

SENIOR CITIZENS RED CARPET HEALTH INSURANCE POLICY

Unique Identification No. : IRDA/NL-HLT/SHA/P-H/V.I/172/13-14

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

In consideration of the premium paid and subject to the terms and conditions as set out in the Schedule with all its Parts the Company by this Policy agrees as under:

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 if the 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 **inpatient** the Company will pay to the **Insured Person** the amount of such expenses as are insured in aggregate in any one period stated in the schedule hereto.

1. COVERAGE :

- Room, Boarding Expenses as provided by the Hospital / Nursing Home at 1% of the sum insured subject to a maximum of Rs 4000/-per day.
- ICU charges up to 2% of the sum Insured per day.
- Nursing expenses.
- Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees subject to a maximum of 25% of the sum insured per hospitalisation
- 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 subject to a maximum of 50% of the sum insured per hospitalisation
- Emergency ambulance charges up-to a sum of Rs.600/- per hospitalisation and overall limit of Rs.1200/- 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.
- A sum equivalent to 7% of the hospitalisation expenses incurred comprising of Nursing Charges, Surgeon/Consultant fees, Diagnostic charges, Medicines and drugs only subject to a maximum of Rs.5000/- per occurrence towards post hospitalisation medical expenses wherever recommended by the attending Medical Practitioner.

Where Package rates are charged by the hospitals the Post-Hospitalisation benefit will be calculated after taking the room and boarding charges at Rs.4000/- 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- Rs.15000 in respect of **one or** both eyes in the entire policy period

Lithotripsy (Kidney stone removal) - Rs.20,000 / -

Tonsillectomy - Rs.7,500/-

Cutting and Draining of Abscess - Rs.1,500/-

Liver Aspiration - Rs.2,000/-

Pleural Effusion Aspiration Rs.2,000/-

Colonoscopy - Rs.2,000/-

Sclerotherapy - Rs.5,000 /-

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

The expenses payable in during the entire policy period in respect of the following diseases/conditions is limited to the amount mentioned there against:

Serial No.	Disease	Sum Insured Rs.	Limit of the Company's Liability Rs.
1.	Cerebro Vascular Accident	1,00,000/-	75,000/-
		2,00,000/-	1,50,000/-
		3,00,000/-	1,60,000/-
		4,00,000/-	1,70,000/-
		5,00,000/-	1,80,000/-
2.	Cardio Vascular Disease	1,00,000/-	75,000/-
		2,00,000/-	1,50,000/-
		3,00,000/-	1,60,000/-
		4,00,000/-	1,70,000/-
		5,00,000/-	1,80,000/-

3	Cancer	1,00,000/- 2,00,000/- 3,00,000/- 4,00,000/- 5,00,000/-	75,000/- 1,50,000/- 1,60,000/- 1,70,000/- 1,80,000/-
4	Breakage of Bones	1,00,000/- 2,00,000/- 3,00,000/- 4,00,000/- 5,00,000/-	75,000/- 1,50,000/- 1,60,000/- 1,70,000/- 1,80,000/-
5	Renal Complications	1,00,000/- 2,00,000/- 3,00,000/- 4,00,000/- 5,00,000/-	75,000/- 1,50,000/- 1,60,000/- 1,70,000/- 1,80,000/-
6	All Other Major surgeries	1,00,000/- 2,00,000/- 3,00,000/- 4,00,000/- 5,00,000/-	60,000/- 1,20,000/- 1,30,000/- 1,40,000/- 1,50,000/-

Note:- 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 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.

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 policyholder/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.

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.

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.

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

Intensive Care Unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards

Note: Such facility must be separate and apart from surgical recovery room and from rooms' beds and wards customarily used for patient confinement.

Major Surgery includes but not limited to abdominal hernia, inguinal hernia, intestinal obstruction-both acute and sub-acute, colon surgeries, prostate surgeries, bladder surgeries including urethra, nephrectomy, pancreatic surgery, GJ vagotomy, knee/ hip surgery

Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is there by entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.

Network Hospital means all such hospitals, day care centers or other providers that the Company have 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 centers or other provider that is not part of the network

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

Pre-Existing Disease or 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.

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.

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

Reasonable and Customary charges means a charge for medical care which shall be considered reasonable and necessary to the extent that it does not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred when furnishing like or comparable treatment, services or supplies to individuals of the same sex and of comparable age, for a similar disease, illness, medical condition or injury.

Room Rent means the amount charged by a hospital for the occupancy of a bed on per day (24hrs) 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 hospital or day care center by a medical practitioner.

