



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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SMART HEALTH PRO

Unique Identification No.: SHAHLIP23172V012223

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.

SECTION I - 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:

- Having qualified registered AYUSH Medical Practitioner(s) in charge;
- Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- 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:

- Central or State Government AYUSH Hospital; or
- Teaching hospital attached to AYUSH College recognized by the Central Government/ Central Council of Indian Medicine/Central Council for Homeopathy; or
- 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:
 - Having at least 5 in-patient beds;
 - Having qualified AYUSH Medical Practitioner in charge round the clock;
 - Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - 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'.

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.

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

Cumulative Bonus: Cumulative Bonus means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.

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-

- has qualified nursing staff under its employment;
- has qualified medical practitioner/s in charge;

- has fully equipped operation theatre of its own where surgical procedures are carried out;
- 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:

- Undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
- which would have otherwise required 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 non-disclosure of any material fact.

Domiciliary Hospitalization: Domiciliary hospitalization means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

- the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
- the patient takes treatment at home on account of non-availability of room in a hospital

Emergency Care: Emergency care means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

Grace Period: 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: 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:

- 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;

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;

- It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests
- it needs ongoing or long-term control or relief of symptoms
- it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
- it continues indefinitely
- 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 intensivists 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, the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, 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.

New Born Baby: Newborn baby means baby born during the Policy Period and is aged upto 90 days.

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.

Pre-Existing Disease: Pre-existing Disease means any condition, ailment, injury or disease:

- a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement
or
- b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement

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, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, 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.

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

Associated medical expenses: Associated Medical Expenses means expenses that shall include the applicable nursing charges, Operation theatre charges, Professional fees of Medical Practitioner including Surgeon/ anaesthetist/ Physician/Specialist of the Hospital where the Insured Person has been admitted and treated and hence Proportionate deduction will be applicable on these items.

"Associated Medical Expenses" does not include cost of pharmacy and consumables, cost of implants and medical devices and cost of diagnostics, ICU charges and hence Proportionate deduction will not be applicable on these items.

Company / Insurer: Company / Insurer means Star Health and Allied Insurance Company Limited

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

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

Family: Family includes Insured Person, Spouse/ Live-in Partner/ Same Sex Partner, dependent children between 91 days and 25 years of age not exceeding 3 in number.

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 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

Insured Person: Insured Person means the name/s of persons named in the schedule of the Policy for whom premium is paid.

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.

Limit of Coverage: Limit of Coverage means Sum Insured plus Cumulative bonus earned wherever applicable

Policy Period/Policy year: Policy period / Policy year means a year following the commencement date and its subsequent annual anniversary

Policy term: Policy term means the period between the commencement date and expiry date specified in the schedule

Private Single A/c Room: Private Single A/c Room means a single occupancy air-conditioned room with attached wash room and a couch for the attendant. The room may have a television and /or a telephone. Such room must be the most economical of all accommodations available in that hospital as single occupancy. This does not include Deluxe room or a suite.

Shared Accommodation: Shared Accommodation means a room with two or more patient beds in a Hospital.

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

SECTION II - COVERAGE

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

If during the period stated in the Policy Schedule the insured person sustains bodily injury or contracts any disease or suffer from any illness and if such disease or injury shall require the Insured person, upon the advice of a duly qualified Medical Practitioner to incur Hospitalization expenses for Medical/Surgical treatment at any Nursing Home / Hospital in India as an In-patient, the Company will indemnify the Insured Person such expenses as are reasonably and necessarily incurred under the Coverage but not exceeding the Limit of Coverage stated in the Policy schedule.

