

## FAMILY HEALTH OPTIMA INSURANCE PLAN

Unique Identification No. : IRDA/NL-HLT/SHAI/P-H/V.I/129/13-14

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

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

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

### 1.0

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

Sum Insured Rs.	Class A Cities	Class B Cities	Other Locations
1,00,000/- 2,00,000/- 3,00,000/- 4,00,000/-	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
5,00,000/-	2% of the sum insured subject to a maximum of Rs.7500/- per day	A maximum of Rs.7500/- per day	A maximum of Rs.7500/- per day
10,00,000/- and 15,00,000/-	2% of the sum insured subject to a maximum of Rs.10000/- per day	A maximum of Rs.10000/- per day	A maximum of Rs.10000/- per day

- B) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.
- C) Anesthesia, Blood, Oxygen, Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, diagnostic imaging modalities, Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker and similar expenses.
- 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 30 days prior to the date of Hospitalization, for the disease/illness, injury sustained following an admissible claim under the policy.
- F) A sum equivalent to 7% of the hospitalization expenses incurred comprising of Nursing Charges, Surgeon/Consultant fees, Diagnostic charges, Medicines and Drugs only subject to a maximum of Rs.5,000/- per occurrence towards Post Hospitalization medical expenses wherever recommended by the attending Medical Practitioner.

Where Package rates are charged by the hospitals, the Post-Hospitalization benefit will be calculated after taking the room and boarding charges at the applicable limits for the location as provided for in 1.0

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.
1,00,000/- and 2,00,000/-	12,000/- for entire policy period
3,00,000/- 4,00,000/- and 5,00,000/-	20,000/- for one eye and 30,000/- for the entire policy period.
10,00,000/- and 15,00,000/-	30,000/- for one eye and 40,000/- for the entire policy period

### Note:

1. **Company's liability in respect of all claims admitted during the period of insurance shall not exceed the Sum insured per family mentioned in the Schedule.**
2. Expenses relating to the hospitalization will be considered in proportion to the **room rent** stated in the policy.

## 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.

**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, Kanpur, Kota, Ludhiana, Meerut, Nagpur, Rajkot, Surat and all State capitals other than those falling under Class A

**Company** means Star Health and Allied Insurance Company Limited

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

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

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

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

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

**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.

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

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

**Family** means Insured Person, spouse, dependent children not over 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

**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.

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

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

**Medical Practitioner** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby 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 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.

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

**Other Locations** means Rest of India not falling under Class A & Class B above

**Pre-Existing Disease** means any Condition, ailment or injury or related condition (s) for which the insured person had signs or symptoms and/or were diagnosed and/or received medical advice /treatment within 48 months prior to your 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.

