

Family Health Optima Insurance Plan

Unique Identification No. : IRDA/NL-HLT/SHAI/P-H/V.II/129/14-15

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

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

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

1.0 COVERAGE

A. Room, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home as per the table given below :-

Sum Insured RS.	Zone 1			Zone 2 and Zone 3		
	Class A Cities	Class B Cities	Other Locations	Class A Cities	Class B Cities	Other Locations
Up to 4 Lacs	2% of the sum insured subject to a maximum of Rs.5000/- per day	1% of the sum insured subject to a maximum of Rs.3000/- per day	1% of the sum insured subject to a maximum of Rs.2000/- per day	2% of the sum insured subject to a maximum of Rs.5000/- per day	1% of the sum insured subject to a maximum of Rs.3000/- per day	1% of the sum insured subject to a maximum of Rs.2000/- per day
5 Lacs	Single Standard A/c room			A maximum of Rs.7,500/- per day		
10 Lacs and 15 Lacs	Single Standard A/c room			A maximum of Rs.10,000/- per day		

Note: The classification 'Zone' determines the premium payable. The classification 'Class' determines the room rent benefits applicable if and when there is a claim. Both are based on the pin-code of the Insured.

- B. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.
- C. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, diagnostic materials and X-ray, diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy, cost of pacemaker, stent, similar expenses. With regard to coronary stenting, the Company will pay such amount up to the extent of cost of bare metal stent/drug eluting cobalt-chromium stent/drug eluting stainless steel stent.
- D. Emergency ambulance charges up-to a sum of Rs.750/- per hospitalization and overall limit of Rs.1,500/- per policy period for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment provided such hospitalization claim is admissible as per the Policy.
- E. Relevant Pre-Hospitalization medical expenses incurred for a period not exceeding 60 days prior to the date of Hospitalization, for the disease/illness, injury sustained following an admissible claim under the policy.
- F. Post Hospitalization expenses incurred under the policy towards Consultant fees, Diagnostic charges, Medicines and Drugs wherever recommended by the Hospital / Medical Practitioner, where the treatment was taken, for 90 days after discharge from the hospital following an admissible claim. Provided however such expenses so incurred are in respect of ailment for which the insured person was hospitalized.
- G. Domiciliary hospitalization treatments for a period exceeding three days, for an illness/disease/injury, which in the normal course, would require care and treatment at a Hospital but, on the advice of the attending Medical Practitioner, is taken whilst confined at home under any of the following circumstances
1. The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
 2. The patient takes treatment at home on account of non-availability of room in a hospital.

However, this benefit shall not cover Asthma, Bronchitis, Chronic Nephritis and Nephritic Syndrome, Diarrhoea and all types of Dysenteries including Gastro-enteritis, Diabetes Mellitus and Insipidus, Epilepsy, Hypertension, Influenza, Cough and Cold, all Psychiatric or Psychosomatic Disorders, Pyrexia of unknown origin for less than 10 days, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Arthritis, Gout and Rheumatism. Pre-hospitalisation and Post-hospitalization expenses are not payable for this cover.

- H. Donor expenses for organ 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. This cover is subject to a limit of 10% of the Sum Insured or Rupees One lakh, whichever is less.
- I. Expenses incurred towards cost of health check-up up to 1% of average basic sum insured of the eligible block subject to a maximum of Rupees five thousand is payable. This benefit is available for sum insured rupees three lakhs and above only. The **Insured Person/s** become eligible for this benefit after continuous coverage under this policy after every block of three years with the Company and payable on renewal. Payment of health checkup benefit will not impact the sum insured.
- J. Hospitalization expenses for treatment of New Born Baby. This cover starts from the 16th day after birth and is subject to a limit of 10% of the Sum Insured or Rupees Fifty thousand, whichever is less, subject to the availability of the sum insured. **Note** intimation about the new born should be given to the Company and policy has to be endorsed for this cover to commence.

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

Expenses on Hospitalization for a minimum period of 24 hours are admissible. However this time limit will not apply for the treatments / procedures mentioned in the list at the end, taken in the Hospital / Nursing Home and the Insured is discharged on the same day.

