Not Payable
4	BABY UTILITES CHARGES	Not Payable	36	SLIPPERS	Not Payable
5	BABY SET	Not Payable	37	TELEPHONE CHARGES	Not Payable
6	BABY BOTTLES	Not Payable	38	TISSUE PAPER	Not Payable
7	BRUSH	Not Payable	39	TOOTH PASTE	Not Payable
8	COSY TOWEL	Not Payable	40	TOOTH BRUSH	Not Payable
9	HAND WASH	Not Payable	41	GUEST SERVICES	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable	42	BED PAN	Not Payable
11	POWDER	Not Payable	43	BED UNDER PAD CHARGES	Not Payable
12	RAZOR	Payable	44	CAMERA COVER	Not Payable
13	SHOE COVER	Not Payable	45	CLINIPLAST	Not Payable
14	BEAUTY SERVICES	Not Payable	46	CREPE BANDAGE	Not Payable / Payable by the patient
15	BELTS/ BRACES	Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine	47	CURAPORE	Not Payable
16	BUDS	Not Payable	48	DIAPER OF ANY TYPE	Not Payable
17	BARBER CHARGES	Not Payable	49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
18	CAPS	Not Payable	50	EYELET COLLAR	Not Payable
19	COLD PACK/HOT PACK	Not Payable	51	FACE MASK	Not Payable
20	CARRY BAGS	Not Payable	52	FLEXI MASK	Not Payable
21	CRADLE CHARGES	Not Payable	53	GAUSE SOFT	Not Payable
22	COMB	Not Payable	54	GAUZE	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable	55	HAND HOLDER	Not Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable	56	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
25	EYE PAD	Not Payable	57	INFANT FOOD	Not Payable
26	EYE SHEILD	Not Payable	58	SLINGS	Reasonable costs for one sling in case of upper arm fractures should be considered
27	EMAIL / INTERNET CHARGES	Not Payable	ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable	59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Not Payable
29	FOOT COVER	Not Payable	60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Not Payable
30	GOWN	Not Payable	61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Not Payable
31	LEGGINGS	Payable, varicose vein surgery if varicose vein surgery is Payable	62	HORMONE REPLACEMENT THERAPY	Not Payable
			63	HOME VISIT CHARGES	Not Payable

64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Not Payable	83	SPUTUM CUP	Payable under Investigation charges, not as consumable
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Not Payable	84	BOYLES APPARATUS CHARGES	Part of OT charges, not separately
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Not Payable	85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Not Payable	86	Antiseptic or disinfectant lotions	Not Payable Part of Dressing Charges
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Not Payable	87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable- Part of Dressing Charges
69	DONOR SCREENING CHARGES	Not Payable	88	COTTON	Not Payable Part of Dressing Charges
70	ADMISSION/REGISTRATION CHARGES	Not Payable	89	COTTON BANDAGE	Not Payable Part of Dressing Charges
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not Payable	90	MICROPORE/ SURGICAL TAPE	Not Payable- Payable by the patient when prescribed, otherwise included as Dressing Charges
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable	91	BLADE	Not Payable
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERINGFROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not Payable, as per HIV/AIDS Exclusion	92	APRON	Not Payable Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
74	STEM CELL IMPLANTATION/ SURGERY and Storage	Not Payable except Bone Marrow Transplantation where covered by policy	93	TORNIQUET	Not Payable(service is charged by hospitals, consumables cannot be separately charged)
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS					
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately	94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.	95	URINE CONTAINER	Not Payable
77	MICROSCOPE COVER	Payable under OT Charges, not separately.	ELEMENTS OF ROOM CHARGE		
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not separately	96	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
79	SURGICAL DRILL	Payable under OT Charges, not separately	97	HVAC	Part of room charge not payable separately
80	EYE KIT	Payable under OT Charges, not separately			
81	EYE DRAPE	Payable under OT Charges, not separately			
82	X-RAY FILM	Payable under Radiology Charges, not as consumable			