**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.

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

**Zone 2** means Rest of India excluding areas falling under Zone 1

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

### 3. EXCLUSIONS

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

1. Pre Existing Diseases as defined in the policy until 48 consecutive months of continuous coverage has elapsed, since inception of the first policy with any Indian Insurer. However the limit of the Company's liability in respect of claim for Preexisting Diseases under such Portability shall be limited to the Sum Insured under first policy with any Indian Insurance Company.
2. Any disease contracted by the insured person during the first 30 days from the commencement date of the policy. This exclusion shall not apply in case of the insured person having been covered under any health insurance policy (Individual or Group Insurance policy) with any of the Indian Insurance companies for a continuous period of preceding 12 months without a break.
3. During the First two Years of continuous operation of Insurance cover, the expenses on treatment of Cataract, Hysterectomy for Menorrhagia or Fibromyoma, treatment for Knee and/or Joint (other than caused by an accident )Prolapse of intervertebral disc(other than caused by accident), Varicose veins and Varicose ulcers. If these are Pre-Existing at the time of proposal they will be covered subject to exclusion No1 above.
4. During the first year of operation of the Insurance cover the expenses on treatment of Benign Prostate Hypertrophy, Hernia, Hydrocele, Congenital Internal disease/defect, Fistula / Fissure in anus, Piles, Sinusitis and related disorders, treatment for gallstones and renal stone . If these are Pre-Existing at the time of proposal they will be covered subject to exclusion No1  
 The exclusions 3 and 4 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 Insurance companies for a continuous period of preceding 24/12 months respectively without any break. However if increased benefits (higher Sum Insured) are offered and availed upon portability the increased benefits will not be available for such diseases/illness/disabilities contracted/suffered during the immediately preceding 24/12 months policy periods respectively.  
 The Claim for such illnesses/diseases/disabilities contracted /suffered if admitted will be processed as per the Sum Insured of immediately preceding 24/12 months policy only.
5. 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).
6. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/ materials.
7. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination (except for post bite treatment.) or inoculation or change of life or cosmetic or esthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
8. Cost of spectacles and contact lens, hearing aids, walkers, crutches, wheel chairs artificial limbs and such other aids.
9. Dental treatment or surgery of any kind unless necessitated due to accidental injuries and requiring hospitalization.
10. Convalescence, general debility, Run-down condition or rest cure, Psychosomatic disorder, Congenital external disease or defects or anomalies, infertility, venereal disease, intentional self injury and use of intoxicating drugs alcohol
11. Expenses arising out of any condition directly or indirectly caused due to or associated with human T-cell Lymph 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.
12. Charges incurred at Hospital or Nursing Home primarily for Diagnostic, X-ray or laboratory Examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at hospital / nursing home.
13. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as Certified by the attending Physician.
14. Treatment arising from or traceable to pregnancy (other than ectopic pregnancy) childbirth, miscarriage, abortion or complications of any of these including caesarean section.
15. Naturopathy Treatment.
16. Hospital registration charges, admission charges, record charges telephone charges and such other charges.
17. Expenses incurred on Lasik Laser or Refractive Error Correction treatment.
18. Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control/loss programs.
19. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicines other than Allopathic.
20. 20% of each and every eligible claim amount for insured persons between 61 years-65.years at entry level and renewals thereafter
21. Other expenses as detailed elsewhere in the policy.

#### 4. CONDITIONS

1. The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance of fulfillment of the terms, provision, conditions and endorsements of this policy by the Insured Person/s, in so far as they relate to anything to be done or complied with by the Insured Person/s, shall be a condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions, and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.
2. Upon the happening of any event, which may give rise to a claim under this policy, notice with full particulars shall be sent to the Company within 24 hours from the time of occurrence of the event.
3. Claim must be filed within 15 days from the date of discharge from the Hospital.  
**Note:** Conditions 2 and 3 are precedent to admission of liability under the policy.  
 However the Company will examine and relax the time limit mentioned in these conditions depending upon the merits of the case.
4. The Insured Person/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.

##### **For Reimbursement claims:**

Documents to be submitted in support of claim are

- a Duly completed claim form, and
- b. Pre Admission investigations and treatment papers.
- c. Discharge Summary from the hospital in original

- d. Cash receipts from hospital, chemists
- e. Cash receipts and reports for tests done
- f. Receipts from doctors, surgeons, anaesthetist
- g. Certificate from the attending doctor regarding the diagnosis.

**For Cashless Treatment:**

Prescriptions and receipts for Pre and Post-hospitalisation

**Note:** The Company reserves the right to call for additional documents wherever required

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

- 5. Any medical practitioner authorized by the company shall be allowed to examine the Insured Person/s in case of any alleged injury or diseases requiring Hospitalization when and as often as the same may reasonably be required on behalf of the Company at Company's cost.
- 6. If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available sum insured in the two policy periods, including the deductibles for each policy period. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal/due date of premium of health insurance policy, if not received earlier.
- 7. The company shall not be liable to make any payment under the policy in respect of any claim if information furnished at the time of proposal is found to be incorrect or false or such claim is in any manner fraudulent or supported by any fraudulent means or device, misrepresentation whether by the Insured Person or by any other person acting on his behalf.
- 8. **Renewal:** The policy will be renewed except on grounds of misrepresentation / fraud committed. 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.

