SENIOR CITIZENS RED CARPET HEALTH INSURANCE POLICY

Unique Identification No: SHAHLIP26041V082526

PREAMBLE

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

1. Definitions

STANDARD DEFINITIONS

Accident: An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

Any one illness: Any one illness means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

AYUSH Day Care Centre: AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

i. Having qualified registered AYUSH Medical Practitioner(s) in charge;

ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

AYUSH Hospital: An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

a. Central or State Government AYUSH Hospital; or

b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or

c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:

   i. Having at least 5 in-patient beds;

   ii. Having qualified AYUSH Medical Practitioner in charge round the clock;

   iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

   iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

AYUSH Treatment: AYUSH treatment refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

Break in policy: Break in policy means the period of gap that occurs at the end of the existing policy term/Instalment premium due date, when the premium due for renewal on a given policy or instalment premium due is not paid on or before the premium renewal date or grace period.

Cashless facility: Cashless facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.

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

Congenital Anomaly: Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

a. **Internal Congenital Anomaly:** Congenital anomaly which is not in the visible and accessible parts of the body

b. **External Congenital Anomaly:** Congenital anomaly which is in the visible and accessible parts of the body

Co-Payment: Co-payment means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

Day Care Centre: A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under –

i. has qualified nursing staff under its employment;
ii. has qualified medical practitioner/s in charge;
iii. has fully equipped operation theatre of its own where surgical procedures are carried out;
iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

Day Care Treatment: Day care treatment means medical treatment, and/or *surgical procedure* which is:

i. undertaken under General or Local Anesthesia in a *hospital/day care centre* in less than 24 hrs because of technological advancement, and
ii. which would have otherwise required hospitalization of more than 24 hours

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

Dental Treatment: Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

Disclosure to information norm: The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or nondisclosure of any material fact.

Grace Period: Grace period means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.

Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.

Hospital: A hospital 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 Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said act **Or** complies with all minimum criteria as under:

i. has qualified nursing staff under its employment round the clock;
ii. 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;
iii. has qualified medical practitioner(s) in charge round the clock;
iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

Hospitalization: Hospitalization means admission in a Hospital for a minimum period of 24 consecutive *'In-patient Care'* hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

Illness: Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment;

a. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery

b. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics;

1. It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests.
2. it needs ongoing or long-term control or relief of symptoms.
3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it.
4. it continues indefinitely.
5. it recurs or is likely to recur.

Injury: Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

Inpatient Care: Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

Intensive Care Unit: 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.

ICU Charges: ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

Medical Advice: Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

Medical Expenses: Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

Medical Practitioner: Medical Practitioner means 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 its scope and jurisdiction of license.

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

i. is required for the medical management of the illness or injury suffered by the insured;

ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;

iii. must have been prescribed by a *medical practitioner;*

iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Migration: Migration means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer**.**

Network Provider: Network Provider means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

Non-Network Provider: Non-Network means any hospital, day care centre or other provider that is not part of the network.

Notification of Claim: Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

OPD treatment: OPD treatment means the 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 Medical Practitioner. The Insured is not admitted as a day care or in-patient.

Pre-Existing Disease: Pre-Existing Disease (PED) means any condition, ailment, injury or disease:

a. that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or

b. for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

Pre-hospitalization Medical Expenses: Pre-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, 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

Portability: Portability means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.

Post-hospitalization Medical Expenses: Post-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:

i. Such Medical Expenses are 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: Qualified nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

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

Renewal: Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

Room Rent: Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

Specific Waiting Period: Specific Waiting Period means a period up to 36 months from the commencement of a health insurance policy during which period specified diseases/treatments (except due to an Accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break.

Surgery or Surgical Procedure: Surgery or Surgical Procedure 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 from suffering and prolongation of life, performed in a hospital or day care centre by a *medical practitioner.*

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

SPECIFIC DEFINITIONS

All Other Major Surgery: All Other Major Surgery means Intestinal obstruction – acute / sub acute / chronic, Bilo Pancreatic surgery, Gastro-Intestinal surgeries, Total Knee Replacement surgery, Total Hip Replacement surgery, Other major surgeries of joints, Hemi-Orthro Plasty surgeries, Surgeries on Prostrate, Surgery related to Genito-Urinary Tract.

Associated medical expenses: Associated medical expenses means medical expenses such as Professional fees, OT charges, Procedure charges, etc., which vary based on the room category occupied by the insured person whilst undergoing treatment in some of the hospitals. If Policy Holder chooses a higher room category above the eligibility defined in policy, then proportionate deduction will apply on the Associated Medical Expenses in addition to the difference in room rent. Such associated medical expenses do not include Cost of pharmacy and consumables, Cost of implants and medical devices and Cost of diagnostics.

Company / Insurer / We / Us: Company / Insurer / We / Us means Star Health and Allied Insurance Company Limited.

Diagnosis: 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.

Family: Family means Self and Spouse.

Home: Home means the Insured Person's place of residence.

Home Care Treatment: Home Care Treatment means treatment availed by the Insured Person at home, which in normal course would require care and treatment at a hospital but is actually taken at home provided that:

a. The Medical practitioner advices the Insured person to undergo treatment at home

b. There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment

c. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained

Insured Person: Insured Person means the name/s of persons shown in the schedule of the Policy.

In-Patient: 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.

Instalment: Instalment means Premium amount paid through Monthly / Quarterly / Half-yearly mode by the Policyholder/ Insured.

Sum Insured: Sum Insured means the Sum Insured opted for and for which the premium is paid.

2. COVERAGE

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

That if during the period stated in the Schedule the insured person shall contract any disease or suffer from any illness or sustain bodily injury through accident and if such disease, illness or injury shall require the insured Person/s, upon the advice of a duly Qualified Physician/Medical Specialist / **Medical Practitioner** or of duly Qualified Surgeon to incur Hospitalization expenses for medical/surgical treatment at any **Hospital / Nursing Home** in India as an **in-patient**,

for medically necessary treatment, the Company will pay to the **Insured Person/s** the amount of such expenses as are reasonably and necessarily incurred up-to the limits indicated but not exceeding the Sum Insured stated in the schedule hereto.