1. Room (Private Single A/c Room), Boarding and Nursing Expenses as provided by the Hospital / Nursing Home
Note: Associated Medical expenses which vary based on the room occupied by the insured person will be considered in proportion to the room rent stated in the policy schedule or actuals whichever is less. Proportionate deductions are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room rent
2. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.
3. Anesthesia, blood, oxygen, operation theatre charges, ICU charges, surgical appliances, medicines and drugs, diagnostic materials and X-ray, diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy, cost of pacemaker, stent and similar expenses. With regard to coronary stenting, medicines, Implants and such other similar items the Company will pay cost of stent as per the Drug Price Control Order (DPCO) / National Pharmaceuticals Pricing Authority (NPPA) Capping.
4. All day care procedures are covered.
5. **Road Ambulance:** Subject to an admissible hospitalization claim, road ambulance expenses incurred for the following are payable :-
 - i. for transportation of the insured person by private ambulance service to go to hospital when this is needed for medical reasons
or
 - ii. for transportation of the insured person by private ambulance service from one hospital to another hospital for better medical treatment
or
 - iii. for transportation of the insured person from the hospital where treatment is taken to their place of residence (if it is in same city), provided the requirement of an ambulance to the residence is certified by the medical practitioner.
6. **Air Ambulance:** Air ambulance expenses are payable subject to an admissible hospitalization claim, the Insured Person(s) is/are eligible for reimbursement of expenses incurred towards the cost of air ambulance service up to 10% of sum insured per policy year, provided that
 - a) It is for emergency care of the insured person which requires immediate and rapid ambulance transportation to the hospital/medical centre that ground transportation cannot be provided.
 - b) Necessary medical treatment not being available at the location where the Insured Person is situated at the time of Emergency
 - c) It is prescribed by a Medical Practitioner and is Medically Necessary;
 - d) The insured person is in India and the treatment is in India only
 - e) Such Air ambulance should have been duly licensed to operate as such by Competent Authorities of the Government/s.
7. **Pre-hospitalization Expenses:** Medical expenses incurred up to 60 days immediately before the insured person is hospitalized.
8. **Post Hospitalization Expenses:** Medical expenses incurred up to 180 days immediately after the insured person is discharged from the hospital.
9. **Domiciliary Hospitalization:** Coverage for medical treatment (Including AYUSH) for a period exceeding three days, for an illness/disease/injury, which in the normal course, would require care and treatment at a Hospital but, on the advice of the attending Medical Practitioner, is taken whilst confined at home under any of the following circumstances
 1. The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
 2. The patient takes treatment at home on account of non-availability of room in a hospital.

However, this benefit shall not cover Asthma, Bronchitis, Chronic Nephritis and Nephritic Syndrome, Diarrhoea and all types of Dysenteries including Gastro-enteritis, Diabetes Mellitus and Insipidus, Epilepsy, Hypertension, Influenza, Cough and Cold, all Psychiatric or Psychosomatic Disorders, Pyrexia of unknown origin for less than 10 days, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Arthritis, Gout and Rheumatism.
10. **Annual Health Checkup:** Expenses incurred towards cost of health check-up up to the limits mentioned in the table given below for each policy year (irrespective of claim) which can be availed at any time during the policy year.

Sum Insured (Rs.)	Limit Upto (Rs.)	
	Individual SI	Floater SI
500000	1500	2500
1000000	2000	5000
1500000	4000	8000
2000000	5000	10000
2500000	5000	10000
5000000	5000	10000
7500000	8000	15000
10000000	8000	15000

Note: Payment of any claim under this benefit 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.

11. **Home Care Treatment:** Payable up to 10% of the sum insured subject to maximum of Rs.5 lakhs 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 / reimbursement basis, if availed from the list of our Network service providers given in our website "www.starhealth.in"

List of Conditions covered under Home care treatment:

1. Fever and Infectious diseases which can be managed as Inpatient
 2. Uncomplicated Urinary tract infections but needing Parenteral Antibiotics
 3. Asthma and COPD -Mild Exacerbations needing Home Nebulization
 4. Acute Gastritis/Gastroenteritis
 5. I.V. Chemotherapy [Where advised by the doctor]
 6. Palliative Cancer care requiring medical assistance
 7. Acute Vertigo
 8. Diabetic foot and Cellulitis
 9. IVDP [Cervical and Lumbar disc diseases]
 10. Major Surgeries/Arthroplasties needing IV Antibiotics Post Discharge
 11. Care for Brain and Spinal Injury Cases Post Discharge
 12. Post CVA Care at Home after Discharge
12. **Hospitalization expenses for treatment of New Born Baby:** Hospitalization Expenses incurred in a hospital/ nursing home on treatment of the New born for any disease, illness (including any congenital disorders) or accidental injuries are payable from Day 1 of its birth till the expiry date of the policy, up to 10% of the sum insured and maximum upto Rs. 2 lakhs. This sub-limit will not apply for treatment related to congenital internal disease / defects for the new born.