However in respect of disease / sickness / illness the sum insured will be restricted to that policy sum insured when the signs or symptoms was diagnosed / 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.

9. **Bonus**

The insured would be entitled to benefit of bonus over and above the basic sum Insured in terms of table here under, in respect of a claim free year, of Insurance.

Basic Sum Insured (Rs)	II Year	III Year additional %	Maximum Bonus Allowable
100000/	10%	5%	15%
200000/	10%	5%	15%
300000/	25%	10%	35%
400000/	25%	10%	35%
500000/	25%	10%	35%
1000000/	25%	10%	35%
1500000/	25%	10%	35%

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.

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

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

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

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

- 12. **Automatic Restoration of Sum Insured** There shall be automatic restoration of the Basic Sum Insured 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 200000/	Nil
300000/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.

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

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

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

- ✓ Upon the death of the Insured Person
- ✓ Upon exhaustion of the Limit of coverage under the policy as a whole

15. If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

It is also further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not, within three years from the date of such disclaimer have been made the subject matter of a suit in a Court of Law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

16. All claims under this policy shall be payable in Indian currency. All medical/surgical treatments under this policy shall have to be taken in India.
17. **Package Charges:** The Company's liability in respect of package charges will be restricted to 80% of such amount. (Package charges refer to charges that are not advertised in the Schedule of the Hospital)
18. **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.
19. **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, Vallurvar Kottam High Road, Nungambakkam, Chennai 600 034. Fax 04428319100 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.

20. The attention of the policy holder is drawn to our website [www.starhealth.in](http://www.starhealth.in) for anti fraud policy of the company for necessary compliance by all stake holders.
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, No1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034. or Call 044-28288821 during normal business hours. or Send e-mail to [grievances@starhealth.in](mailto:grievances@starhealth.in)

In the event of the following grievances:

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

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

23. **Important Note:**

The Policy Schedule and any Endorsement are to be read together and any word or such meaning wherever it appears. The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract and must be complied with. Failure to comply may result in the claim being denied.

