



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Phone : 044 - 2828 8800 Fax : 044 - 2831 9100 Website : www.starhealth.in

CIN : U66010TN2005PLC056649 Email:info@starhealth.in Website: www.starhealth.in IRDA Regn. No: 129

MEDI PREMIER INSURANCE POLICY

Unique Identification No. : IRDA/NL-HLT/SHAI/P-H/V.I/174/13-14

WHEREAS the Insured designated in the Schedule hereto has by a proposal and declaration dated as stated in the Schedule which shall be the basis of this Contract and is deemed to be incorporated herein, has applied to THE STAR HEALTH AND ALLIED INSURANCE COMPANY Ltd. (hereinafter called the COMPANY) for the insurance hereinafter set forth in respect of person/s named in the Schedule hereto (hereinafter called the Insured Person) and has paid premium as consideration for such insurance.

NOW THIS POLICY WITNESSETH that subject to the terms, conditions, exclusions and definitions contained herein or endorsed or otherwise expressed hereon, the Company undertake that if during the period stated in the Schedule or during the continuance of this policy by renewal any insured person shall contract any disease or suffer from any illness (hereinafter called DISEASE) or sustain any bodily injury through accident (hereinafter called INJURY) and if such disease or injury shall require any such injured Person, upon the advice of the duly Qualified Physician/Medical Specialist /Medical Practitioner (hereinafter called MEDICAL PRACTITIONER) or of duly Qualified Surgeon (hereinafter called SURGEON) to incur Hospitalization expenses for medical/surgical treatment at any Nursing Home / Hospital in India as herein defined (hereinafter called HOSPITAL) as an in-patient the Company will pay to the Insured Person the amount of such expenses as are reasonably and necessarily incurred in respect by or on behalf such Insured Person up-to the limits indicated but not exceeding the sum insured in aggregate in any one period stated in the schedule hereto.

1.0 In the event of any claims becoming admissible under this Scheme, the Company will pay to the Insured Person or the estate of the Insured Person under

Section 1

2.0 The amount of such expenses as would fall under different heads up to the limits mentioned, and as are reasonably and necessarily incurred thereof by or on behalf of such Insured Person, but not exceeding the Sum insured in aggregate mentioned in the schedule hereto.

- A) Room, Boarding Expenses as provided by the Hospital / Nursing Home at 2% of the sum insured subject to a maximum of Rs4000 per day
- B) Nursing expenses.
- C) Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fee.
- D) Anaesthesia, Blood Oxygen, Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy cost of Pacemaker and similar expenses.
- E) Emergency ambulance charges up-to a sum of Rs.750/- per hospitalisation and overall limit of Rs.1500/- per policy period for transportation of the Insured Person by private ambulance service when this is needed for medical reasons to go to hospital for treatment provided such hospitalisation claim is admissible as per the Policy.
- F) Relevant Pre-Hospitalization medical expenses incurred for a period not exceeding 30 days prior to the date of Hospitalisation, on the disease/illness, injury sustained following an admissible claim under the policy
- G) A sum equivalent to 7% of the hospitalisation expenses incurred (excluding room and/or board charges, Hospital service charges) subject to a maximum of Rs5000 per occurrence towards Post-Hospitalisation medical expenses wherever recommended by the attending Medical practitioner

(This benefit is not available where the claim is for specified Major Illness as defined in the policy)

Where Package rates are charged by hospitals the Post-Hospitalisation benefit will be calculated after taking the room and boarding charges at Rs4000/- per day.

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

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

Cataract surgery- Rs20000 in respect of one eye and Rs30000 in the entire policy period

Lithotripsy (Kidney stone removal) – Rs20000

Tonsillectomy- Rs7500

Cutting and Draining of Abscess- Rs1500

Liver Aspiration- Rs2000

Pleural Effusion Aspiration- Rs2000

Colonoscopy- Rs2000

Sclerotherapy – Rs5000

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

Section II

The lump-sum amount as specified in the Policy Schedule for covered illness, subject to terms, conditions, limitations and exclusions mentioned therein, if the Insured Person contracts any of the defined Major Illness and the same is diagnosed during the Period of Insurance and if all of the following conditions are satisfied.