Expenses incurred on treatment of cataract are as per the following table

Sum Insured Rs.	Limit Rs.
Up to 2,00,000/-	12,000/- for entire policy period
3,00,000/- 4,00,000/- and 5,00,000/-	20,000/- per hospitalisation and 30,000/- for the entire policy period.
10,00,000/- and 15,00,000/-	30,000/- per hospitalisation and 40,000/- for the entire policy period

Note: -

Company's liability in respect of all claims admitted during the period of insurance, shall not exceed the Limit of coverage mentioned in the Schedule.

2.0 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.

Class A cities means Ahmedabad, Bangalore, Chennai, Hyderabad including Secunderabad, Kolkata, Mumbai including Thane, Pune, New Delhi including Noida, Gurgaon, Ghaziabad and Faridabad (otherwise called as National Capital Region)

Class B cities means Allahabad, Amritsar, Agra, Baroda, Coimbatore, Cochin, Goa, Indore, Jalandhar, Jodhpur, Kanpur, Kota, Ludhiana, Mohali, Meerut, Nagpur, Pakhola, Rajkot, Surat, Udaipur, Varanasi, Vizag, Vijayawada and all State capitals other than those falling under Class A.

Other locations means Rest of India not falling under Class A and Class B above

However, locations can be changed by the Company after informing the Insured 3 months in advance, subject to approval from IRDA

Company means Star Health and Allied Insurance Company Limited

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

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

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

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

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.

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

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.

Domiciliary hospitalisation means medical treatment for a period exceeding three days, for an illness/disease/injury, which in the normal course, would require care and treatment at a Hospital but, on the advice of the attending Medical Practitioner, is taken whilst confined at home under any of the following circumstances :

The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or

The patient takes treatment at home on account of non-availability of room in a hospital.

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

Grace Period means the specified period of time immediately following 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

Family means Insured Person, spouse, dependent children between 16 days and 25 years of age

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

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

Insured Person means the name/s of persons shown in the schedule of the Policy. This also includes child born during the policy period which is subsequently endorsed in the Schedule of the Policy

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

Limit of Coverage means Basic Sum Insured plus the No Claim Bonus earned wherever applicable.

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 thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.

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

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

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

New Born Baby means baby born during the policy period and is aged above 16 days

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

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

Pre Hospitalization means medical expenses incurred immediately before the Insured Person is Hospitalised, provided that :

- a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- b. 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

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

Portability means transfer by an individual health insurance policy holder (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 means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

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

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

Single Standard A/c room means an individual air-conditioned room with attached wash room. This room may have a television, telephone and a couch. This does not include deluxe room / suite or room with additional facilities other than those stated herein.

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.

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

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

Zone 1 means Delhi including National Capital Region, Mumbai including Thane and the State of Gujarat,

Zone 2 means Bangalore, Chennai, Coimbatore, Pune and State of Kerala

Zone 3 means Rest of India excluding areas falling under Zone 1 and Zone 2

However, Zones can be changed by the Company after informing the Insured 3 months in advance, subject to approval from IRDA

3.0 EXCLUSIONS

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

- 1 Pre Existing Diseases as defined in the policy until 48 consecutive months of continuous coverage have elapsed; since inception of the first policy with any Indian Insurer. However the limit of the Company's liability in respect of claim for pre-existing diseases shall be limited to the sum insured under the first policy with any Indian Insurance Company.
- 2 Any disease contracted by the insured person during the first 30 days from the commencement date of the policy. This exclusion shall not apply in case of the insured person having been covered under any health insurance policy (Individual or Group insurance policy) with any of the Indian Insurance companies for a continuous period of preceding 12 months without a break.
- 3 During the first two years of continuous operation of insurance cover any expenses on
 - a) Cataract, Diseases of the Vitreous and Retina, Glaucoma, diseases of ENT, Mastoidectomy, Tympanoplasty, Stapedectomy, diseases related to Thyroid, Prolapse of intervertebral disc (other than caused by accident), varicose veins and varicose ulcers, all diseases of prostate, Stricture Urethra, all obstructive-uropathies, all types of hernia, varicocele, hydrocele, fistula / fissure in ano, Hemorrhoids, Pilonidal sinus and fistula, Rectal Prolapse, stress incontinence and Congenital Internal disease / defect
 - b) Gall bladder and pancreatic diseases and all treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary 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, dysfunctional uterine bleeding, pelvic inflammatory diseases, benign breast diseases.
 - d) Conservative, operative treatment and all types of intervention for diseases related to tendon, ligament, fascia, bones and joint [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, lipoma, neurofibroma, fibroadenoma, 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 Insurer for a continuous period of preceding 24 months without any break.