A. Room, Boarding, Nursing Expenses all inclusive as provided by the Nursing Home / Hospital as per the table given below;

Sum Insured	Room Rent Limit (per day)
Rs.1,00,000/- to Rs.5,00,000/-	Up to1% of the Sum Insured
Rs.7,50,000/- and Rs.10,00,000/-	Up to Rs.6,000/-
Rs.15,00,000/-	Up to Rs.7,000/-
Rs.20,00,000/-	Up to Rs.8,500/-
Rs.25,00,000/-	Up to Rs.10,000/-

B. ICU charges as per the table given below;

Sum Insured	Limit (per day)
Rs.1,00,000/- to Rs.10,00,000/-	Up to 2% of the Sum Insured
Rs.15,00,000/- to Rs.25,00,000/-	Actuals

C. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees subject to a maximum of 25% of the Sum Insured per hospitalization

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 subject to a maximum of 50% of the Sum Insured per hospitalization. With regard to coronary stenting, the company will pay such amount up to the extent of cost of bare metal stent/ drug eluting cobalt-chromium stent/drug eluting stainless steel stent

E. Emergency ambulance charges as per the table given below is payable 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 under the Policy;

Sum Insured (Rs.)	Limit per hospitalization (Rs.)	Limit per policy period (Rs.)
1,00,000/- to 4,00,000/-	600/-	1,200/-
5,00,000/- to 10,00,000/-	1,000/-	2,000/-
15,00,000/- to 25,00,000/-	1,500/-	3,000/-

F. **Pre-hospitalization** medical expenses incurred for a period not exceeding 30 days prior to the date of hospitalization, for disease/illness, injury sustained following an admissible claim for hospitalization under the policy

G. **Post-Hospitalization:** Wherever recommended by the treating medical practitioner, Post Hospitalization medical expenses equivalent to 7% of the hospitalization expenses comprising of Nursing Charges, Surgeon / Consultant fees, Diagnostic charges, Medicines and drugs expenses, subject to a maximum as per the table given below;

Sum Insured (Rs.)	Limits per occurrence (Rs.)
1,00,000/- to 7,50,000/-	5,000/-
10,00,000/- and 15,00,000/-	7,000/-
20,00,000/- and 25,00,000/-	10,000/-

Important Note

1. Expenses falling under 2A to 2G and 2K are payable only where the in-patient hospitalization is for a minimum period of 24 hours. However this time limit will not apply for the day care treatments / procedures, where treatment is taken in the Hospital / Nursing Home and the Insured is discharged on the same day. All day care procedures are covered under this policy
2. Expenses relating to the hospitalization will be considered in proportion to the room rent limit stated in the policy or actuals whichever is less

H. Expenses on **Medical Consultations as an Out Patient** incurred in a Network Hospital up to the limits mentioned in the table given below with a limit of Rs.200/- per consultation. Payment under this benefit will not reduce the Sum Insured and is payable only when the policy is in force.

Sum Insured (Rs.)	Limit per person per policy period for policy with Sum Insured on Individual Basis (Rs.)	For Policy with Sum Insured on Floater Basis	
		Limit Per Person (Rs.)	Limit Per Policy Period (Rs.)
1,00,000/-	Not Available	Not Available	
2,00,000/-			
3,00,000/-	600/-		
4,00,000/-	800/-		
5,00,000/-	1,000/-		
7,50,000/-	1,200/-		
10,00,000/-	1,400/-	1,400/-	2,400/-
15,00,000/-	1,800/-	1,800/-	3,000/-
20,00,000/-	2,200/-	2,200/-	3,800/-
25,00,000/-	2,600/-	2,600/-	4,400/-

Note: Payment of any claim under Out Patient Medical Consultations shall not be construed as a waiver of Company's right to repudiate any claim on grounds of non disclosure of material fact or pre-existing disease, for hospitalization expenses under hospitalization provisions of the policy contract.

I. **Preventive Health Check-up:** We will arrange for a Preventive Health Check-up at Our Network Providers for the applicable package as specified below as per opted Sum Insured and subject to the conditions specified below:

Sum Insured on Individual Basis (Rs.)	Applicable Package
1,00,000/- to 4,00,000/-	NA
5,00,000/- and 7,50,000/-	Package A
10,00,000/- and 15,00,000/-	Package B
20,00,000/- and 25,00,000/-	Package B

Sum Insured on Floater Basis (Rs.)	Applicable Package
10,00,000/- and 15,00,000/-	Package B
20,00,000/- and 25,00,000/-	Package B

i. An initial waiting period of 30 days shall apply from the first inception of Policy. This waiting period shall not be applicable during subsequent renewals.

ii. Health Check-up can be availed once per Policy Year per Insured Person in the Policy and all the tests must have been done on the same date.

iii. For the updated and applicable list of tests available under such package, Insured Persons are required to check our website www.starhealth.in.

iv. The pre-defined health check-up packages may be modified from time to time without prior notice.

v. This cover can be availed through Star health mobile application, other digital platforms, or by calling at our Toll free number: 1800 425 2255.

vi. The Network Provider/Health Service Provider shall be assigned by Us upon receiving the Insured Person's request to avail a Health Check-up under this cover.

vii. Utilization of this Health Check-up shall not impact the Sum Insured.

viii. In case of long term policies, Insured Person(s) are eligible for a Health Check-up once every Policy Year.