List of Ombudsman	
Contact Details	Areas of Jurisdiction
Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, <b>AHMEDABAD-380 014</b> . Tel.:- 079-27546840 Fax : 079-27546142 Email ins.omb@rediffmail.com	Gujarat Union Territory of Dadra & Nagar Haveli Daman and Diu
Office of the Insurance Ombudsman, Janak Vihar Complex, 2 <sup>nd</sup> Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, <b>BHOPAL(M.P.)-462 023</b> . Tel.:- 0755-2569201 Fax : 0755-2769203 Email bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
Office of the Insurance Ombudsman, 62, Forest Park, <b>BHUBANESHWAR-751 009</b> . Tel.:- 0674-2596455 Email iobbsr@dataone.in	Orissa
Office of the Insurance Ombudsman, 2nd Floor, Batra Building. S.C.O. No.101-103, Sector 17-D, <b>CHANDIGARH-160 017</b> . Tel.:- 0172-2706468, Fax : 0172-2708274 Email ombchd@yahoo.co.in	Punjab , Haryana Himachal Pradesh, Jammu & Kashmir Union Territory of Chandigarh
Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, <b>CHENNAI-600 018</b> Tel.:- 044-24333668 044-24333668 /5284 Fax : 044-24333664 Email chennaiinsuranceombudsman@gmail.com	Tamil Nadu Union Territory–Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry)
Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, <b>NEW DELHI-110 002</b> . Tel.:- 011-23239633 011-23239633 Fax : 011-23230858 Email iobdelraj@rediffmail.com	Delhi & Rajasthan
Office of the Insurance Ombudsman, "Jeevan Nivesh", 5 <sup>th</sup> Floor, Near Panbazar Overbridge, S.S. Road, <b>GUWAHATI-781 001 (ASSAM)</b> . Tel.:- 0361-2132204/5, Fax : 0361-2732937 Email ombudsmanghy@rediffmail.com	Assam , Meghalaya, Manipur Mizoram, Arunachal Pradesh Nagaland and Tripura
Office of the Insurance Ombudsman, 6-2-46, 1 <sup>st</sup> Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, <b>HYDERABAD-500 004</b> . Tel : 040-65504123 040-65504123 Fax: 040-23376599 Email insombudhyd@gmail.com	Andhra Pradesh Karnataka and Union Territory of Yanam a part of the Union Territory of Pondicherry
Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, <b>ERNAKULAM-682 015</b> . Tel : 0484-2358759 / 0484-2358759 Fax : 0484-2359336 Email iokochi@asianetindia.com	Kerala , Union Territory of (a) Lakshadweep (b) Mahe – a part of Union Territory of Pondicherry
Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, <b>Kolkatta – 700 072</b> . Tel: 033 22124346/(40) Fax: 033 22124341 Email:iombsbpa@bsnl.in	West Bengal , Bihar Jharkhand and Union Territory of Andaman & Nicobar Islands Sikkim
Office of the Insurance Ombudsman, Jeevan Bhawan, 6 <sup>th</sup> Floor, Phase-2, Nawal Kishore Road, Hazaratganj, <b>LUCKNOW-226 001</b> . Tel : 0522 -2231331 / 0522 -2231331 Fax : 0522-2231310 Email insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
Office of the Insurance Ombudsman, S.V. Road, Santacruz(W), <b>MUMBAI-400 054</b> . Tel : 022-26106928 022-26106928 Fax : 022-26106052 Email ombudsmanmumbai@gmail.com	Maharashtra , Goa

### List of Day Care Treatments

<b>ENT</b>	20 Conchoplasty
1 Stapedotomy	21 Septoplasty
2 Stapedectomy under LA	22 Reduction of fracture of Nasal Bone
3 Revision of a stapedectomy	23 Pseudocyst of the Pinna - Excision
4 Endoscopic Stapedectomy	24 Incision and drainage - Haematoma Auricle
5 Stapedectomy under GA	25 Keloid excision
6 Ossiculoplasty	26 Incision and drainage of perichondritis
7 Myringoplasty(Type I Tympanoplasty)	27 Exision of Angioma Septum
8 Tympanoplasty (Type II)	28 Thyroplasty Type I
9 Tympanoplasty (Type III)	29 Thyroplasty Type II
10 Tympanoplasty (Type IV)	30 Uvula Palato Pharyngo Plasty
11 Endolymphatic Sac Surgery for Meniere's Disease	<b>Ophthalmology</b>
12 Myringotomy with Grommet Insertion	31 Incision of tear glands
13 Removal of Tympanic Drain under LA	32 Other operation on the tear ducts
14 Fenestration of the inner ear	33 Incision of diseased eyelids
15 Revision of the fenestration of the inner ear.	34 Exision and destruction of the diseased tissue of the eyelid
16 Labyrinthectomy for severe Vertigo	35 Operation on the canthus and epicanthus
17 Vestibular Nerve section	36 Corrective surgery of the entropion and ectropion
18 Turbinectomy	37 Corrective surgery of blepharoptosis
19 Turbinoplasty	38 Removal of foreign body from conjunctiva

- 39 Removal of Foreign body from cornea
- 40 Incision of the cornea
- 41 Operations for pterygium
- 42 Other operations on the cornea
- 43 Removal of foreign body from the lens of the eye.
- 44 Removal of foreign body from the posterior chamber of the eye
- 45 Removal of foreign body from the orbit and the eye ball.
- 46 Surgery for cataract