98	HOUSE KEEPING CHARGES	Part of room charge not payable separately	120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately	121	MEDICAL CERTIFICATE	Not Payable
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied	122	MAINTAINANCE CHARGES	Not Payable
101	SURCHARGES	Part of room charge not payable separately	123	MEDICAL RECORDS	Not Payable
102	ATTENDANT CHARGES	Not Payable Part of Room Charges	124	PREPARATION CHARGES	Not Payable
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable	125	PHOTOCOPIES CHARGES	Not Payable
104	CLEAN SHEET	Part of Laundry / Housekeeping not payable separately	126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable	127	WASHING CHARGES	Not Payable
106	BLANKET/WARMER BLANKET	Not payable part of room charges	128	MEDICINE BOX	Not Payable
ADMINISTRATIVE OR NON-MEDICAL CHARGES			129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
107	ADMISSION KIT	Not Payable	130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
108	BIRTH CERTIFICATE	Not Payable	EXTERNAL DURABLE DEVICES		
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable	131	WALKING AIDS CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable	132	BIPAP MACHINE	Not Payable
111	COURIER CHARGES	Not Payable	133	COMMODOE	Not Payable
112	CONVENYANCE CHARGES	Not Payable	134	CPAP/ CAPD EQUIPMENTS	Device not Payable
113	DIABETIC CHART CHARGES	Not Payable	135	INFUSION PUMP - COST	Device not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable	136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable	137	PULSEOXYMETER CHARGES	Device not Payable
116	DAILY CHART CHARGES	Not Payable	138	SPACER	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable	139	SPIROMETRE	Device not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible	140	SPO2 PROBE	Not Payable
119	FILE OPENING CHARGES	Not Payable	141	NEBULIZER KIT	Not Payable
			142	STEAM INHALER	Not Payable
			143	ARMSLING	Not Payable
			144	THERMOMETER	Not Payable (paid by patient)
			145	CERVICAL COLLAR	Not Payable
			146	SPLINT	Not Payable
			147	DIABETIC FOOT WEAR	Not Payable
			148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
			149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
			150	LUMBO SACRAL BELT	Essential and should be paid specifically for cases who have undergone surgery of lumbar spine.

151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia / quadriplegia for any reason and at reasonable cost of approximately Rs.200/day	161	Digestion gels	Payable when prescribed
152	AMBULANCE COLLAR	Not Payable	162	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU, For longer stay in ICU, may require a change and at least one set every second day must be payable.
153	AMBULANCE EQUIPMENT	Not Payable	163	GLOVES	Sterilized Gloves payable/ unsterilized gloves not payable
154	MICROSHEILD	Not Payable	164	HIV KIT	Payable - payable pre operative screening
155	ABDOMINAL BINDER	Essential and should be paid in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.	165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION			166	LOZENGES	Payable when prescribed
156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC	May be payable when prescribed for patient, not payable or hospital use in OT or ward or for dressings in hospital	167	MOUTH PAINT	Payable when prescribed
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not payable	168	NEBULISATION KIT	If used during hospitalization is payable reasonably
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES-DIET CHARGES	Patient Diet provided by hospital is payable	169	NOVARAPID	Payable when prescribed
159	SUGAR FREE Tablets	Payable-Sugar free variants of admissible medicines are not excluded	170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
160	CREAMS POWDERS LOTIONS (TOILETERIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)	Payable when prescribed	171	ZYTEE GEL	Payable when prescribed
			172	VACCINATION CHARGES	Routine Vaccination not payable/Post Bite Vaccination payable
			PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
			173	AHD	Not Payable Part of Hospital's internal Cost
			174	ALCOHOL SWABES	Not Payable Part of Hospital's internal Cost
			175	SCRUB SOLUTION/STERILLIUM	Not Payable Part of Hospital's internal Cost

OTHERS		
176	VACCINE CHARGES FOR BABY	Not Payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not Payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not Payable
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK (Glucometry/ Strips)	Not Payable pre hospitalization or post hospitalization/ Reports and Charts

		required/Device not payable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Payable Ambulance from home to hospital or interhospital shifts is payable /RTA as specific requirement is payable
196	TEGADERM / VASOFIX SAFETY	Payable maximum of 3 in 48 hrs and then 1 in 24 hrs
197	URINE BAG	Payable where medically necessary till a reasonable cost-maximum 1 per 24 hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Payable for cases like CABG



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