Conditions applicable for this section

 - a. This cover is available only if Mother is covered under this (Smart Health Pro) policy for a continuous period of 12 months without break
 - b. Intimation about the birth of the New Born should be given to the company and the coverage will be given to the New Born from the first day of its birth.
 - c. Exclusion no.1, (Code-Excl 01), Exclusion no.2 (Code-Excl 02), Exclusion no.3 (Code-Excl 03) and Exclusion no.20 (Code-Excl 20) as stated under this policy shall not apply for the New Born baby cover.
 - d. In the subsequent year if the policy holder opts the coverage for New Born and pays the premium, the New Born Baby will be covered up to the Sum Insured (without any underwriting and the entry age criteria)
 - e. Enhancement of sum insured is subject to underwriter's approval
 13. **AYUSH Treatment:** Medical expenses for Inpatient Hospitalization incurred on treatment under Ayurveda, Unani, Siddha and Homeopathy systems of medicines in a AYUSH Hospital is payable up to the sum insured.

Note: Yoga and Naturopathy systems of treatments are excluded from the scope of coverage under AYUSH treatment
 14. **Coverage for Modern Treatment:** The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital upto sum insured (including Pre and Post hospitalization expenses) during the policy period;
 - a) Uterine artery Embolization and HIFU
 - b) Balloon Sinuplasty
 - c) Deep Brain Stimulation
 - d) Oral Chemotherapy
 - e) Immunotherapy- Monoclonal Antibody to be given as injection
 - f) Intra Vitreal injections
 - g) Robotic surgeries
 - h) Stereotactic radio surgeries
 - i) Bronchical Thermoplasty
 - j) Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
 - k) IONM-(Intra Operative Neuro Monitoring)
 - l) Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions

15. **Cumulative Bonus:** The insured person will be eligible for Cumulative bonus calculated at 50% of sum insured for each claim free year and maximum up to 100% of the sum insured

Conditions

1. The Cumulative bonus will be calculated on the expiring Sum Insured
2. If the insured opts to reduce the Sum Insured at the subsequent renewal, the limit of indemnity by way of such Cumulative bonus shall not exceed such reduced sum insured
3. Cumulative Bonus will not be reduced unless the same is utilized in the event of claim.
4. During Renewal, Cumulative Bonus will be reduced only to the extent of utilized portion and the unutilized Cumulative Bonus will be carried forward to the next policy year.

- 16. Automatic Restoration of Sum Insured:** There shall be automatic restoration of the Sum Insured once by 100% subject to the following :-
- The automatic restoration shall be immediately upon partial/full utilization of the limit of coverage.
 - Such Restored Sum Insured can be utilized for all claims for subsequent Hospitalization during the policy period.
 - The maximum liability of the Company in a Single claim under a policy year shall not exceed the limit of coverage.
 - The unutilized restored sum insured cannot be carried forward to the next policy year.

Illustration						
An Insured Person with Smart Health Pro, Tenure 1 year, Third year in progress, Basic Sum Insured Rs.5,00,000/-						
Number of Claims	Claim amount (Rs.)	Available Benefit Limit			Admissible claim amount	Utilization of Sum Insured (Rs.)
		Basic Sum Insured (Rs.)	Bonus (Rs.)	Automatic Restoration of Sum Insured (Rs.)		
1st Claim	5,00,000	5,00,000	5,00,000	-	5,00,000	Basic SI (Full)
2nd Claim	7,00,000	-	5,00,000	5,00,000	7,00,000	Bonus (full) + Automatic Restore (Full)
Available balance for next claim = Rs.3,00,000/-						

- 17. Star Wellness Program:** This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities. The wellness activities as mentioned below are designed to help the Insured person to earn wellness reward points which will be tracked and monitored by the Company. The wellness points earned by the Insured Person(s) under the wellness program, can be utilized to get discount in premium during the renewal.

This Wellness Program is enabled and administered online through Star Health Mobile Applications.