#### General Surgery

- 47 Incision of a pilonidal sinus abscess
- 48 Incision and drainage of Abscess
- 49 Wound debridement and Cover
- 50 Abscess-Decompression
- 51 Split Skin Grafting under RA.
- 52 Split Skin Grafting under GA
- 53 Exision of Ranula under GA
- 54 Partial glossectomy
- 55 Glossectomy
- 56 Reconstruction of the tongue
- 57 Excision of Pharyngeal Diverticulum
- 58 Doleman Procedure
- 59 Resection of submandibular salivary glands
- 60 Reconstruction of a salivary gland and salivary duct
- 61 Submandibular Sialolithotomy
- 62 Plastic surgery to the floor of the mouth.under GA
- 63 Rigid Oesophagoscopy for PV syndrome
- 64 Rigid Oesophagoscopy for FB removal
- 65 Rigid Oesophagoscopy for dilation of benign Strictures
- 66 Palatoplasty
- 67 Vocal Cord laterisation Procedure
- 68 Transoral incision and drainage of a pharyngeal abscess
- 69 Tonsillectomy without adenoidectomy
- 70 Tonsillectomy with adenoidectomy
- 71 Incision & Drainage of Retro Pharyngeal Abscess
- 72 Incision & Drainage of Para Pharyngeal Abscess

#### Urology

- 73 Bladder Neck Incision
- 74 Cystoscopy & Biopsy
- 75 Cystoscopy and removal of polyp
- 76 Hydrocelectomy
- 77 Eversion of Sac
  - A) Unilateral
  - b) Bilateral
- 78 Lord's plication
- 79 Jaboulay's Procedure
- 80 Scrotoplasty
- 81 Debridement of Fournier's Gangrene
- 82 Surgical treatment of varicocele
- 83 Epididymectomy
- 84 Reconstruction of the spermatic cord
- 85 Reconstruction of the ductus deferens
- 86 Circumcision for Trauma
- 87 Amputation of the Penis
- 88 Meatoplasty
- 89 Partial amputation of the Penis
- 90 Cystoscopic Litholapaxy
- 91 ESWL
- 92 Haemodialysis

#### ONCOLOGY

- 93 Cancer Chemo therapy
- 94 EB RT - Telecobalt
- 95 EB RT - LINAC
- 96 EB RT - Rapid Arc
- 97 EB RT - IGRT
- 98 EB RT - SRS / SRT
- 99 Intra cavity RT
- 100 Brachytherapy - HDR
- 101 Brachy therapy - LDR

The standard exclusions and waiting period are applicable to all of the above mentioned day care procedure. Only 24 hrs hospitalization is not mandatory.