- ✓ The Insured Person experiences a Major Illness specifically listed and defined in this Policy; and
- ✓ The Major Illness experienced by the Insured is the first incidence of that Major illness; and
- ✓ The signs or symptoms of the Major Illness experienced by the Insured Person commenced more than 90 days (ninety days) following the Commencement Date of the policy and
- ✓ The Insured Person survives the Major illness by thirty days or more, from the date of diagnosis.
- ✓ The Insured Person subjects himself/herself to examination by the panel doctor of the Company and the incidence of such Major Illness is confirmed by the panel doctor

Payment of lump-sum claim under Section II is in addition to payment of hospitalisation expenses under Section I it being however agreed that such hospitalisation expenses shall be required to be paid only until the date of diagnosis of Major Illness and on entitlement of the Insured Person for payment of lump sum under Section II all further benefits under the policy of insurance shall cease and the policy of insurance shall stand terminated thereupon

Only one lump sum payment shall be provided during the Insured Person's lifetime regardless of the number of Major Illness, incapacities or treatments suffered by the Insured Person. This policy will be automatically terminated after the lump sum payment and shall not be renewed

Note: Where the Insured Person/s is /are already covered by any other Major Illness policy issued by the Company and where a claim has already been admitted the maximum amount payable under all Policies combined will not exceed the amount payable under the Policy which pays the largest benefit. Where the claim has already been settled for such lump sum amount this policy shall be null and void.

Note: The Company's liability in respect of all claims admitted during the period of insurance shall not exceed the Sum insured per person mentioned in the Schedule.

2. DEFINITIONS

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

Any one Illness 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.

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 visible and accessible parts of the body.

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

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

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

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

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

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.

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 Company has mutually agreed with, to provide services like cashless access to policyholders. The list is available with the Company and subject to amendment from time to time.

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

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

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

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

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

Post Hospitalisation

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

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

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

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 for correction of deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life, performed in a hospital or day care centre of a medical practitioner.

Major illness means Stroke, Cancer, Renal failure

Stroke means any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded

- ✓ Transient ischemic attacks (TIA)
- ✓ Traumatic injury of the brain
- ✓ Vascular disease affecting only the eye or optic nerve or vestibular function.

Cancer means a malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

The followings are excluded-

- 1) Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 & CIN-3.
- 2) Any skin cancer other than invasive malignant melanoma
- 3) All tumours of the prostate unless histologically classified as having as Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- 4) Papillary micro-carcinoma of the thyroid less than 1cm in diameter
- 5) Chronic lymphocytic leukaemia less than RAI stage 3
- 6) Microcarcinoma of the bladder
- 7) All tumours in the presence of HIV infection

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

Additional provisions relating to Section II

- Each of the Illness specified in the policy must be confirmed by a registered medical practioner appointed by the Company and must be supported by clinical radiological histological pathological, histo-pathological and laboratory evidence acceptable to the Company.
- Insurance under this policy shall cease upon payment of the compensation on occurrence of any Major Illness and no further payment will be made for any consequent disease or dependent disease.
- Survival Period-No claim shall lie against the Company if the Insured Person does not survive the Diagnosis of Major Illness specified in the policy for a period of 30 successive days thereafter.
- Waiting Period- No claim for compensation will become payable if a Major Illness specified in the policy incepts or manifests during the first 90 days of theinception of the policy. In the event of renewal with the Company this 90 days limit shall not apply.

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 any Insured person I 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 under such portability shall be limited to the sum insured under first policy with any Indian Insurance Company (Applicable for Section I only).
2. Any congenital disease/defect whether internal/external.
3. Any disease contracted by the Insured Person during the first 30days from the commencement date of the policy.
4. This condition shall not however apply in case of the Insured Person having been covered under this scheme or group insurance scheme with any of the Indian Insurance companies for a continuous period of preceding 12 months without any break
5. During the First two Years of continuous operation of Insurance cover, the expenses on treatment Cataract, Hysterectomy for Menorrhagia or Fibromyoma, knee replacement surgery (other than caused by an accident) Joint Replacement Surgery (other than caused by an accident), Prolapse of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers. If these diseases are Pre-Existing at the time of proposal they will not be covered even during subsequent period of renewal too.
6. During the first year of operation of the Insurance cover the expenses on treatment of diseases such as Benign Prostate Hypertrophy, Hernia, Hydrocele, Fistula in anus, Piles, Sinusitis and related disorders, gallstones and renal stone removal are not payable. If these diseases are Pre Existing at the time of proposal they will not be covered even during subsequent period of renewal too.
7. Injury/ Disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike operations (whether war be declared or not)
8. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination (except for post-bite treatment) or inoculation or change of life or cosmic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
9. Cost of spectacles and contact lens, hearing aids walkers, crutches, wheel chairs and such other aids.
10. Dental treatment or surgery of any kind unless necessitated due to accidental injuries and requiring hospitalization.
11. Convalescence, general debility, Run-down condition or rest cure, sterility, venereal disease, intentional self injury and use of intoxicating drugs/alcohol.