J. The expenses payable during the entire policy period for treatment of the following diseases / conditions (either as a day care or as an in-patient exceeding 24hrs of admission in the hospital) is limited to the amount mentioned in table below;

For Policy with Sum Insured on Individual Basis:

Sum Insured (Rs.)	Cataract	Cerebro vascular Accident, Cardio vascular Diseases, Cancer (Including Chemotherapy / Radiotherapy) Medical Renal Diseases (Including Dialysis) Treatment of Breakage of Long Bones	All other major surgeries
	Limit per person, per policy period for each diseases / Condition (Rs.)		
1,00,000/-	15,000/-	75,000/-	60,000/-
2,00,000/-	15,000/-	1,50,000/-	1,20,000/-
3,00,000/-	18,000/-	2,00,000/-	1,50,000/-
4,00,000/-	20,000/-	2,25,000/-	2,00,000/-
5,00,000/-	21,500/-	2,75,000/-	2,25,000/-
7,50,000/-	23,000/-	3,00,000/-	2,50,000/-
10,00,000/-	25,000/-	3,50,000/-	2,75,000/-
15,00,000/-	30,000/-	4,00,000/-	3,00,000/-
20,00,000/-	35,000/-	4,50,000/-	3,25,000/-
25,00,000/-	40,000/-	5,00,000/-	3,50,000/-

For Policy with Sum Insured on Floater Basis:

Sum Insured (Rs.)	Cataract		Cerebro vascular Accident, Cardio vascular Diseases, Cancer (Including Chemotherapy / Radiotherapy) Medical Renal Diseases (Including Dialysis) Treatment of Breakage of Long Bones		All other major surgeries	
	Limit per person (Rs.)	Limit per policy period (Rs.)	Limit per person (Rs.)	Limit per policy period (Rs.)	Limit per person (Rs.)	Limit per policy period (Rs.)
10,00,000/-	25,000/-	45,000/-	3,50,000/-	6,00,000/-	2,75,000/-	4,50,000/-
15,00,000/-	30,000/-	50,000/-	4,00,000/-	7,00,000/-	3,00,000/-	5,00,000/-
20,00,000/-	35,000/-	60,000/-	4,50,000/-	7,50,000/-	3,25,000/-	5,50,000/-
25,00,000/-	40,000/-	70,000/-	5,00,000/-	8,50,000/-	3,50,000/-	6,00,000/-
Note: The limits are applicable for treatment of each disease / condition						

Note: Company's liability in respect of all claims admitted during the period of insurance shall not exceed the Sum Insured mentioned in the policy schedule.

K. **Coverage for Modern Treatments:** The expenses payable during the entire policy period for the following treatment / procedure (either as a day care or as in-patient exceeding 24hrs of admission in the hospital) is limited to the amount mentioned in table below;

On Individual Basis: Limit per person per policy period (Rs.)

Sum Insured in (Rs.)	Uterine artery Embolization and HIFU	Balloon Sinuplasty	Deep Brain Stimulation	Oral Chemotherapy* (Sublimits including Pre and Post Hospitalization)	Immunotheraphy- Monoclonal Antibody to be given as injection	Intra Vitreal injections	Robotic surgeries
1,00,000/-	60,000/-	60,000/-	60,000/-	75,000/-	75,000/-	10,000/-	60,000/-
2,00,000/-	1,20,000/-	1,20,000/-	1,20,000/-	1,50,000/-	1,50,000/-	15,000/-	1,20,000/-
3,00,000/-	1,50,000/-	1,50,000/-	1,50,000/-	2,00,000/-	2,00,000/-	20,000/-	1,50,000/-
4,00,000/-	2,00,000/-	2,00,000/-	2,00,000/-	2,25,000/-	2,25,000/-	25,000/-	2,00,000/-
5,00,000/-	2,25,000/-	2,25,000/-	2,25,000/-	2,75,000/-	2,75,000/-	30,000/-	2,25,000/-
7,50,000/-	2,50,000/-	2,50,000/-	2,50,000/-	3,00,000/-	3,00,000/-	40,000/-	2,50,000/-
10,00,000/-	2,75,000/-	2,75,000/-	2,75,000/-	3,50,000/-	3,50,000/-	50,000/-	2,75,000/-
15,00,000/-	3,00,000/-	3,00,000/-	3,00,000/-	4,00,000/-	4,00,000/-	60,000/-	3,00,000/-
20,00,000/-	3,25,000/-	3,25,000/-	3,25,000/-	4,50,000/-	4,50,000/-	75,000/-	3,25,000/-
25,00,000/-	3,50,000/-	3,50,000/-	3,50,000/-	5,00,000/-	5,00,000/-	1,00,000/-	3,50,000/-

Sum Insured in (Rs.)	Stereotactic radio surgeries	Bronchical Thermoplasty	Vaporisation of the prostate(Green laser treatment or holmium laser treatment)	IONM-(Intra Operative Neuro Monitoring)	Stem cell theraphy: Hematopoietic stem cells for bone marrow transplant for haematological conditions
1,00,000/-	60,000/-	60,000/-	60,000/-	60,000/-	75,000/-
2,00,000/-	1,20,000/-	1,20,000/-	1,20,000/-	1,20,000/-	1,50,000/-
3,00,000/-	1,50,000/-	1,50,000/-	1,50,000/-	1,50,000/-	2,00,000/-
4,00,000/-	2,00,000/-	2,00,000/-	2,00,000/-	2,00,000/-	2,25,000/-
5,00,000/-	2,25,000/-	2,25,000/-	2,25,000/-	2,25,000/-	2,75,000/-
7,50,000/-	2,50,000/-	2,50,000/-	2,50,000/-	2,50,000/-	3,00,000/-
10,00,000/-	2,75,000/-	2,75,000/-	2,75,000/-	2,75,000/-	3,50,000/-
15,00,000/-	3,00,000/-	3,00,000/-	3,00,000/-	3,00,000/-	4,00,000/-
20,00,000/-	3,25,000/-	3,25,000/-	3,25,000/-	3,25,000/-	4,50,000/-
25,00,000/-	3,50,000/-	3,50,000/-	3,50,000/-	3,50,000/-	5,00,000/-
*Sublimit all inclusive with or without hospitalization where ever hospitalization includes pre and post hospitalization					

On Floater Basis:

Sum Insured (Rs.)	Uterine artery Embolization and HIFU		Balloon Sinuplasty		Deep Brain Stimulation		Oral Chemotheraphy* (Sublimits including Pre and Post Hospitalization)		Immunotheraphy- Monoclonal Antibody to be given as injection	
	Limit Per Person (Rs.)	Limit Per Policy Period (Rs.)	Limit Per Person (Rs.)	Limit Per Policy Period (Rs.)	Limit Per Person (Rs.)	Limit Per Policy Period (Rs.)	Limit Per Person (Rs.)	Limit Per Policy Period (Rs.)	Limit Per Person (Rs.)	Limit Per Policy Period (Rs.)
10,00,000/-	2,75,000/-	4,50,000/-	2,75,000/-	4,50,000/-	2,75,000/-	4,50,000/-	3,50,000 /-	6,00,000 /-	3,50,000 /-	6,00,000 /-
15,00,000/-	3,00,000/-	5,00,000/-	3,00,000/-	5,00,000/-	3,00,000/-	5,00,000/-	4,00,000 /-	7,00,000 /-	4,00,000 /-	7,00,000 /-
20,00,000/-	3,25,000/-	5,50,000/-	3,25,000/-	5,50,000/-	3,25,000/-	5,50,000/-	4,50,000 /-	7,50,000 /-	4,50,000 /-	7,50,000 /-
25,00,000/-	3,50,000/-	6,00,000/-	3,50,000/-	6,00,000/-	3,50,000/-	6,00,000/-	5,00,000 /-	8,50,000 /-	5,00,000 /-	8,50,000 /-

*Sublimit all inclusive with or without hospitalization where ever hospitalization includes pre and post hospitalization

Sum Insured (Rs.)	Intra Vitreal injections	Robotic surgeries		Stereotactic radio surgeries		Bronchical Thermoplasty	
		Limit Per Person (Rs.)	Limit Per Policy Period (Rs.)	Limit Per Person (Rs.)	Limit Per Policy Period (Rs.)	Limit Per Person (Rs.)	Limit Per Policy Period (Rs.)
10,00,000/-	50,000/-	2,75,000/-	4,50,000/-	2,75,000/-	4,50,000/-	2,75,000/-	4,50,000/-
15,00,000/-	60,000/-	3,00,000/-	5,00,000/-	3,00,000/-	5,00,000/-	3,00,000/-	5,00,000/-
20,00,000/-	75,000/-	3,25,000/-	5,50,000/-	3,25,000/-	5,50,000/-	3,25,000/-	5,50,000/-
25,00,000/-	1,00,000/-	3,50,000/-	6,00,000/-	3,50,000/-	6,00,000/-	3,50,000/-	6,00,000/-

Sum Insured (Rs.)	Vaporisation of the prostate(Geen laser treatment or holmium laser treatment)		IONM-(Intra Operative Neuro Monitoring)		Stem cell theraphy: Hematopoietic stem cells for bone marrow transplant for haematological conditions	
	Limit Per Person	Limit Per Policy Period	Limit Per Person	Limit Per Policy Period	Limit Per Person	Limit Per Policy Period
10,00,000/-	2,75,000/-	4,50,000/-	2,75,000/-	4,50,000/-	3,50,000/-	6,00,000/-
15,00,000/-	3,00,000/-	5,00,000/-	3,00,000/-	5,00,000/-	4,00,000/-	7,00,000/-
20,00,000/-	3,25,000/-	5,50,000/-	3,25,000/-	5,50,000/-	4,50,000/-	7,50,000/-
25,00,000/-	3,50,000/-	6,00,000/-	3,50,000/-	6,00,000/-	5,00,000/-	8,50,000/-
*Sublimit all inclusive with or without hospitalization where ever hospitalization includes pre and post hospitalization						

L. **AYUSH Treatment:** Medical expenses for Inpatient Hospitalization incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines in a AYUSH Hospital is payable up to the Sum Insured.

Note: Claims under Yoga and Naturopathy system of treatment will be payable subject to prior approval from the company.

M. **Co-payment:** This policy is subject to co-payment of 30% for all claims.

N. **Compassionate travel**: In the event of the insured person being hospitalized for a life threatening emergency at a place away from his usual place of residence as recorded in the policy, the Company will reimburse the transportation expenses by air transportation incurred up to **Rs. 10,000/-** per occurrence for one immediate family member (other than the travel companion) for travel towards the place where hospital is located, provided the claim for hospitalization is admissible under the policy. Payment under this benefit does not form part of the Sum Insured.

O. **Repatriation of Mortal Remains:** Following an admissible claim for hospitalization under the policy, the Company shall reimburse up to **Rs.10,000/-** per policy period towards the cost of repatriation of mortal remains of the insured person (including the cost of embalming and coffin charges) to the residence of

the Insured as recorded in the policy. Payment under this benefit does not form part of the Sum Insured.

P. **Second Medical Opinion:** The Insured Person can obtain a Second Medical Opinion from a Doctor in the Company's network of Medical Practitioners. All the medical records provided by the Insured Person will be submitted to the Doctor on panel of the company and the medical opinion will be made available directly to the Insured by the Doctor. To utilize this benefit, all medical records should be forwarded to the mail-id : "e_medicalopinion@starhealth.in" or through post/courier.

Special Conditions

- This should be specifically requested for by the Insured Person
- This opinion is given based only on the medical records submitted without examining the patient
- The second opinion should be only for medical reasons and not for medico-legal purposes
- Any liability due to any errors or omission or consequences of any action taken in reliance of the second opinion provided by the Medical Practitioner is outside the scope of this policy
- Utilizing this facility alone will not be considered as a claim

Note: Medical Records / Documents submitted for utilizing this facility will not prejudice the Company's right to reject a claim in terms of policy.

Q. **Home care Treatment:** Payable up to 10% of the Sum Insured subject to maximum of Rs.50,000/- in a policy year, for treatment availed by the Insured Person at home, only for the specified conditions mentioned below, which in normal course would require care and treatment at a hospital but is actually taken at home provided that:

a. The Medical practitioner advises the Insured person to undergo treatment at home.

b. There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment.

c. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.

d. Insured can avail "Home Care Treatment" service on cashless basis, from the list of our Network service providers given in our website "www.starhealth.in".

e. Claim under this benefit forms part of Sum Insured.

