

STAR COMPREHENSIVE INSURANCE POLICY

Unique Identification No. : IRDA/NL-HLT/SHAI/P-H/V.I/132/13-14

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 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, 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** the amount of such expenses as are reasonably and necessarily incurred up-to the limits indicated but not exceeding the sum insured in any one period stated in the schedule hereto.

1. Coverage

Section 1

Hospitalization

- A) Room (Single A/C room), Boarding and Nursing Expenses as provided by the Hospital / Nursing Home
- 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, Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker and similar expenses.
- D) Emergency ambulance charges up-to the limit stated in the Schedule 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 up-to 30 days immediately prior to the date of Hospitalization on the disease /illness sustained following an admissible claim under the policy.
- F) Post Hospitalization expenses incurred under the policy towards Consultant fees, Diagnostic charges, Medicines and Drugs wherever recommended by the Hospital / Medical Practitioner, where the treatment was taken, for 60 days after discharge from the hospital following an admissible claim. Provided however such expenses so incurred are in respect of ailment for which the insured person was hospitalized.

Expenses on Hospitalization are payable provided the hospitalization is for minimum period of 24 hours. However this time limit will not apply for the treatments / procedures mentioned in the list of Day Care treatments taken in the Hospital / Nursing Home and the Insured is discharged on the same day.

Section 2

Delivery and New Born

- A) Expenses for a Delivery including Delivery by Caesarean section (including pre-natal and post natal expenses) up-to the limits mentioned in the schedule per Delivery, subject to a maximum of 2 deliveries in the entire life time of the insured person are payable while the policy is in force.
- B) Expenses up-to the limits mentioned in the Schedule, incurred in a hospital/ nursing home on treatment of the New-born for any disease, illness (including any congenital disorders) or accidental injuries provided there is an admissible claim under A above. and while the policy is in force.
- C) Vaccination expenses up to Rs 1000/, for the new born baby until the new born baby completes one year and is added in the policy on renewal. Claim under this is admissible only if claim under A has been admitted and while the policy is in force.

Special Conditions applicable for this Section

- 1) Benefit under this section is subject to a waiting period of 36 months from the date of first commencement of this policy and continuous renewal thereof with the company. A waiting period of 24 months will apply afresh following a claim under "A" above.
- 2) Pre & Post Hospitalization expenses and Hospital Cash Benefit are not applicable for this section.

- 3) This cover is available only when both Self and Spouse are Covered under this policy until the period when the benefit under this Section becomes payable. Claim made under this Section will not form part of the Sum Insured and will not impact the benefit under Section 5

Section 3

Out-patient Dental and Ophthalmic Treatment

Expense incurred on acute anesthetic treatment to a natural tooth or teeth or the services and supplies provided by a licensed dentist, up to limits mentioned in the schedule of Benefits are payable .

Expenses incurred for the treatment of the eye or the services or supplies provided by a licensed ophthalmologist, hospital or other provider that are medically necessary to treat eye problem including cost of spectacles / contact lenses, not exceeding the limit for the coverage as mentioned in the schedule are payable.

The insured persons become eligible for this benefit after continuous coverage under this policy after every block of 3 years with the company.

Claim made under this Section will not form part of the Sum Insured and will not impact the benefit under Section 5

Section 4

Hospital Cash

Cash Benefit up to the limits mentioned in the schedule for each completed day of Hospitalization subject to a maximum of 7 days per occurrence is payable. Provided however there is an admissible claim under Section I of the policy.

This Benefit is available for a maximum of 120 days during the entire policy period.

This benefit is subject to an excess of first 24 hours of Hospitalization for each and every claim

Section 5

Health Check Up

Expenses incurred towards Cost of Medical Check up up-to the Limits indicated in the schedule is payable. The insured persons become eligible for these benefits after continuous coverage under this policy after every block of 3 claim-free years with the company.

If a claim is made by any of the insured persons the health check up benefits will not be available to other insured persons.

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.

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 policy holder/insured will bear a specified percentage of the admissible claim amount. A Co-payment does not reduce the Sum Insured.

Company means Star Health and Allied Insurance Company Limited

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.

Dependent Child means a child (natural or legally adopted) who is financially dependent and does not have his or her independent source of income and not over 25 years

Day Care Treatment means medical treatment and/or surgical procedure which is

- undertaken under general or local anesthesia in a hospital/day care center in less than 24hrs because of technological advancement and
- which would have otherwise required a hospitalization of more than 24hrs.

Treatment normally taken as an out-patient basis is not included in the scope of this definition.

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:

- Has qualified nursing staff under its employment round the clock;
- 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;
- Has qualified medical practitioner(s) in charge round the clock.
- Has a fully equipped operation theatre of its own where surgical procedures are carried out;
- 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

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.

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

Maternity expense shall include a) Medical Expenses traceable to child birth (including complicated deliveries and caesarean sections) incurred during Hospitalization b) expenses towards the lawful medical termination of pregnancy during the Policy Period.

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

Newborn baby means baby born during the Policy Period and is aged between 1 day and 90 days, both days inclusive.