12. All 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.
13. 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.
14. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
15. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/ materials
16. Treatment arising from or traceable to pregnancy (other than ectopic pregnancy), childbirth, miscarriage, abortion or complications of any of these including caesarean section.
17. Naturopathy Treatment.
18. Hospital registration charges, record charges, incidental and miscellaneous expenses and telephone charges
19. Expenses incurred on Lasik Laser or Refractive Error Correction treatment
20. Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control/loss programs
21. Expenses incurred in respect treatment of cataract shall not exceed Rs20000/- in respect of one eye and Rs30000/- in the entire policy period.
22. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicines other than Allopathic shall be restricted to 25% of the sum insured subject to a maximum of Rs25000/- in the entire policy period
23. 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 fulfilment of the terms, provision, conditions and endorsements of this policy by the Insured Person, in so far as they relate to anything to be done or complied with by the Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions, and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.
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 Death, injury, Hospitalization.
3. Claim must be filed with 15 days from the date of discharge from the Hospital.

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

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

Documents to be submitted in support of claim are –

For reimbursement claims

- a. Duly completed claim form,
- b. Pre-admission investigations and treatment papers
- c. Discharge summary from the hospital in original
- d. Cash receipts from hospital, chemists
- e. Cash receipts and reports for tests done
- f. Receipts from doctors, surgeons, anesthetist
- g. Certificate from the attending doctor regarding the diagnosis.

For Cashless Treatment:

Prescriptions and receipts for Pre and Post-hospitalization

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

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

shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.

5. Any medical practitioner authorized by the company shall be allowed to examine the Insured Person 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. The Company shall not be liable to make any payment under the policy in respect of any claim if such claim is in any manner fraudulent or supported by any fraudulent means or device, misrepresentation whether by the insured Person or by any other person acting on his behalf.
7. If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available sum insured in the two policy periods, including the deductibles for each policy period. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal/due date of premium of health insurance policy, if not received earlier (applicable for Section I only).
8. **Renewal:** The policy will be renewed except on grounds of misrepresentation / fraud committed, non-disclosure of material facts as declared in the proposal form.

If the policy is to be renewed or ported from other Indian Insurance Company for enhanced sum insured then the waiting period as applicable to a fresh policy will apply to additional sum insured as if a separate policy has been issued for the difference. In other words the enhanced sum insured will not be available for an illness, disease, injury already contracted under the preceding policy periods.

A grace period of 30 days from the date of expiry of the policy is available for renewal. If renewal is made within this 30 days period the continuity of benefits will be allowed. However the actual period of cover will start only from the date of payment of premium. In other words no protection is available between the policy expiry date and the date of payment of premium for renewal.

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

9. **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

10. **Portability (applicable for Section I only):** 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

11. **Cancellation:** The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in proposal form / at the time of claim, or non-co-operation by the insured person, by sending the insured 30 days notice by registered letter at the insured person's last known address 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	1/3rd 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

12. **Automatic Termination:** This policy shall terminate immediately on the earlier of the following events:

- ✓ Upon the death of the Insured Person
- ✓ Upon payment of benefit under the policy.

13. 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.

14. **Payment of Claim** 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.

15. **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)

16. **Relief under Section 80-D:** Insured Person is eligible for relief under Section 80-D of the IT Act in respect of the premium paid by any mode other than cash.

17. **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. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

18. **Notices** Any notice, direction or instruction given under this policy shall be in writing and delivered by hand, post, or facsimile/email to Star Health and Allied Insurance Company Limited, No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai-600034. Fax no: 044-28319100, Tollfree no: 1800-425-2255, Toll free fax no: 1800-425-5522 Email: info@starhealth.in

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

19. **Customer services** 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.