List of Conditions covered under Home care treatment:

a. Fever and Infectious diseases which can be managed as In-patient.

b. Uncomplicated Urinary tract infections but needing Parenteral Antibiotics.

c. Asthma and COPD -Mild Exacerbations needing Home Nebulization.

d. Acute Gastritis / Gastroenteritis.

e. I.V. Chemotherapy [Where advised by the doctor].

f. Palliative Cancer care requiring medical assistance.

g. Acute Vertigo.

h. Diabetic foot and Cellulitis.

i. IVDP [Cervical and Lumbar disc diseases]

j. Major Surgeries / Arthroplasties needing IV Antibiotics Post Discharge.

k. Care for Brain and Spinal Injury Cases Post Discharge.

l. Post CVA Care at Home after Discharge.

R. **Unlimited Tele-Consultation:** We will arrange Tele Consultations with qualified Medical Practitioner or Healthcare professional through various modes of communication like audio, video, online portal, chat through Star Health mobile application or digital platforms

The services provided under this cover will be made available subject to following conditions:

i. The Medical Practitioner may recommend over-the-counter medications based on the information provided.

ii. Tele Consultations should not substitute in-person consultation with independent Medical Practitioner/ Healthcare professional.

iii. The proposer should seek assistance from a health care professional when interpreting and applying them to the Insured Person's individual circumstances. If the Insured Person has any concerns about His/ her health, He/ She may consult His/ her general practitioner. We shall not hold any responsibility towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner/ Health care professional.

iv. There shall be no maximum limit on the count of Tele-Consultations that can be availed in a Policy Year by each Insured Person.

v. We/Medical Practitioner/Health care professional may refer the Insured Person to another specialist or a general physician (outside of our empaneled network) if required, and the charges for such specialist or a general physician will have to be borne by the Insured Person.

vi. We shall not be liable for any discrepancy in the information provided under this cover.

vii. Availing services is at the sole discretion and risk of the Insured Person

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;

STANDARD EXCLUSIONS

1. Pre-Existing Diseases – Code Excl 01

A. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first policy with insurer.

B. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

C. If the Insured Person is continuously covered without any break as defined under the applicable norms on

portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

D. Coverage under the policy after the expiry of 12 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

2. Specified disease / procedure waiting period - Code Excl 02

A. Expenses related to the treatment of following listed Conditions, surgeries / treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.

B. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

C. If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply

D. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

E. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

F. List of specific diseases/procedures;

i. Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, and Diseases related to Thyroid, Benign diseases of the breast.

ii. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology.

iii. All treatments (Conservative, Operative treatment) and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty / Joint Replacement [other than caused by accident].

iv. All types of treatment for Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system, Prolapse of Intervertebral Disc (other than caused by accident).

v. All treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi. All types of management for Kidney and Genitourinary tract calculi.

vi. All types of Hernia.

vii. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula.

viii. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix,

Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases.

ix. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies.

x. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele.

xi. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence.

xii. Varicose veins and Varicose ulcers.

xiii. All types of transplant and related surgeries.

xiv. Congenital Internal disease / defect.

3. 30-day waiting period - Code Excl 03

A. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

B. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.

C. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

4. Investigation & Evaluation – Code Excl 04

A. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.

B. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

5. Rest Cure, rehabilitation and respite care – Code Excl 05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

6. Obesity/ Weight Control – Code Excl 06: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions;

A. Surgery to be conducted is upon the advice of the Doctor.

B. The surgery/Procedure conducted should be supported by clinical protocols.

C. The member has to be 18 years of age or older and.

D. Body Mass Index (BMI);

1. greater than or equal to 40 or
2. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:

a. Obesity-related cardiomyopathy.

b. Coronary heart disease.

c. Severe Sleep Apnea.

d. Uncontrolled Type2 Diabetes.

7. **Change-of-Gender treatments – Code Excl 07:** Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
8. **Cosmetic or plastic Surgery – Code Excl 08:** Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
9. **Hazardous or Adventure sports – Code Excl 09:** Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
10. **Breach of law – Code Excl 10:** Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
11. **Excluded Providers – Code Excl 11:** Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations **or** following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof **– Code Excl 12**
13. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons **– Code Excl 13.**
14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure **– Code Excl 14.**
15. **Refractive Error – Code Excl 15:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
16. **Unproven Treatments – Code Excl 16:** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
17. **Sterility and Infertility – Code Excl 17:** Expenses related to sterility and infertility. This includes;
    a. Any type of contraception, sterilization
    b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI.
    c. Gestational Surrogacy.
    d. Reversal of sterilization.

18. **Maternity – Code Excl 18**
    a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.
    b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

SPECIFIC EXCLUSIONS

19. Circumcision (unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident), Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA **- Code Excl 19.**
20. Congenital External Condition / Defects / Anomalies **- Code Excl 20.**
21. Convalescence, general debility, run-down condition, Nutritional deficiency states **-Code Excl 21.**
22. Intentional self injury **- Code Excl 22.**
23. Injury/disease caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not) **- Code Excl 24.**
24. Injury or disease caused by or contributed to by nuclear weapons/materials **- Code Excl 25.**
25. Expenses incurred on Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other similar therapies **- Code Excl 26.**
26. Unconventional, Untested, Experimental therapies **- Code Excl 27.**
27. Autologous derived Stromal vascular Fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy **- Code Excl 28.**
28. Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted **- Code Excl 29.**
29. Inoculation or Vaccination (except for post–bite treatment and for medical treatment for therapeutic reasons) **- Code Excl 31.**
30. Hospital registration charges, admission charges, record charges, telephone charges and such other charges **- Code Excl 34.**
31. Cochlear implants and procedure related hospitalization expenses **- Code Excl 35.**
32. Any hospitalizations which are not Medically Necessary **- Code Excl 36.**
33. Other Excluded Expenses as detailed in the website www.starhealth.in **- Code Excl 37.**
34. Existing disease/s, disclosed by the insured and mentioned in the policy schedule under Permanent Exclusion (based on insured's consent), **- Code Excl 38.**

Note: Exclusion Nos. 15, 17, 18, 29, 31 are not applicable for Coverage under (H).