### Other Excluded Expenses

#### TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS

- |  |  |
|--|--|
| 1 Anne French Charges  | 34 Laundry Charges   |
| 2 Baby Charges (unless Specified/indicated)  | 35 Mineral Water   |
| 3 Baby Food  | 36 Oil Charges   |
| 4 Baby Utilities Charges   | 37 Sanitary Pad  |
| 5 Baby Set   | 38 Slippers  |
| 6 Baby Bottles   | 39 Telephone Charges   |
| 7 Bottle   | 40 Tissue Paper  |
| 8 Brush  | 41 Tooth Paste   |
| 9 Cosy Towel   | 42 Tooth Brush   |
| 10 Hand Wash   | 43 Guest Services  |
| 11 Moisturiser Paste Brush   | 44 Bed Pan   |
| 12 Powder  | 45 Bed Under Pad Charges   |
| 13 Razor   | 46 Camera Cover  |
| 14 Towel   | 47 Care Free   |
| 15 Shoe Cover  | 48 Cliniplast  |
| 16 Beauty Services   | 49 Crepe Bandage   |
| 17 Belts/ Braces ( Except For Cases Who Have Undergone Surgery Of Thoracic Or Lumbar Spine)  | 50 Curapore  |
| 18 Buds  | 51 Diaper Of Any Type  |
| 19 Barber Charges  | 52 Dvd, Cd Charges (payable If Cd Is Specifically Sought For)                            |
| 20 Caps  | 53 Eyelet Collar   |
| 21 Cold Pack/hot Pack  | 54 Face Mask   |
| 22 Carry Bags  | 55 Flexi Mask  |
| 23 Cradle Charges  | 56 Gause Soft  |
| 24 Comb  | 57 Gauze   |
| 25 Disposables Razors Charges ( For Site Preparations)                                       | 58 Hand Holder   |
| 26 Eau-de-cologne / Room Freshners   | 59 Hansaplast/ Adhesive Bandages   |
| 27 Eye Pad   | 60 Lactogen/ Infant Food   |
| 28 Eye Sheild  | 61 Slings ( Except For Upper Arm Fractures In Which Case, Cost Of One Sling Is Payable ) |
| 29 Email / Internet Charges  | <b>Items Specifically Excluded In The Policy</b>   |
| 30 Food Charges (other Than Patient's Diet Provided By Hospital)                             | 62 Weight Control Programs/ Supplies/ Services   |
| 31 Foot Cover  | 63 Cost Of Spectacles/ Contact Lenses/ Hearing Aids Etc.,                                |
| 32 Gown  | 64 Dental Treatment Expenses That Do Not Require Hospitalisation                         |
| 33 Leggings (except For Bariatric And Varicose Vein Surgery Where Surgery Itself Is Payable) |  |