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

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

- 4 Circumcision, 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, congenital external disease or defects or anomalies, venereal disease and sexually transmitted diseases, intentional self injury and use of intoxicating drugs / alcohol, smoking and tobacco chewing
- 7 Injury/disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not)
- 8 Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
- 9 All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympho Tropic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS. It is however made clear that such of those who are positive for HIV (Human Immuno Deficiency Virus) would be entitled for expenses incurred for treatment, other than for opportunistic infections and for treatment of HIV/AIDS, provided at the time of first commencement of insurance under this policy, their CD4 count is not less than 350.

- 10 Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these (other than ruptured ectopic gestation), family planning treatment and all types of treatment for infertility and its complications thereof.
- 11 Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control, treatment for metabolic, genetic and endocrine disorders
- 12 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, Photodynamic therapy and such other therapies similar to those mentioned herein under exclusion No12.
- 13 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.
- 14 Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at hospital/nursing home.
- 15 Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
- 16 Naturopathy Treatment, unconventional, untested, unproven, experimental therapies.
- 17 Stem cell Therapy and related transplantation, Chondrocyte Implantation, Immunotherapy, Oral Chemo Therapy.
- 18 Hospital registration charges, admission charges, record charges, telephone charges and such other charges
- 19 Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicines other than Allopathy
- 20 Change of sex or cosmetic or aesthetic treatment of any description, plastic surgery (other than as necessitated due to an accident or as a part of any illness), all treatment for erectile dysfunctions.
- 21 Cost of spectacles and contact lens, hearing aids, Cochlear implants walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids.
- 22 Any specific time-bound or life time exclusions applied, specified and accepted by the insured
- 23 Other expenses as detailed elsewhere in the policy.

4.0 CONDITIONS:

1. The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance of fulfillment of the terms, provision, conditions and endorsements of this policy by the Insured Person/s, in so far as they relate to anything to be done or complied with by the Insured Person/s, shall be a condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions, and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.

Organ transplant on the Insured Person shall satisfy the requirements of the Transplantation of Human Organs Act of 1994 and any amendments thereto.

2. Upon the happening of any event, which may give rise to a claim under this policy, notice with full particulars shall be sent to the Company within 24 hours from the date of occurrence of the event.
3. Claim must be filed within 15 days from the date of discharge from the Hospital.

Note: Conditions 2 and 3 are precedent to admission of liability under the policy.

However the Company will examine and relax the time limit mentioned in these conditions depending upon the merits of the case.

Post hospitalization bills are to be submitted within 15 days after completion of 90 days from the date of discharge from hospital

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

Documents to be submitted in support of claim are

For Reimbursement claims:

- a. Duly completed claim form,
- 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, anaesthetist
- g. Certificate from the attending doctor regarding the diagnosis.

For Cashless Treatment:

- a. Call the 24 hour help-line for assistance - 1800 425 2255
- 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
- k. In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents

Note:

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

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

5. **Co-payment** : This policy is subject to co-payment of 20% of each and every claim amount for fresh as well as renewal policies for insured persons whose age at the time of entry is above 60 years.
6. If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available sum insured in the two policy periods, including the deductibles for each policy period. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal/due date of premium of health insurance policy, if not received earlier.
7. Any medical practitioner authorized by the company shall be allowed to examine the Insured Person/s in case of any alleged injury or diseases requiring Hospitalization when and as often as the same may reasonably be required on behalf of the Company at 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. **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 will be allowed. However the actual period of cover will start only from the date of payment of premium. In other words no protection is available between the policy expiry date and the date of payment of premium for renewal.

If the policy is to be renewed or ported from other Indian Insurance Company for enhanced sum insured, such enhanced sum insured will not be available for an illness, disease, injury already contracted under the preceding policy periods. Further, for illness / disease / sickness already contracted, the sum insured will be restricted to that policy sum insured when the signs or symptoms was diagnosed or received medical advice / treatment.

In the event of this policy being withdrawn / modified with revised terms and/or premium with the prior approval of the Competent Authority, the insured will be intimated three months in advance and accommodated in any other equivalent health insurance policy offered by the Company, if requested for by the Insured Person, at the relevant point of time.

10 Bonus

In respect of a claim free year of Insurance, for the Sum Insured options Rs.3,00,000/- and above, the insured would be entitled to benefit of bonus of 25% of the expiring sum insured in the second year and additional 10% of the expiring sum insured during the third year. The maximum allowable bonus shall not exceed 35% of the expiring sum insured.