Note: The Wellness Activities mentioned in the table below (from Serial Number 1 to 6) are applicable for the Insured person(s) aged 18 years and above only. The following table shows the discount on premium available under the Wellness Program;

Wellness Points Earned	Discount in Premium
200 to 350	4%
351 to 600	10%
601 to 750	14%
751 and above	20%

*In case of floater policy the weightage is given as per the following table;

Family Size	Weightage
Self, Spouse**	1:1
Self, Spouse** and Dependent Children (up to 18 years)	1:1:0:0:0
Self, Spouse** and Dependent Children (aged above 18 years)	2:2:1:1:1
**Spouse / Live-in Partner / Same Sex Partner	

Note: In case of two year and three year policies, total number of wellness points earned in the two year and three year period will be divided by two and three respectively.

Please refer the Illustrations to understand the calculation of discount in premium, weightage and the calculation.

The wellness services and activities are categorized as below:

Sr.No.	Activity	Maximum number of Wellness Points that can be earned under each activity in a policy year
1.	Sign up points for Enrolling to Wellness Program	100
2.	Manage and Track Health	
	a) Online Health Risk Assessment (HRA)	150
	b) Preventive Risk Assessment	200
3.	Affinity to Wellness	
	a) Participating in Walkathon, Marathon, Cyclothon and similar activities	200
	b) Membership in a health club	200
4.	Stay Active - If the Insured member achieves the step count target on mobile app	250
5.	Sharing 'Active Life Success Story' through adoption of Star Wellness Program	50
6.	Condition Management Program (CMP): Weight Management, Diabetes Management, Hypertension, De-Stress & Mind Body Healing Program.	150

Sr.No.	Activity	Maximum number of Wellness Points that can be earned under each activity in a policy year
7.	For Submission of Vaccination Certificate Eg: Vaccine for Covid, HPV, Pneumococcal, Swine Flu (H1N1), Hepatitis etc..	20
8.	For Submission of Preventive Eye Check-up report	20
9.	For Submission of Preventive Dental Check-up report	20
10.	For Submission of Mammography & PAP Test (for Women) report	20
11.	For Submission of Prostate specific antigen (PSA) test report (for Male persons aged > 50 yrs)	20
12.	Glaucoma Screening (for persons aged > 50 yrs)	20

- Sign up points for Enrolling to Wellness Program:** Insured person(s) can earn 100 reward points for enrolling in Star Wellness Program through Star Health Mobile application.
- Manage and Track Health**
 - Completion of Health Risk Assessment (HRA):** The Health Risk Assessment (HRA) questionnaire is an online tool for evaluation of health and quality of life of the Insured. It helps the Insured to introspect his/ her personal lifestyle. The Insured can log into his/her account on the website www.starhealth.in and complete the HRA questionnaire. The Insured can undertake this once per policy year.
On Completion of online HRA questionnaire, the Insured earns 150 wellness points.
Note: To get the wellness points mentioned under HRA, the Insured has to complete the entire HRA within one month from the time he/she started HRA Activity.
 - Preventive Risk Assessment:** The Insured can also earn wellness points by undergoing diagnostic / preventive tests during the policy year. These tests should include the four mandatory tests mentioned below. Insured can take these tests at any diagnostic centre at Insured's own expenses.
- On submission of the test reports, Insured earns 200 reward points.
Note: These tests reports should be submitted together and within 30 days from the date of undergoing such Health Check-Up.

List of mandatory tests under Preventive Risk Assessment

- Complete Haemogram Test
- Blood Sugar (Fasting Blood Sugar (FBS) + Postprandial (PP) [or] HbA1c)
- Lipid profile (Total cholesterol, HDL, LDL, Triglycerides, Total Cholesterol / HDL Cholesterol Ratio)
- Serum Creatinine

- Affinity towards wellness:** Insured earns wellness reward points for undertaking any of the fitness and health related activities as given below. List of Fitness Initiatives and Wellness points:

	Initiative	Wellness Points
a.	Participating in Walkathon, Marathon, Cyclothon and similar activities	200
	- On submission of BIB Number along with the details of the entry ticket taken to participate in the event and/or	
	- On Achieving 20,000 Step count on Star Health Mobile Application	
b.	Membership in a health club (50 points for each quarter) - In a Gym / Yoga Centre / Zumba Classes / Aerobic Exercise/ Sports Club/ Pilates Classes/ Swimming / Tai Chi/ Martial Arts / Gymnastics/ Dance Classes	200
Note: In case if Insured is not a member of any health club, he/she should join into club within 3 months from the date of the policy risk commencement date. Insured person should submit the health club membership.		