65	Hormone Replacement Therapy	135	Bipap Machine
66	Home Visit Charges	136	Commode
67	Infertility/ Subfertility/ Assisted Conception Procedure	137	Cpap/ Capd Equipments
68	Obesity (including Morbid Obesity) Treatment	138	Infusion Pump - Cost
69	Psychiatric & Psychosomatic Disorders	139	Oxygen Cylinder (for Usage Outside The Hospital)
70	Corrective Surgery For Refractive Error	140	Pulseoxymeter Charges
71	Treatment Of Sexually Transmitted Diseases	141	Spacer
72	Donor Screening Charges	142	Spirometre
73	Admission/registration Charges	143	Spo2 Probe
74	Hospitalisation For Evaluation/ Diagnostic Purpose)	144	Nebulizer Kit
75	Expenses For Investigation/ Treatment Irrelevant To The Disease For Which Admitted Or Diagnosed	145	Steam Inhaler
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)	146	Armsling
77	Stem Cell Implantation/ Surgery	147	Thermometer
	<b>Items Which Form Part Of Hospital Services Where Separate Consumables Are Not Payable But The Service Is</b>	148	Cervical Collar
78	Ward And Theatre Booking Charges	149	Splint
79	Arthroscopy & Endoscopy Instruments	150	Diabetic Foot Wear
80	Microscope Cover	151	Knee Braces ( Long/ Short/ Hinged)
81	Surgical Blades,harmonic Scalpel,shaver	152	Knee Immobilizer/shoulder Immobilizer
82	Surgical Drill	153	Lumbo Sacral Belt (except For Cases Who Have Undergone Surgery Of Lumbar Spine)
83	Eye Kit	154	Nimbus Bed Or Water Or Air Bed Charges (except For Treatment Of Patients In Icu For More Than 6 Consecutive Days, Patients With Paraplegia /quadriplegia. Up To A Maximum Of Rs.200/- Per Day)
84	Eye Drape	155	Ambulance Collar
85	X-ray Film	156	Ambulance Equipment
86	Sputum Cup	157	Microsheild
87	Boyles Apparatus 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)
88	Blood Grouping And Cross Matching Of Donors Samples		<b>Items Payable If Supported By A Prescription</b>
89	Savlon	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 )
90	Band Aids, Bandages, Sterile Injections, Needles, Syringes	160	Private Nurses Charges- Special Nursing Charges
91	Cotton	161	Nutrition Planning Charges - Dietician Charges- (except Patient Diet Provided By Hospital)
92	Cotton Bandage	162	Alex Sugar Free
93	Micropore/ Surgical Tape	163	Creams Powders Lotions (toileteries Are Not Payable, Only Prescribed Medical Pharmaceuticals Payable)
94	Blade	164	Digene Gel/ Antacid Gel (payable When Prescribed)
95	Apron	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.
96	Torniquet	166	Gloves (except For Sterilized Gloves)
97	Orthobundle, Gynaec Bundle	167	Hiv Kit
98	Urine Container Elements Of Room Charge	168	Listerine/ Antiseptic Mouthwash (except If Prescribed)
99	Luxury Tax	169	Lozenges (except If Prescribed)
100	Hvac	170	Mouth Paint (except If Prescribed)
101	House Keeping Charges	171	Nebulisation Kit (except If Used During Hospitalization Is Payable Reasonably)
102	Service Charges Where Nursing Charge Also Charged	172	Neosprin (except If Prescribed)
103	Television & Air Conditioner Charges	173	Novarapid (except If Prescribed)
104	Surcharges	174	Volini Gel/ Analgesic Gel ((except If Prescribed))
105	Attendant Charges	175	Zytee Gel (except If Prescribed)
106	Im Iv Injection Charges	176	Vaccination Charges (except For Post Bite Treatment)
107	Clean Sheet	177	Ahd
108	Extra Diet Of Patient(other Than That Which Forms Part Of Bed Charge)	178	Alcohol Swabes
109	Blanket/warmer Blanket	179	Scrub Solution/sterillium
	<b>Administrative Or Non-medical Charges</b>	180	Vaccine Charges For Baby
110	Admission Kit	181	Aesthetic Treatment / Surgery
111	Birth Certificate	182	Tpa Charges
112	Blood Reservation Charges And Ante Natal Booking Charges	183	Visco Belt Charges
113	Certificate Charges	184	Any Kit With No Details Mentioned [delivery Kit,
114	Courier Charges	185	Examination Gloves
115	Convenyance Charges	186	Kidney Tray
116	Diabetic Chart Charges	187	Mask
117	Documentation Charges / Administrative Expenses	188	Ounce Glass
118	Discharge Procedure Charges	189	Outstation Consultant's/ Surgeon's Fees (not Payable, Except For Telemedicine Consultations If Covered By Policy)
119	Daily Chart Charges	190	Oxygen Mask
120	Entrance Pass / Visitors Pass Charges	191	Paper Gloves
121	Expenses Related To Prescription On Discharge (to Be Claimed Under Post Hospitalisation Where Admissible)	192	Pelvic Traction Belt (payable In Case Of Pivd Requiring Traction)
122	File Opening Charges	193	Referral Doctor's Fees
123	Incidental Expenses / Misc. Charges (not Explained)	194	Accu Check ( Glucometry/ Strips)
124	Medical Certificate	195	Pan Can
125	Maintainance Charges	196	Sofnet
126	Medical Records	197	Trolley Cover
127	Preparation Charges	198	Urometer, Urine Jug
128	Photocopies Charges	199	Ambulance (except For Charges Incurred Ambulance From Home To Hospital Or Interhospital Shifts , Rta )
129	Patient Identification Band / Name Tag	200	Tegaderm / Vasofix Safety (payable - Maximum Of 3 In 48 Hrs And Then 1 In 24 Hrs)
130	Washing Charges	201	Urine Bag (payable Where Medicaly Necessary Till A Reasonable Cost - Maximum 1 Per 24 Hrs)
131	Medicine Box	202	Softovac
132	Mortuary Charges Beyond 24 Hrs (shifting Charges Not Payable)	203	Stockings (except For Case Like Cabg Etc.)
133	Medico Legal Case Charges (mlc Charges)		
134	<b>External Durable Devices</b>		
	Walking Aids Charges		