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

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 means 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 insured person's first policy with any Indian Insurance Company.

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.

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 (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 center by a medical practitioner.

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

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 Pre-existing 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,
 - a) The expenses for treatment of cataract, degenerative disc of vertebral diseases and prolapse of intervertebral disc (other than caused by accident), Varicose Veins and Varicose Ulcers, Benign Prostatic Hypertrophy, Deviated Nasal Septum, Sinusitis, Tonsillitis, Nasal Polyps, Chronic Suppurative Otitis Media and related disorders, Hernia, Hydrocele, Fistula / Fissure in Ano and Haemorrhoids, Congenital internal disease/defect (except to the extent provided under Section 2 for New Born)
 - b) All treatments (conservative, interventional, open laparoscopic) for Hepatobiliary Gall Bladder and Pancreatic stones and Genito-urinary calculi.
 - c) All treatments (conservative, interventional, open and laparoscopic) for Uterine prolapse, Dysfunctional Uterine Bleeding, Fibroids, Pelvic Inflammatory Diseases, all diseases of fallopian tubes and ovaries.
 - d) Arthroscopic repair and removal [other than caused by an accident]

If these are Pre-Existing at the time of proposal they will be covered subject to the waiting period mentioned in Exclusion 1 above

The exclusion 3 shall not however apply in the case of the Insured person/s having been covered under any Individual health insurance scheme with any of the Indian Insurer for a continuous period of preceding 24 months without any break. The Claim for such illnesses/diseases/disabilities contracted / suffered if admitted will be processed as per the Sum Insured of immediately preceding 24 months policy only. Where there is a change in the sum insured in the following continuous policy year the lower of the sum insured will apply.

4. 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)
5. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons /materials.
6.
 - a) Circumcision unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident,
 - b) Vaccination. However this exclusion will not apply where such expenses are for post –bite treatment, for medical treatment other than preventive treatments and to the extent provided for under Section 2 for new born Child
 - c) Inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery (other than as necessitated due to an accident or as a part of any illness).
7. Cost of spectacles and contact lens (in excess of what is specifically provided), hearing aids including cochlear implants, walkers, crutches wheel chairs and such other aids.
8. Dental treatment or surgery (in excess of what is specifically provided) unless necessitated due to accidental injuries and requiring hospitalization.
9. Convalescence, general debility, Run-down condition or rest cure, nutritional deficiency states, psychiatric, Psychosomatic disorders, Congenital external disease or defects or anomalies (except to the extent provided under Section 2 for New Born) sterility, venereal disease, intentional self injury and use of intoxicating drugs/alcohol.
10. All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympho Trophic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS. It is however made clear that such of those who are positive for HIV (Human Immuno Deficiency Virus) would be entitled for expenses incurred for treatment other than for opportunistic infections and for treatment of HIV /AIDS provided at the time of first commencement of Insurance under this policy their CD4 count is not less than 350.
11. 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.
12. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
13. Treatment arising from or traceable to pregnancy, miscarriage, abortion or complications of any of these. (other than ectopic pregnancy and to the extent covered under Section 2)
14. Naturopathy Treatment.
15. Hospital registration charges, admission charges, record charges, telephone charges and such other charges.
16. Expenses incurred on Lasik Laser or Refractive Error Correction, treatment of Eye disorders requiring intra-vitreous injections.
17. Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control/loss programs
18. Expenses incurred on Non Allopathic treatment.
19. Expenses incurred on Enhanced External Counter Pulsation therapy and related therapies and Rotational Field Quantum Magnetic Resonance Therapy
20. 10% of each and every claim made by insured persons who are above 60 years at entry level and their 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, 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 occurrence of the event.

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

Note: condition 2 and 3 are precedent to admission of liability under the policy. However the company may examine and relax the time limits mentioned in condition 2 and 3 depending upon the merits of the Case.

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-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. 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 such claim is in any manner fraudulent or supported by any fraudulent means or device, misrepresentation /non disclosure 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, 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. Bonus

Where the sum insured under the policy is Rs.5,00,000/-, the insured person would be entitled to the benefit of bonus calculated at 50% of the basic sum insured under this policy following a claim free year up to a maximum of 100%. In case a claim is made during the policy period, the bonus will be reduced by 50% in the following year. If there is a claim in the succeeding year also the bonus will become zero. However the basic sum insured will not be reduced.

Where the sum insured under the policy is Rs.7,50,000/-, or Rs.10,00,000/- or Rs. 15,00,000/- or Rs.20,00,000/- or Rs.25,00,000/-, the insured person would be entitled to the benefit of bonus calculated at 100% of the basic sum insured under this policy following a claim free year. In case a claim is made during the policy period, the bonus will become zero in the following year. The maximum allowable bonus is 100%

Note : The bonus will be offered on that part of the sum insured that is continuously renewed. Such bonus will be available only upon timely renewal of the policy without break or upon renewal within the grace period allowed. The bonus is not cumulative.