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

In the event of the following grievances:

- a. any partial or total repudiation of claims by an insurer;
- b. any dispute 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, within whose jurisdiction the branch or office of Star Health and Allied Insurance Company Limited is located. The Insurance Ombudsman's offices are located at Ahmadabad, Bhubaneswar, Bhopal, Chandigarh, Chennai, Gujarat, Kochi, Kolkatta, Lucknow, Hyderabad, Mumbai and Delhi

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

21. **Important Note:** The terms conditions and exceptions that appear in the Policy or in any endorsement are part of the contract and must be complied with. Failure to comply may result in the claim being denied. The attention of the policy holder is drawn to our website www.starhealth.in for Antifraud policy of the company for necessary compliance by all .

Other Excluded Expenses
TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS

1	Anne French Charges	44	Bed Pan
2	Baby Charges (unless Specified/indicated)	45	Bed Under Pad Charges
3	Baby Food	46	Camera Cover
4	Baby Utilites Charges	47	Care Free
5	Baby Set	48	Cliniplast
6	Baby Bottles	49	Crepe Bandage
7	Bottle	50	Curapore
8	Brush	51	Diaper Of Any Type
9	Cosy Towel	52	Dvd, Cd Charges (payable If Cd Is Specifically Sought For)
10	Hand Wash	53	Eyelet Collar
11	Moisturiser Paste Brush	54	Face Mask
12	Powder	55	Flexi Mask
13	Razor	56	Gause Soft
14	Towel	57	Gauze
15	Shoe Cover	58	Hand Holder
16	Beauty Services	59	Hansaplast/ Adhesive Bandages
17	Belts/ Braces (Except For Cases Who Have Undergone Surgery Of Thoracic Or Lumbar Spine)	60	Lactogen/ Infant Food
18	Buds	61	Slings (Except For Upper Arm Fractures In Which Case, Cost Of One Sling Is Payable)
19	Barber Charges		Items Specifically Excluded In The Policy
20	Caps	62	Weight Control Programs/ Supplies/ Services
21	Cold Pack/hot Pack	63	Cost Of Spectacles/ Contact Lenses/ Hearing Aids Etc.,
22	Carry Bags	64	Dental Treatment Expenses That Do Not Require Hospitalisation
23	Cradle Charges	65	Hormone Replacement Therapy
24	Comb	66	Home Visit Charges
25	Disposables Razors Charges (For Site Preparations)	67	Infertility/ Subfertility/ Assisted Conception Procedure
26	Eau-de-cologne / Room Freshners	68	Obesity (including Morbid Obesity) Treatment
27	Eye Pad	69	Psychiatric & Psychosomatic Disorders
28	Eye Sheild	70	Corrective Surgery For Refractive Error
29	Email / Internet Charges	71	Treatment Of Sexually Transmitted Diseases
30	Food Charges (other Than Patient's Diet Provided By Hospital)	72	Donor Screening Charges
31	Foot Cover	73	Admission/registration Charges
32	Gown	74	Hospitalisation For Evaluation/ Diagnostic Purpose)
33	Leggings (except For Bariatric And Varicose Vein Surgery Where Surgery Itself Is Payable)	75	Expenses For Investigation/ Treatment Irrelevant To The Disease For Which Admitted Or Diagnosed
34	Laundry Charges	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)
35	Mineral Water	77	Stem Cell Implantation/ Surgery
36	Oil Charges		Items Which Form Part Of Hospital Services Where Separate Consumables Are Not Payable But The Service Is
37	Sanitary Pad	78	Ward And Theatre Booking Charges
38	Slippers	79	Arthroscopy & Endoscopy Instruments
39	Telephone Charges	80	Microscope Cover
40	Tissue Paper	81	Surgical Blades,harmonic Scalpel,shaver
41	Tooth Paste	82	Surgical Drill
42	Tooth Brush		
43	Guest Services		