- Stay Active:** Insured earns wellness reward points on achieving the step count target on 'Star Health Mobile application as mentioned below:

Criteria to get reward points

If the number of steps per day are minimum 8,000 or above for 16 days in a month, it will be considered as one **active month** and insured will get 20 reward points.

Note

- Incase if Insured achieves 10 active months in a policy year, he/ she will get 50 additional points as bonus.
- First month and last month in each policy year will not be taken into consideration for calculation of average number of steps per day under Stay Active.
- The mobile app must be downloaded within 30 days of the policy risk start date to avail this benefit.
- The average step count completed by an Insured member would be tracked on 'Star Mobile Application'.

5. Condition Management Program

(i) Weight Management Program:

- a) This Program will help the Insured persons with Over Weight and Obesity to manage their Body Mass Index (BMI) through the empanelled wellness experts who will guide the Insured in losing excess weight and maintain their BMI.
- 150 wellness points will be awarded in case if the results are achieved and maintained as mentioned below.

Sr. No.	Name of the Ailment	Values to be submitted	Criteria to get the Wellness points
1.	Obesity (If BMI is above 29)	Height & Weight (to calculate BMI)	Achieving and maintaining the BMI between 18 and 29
2.	Overweight (If BMI is between 25 and 29)	Height & Weight (to calculate BMI)	Reducing BMI by two points and maintaining the same BMI in the policy year
- Values (for BMI) shall be submitted for every 2 months (up to 5 times in each policy year)			

- b) In case if the Insured is not Overweight / Obese, the Insured can submit his/her 'Active Life Success Story' through adoption of Star Wellness Activities with us. On submission of Active Life Success Story through adoption of Star Wellness Activities, Insured earns 50 wellness points.

(ii) Chronic Condition Management Program:

- a) This Program will help the Insured suffering from Diabetes, Hypertension, Cardiovascular Disease or Asthma to track their health through the empanelled wellness experts who will guide the insured in maintaining/improving the health condition.
- The Insured has to submit the test result values for every 3 months maximum up to 3 times in a policy year.
 - If the test result values are within +/- 10% range of the values given below, for at least 2 times in a policy year, 150 wellness points will be awarded.
 - These tests reports to be submitted within 1 month from the date of undergoing the Health Check-Up

Sr. No.	Name of the Ailment	Test to be submitted	Values Criteria to get the additional Wellness points
1.	Diabetes (Insured can submit either HbA1c test value (or) Fasting Blood Sugar (FBS) Range and Postprandial test value)	HbA1c	£ 6.5
		Fasting Blood Sugar (FBS) Range and Postprandial test value	100 to 125 mg/dl below 160 mg/dl
2.	Hypertension	Measured with - BP apparatus	Systolic Range - 110 to 140 mmHg Diastolic Range - 70 to 90 mmHg
3.	Cardiovascular Disease	LDL Cholesterol and Total Cholesterol / HDL Cholesterol Ratio	100 to 159 mg/dl £ 4.0
4.	Asthma	PFT (Pulmonary Function Test)	FEV1 (PFC) is 75% or more FEV1/ FVC is 70% or more

- b) In case if the Insured is not suffering from Chronic Condition/s (Diabetes, Hypertension, Cardiovascular Disease or Asthma) he/she can opt for "De-Stress & Mind Body Healing Program". This program helps the Insured to reduce stress caused due to internal (self-generated) & external factors and increases the ability to handle stress.
- On completion of De-stress & Mind Body Healing Program 150 wellness points will be awarded.
- Note:** This is a 10 weeks program which insured needs to complete without any break.

6. **Reward points for Preventive Care:** Insured can earn wellness reward points for submitting the following health check-up reports once in a policy year which he/ she had during the policy year.