4. CONDITIONS

STANDARD CONDITIONS

1. **Disclosure of Information:** The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policy holder.
2. **Claim Settlement**
   A. **Condition Precedent to Admission of Liability:** The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

B. Documents for Cashless Treatment

a. For assistance call 24 hours help-line 044-69006900 or Toll Free No.1800 425 2255.

Senior Citizens may call at 044-40020888.

b. Inform the ID number for easy reference.

c. On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk.

d. Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.

e. The Treating Doctor will complete the hospitalization/ treatment information and the hospital will fill up expected cost of treatment.

f. This form is submitted to the Company.

g. The Company will process the request and call for additional documents/clarifications if the information furnished is inadequate.

h. Once all the details are furnished, the Company will process the request as per the terms and conditions of the policy as well as the exclusions therein and either approve or reject the request based on the merits.

i. In case of emergency hospitalization information is to be given within 24 hours after hospitalization.

j. Cashless facility can be availed only in networked Hospitals.

k. In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents.

l. KYC (Identity proof with Address) of the proposer, as per AML Guidelines

Please note that denial of a Pre-authorization request is in no way to be construed as denial of treatment or denial of coverage. The Insured Person can go ahead with the treatment, settle the hospital bills and submit the claim.

C. For Reimbursement claims: Time limit for submission of;

S.No.	Type of Claim	Prescribed time limit
1.	Reimbursement of hospitalization, day care and pre hospitalization expenses	Claim must be filed within 15 days from the date of discharge from the Hospital
2.	Reimbursement of Post hospitalization expenses	Claim for post hospitalization expenses are to be made within 15 days after discharge from the hospital

D. Notification of Claim: Upon the happening of any event, which may give rise to a claim under this policy, notice with full particulars shall be sent to the Company within 24 hours from the date of occurrence of the event.

Note: Conditions C and D are precedent to admission of liability under the policy However the Company will examine and relax the time limit mentioned in these conditions depending upon the merits of the case.

E. Documents to be submitted for Reimbursement claims

a. Duly completed claim form, and

b. Pre Admission investigations and treatment papers in original

c. Discharge Summary in original from the hospital
d. Cash receipts in original from hospital, chemists
e. Cash receipts and reports for tests done in original
f. Receipts from doctors, surgeons, anaesthetist in original
g. Certificate from the attending doctor regarding the diagnosis
h. Copy of PAN Card
i. Copy of Aadhaar Card
j. Any other document specific to the treatment / illness
k. Prescriptions and receipt for Pre and Post-Hospitalization expenses
l KYC (Identity proof with Address) of the proposer, as per AMLGuidelines
m. NEFT documents viz., Customer name, Bank Account No., Name of the Bank, IFSC code
n. CKYC No. of the proposer (if available)

Note: For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255.

Senior Citizens may call at 044-40020888.

For the comprehensive list of documents to be submitted while filing a reimbursement claim, please refer our website under the link https://www.starhealth.in/claims/#claim-process.

F. Out Patient Consultation: Claims of Out Patient Consultations / treatments will be settled on cashless basis.

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

3. Complete Discharge: Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

4. Multiple Policies

i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the Sum Insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.
iii. If the amount to be claimed exceeds the Sum Insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.
iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

Note:

The Policyholder is expected to disclose all the health insurance policies under which the lives proposed for insurance are covered.

The company reserves the right to cancel any / all of the policies (except the 1st issued Policy) opted by the Policyholder

ab-initio, in case of any non-disclosure of previous policies and / or having multiple policies that exceeds the maximum Sum Insured filed as per the Product.

5. **Fraud:** If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

   Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

   For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/ doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

   a. the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
   b. the active concealment of a fact by the insured person having knowledge or belief of the fact;
   c. any other act fitted to deceive; and
   d. any such act or omission as the law specially declares to be fraudulent

   The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

6. **Cancellation**

   i. The Policyholder may cancel his policy any time during the term by giving 7 days written notice. In such an event, the Company shall

      a. refund proportionate premium for unexpired policy period, for policy term upto one year and there is no claim (s) made during the policy period.
      b. refund premium for the unexpired policy period, in respect of policies with policy term more than 1 year and risk coverage for such policy years has not commenced.

   ii. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person by giving 15 days'written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

   Note: Incase of long term policies the refund will be given after adjusting the long term discount availed by the insured/ policyholder.

7. **Migration:** In case of migration of one policy to another with the same insurer, the Policyholder (including all members under family cover and group insurance policies) can transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc. in the previous policy to the migrated policy.

8. Portability:

A. The Policyholder has the choice to port his / her policy from one Insurer to another by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability.

B. The Policyholder is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc. from the existing Insurer to the acquiring Insurer in the previous policy.

9. Renewal of policy: The policy shall be renewable provided the product is not withdrawn, except in case of established fraud or non-disclosure or misrepresentation by the Policyholder. If the product is withdrawn, the policyholder shall be provided with suitable options to migrate as per the procedure stated under "withdrawal clause"

i. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days.

ii. While coverage is not available during the Grace Period, if the policy is renewed during the Grace Period, all the credits (Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc.) accrued under the policy shall be protected.

10. Withdrawal of policy

In the likelihood of this product being withdrawn in future, the Company will intimate the Policyholder about the same 90 days prior to expiry of the policy.

I. A one-time option to renew the existing product, if renewal falls within the 90 days from the date of withdrawal of the product, or

II. Policyholder will have the option to migrate to similar health insurance product available with the Company at the time of renewal. Policyholder can transfer the credits gained (to the extent of Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc.) in the previous policy to the migrated policy, provided the policy has been maintained without a break.

11. Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the Sum Insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

12. Premium Payment in Instalments: If the Policyholder has opted for Payment of Premium on an Instalment basis i.e. Half Yearly or Quarterly or Monthly as mentioned in the Policy Schedule/

Certificate of Insurance, the following conditions shall apply (notwithstanding any terms contrary elsewhere in the policy).

i. For monthly instalment option: Grace Period of 15 days would be given to pay the instalment premium due for the policy.

ii. For Quarterly and Half yearly instalment option: Grace Period of 30 days would be given to pay the instalment premium due for the policy.

iii. The Policyholder will get the accrued continuity benefit in respect of the (Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc.) in the event of payment of premium within the stipulated Grace Period.

iv. No interest will be charged if the instalment premium is not paid on due date.

v. In case of instalment premium due not received within the Grace Period, the policy will get cancelled.

vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.

vii. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

viii. For premium paid in instalments during the Policy Period, coverage is available during the Grace Period also.

13. Possibility of Revision of Terms of the Policy including the Premium Rates: The Company, may revise or modify the terms of the policy including the premium rates as per the extant Guidelines. The insured person shall be notified thirty days before the changes are effected.

14. Free Look Period: The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/ migrating the policy.

The Policyholder shall be allowed free look period of thirty days from date of receipt of the policy document whether electronically or otherwise to review the terms and conditions of the policy. If the Policyholder is not satisfied with any of the terms and conditions and has not made any claim, the Policyholder has the option to cancel his/her policy. This option is available in case of policies with a term of one year or more.

The Policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any incurred by the Insurer on medical examination of the proposer and stamp duty charges

15. Redressal of Grievance: In case of any grievance the insured person may contact the Company through

Website : www.starhealth.in,

E-mail : gro@starhealth.in,
grievances@starhealth.in

Ph. No. : 044-69006900 | Toll Free No. 1800 425 2255 Senior Citizens may call at 044-69007500

Courier/ Post : Star Health and Allied Insurance Company Limited.,4th Floor, Balaji Complex, No.15, Whites Lane, Whites Road, Royapettah, Chennai- 600014.

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at 044-43664600.

For updated details of grievance officer, kindly refer the link

https://www.starhealth.in/grievance-redressal

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/ region for redressal of grievance as per Insurance Ombudsman Rules 2017, as amended from time to time.

Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://bimabharosa.irdai.gov.in/

16. **Nomination:** The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

SPECIFIC CONDITIONS

17. The Insured Person/s shall obtain and furnish the Company with all original bills, receipts and other documents upon which a claim is based and shall also give the Company such additional information and assistance as the Company may require in dealing with the claim.
18. All claims under this policy shall be payable in Indian currency.
19. 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/s, in so far as they relate to anything to be done or complied with by the Insured Person/s, shall be a condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions, and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.
20. 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.

21. Notice and communication:

I. Any direction or instruction given under this Policy shall be in writing and delivered by hand, post, or email to Star Health and Allied Insurance Company Limited, Registered Office: No. 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034/ Corporate Office: No. 148, Acropolis, Dr. Radha Krishnan Salai, Mylapore, Chennai - 600 004.

Customer Care No. 044-69006900 or Toll-Free No. 1800 425 2255
e-mail: support@starhealth.in

II. Any legal notice under this policy shall be in writing and delivered by hand, post, or email to Claims Department, 4th Floor, Balaji Complex, No.15, Whites Lane, Whites Road, Royapettah, Chennai- 600014;

a. e-mail for consumer matter: claims.legal@starhealth.in

b. e-mail for ombudsman: claims.ombudsman@starhealth.in

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

If notices or communications are not sent to the addresses or email IDs mentioned above, the Company will not be able to respond promptly.

22. Territorial Limit: All medical/surgical treatments under this policy shall have to be taken in India.

23. Automatic Expiry: The insurance under this policy with respect to each relevant Insured Person shall expire immediately on the earlier of the following events;

✓ Upon the death of the Insured Person. This also means that in case of family floater policy, cover for the other surviving members of the family will continue, subject to other terms of the policy.

✓ Upon exhaustion of the Sum Insured under the policy.

24. 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.

25. Revision of Sum Insured: Reduction or enhancement of Sum Insured is permissible only at the time of renewal. Enhancement of Sum Insured is subject to no claim being lodged or paid under this policy, Both the acceptance for enhancement and the amount of enhancement will be at the discretion of the Company. Where the Sum Insured is enhanced, the amount of additional Sum Insured including the respective sub-limits by way of such enhancement shall be subject to the following terms. Exclusions under shall apply afresh from the date of such enhancement for the increase in the Sum Insured, that is, the difference between the expiring policy Sum Insured and the increased Sum Insured;

i. First 30 days as under Exclusion **Code Excl03**

ii. 24 months with continuous coverage without break (with grace period) in respect of diseases / treatments falling under Exclusion **Code Excl02**

iii. 12 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases as defined under Exclusion **Code Excl 01**

iv. 24 months of continuous coverage without break (with grace period) in respect of Pre-Existing Diseases which fall under Exclusion **Code Excl 02**

v. 12 months of continuous coverage without break (with grace period) for diseases / conditions diagnosed / treated irrespective of whether any claim is made or not in the immediately preceding three policy periods The above applies to each relevant insured person.

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

27. Important Note

a. Where the policy is issued for more than 1 year, the Sum Insured including sublimits, is for each of the year, without any carry over benefit thereof. The said benefits / covers available for the 2nd year or 3rd year cannot be utilized in the 1st year itself. The terms, conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract, must be complied with and applies to each policy year.

b. The Policy Schedule and any Endorsement are to be read together and any word or such meaning wherever it appears shall have the meaning as stated in the Act / Indian Laws.

c. The terms, conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract, must be complied with and applies to each relevant insured person. Failure to comply with may result in the claim being denied.

d. 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 stake holders.