83	Eye Kit	129	Patient Identification Band / Name Tag
84	Eye Drape	130	Washing Charges
85	X-ray Film	131	Medicine Box
86	Sputum Cup	132	Mortuary Charges Beyond 24 Hrs (shifting Charges Not Payable)
87	Boyles Apparatus Charges	133	Medico Legal Case Charges (mlc Charges)
88	Blood Grouping And Cross Matching Of Donors Samples		External Durable Devices
89	Savlon	134	Walking Aids Charges
90	Band Aids, Bandages, Sterile Injections, Needles, Syringes	135	Bipap Machine
91	Cotton	136	Commode
92	Cotton Bandage	137	Cpap/ Capd Equipments
93	Micropore/ Surgical Tape	138	Infusion Pump - Cost
94	Blade	139	Oxygen Cylinder (for Usage Outside The Hospital)
95	Apron	140	Pulseoxymeter Charges
96	Torniquet	141	Spacer
97	Orthobundle, Gynaec Bundle	142	Spirometre
98	Urine Container Elements Of Room Charge	143	Spo2 Probe
99	Luxury Tax	144	Nebulizer Kit
100	Hvac	145	Steam Inhaler
101	House Keeping Charges	146	Armsling
102	Service Charges Where Nursing Charge Also Charged	147	Thermometer
103	Television & Air Conditioner Charges	148	Cervical Collar
104	Surcharges	149	Splint
105	Attendant Charges	150	Diabetic Foot Wear
106	Im Iv Injection Charges	151	Knee Braces (Long/ Short/ Hinged)
107	Clean Sheet	152	Knee Immobilizer/shoulder Immobilizer
108	Extra Diet Of Patient(other Than That Which Forms Part Of Bed Charge)	153	Lumbo Sacral Belt (except For Cases Who Have Undergone Surgery Of Lumbar Spine)
109	Blanket/warmer Blanket	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)
	Administrative Or Non-medical Charges	155	Ambulance Collar
110	Admission Kit	156	Ambulance Equipment
111	Birth Certificate	157	Microsheild
112	Blood Reservation Charges And Ante Natal Booking 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)
113	Certificate Charges		Items Payable If Supported By A Prescription
114	Courier Charges	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)
115	Convenyance Charges	160	Private Nurses Charges- Special Nursing Charges
116	Diabetic Chart Charges	161	Nutrition Planning Charges - Dietician Charges- (except Patient Diet Provided By Hospital)
117	Documentation Charges / Administrative Expenses	162	Alex Sugar Free
118	Discharge Procedure Charges	163	Creams Powders Lotions (toileteries Are Not Payable, Only Prescribed Medical Pharmaceuticals Payable)
119	Daily Chart Charges	164	Digene Gel/ Antacid Gel (payable When Prescribed)
120	Entrance Pass / Visitors Pass Charges	165	Ecg Electrodes (except Upto 5 Electrodes For Every Case Visiting Ot Or Icu. For Longer Stay In Icu, Least One Set Every Second Day Payable.
121	Expenses Related To Prescription On Discharge (to Be Claimed Under Post Hospitalisation Where Admissible)	166	Gloves (except For Sterilized Gloves)
122	File Opening Charges	167	Hiv Kit
123	Incidental Expenses / Misc. Charges (not Explained)		
124	Medical Certificate		
125	Maintainance Charges		
126	Medical Records		
127	Preparation Charges		
128	Photocopies Charges		

168	Listerine/ Antiseptic Mouthwash (except If Prescribed)	187	Mask
169	Lozenges (except If Prescribed)	188	Ounce Glass
170	Mouth Paint (except If Prescribed)	189	Outstation Consultant's/ Surgeon's Fees (not Payable, Except For Telemedicine Consultations If Covered By Policy)
171	Nebulisation Kit (except If Used During Hospitalization Is Payable Reasonably)	190	Oxygen Mask
172	Neosprin (except If Prescribed)	191	Paper Gloves
173	Novarapid (except If Prescribed)	192	Pelvic Traction Belt (payable In Case Of Pivd Requiring Traction)
174	Volini Gel/ Analgesic Gel ((except If Prescribed))	193	Referral Doctor's Fees
175	Zytee Gel (except If Prescribed)	194	Accu Check (Glucometry/ Strips)
176	Vaccination Charges (except For Post Bite Treatment)	195	Pan Can
177	Ahd	196	Sofnet
178	Alcohol Swabes	197	Trolley Cover
179	Scrub Solution/sterillium	198	Urometer, Urine Jug
180	Vaccine Charges For Baby	199	Ambulance (except For Charges Incurred Ambulance From Home To Hospital Or Interhospital Shifts , Rta)
181	Aesthetic Treatment / Surgery	200	Tegaderm / Vasofix Safety (payable - Maximum Of 3 In 48 Hrs And Then 1 In 24 Hrs)
182	Tpa Charges	201	Urine Bag (payable Where Medicaly Necessary Till A Reasonable Cost - Maximum 1 Per 24 Hrs)
183	Visco Belt Charges	202	Softovac
184	Any Kit With No Details Mentioned [delivery Kit,	203	Stockings (except For Case Like Cabg Etc.)
185	Examination Gloves		
186	Kidney Tray		