- a. **Submission of Vaccination Certificate/s:** Insured can earn 20 wellness reward points by submitting the Vaccination certificate related to vaccine that he/she have had during the policy year. **Eg:** Vaccine for Covid, HPV, Swine Flu (H1N1), Hepatitis etc.
- b. **Submission of Preventive Eye Check-up report:** Insured can earn 20 wellness reward points for submitting Eye Check-up report which includes near and far vision (visual acuity) and Colour vision test.

- c. **Submission of Preventive Dental Check-up:** Insured can earn 20 wellness reward points for submitting Dental Check-up report which includes screening of oral cavity done by a qualified Dentist.
- d. **Submission of Mammography & PAP Test report:** Insured can earn 20 wellness reward points for submitting x-ray Mammogram or coloured doppler mammogram for preventive breast screening and PAP smear (biopsy) report.
- e. **Prostate specific antigen (PSA) test (applicable for Males aged > 50 yrs):** Insured can earn 20 wellness reward points for submitting Prostate specific antigen blood report.
- f. **Glaucoma Screening (for persons aged > 50 yrs):** Insured can earn 20 wellness reward points by submitting reports of Glucoma screening test of both eyes including tonometry. (slit lamp test), pachymeter test, visual field test, dilated eye test and gonioscopy examination.

Terms and conditions applicable for wellness services

- Any information provided by the Insured in this regard shall be kept confidential.
- There will not be any cash redemption against the wellness reward points.
- Insured should notify and submit relevant documents, reports, receipts etc for various wellness activities within 1 month of undertaking such activity/test.
- For services that are provided through empanelled service provider, Star Health is only acting as a facilitator; hence would not be liable for any incremental costs or the services.
- All medical services are being provided by empanelled health care service provider. We ensure full due diligence before empanelment. However Insured should consult his/her doctor before availing/taking the medical advices/services. The decision to utilize these advices/services is solely at Insured person's discretion.
- We reserve the right to remove the wellness reward points if found to be achieved in unfair manner.
- Star Health, its group entities, or affiliates, their respective directors, officers, employees, agents, vendors, are not responsible or liable for, any actions, claims, demands, losses, damages, costs, charges and expenses which a Member claims to have suffered, sustained or incurred, by way of and / or on account of the Wellness Program.
- Services offered are subject to guidelines issued by IRDAI from time to time.

ILLUSTRATION OF BENEFITS

A 51 year old Individual Gopal and his wife Ramya along with their two dependent children (aged below 18 yrs) buy a Smart Health Pro with Sum Insured 10 Lacs, let's understand how they can earn Wellness Points. Gopal has declared that he is suffering from Diabetes. Ramya has declared her BMI as 27. Gopal and Ramya enrolled under the Star wellness program and completed the following wellness activities.

Sr. No.	Activity	Wellness Points Earned by Gopal	Wellness Points Earned by Ramya
1.	Sign up points for Enrolling to Wellness Program	100	100
2.	Manage and Track Health		
	a) Online Health Risk Assessment (HRA)	150	150
	b) Preventive Risk Assessment	200	200
3.	Affinity to Wellness		
	c) Participating in Walkathon, Marathon, Cyclothon and similar activities	200	0
	d) Membership in a health club	100	150
4.	Stay Active (Wellness points based on Step Count)	250	120
5.	For Sharing 'Active Life Success Story'	50	0
6.	Condition Management Program (CMP)	150	150
7.	Submission of Vaccination Certificate	20	20
8.	For Submission of Preventive Eye Check-up report	20	0
9.	For Submission of Preventive Dental Check-up report	0	20
10.	For Submission of Mammography & PAP Test (for Women) report	0	20
11.	For Submission of Prostate specific antigen (PSA) test report (for Male persons aged > 50 yrs)	20	0
12.	Glaucoma Screening (for persons aged > 50 yrs)	20	0
Total Number of Wellness Points earned		1280	930
No of wellness points based upon weightage - 1:1:0:0		640 (1280X1/2)	465 (930X1/2)
Total Number of Wellness Points earned by Gopal and Ramya = 1105 (640+465)			
Based on the no of Wellness Points earned, Gopal & Ramya are eligible to get 20% discount on renewal premium			