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 any insured person in connection with or in respect of:

1. All Pre-existing diseases as defined in the policy existing and suffered by the insured person for which treatment or advise was recommended or received during the immediately preceding 12 months from the date of proposal.
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, 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.
4. During the first year of operation of the Insurance cover the expenses on treatment of diseases such as Benign Prostate Hypertrophy, Hernia, Hydrocele, Congenital Internal disease/defect, Fistula in anus, Piles, Sinusitis and related disorders gallstones and renal stone removal.
5. 50% of each and every claim arising out of all pre-existing diseases as defined and 30% in case of all other claims which are to be borne by the Insured.
6. Claims for treatment taken in non-networked hospitals.
7. All Pre Hospitalization Expenses
8. Injury/Disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operation (whether war be declared or not).
9. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination (except for treatment on post bite) or inoculation or change of life or cosmetic 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.
10. Cost of spectacles and contact lens, hearing aids, walkers, crutches, wheel chairs and such other aids.
11. Dental treatment or surgery of any kind unless necessitated due to accidental injuries and requiring hospitalization.
12. Convalescence, general debility, mental disorders, Run-down condition or rest cure, congenital external disease or defects or anomalies, sterility, venereal disease, intentional self injury and use of intoxicating drugs/alcohol.
13. All expenses arising out of any condition directly or indirectly caused due to or associated with human T-cell Lymphotropic 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.
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. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/materials
17. Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these including caesarean section (excluding ectopic pregnancy).
18. Naturopathy Treatment.
19. Hospital registration charges, record charges telephone charges and such other charges.
20. Expenses incurred on Lasik Laser or Refractive Error Correction treatment
21. Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control/loss programs
22. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicines other than Allopathic.
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 time of Death, injury, Hospitalisation.
3. Claim must be filed with 15 days from the date of discharge from the Hospital.
Note: this is a condition precedent to admission of liability under the policy.
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 Claim

- 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, anesthetist
- 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 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. In respect of disease/sickness/illness for which claim/s has/have been made, the sum insured will be restricted to that policy sum insured where the claim/s was/were made.

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-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.

10. **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

11. **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

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

- ✓ Upon the death of the Insured Person in which case the Company will refund premium calculated on pro-rata basis for the unexpired period subject there being no claim under the policy.
- ✓ Upon exhaustion of the sum insured

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. 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. Where Package rates are charged the Post-Hospitalisation benefit will be calculated after taking the room and boarding charges at Rs.4000/- per day(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 Dispute:** 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.
18. **Notice:** 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 044-28319100 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.

19. 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.
20. **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.
21. **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 - 600 034. 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	
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 ioobbsr@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)
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
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
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

22. 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.

Other Excluded Expenses

TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS

1	Anne French Charges	54	Face Mask
2	Baby Charges (unless Specified/indicated)	55	Flexi Mask
3	Baby Food	56	Gause Soft
4	Baby Utilites Charges	57	Gauze
5	Baby Set	58	Hand Holder
6	Baby Bottles	59	Hansaplast/ Adhesive Bandages
7	Bottle	60	Lactogen/ Infant Food
8	Brush	61	Slings (Except For Upper Arm Fractures In Which Case, Cost Of One Sling Is Payable)
9	Cosy Towel		
10	Hand Wash		Items Specifically Excluded In The Policy
11	Moisturiser Paste Brush	62	Weight Control Programs/ Supplies/ Services
12	Powder	63	Cost Of Spectacles/ Contact Lenses/ Hearing Aids Etc.,
13	Razor	64	Dental Treatment Expenses That Do Not Require Hospitalisation
14	Towel	65	Hormone Replacement Therapy
15	Shoe Cover	66	Home Visit Charges
16	Beauty Services	67	Infertility/ Subfertility/ Assisted Conception Procedure
17	Belts/ Braces (Except For Cases Who Have Undergone Surgery Of Thoracic Or Lumbar Spine)	68	Obesity (including Morbid Obesity) Treatment
18	Buds	69	Psychiatric & Psychosomatic Disorders
19	Barber Charges	70	Corrective Surgery For Refractive Error
20	Caps	71	Treatment Of Sexually Transmitted Diseases
21	Cold Pack/hot Pack	72	Donor Screening Charges
22	Carry Bags	73	Admission/registration Charges
23	Cradle Charges	74	Hospitalisation For Evaluation/ Diagnostic Purpose)
24	Comb	75	Expenses For Investigation/ Treatment Irrelevant To The Disease For Which Admitted Or Diagnosed
25	Disposables Razors Charges (For Site Preparations)	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)
26	Eau-de-cologne / Room Freshners	77	Stem Cell Implantation/ Surgery
27	Eye Pad		Items Which Form Part Of Hospital Services Where Separate Consumables Are Not Payable But The Service Is
28	Eye Sheild	78	Ward And Theatre Booking Charges
29	Email / Internet Charges	79	Arthroscopy & Endoscopy Instruments
30	Food Charges (other Than Patient's Diet Provided By Hospital)	80	Microscope Cover
31	Foot Cover	81	Surgical Blades,harmonic Scalpel,shaver
32	Gown	82	Surgical Drill
33	Leggings (except For Bariatric And Varicose Vein Surgery Where Surgery Itself Is Payable)	83	Eye Kit
34	Laundry Charges	84	Eye Drape
35	Mineral Water	85	X-ray Film
36	Oil Charges	86	Sputum Cup
37	Sanitary Pad	87	Boyles Apparatus Charges
38	Slippers	88	Blood Grouping And Cross Matching Of Donors Samples
39	Telephone Charges	89	Savlion
40	Tissue Paper	90	Band Aids, Bandages, Sterile Injections, Needles, Syringes
41	Tooth Paste	91	Cotton
42	Tooth Brush	92	Cotton Bandage
43	Guest Services	93	Micropore/ Surgical Tape
44	Bed Pan	94	Blade
45	Bed Under Pad Charges	95	Apron
46	Camera Cover	96	Torniquet
47	Care Free	97	Orthobundle, Gynaec Bundle
48	Cliniplast	98	Urine Container Elements Of Room Charge
49	Crepe Bandage	99	Luxury Tax
50	Curapore	100	Hvac
51	Diaper Of Any Type	101	House Keeping Charges
52	Dvd, Cd Charges (payable If Cd Is Specifically Sought For)		
53	Eyelet Collar		