It being however understood that such bonus shall be computed on the basic sum Insured, under the expiring policy and such benefit of bonus shall be available only upon timely renewal without a break or upon renewal within the grace period allowed. In the event of a claim, such bonus so granted will be reduced in the same order in which it was given. However the basic sum insured, will not be reduced. The limit of such Bonus will be quantified in rupees and aggregated annually as long as no claim is made till the maximum percentage is reached. If the Insured opts to reduce the basic Sum Insured at a subsequent renewal, the limit of indemnity by way of such Bonus shall not exceed such reduced sum insured.

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

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

12 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

13 Automatic Restoration of Sum Insured

There shall be automatic restoration of the Basic Sum Insured once immediately upon exhaustion of the limit of coverage, which has otherwise been defined, during the policy period subject to the following terms and extent thereof

Basic Sum Insured (Rs)	% of Restoration on the Basic Sum Insured
Upto 2,00,000/-	Nil
3,00,000/- and above	100%

It is made clear that such restored Sum Insured can be utilized only for illness / disease unrelated to the illness / diseases for which claim/s was / were made. The restore sum insured cannot be carried forward.

14 Recharge Benefit :

If the limit of coverage under the policy is exhausted/ exceeded during the policy period, additional indemnity upto the limits indicated in the schedule would be provided once for the remaining policy period. Such additional indemnity can be utilized even for the same hospitalization or for the treatment of diseases / illness / injury / for which claim was paid / payable under the policy.

Recharge amount cannot be carried forward.

15 Cancellation:

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

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

16 Automatic Termination: The insurance under this policy with respect to each relevant Insured Person policy shall terminate immediately on the earlier of the following events:

- ✓ Upon the death of the Insured Person. 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

17 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.

18 All claims under this policy shall be payable in Indian currency. All treatments under this policy shall have to be taken in India.

19 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.

20 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, E-Mail : info@starhealth.in.

Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

21 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

22 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

In the event of the following grievances:

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

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

List of Ombudsman	
Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014. Tel.:- 079-27546150/27546139 Fax : 079-27546142 Email: bimalokpal.ahmedabad@gbic.co.in	Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.) - 462 003. Tel.:- 0755-2769201/2769202 Fax : 0755-2769203 Email: bimalokpal.bhopal@gbic.co.in
Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR -751 009. Tel.:- 0674-2596461/2596455 Fax : 0674-2596429 Email: bimalokpal.bhubaneswar@gbic.co.in	Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH -160 017. Tel.:- 0172-2706196/2706468 Fax : 0172-2708274 Email: bimalokpal.chandigarh@gbic.co.in
Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI-600 018. Tel.:- 044-24333668 /24335284 Fax : 044-24333664 Email: bimalokpal.chennai@gbic.co.in	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI -110 002. Tel.:- 011-23239633/23237539 Fax : 011-23230858 Email: bimalokpal.delhi@gbic.co.in
Office of the Insurance Ombudsman, Jeevan Nivesh, 5 th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.:- 0361-2132204/2132205 Fax : 0361-2732937 Email: bimalokpal.guwahati@gbic.co.in	Office of the Insurance Ombudsman, 6-2-46, 1 st 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
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	Office of the Insurance Ombudsman, Hindustan Building. Annexe, 4 th Floor, C.R. Avenue, KOLKATA - 700 072. Tel : 033-22124339/22124340 Fax : 033-22124341 Email: bimalokpal.kolkata@gbic.co.in
Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6 th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW -226 001. Tel : 0522 -2231331/2231330 Fax : 0522-2231310 Email: bimalokpal.lucknow@gbic.co.in	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106960/26106552 Fax : 022-26106052 Email: bimalokpal.mumbai@gbic.co.in
Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II Bldg, Bhawani Singh Road, JAIPUR-302005 Tel : 0141-2740363 Email: bimalokpal.jaipur@gbic.co.in	Office of the Insurance Ombudsman 2 nd Floor, Jeevan Darshan Bldg, C.T.S.No195 to 198, N.C. Kelkar Road, Narayan peth, PUNE-411030. Tel: 020-32341320 Email: bimalokpal.pune@gbic.co.in
Office of the Insurance Ombudsman, 19/19, Jeevan Soudha Bldg, PID No.57-27-N-19 Ground Floor, 24 th Main Road, JP Nagar, 1 st Phase, Bengaluru - 560078. Tel No: 080-26652048/26652049 Email: bimalokpal.bengaluru@gbic.co.in	