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-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 +91-044-2828869

12. Automatic Restoration of Sum Insured

There shall be automatic restoration of the Basic Sum Insured by 100% immediately upon exhaustion of the limit of coverage, once during the policy period. 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. Such restoration will be available for section 1 only.

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 the annual premium
Up to three Months	½ of the annual premium
Up to six months	3/4th of the annual premium
Exceeding six months	full annual premium

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

16. **Floater**

- a. The sum insured under the policy floats among the insured persons.
- b. The specified waiting periods shall be individually applicable to each Insured person from date of induction of such Insured person into the contract of insurance for such floater benefit for the first time and not be construed in common from the date of commencement of policy of insurance for the first time itself.

17. **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 sum insured under the policy as a whole

18. 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.

19. **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.

20. **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 600034 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.

21. 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.

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.

22. **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.

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

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

In the event of the following grievances:

- 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 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 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

List of Day Care Treatments

ENT

- 1 Stapedotomy
 - 2 Stapedectomy under LA
 - 3 Revision of a stapedectomy
 - 4 Endoscopic Stapedectomy
 - 5 Stapedectomy under GA
 - 6 Ossiculoplasty
 - 7 Myringoplasty(Type I Tympanoplasty)
 - 8 Tympanoplasty (Type II)
 - 9 Tympanoplasty (Type III)
 - 10 Tympanoplasty (Type IV)
 - 11 Endolymphatic Sac Surgery for Meniere's Disease
 - 12 Myringotomy with Grommet Insertion
 - 13 Removal of Tympanic Drain under LA
 - 14 Fenestration of the inner ear
 - 15 Revision of the fenestration of the inner ear.
 - 16 Labyrinthectomy for severe Vertigo
 - 17 Vestibular Nerve section
 - 18 Turbinectomy
 - 19 Turbinoplasty
 - 20 Conchoplasty
 - 21 Septoplasty
 - 22 Reduction of fracture of Nasal Bone
 - 23 Pseudocyst of the Pinna - Excision
 - 24 Incision and drainage - Haematoma Auricle
 - 25 Keloid excision
 - 26 Incision and drainage of perichondritis
 - 27 Exision of Angioma Septum
 - 28 Thyroplasty Type I
 - 29 Thyroplasty Type II
 - 30 Uvula Palato Pharyngo Plasty
- ### Ophthalmology
- 31 Incision of tear glands
 - 32 Other operation on the tear ducts
 - 33 Incision of diseased eyelids
 - 34 Exision and destruction of the diseased tissue of the eyelid
 - 35 Operation on the canthus and epicanthus
 - 36 Corrective surgery of the entropion and ectropion
 - 37 Corrective surgery of blepharoptosis
 - 38 Removal of foreign body from conjunctiva
 - 39 Removal of Foreign body from cornea
 - 40 Incision of the cornea
 - 41 Oprations 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 abcess
- 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 laterlisation Procedure
- 68 Transoral incision and drainage of a pharyngeal abcess
- 69 Tonsillectomy without adenoidectomy
- 70 Tonsillectomy with adenoidectomy
- 71 Incision & Drainage of Retro Pharyngeal Abcess
- 72 Incision & Drainage of Para Pharyngeal Abcess

Urology

- 73 Bladder Neck Incision
- 74 Cystoscopy & Biopsy
- 75 Cystoscopy and removal of polyp
- 76 Hydrocolectomy
- 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

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

- 40 Tissue Paper
- 41 Tooth Paste
- 42 Tooth Brush
- 43 Guest Services
- 44 Bed Pan
- 45 Bed Under Pad Charges
- 46 Camera Cover
- 47 Care Free
- 48 Cliniplast
- 49 Crepe Bandage
- 50 Curapore
- 51 Diaper Of Any Type
- 52 Dvd, Cd Charges (payable If Cd Is Specifically Sought For)
- 53 Eyelet Collar
- 54 Face Mask
- 55 Flexi Mask
- 56 Gause Soft
- 57 Gauze
- 58 Hand Holder
- 59 Hansaplast/ Adhesive Bandages
- 60 Lactogen/ Infant Food
- 61 Slings (Except For Upper Arm Fractures In Which Case, Cost Of One Sling Is Payable)

Items Specifically Excluded In The Policy

- 62 Weight Control Programs/ Supplies/ Services
- 63 Cost Of Spectacles/ Contact Lenses/ Hearing Aids Etc.,
- 64 Dental Treatment Expenses That Do Not Require Hospitalisation
- 65 Hormone Replacement Therapy
- 66 Home Visit Charges
- 67 Infertility/ Subfertility/ Assisted Conception Procedure
- 68 Obesity (including Morbid Obesity) Treatment
- 69 Psychiatric & Psychosomatic Disorders
- 70 Corrective Surgery For Refractive Error
- 71 Treatment Of Sexually Transmitted Diseases
- 72 Donor Screening Charges
- 73 Admission/registration Charges
- 74 Hospitalisation For Evaluation/ Diagnostic Purpose)
- 75 Expenses For Investigation/ Treatment Irrelevant To The Disease For Which Admitted Or Diagnosed

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

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