28. Customer Service: If at any time the Insured Person requires any clarification or assistance, the insured may contact Star Health and Allied Insurance Company Limited, 4th Floor, Balaji Complex, No.15, Whites Lane, Whites Road, Royapettah, Chennai 600014, during normal business hours.

29. Excluded Hospitals (providers): Insured can refer the company website using the following link to get the list of excluded hospitals. https://www.starhealth.in/lookup/hospital/#excluded-hospital

30. **Third-Party Claims:** Only the authorized Third-Party Administrator (TPA), legal heirs, Proposer, or approved Insurance Intermediaries have the right to make or follow up on reimbursement claims under this policy. The claims will be settled directly to the Proposer's account. In case of the Proposer's death, the settlement will be made to the nominee's account as the case may be.

Claims by unauthorized third party will not be entertained, and the Company reserves the right to reject such claims. This rejection does not breach the terms of the policy.

31. Professional Conduct: The Company shall ensure that its staff and representatives shall conduct themselves in courteous and professional manner in all their interactions with the insured/proposer, whether in person, through email, telephone or any other online or offline platforms. The insured/proposer hereby irrevocably agrees to conduct themselves in courteous and professional manner in all interactions with the Company. Any unprofessional or inappropriate behaviour by the insured/proposer may result in strict action by the Company, including without limitation, legal action under the Bharatiya Nyaya Sanhita, Act 2023, as amended from time to time.

LIST OF INSURANCE OMBUDSMAN

Office Details	Jurisdiction of Office Union Territory, District
AHMEDABAD	
Office of the Insurance Ombudsman,	
Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Gujarat Tel.: 079 - 25501201/02	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
Email: oio.ahmedabad@cioins.co.in	
BENGALURU	
Office of the Insurance Ombudsman,	
Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049	Karnataka.
Email: oio.bengaluru@cioins.co.in	
BHOPAL	
Office of the Insurance Ombudsman,	
1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202/ 2769203	Madhya Pradesh, Chhattisgarh.
Email: oio.bhopal@cioins.co.in	
BHUBANESWAR	
Office of the Insurance Ombudsman,	
62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455// 2596429 / 2596003	Odisha.
Email: oio.bhubaneswar@cioins.co.in	
CHANDIGARH	
Office of the Insurance Ombudsman,	
Jeevan Deep Building, SCO 20-27, Ground Floor Sector - 17 A, Chandigarh – 160 017. Tel.: 0172 – 2706468	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh.
Email: oio.chandigarh@cioins.co.in	

CHENNAI	
Office of the Insurance Ombudsman,	
Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).
Email: oio.chennai@cioins.co.in	
DELHI	
Office of the Insurance Ombudsman,	
2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992/ 23213504/23232481	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.
Email: oio.delhi@cioins.co.in	
KOCHI	
Office of the Insurance Ombudsman,	
10th Floor, Jeevan Prakash, LIC Building, Opp.to Maharaja's College Ground, M. G. Road, Kochi - 682 011. Tel.: 0484 - 2358759	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
Email: oio.ernakulam@cioins.co.in	
GUWAHATI	
Office of the Insurance Ombudsman,	
Jeevan Nivesh, 5th Floor, Nr. Panbazar S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
Email: oio.guwahati@cioins.co.in	
HYDERABAD	
Office of the Insurance Ombudsman,	
6-2-46, 1st floor, "Moin Court", Lane Opp. Hyundai Showroom, A.C. Guards, Lakdi - Ka - Pool A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
Email: oio.hyderabad@cioins.co.in	

JAIPUR	
Office of the Insurance Ombudsman,	
Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 – 2740363	Rajasthan.
Email: oio.jaipur@cioins.co.in	

KOLKATA	
Office of the Insurance Ombudsman,	
Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341	West Bengal, Sikkim, Andaman & Nicobar Islands.
Email: oio.kolkata@cioins.co.in	

LUCKNOW	
Office of the Insurance Ombudsman,	
6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 – 4002082/ 3500613	Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
Email: oio.lucknow@cioins.co.in	

MUMBAI	
Office of the Insurance Ombudsman,	
3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022-69038800/27/29/31/32/33	List of wards under Mumbai Metropolitan Region excluding wards in Mumbai – i.e M/E, M/W, N , S and T covered under Office of Insurance Ombudsman Thane and Excluded areas of Navi Mumbai.
Email: oio.mumbai@cioins.co.in	

NOIDA	
Office of the Insurance Ombudsman,	
Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
Email: oio.noida@cioins.co.in	

PATNA	
Office of the Insurance Ombudsman,	
2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068	Bihar, Jharkhand.
Email: oio.patna@cioins.co.in	

PUNE	
Office of the Insurance Ombudsman,	
Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175	State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district,Palghar District, Raigad district & Mumbai Metropolitan Region
Email: oio.pune@cioins.co.in	

THANE	
Office of the Insurance Ombudsman,	
2nd Floor,Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West)- 400604 Tel.: 022-20812868/69	Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T.
Email: oio.thane@cioins.co.in	

for future updates kindly refer https://cioins.co.in/Ombudsman

NON-MEDICAL ITEMS (CONSUMABLES) LIST I (68 ITEMS)

List I — Items for which coverage is not available in the policy

Sl No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS / BRACES
5	BUDS
6	COLD PACK / HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG / SHORT / HINGED)
46	KNEE IMMOBILIZER / SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

List II — Items that are to be subsumed into Room Charges

Sl.No.	Item
1	BABY CHARGES (UNLESS SPECIFIED / INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET / WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III — Items that are to be subsumed into Procedure Charges

Sl.No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV — Items that are to be subsumed into costs of treatment

Sl No.	Item
1	ADMISSION / REGISTRATION CHARGES
2	Hospitalization FOR EVALUATION / DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	&PAP MACHINE
6	CPAP / CAPD EQUIPMENTS
7	INFUSION PUMP— COST
8	HYDROGEN PEROXIDE\SPIRIT / DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION / STERILLIUM
17	Glucometer& Strips
18	URINE BAG