23 Important Note:

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

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

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 & Biopsy
135	Cystoscopy and removal of polyp
136	Suprapubic cystostomy
137	percutaneous nephrostomy
139	Cystoscopy and "SLING" procedure.
140	TUNA- prostate
141	Excision of urethral diverticulum
142	Removal of urethral Stone
143	Excision of urethral prolapse
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 fourmier'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 empyaema drainage

Gastroenterology

184	Pancreatic pseudocyst EUS & 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
199	ERCP and sphincterotomy
200	Esophageal stent placement
201	ERCP + placement of biliary stents
202	Sigmoidoscopy w / stent
203	EUS + coeliac node biopsy

General Surgery

204	infected keloid excision
205	Incision of a pilonidal sinus / abscess
206	Axillary lymphadenectomy
207	Wound debridement and Cover
208	Abscess-Decompression
209	Cervical lymphadenectomy
210	infected sebaceous cyst
211	Inguinal lymphadenectomy
212	Incision and drainage of Abscess
213	Suturing of lacerations
214	Scalp Suturing
215	infected lipoma excision
216	Maximal anal dilatation
217	Piles A)Injection Sclerotherapy B)Piles banding
218	liver Abscess- catheter drainage
219	Fissure in Ano- fissurectomy
220	Fibroadenoma breast excision
221	Oesophageal varices Sclerotherapy
222	ERCP - pancreatic duct stone removal
223	Perianal abscess I&D

224	Perianal hematoma Evacuation		
225	Fissure in ano sphincterotomy		
226	UGI scopy and Polypectomy oesophagus		
227	Breast abscess I& D		
228	Feeding Gastrostomy		
229	Oesophagoscopy and biopsy of growth oesophagus		
230	UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers		
231	ERCP - Bile duct stone removal		
232	Ileostomy closure		
233	Colonoscopy		
234	Polypectomy colon		
235	Splenic abscesses Laparoscopic Drainage		
236	UGI SCOPY and Polypectomy stomach		
237	Rigid Oesophagoscopy for FB removal		
238	Feeding Jejunostomy		
239	Colostomy		
240	Ileostomy		
241	colostomy closure		
242	Submandibular salivary duct stone removal		
243	Pneumatic reduction of intussusception		
244	Varicose veins legs - Injection sclerotherapy		
245	Rigid Oesophagoscopy for Plummer vinson syndrome		
246	Pancreatic Pseudocysts Endoscopic Drainage		
247	ZADEK's Nail bed excision		
248	Subcutaneous mastectomy		
249	Excision of Ranula under GA		
250	Rigid Oesophagoscopy for dilation of benign Strictures		
251	Eversion of Sac		
	a) Unilateral		
	b) Bilateral		
252	Lord's plication		
253	Jaboulay's Procedure		
254	Scrotoplasty		
255	Surgical treatment of varicocele		
256	Epididymectomy		
257	Circumcision for Trauma		
258	Meatoplasty		
259	Intersphincteric abscess incision and drainage		
260	Psoas Abscess Incision and Drainage		
261	Thyroid abscess Incision and Drainage		
262	TIPS procedure for portal hypertension		
263	Esophageal Growth stent		
264	PAIR Procedure of Hydatid Cyst liver		
265	Tru cut liver biopsy		
266	Photodynamic therapy or esophageal tumour and Lung tumour		
267	Excision of Cervical RIB		
268	laparoscopic reduction of intussusception		
269	Microdochectomy breast		
270	Surgery for fracture Penis		
271	Sentinel node biopsy		
272	Parastomal hernia		
273	Revision colostomy		
274	Prolapsed colostomy- Correction		
275	Testicular biopsy		
276	laparoscopic cardiomyotomy(Hellers)		
277	Sentinel node biopsy malignant melanoma		
278	laparoscopic pyloromyotomy(Ramstedt)		
			Orthopedics
279	Arthroscopic Repair of ACL tear knee		
280	Closed reduction of minor Fractures		
281	Arthroscopic repair of PCL tear knee		
282	Tendon shortening		
283	Arthroscopic Meniscectomy - Knee		
284	Treatment of clavicle dislocation		
285	Arthroscopic meniscus repair		
286	Haemarthrosis knee- lavage		
287	Abscess knee joint drainage		
288	Carpal tunnel release		
289	Closed reduction of minor dislocation		
290	Repair of knee cap tendon		
291	ORIF with K wire fixation- small bones		
292	Release of midfoot joint		
293	ORIF with plating- Small long bones		
294	Implant removal minor		
295	K wire removal		
296	POP application		
297	Closed reduction and external fixation		
298	Arthrotomy Hip joint		
299	Syme's amputation		
300	Arthroplasty		
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 & 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 Orchidopexy 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 D&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
- Admissibility will be determined as per the policy terms , conditions and exclusions