102	Service Charges Where Nursing Charge Also Charged	155	Ambulance Collar
103	Television & Air Conditioner Charges	156	Ambulance Equipment
104	Surcharges	157	Microshield
105	Attendant 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)
106	Im Iv Injection Charges		Items Payable If Supported By A Prescription
107	Clean Sheet	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)
108	Extra Diet Of Patient(other Than That Which Forms Part Of Bed Charge)	160	Private Nurses Charges- Special Nursing Charges
109	Blanket/warmer Blanket	161	Nutrition Planning Charges - Dietician Charges- (except Patient Diet Provided By Hospital)
	Administrative Or Non-medical Charges	162	Alex Sugar Free
110	Admission Kit	163	Creams Powders Lotions (toileteries Are Not Payable, Only Prescribed Medical Pharmaceuticals Payable)
111	Birth Certificate	164	Digene Gel/ Antacid Gel (payable When Prescribed)
112	Blood Reservation Charges And Ante Natal Booking 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.
113	Certificate Charges	166	Gloves (except For Sterilized Gloves)
114	Courier Charges	167	Hiv Kit
115	Convenyance Charges	168	Listerine/ Antiseptic Mouthwash (except If Prescribed)
116	Diabetic Chart Charges	169	Lozenges (except If Prescribed)
117	Documentation Charges / Administrative Expenses	170	Mouth Paint (except If Prescribed)
118	Discharge Procedure Charges	171	Nebulisation Kit (except If Used During Hospitalization Is Payable Reasonably)
119	Daily Chart Charges	172	Neosprin (except If Prescribed)
120	Entrance Pass / Visitors Pass Charges	173	Novarapid (except If Prescribed)
121	Expenses Related To Prescription On Discharge (to Be Claimed Under Post Hospitalisation Where Admissible)	174	Volini Gel/ Analgesic Gel ((except If Prescribed))
122	File Opening Charges	175	Zytee Gel (except If Prescribed)
123	Incidental Expenses / Misc. Charges (not Explained)	176	Vaccination Charges (except For Post Bite Treatment)
124	Medical Certificate	177	Ahd
125	Maintainance Charges	178	Alcohol Swabes
126	Medical Records	179	Scrub Solution/sterillium
127	Preparation Charges	180	Vaccine Charges For Baby
128	Photocopies Charges	181	Aesthetic Treatment / Surgery
129	Patient Identification Band / Name Tag	182	Tpa Charges
130	Washing Charges	183	Visco Belt Charges
131	Medicine Box	184	Any Kit With No Details Mentioned [delivery Kit,
132	Mortuary Charges Beyond 24 Hrs (shifting Charges Not Payable)	185	Examination Gloves
133	Medico Legal Case Charges (mlc Charges)	186	Kidney Tray
	External Durable Devices	187	Mask
134	Walking Aids Charges	188	Ounce Glass
135	Bipap Machine	189	Outstation Consultant's/ Surgeon's Fees (not Payable, Except For Telemedicine Consultations If Covered By Policy)
136	Commode	190	Oxygen Mask
137	Cpap/ Capd Equipments	191	Paper Gloves
138	Infusion Pump - Cost	192	Pelvic Traction Belt (payable In Case Of Pivd Requiring Traction)
139	Oxygen Cylinder (for Usage Outside The Hospital)	193	Referral Doctor's Fees
140	Pulseoxymeter Charges	194	Accu Check (Glucometry/ Strips)
141	Spacer	195	Pan Can
142	Spirometre	196	Sofnet
143	Spo2 Probe	197	Trolley Cover
144	Nebulizer Kit	198	Urometer, Urine Jug
145	Steam Inhaler	199	Ambulance (except For Charges Incurred Ambulance From Home To Hospital Or Interhospital Shifts , Rta)
146	Armsling	200	Tegaderm / Vasofix Safety (payable - Maximum Of 3 In 48 Hrs And Then 1 In 24 Hrs)
147	Thermometer	201	Urine Bag (payable Where Medicaly Necessary Till A Reasonable Cost - Maximum 1 Per 24 Hrs)
148	Cervical Collar	202	Softovac
149	Splint	203	Stockings (except For Case Like Cabg Etc.)
150	Diabetic Foot Wear		
151	Knee Braces (Long/ Short/ Hinged)		
152	Knee Immobilizer/shoulder Immobilizer		
153	Lumbo Sacral Belt (except For Cases Who Have Undergone Surgery Of Lumbar Spine)		
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)		