Other Excluded Expenses

Toiletries/ Cosmetics/ Personal Comfort Or Convenience Items

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

40	Tissue Paper	91	Cotton
41	Tooth Paste	92	Cotton Bandage
42	Tooth Brush	93	Micropore/ Surgical Tape
43	Guest Services	94	Blade
44	Bed Pan	95	Apron
45	Bed Under Pad Charges	96	Torniquet
46	Camera Cover	97	Orthobundle, Gynaec Bundle
47	Care Free	98	Urine Container
48	Cliniplast		
49	Crepe Bandage		ELEMENTS OF ROOM CHARGE
50	Curapore	99	Luxury Tax
51	Diaper Of Any Type	100	Hvac
52	Dvd, Cd Charges (payable If Cd Is Specifically Sought For)	101	House Keeping Charges
53	Eyelet Collar	102	Service Charges Where Nursing Charge Also Charged
54	Face Mask	103	Television & Air Conditioner Charges
55	Flexi Mask	104	Surcharges
56	Gause Soft	105	Attendant Charges
57	Gauze	106	Im Iv Injection Charges
58	Hand Holder	107	Clean Sheet
59	Hansaplast/ Adhesive Bandages	108	Extra Diet Of Patient(other Than That Which Forms Part Of Bed Charge)
60	Lactogen/ Infant Food	109	Blanket/warmer Blanket
61	Slings (except For Upper Arm Fractures In Which Case, Cost Of One Sling Is Payable) Items Specifically Excluded In The Policy		ADMINISTRATIVE OR NON-MEDICAL CHARGES
62	Weight Control Programs/ Supplies/ Services	110	Admission Kit
63	Cost Of Spectacles/ Contact Lenses/ Hearing Aids Etc.,	111	Birth Certificate
64	Dental Treatment Expenses That Do Not Require Hospitalisation	112	Blood Reservation Charges And Ante Natal Booking Charges
65	Hormone Replacement Therapy	113	Certificate Charges
66	Home Visit Charges	114	Courier Charges
67	Infertility/ Subfertility/ Assisted Conception Procedure	115	Convenyance Charges
68	Obesity (including Morbid Obesity) Treatment	116	Diabetic Chart Charges
69	Psychiatric & Psychosomatic Disorders	117	Documentation Charges / Administrative Expenses
70	Corrective Surgery For Refractive Error	118	Discharge Procedure Charges
71	Treatment Of Sexually Transmitted Diseases	119	Daily Chart Charges
72	Donor Screening Charges	120	Entrance Pass / Visitors Pass Charges
73	Admission/registration Charges	121	Expenses Related To Prescription On Discharge (to Be Claimed Under Post Hospitalisation Where Admissible)
74	Hospitalisation For Evaluation/ Diagnostic Purpose)	122	File Opening Charges
75	Expenses For Investigation/ Treatment Irrelevant To The Disease For Which Admitted Or Diagnosed	123	Incidental Expenses / Misc. Charges (not Explained)
76	Any Expenses When The Patient Is Diagnosed With Retro Virus + Or Suffering From /hiv/ Aids Etc Is Detected/ Directly Or Indirectly (however Please See Specific Exclusion For This Purpose)	124	Medical Certificate
77	Stem Cell Implantation/ Surgery	125	Maintainance Charges
	ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS	126	Medical Records
78	Ward And Theatre Booking Charges	127	Preparation Charges
79	Arthroscopy & Endoscopy Instruments	128	Photocopies Charges
80	Microscope Cover	129	Patient Identification Band / Name Tag
81	Surgical Blades,harmonic Scalpel,shaver	130	Washing Charges
82	Surgical Drill	131	Medicine Box
83	Eye Kit	132	Mortuary Charges Beyond 24 Hrs (shifting Charges Not Payable)
84	Eye Drape	133	Medico Legal Case Charges (mlc Charges)
85	X-ray Film		EXTERNAL DURABLE DEVICES
86	Sputum Cup	134	Walking Aids Charges
87	Boyles Apparatus Charges	135	Bipap Machine
88	Blood Grouping And Cross Matching Of Donors Samples	136	Commode
89	Savlon	137	Cpap/ Capd Equipments
90	Band Aids, Bandages, Sterile Injections, Needles, Syringes	138	Infusion Pump - Cost
		139	Oxygen Cylinder (for Usage Outside The Hospital)
		140	Pulseoxymeter Charges
		141	Spacer
		142	Spirometre
		143	Spo2 Probe
		144	Nebulizer Kit

145	Steam Inhaler	170	Mouth Paint (except If Prescribed)
146	Armsling	171	Nebulisation Kit (except If Used During Hospitalization Is Payable Reasonably)
147	Thermometer	172	Neosprin (except If Prescribed)
148	Cervical Collar	173	Novarapid (except If Prescribed)
149	Splint	174	Volini Gel/ Analgesic Gel (except If Prescribed)
150	Diabetic Foot Wear	175	Zytee Gel (except If Prescribed)
151	Knee Braces (Long/ Short/ Hinged)	176	Vaccination Charges (except For Post Bite Treatment)
152	Knee Immobilizer/shoulder Immobilizer	177	Ahd
153	Lumbo Sacral Belt (except For Cases Who Have Undergone Surgery Of Lumbar Spine)	178	Alcohol Swabes
154	Nimbus Bed Or Water Or Air Bed Charges (except For Treatment Of Patients In Icu For More Than 6 Consecutive Days, Patients With Paraplegia/quadruplegia. Up To A Maximum Of Rs.200/- Per Day)	179	Scrub Solution/sterillium
155	Ambulance Collar	180	Vaccine Charges For Baby
156	Ambulance Equipment	181	Aesthetic Treatment / Surgery
157	Microsheild	182	Tpa Charges
158	Abdominal Binder (except For Post-surgery Patients Of Major Abdominal Surgery Including Tah, Lscs Incision Hernia Repair, Exploratory Laparotomy For Intestinal Obstructions , Liver Transplant Etc)	183	Visco Belt Charges
	ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION	184	Any Kit With No Details Mentioned (delivery Kit,)
159	Betadine \ Hydrogen Peroxide\spirit\dettol (payable When Prescribed For Patient, Not Payable For Hospital Use In OT Or Ward Or For Dressings In Hospital)	185	Examination Gloves
160	Private Nurses Charges- Special Nursing Charges	186	Kidney Tray
161	Nutrition Planning Charges - Dietician Charges- (except Patient Diet Provided By Hospital)	187	Mask
162	Alex Sugar Free	188	Ounce Glass
163	Creams Powders Lotions (toileteries Are Not Payable, Only Prescribed Medical Pharmaceuticals Payable)	189	Outstation Consultant's/ Surgeon's Fees (not Payable, Except For Telemedicine Consultations If Covered By Policy)
164	Digene Gel/ Antacid Gel (payable When Prescribed)	190	Oxygen Mask
165	Ecg Electrodes (except Upto 5 Electrodes For Every Case Visiting OT Or Icu.) For Longer Stay In Icu, Least One Set Every Second Day Payable.	191	Paper Gloves
166	Gloves (except For Sterilized Gloves)	192	Pelvic Traction Belt (payable In Case Of Pivd Requiring Traction)
167	HIV Kit	193	Referral Doctor's Fees
168	Listerine/ Antiseptic Mouthwash (except If Prescribed)	194	Accu Check (Glucometry/ Strips)
169	Lozenges (except If Prescribed)	195	Pan Can
		196	Sofnet
		197	Trolley Cover
		198	Urometer, Urine Jug
		199	Ambulance (except For Charges Incurred Ambulance From Home To Hospital Or Interhospital Shifts , RTA)
		200	Tegaderm / Vasofix Safety (payable - Maximum Of 3 In 48 Hrs And Then 1 In 24 Hrs)
		201	Urine Bag (payable Where Medicaly Necessary Till A Reasonable Cost - Maximum 1 Per 24 Hrs)
		202	Softovac
		203	Stockings (except For Case Like Cabg Etc.)