18. Value Added Services

- Star Tele-health Services:** Insured can consult with the In-house Medical Practitioners between 8.00 am and 10.00 pm, who can help the Insured by providing Medical advice, Second Medical Opinion and consultation on Diet & Nutrition through Voice Call, Video Call & Online Chat provided in our Mobile App "Talk to Star" and for Consultation by Telephone (between 8.00 am to 10.00 pm) Insured can call to the phone number - 7676 905 905
- Medical Concierge Services:** The Insured can also contact Star Health to avail services like, Emergency assistance information such as nearest ambulance / hospital / blood bank etc.
- Digital Health Vault:** A secured Personal Health records system for Insured to store/access and share health data with trusted recipients. Using this portal, Insured can store their health documents (prescriptions, lab reports, discharge summaries etc.), track health data add family members.
- Wellness Content:** The wellness portal provides rich collection of health articles, blogs, tips and other health and wellness content. The contents have been written by experts drawn from various fields. Insured will benefit from having one single and reliable source for learning about various health aspects and incorporating positive health changes.
- Post Operative Care:** It is done through follow up phone calls (primarily for surgical cases) for resolving their medical queries.
- Discounts from Network Providers:** The Insured can avail discounts on the services offered by our network providers which will be displayed in our website.

Terms and conditions applicable for value added services

- For services that are provided through empanelled service provider, Star Health is only acting as a facilitator; hence would not be liable for any incremental costs or the services.
- All medical services are being provided by empanelled health care service provider. We ensure full due diligence before empanelment. However Insured should consult his/her doctor before availing/taking the medical advices/services. The decision to utilize these advices/services is solely at Insured person's discretion.
- Star Health, its group entities, or affiliates, their respective directors, officers, employees, agents, vendors, are not responsible or liable for, any actions, claims, demands, losses, damages, costs, charges and expenses which a Member claims to have suffered, sustained or incurred, by way of and / or on account of the Wellness Program
- Services offered are subject to guidelines issued by IRDAI from time to time.

SECTION III - OPTIONAL COVERS

The following Optional Covers are available on payment of additional premium/reduction in premium as shown in the policy schedule.

- Cumulative Bonus Booster:** The insured person will be eligible for additional Cumulative bonus calculated at 50% of sum insured for each claim free year and maximum up to 600% of the sum insured

Conditions applicable for Cumulative Bonus Booster

- The Cumulative bonus will be calculated on the expiring Sum Insured
- If the insured opts to reduce the Sum Insured at the subsequent renewal, the limit of indemnity by way of such Cumulative bonus will be calculated as per the reduced sum insured.
- Cumulative Bonus will not be reduced unless the same is utilized in the event of claim
- During Renewal, Cumulative Bonus will be reduced only to the extent of utilized portion and the unutilized Cumulative Bonus will be carried forward to the next policy year.

Note

- This optional cover can be opted by insured having Sum Insured of Rs. 10 lakhs and above.
- During renewal, if insured reduces the Sum Insured to below Rs. 10 lakhs, this optional cover will not be available.

- Modification of Room Category:** Through this optional cover, Insured person can enhance/reduce the room category from **Private Single A/c Room to Any Room / Shared Accommodation.**

Note

- Enhancement of room category to **Any Room** can be opted by insured having Sum Insured of Rs. 10 lakhs and above only.
- During renewal, if insured reduces the Sum Insured to below Rs. 10 lakhs, this enhancement of room category will not be available.

- Reduction of Pre-Existing Diseases Waiting Period:** The Insured Person can reduce the Pre-Existing Disease/s waiting period from 48 months to 36 / 24 / 12 months. This option is available only for the first purchase of this Smart Health Pro and also only upto Sum Insured chosen at that time. This option is not available for renewal / ported / migrated policies. Offering reduction of Pre-Existing Diseases waiting period is subject to Underwriter's approval.

Note: If the Pre-Existing Disease/s falls under the list of specific disease waiting period (**Exclusion No. 2 - Code Excl 02**), the longer among the Pre-Existing Disease and specific disease waiting period shall apply.

- Coverage for Non-medical Items (Consumables):** Items as per List I will become payable If there is an admissible claim under the policy for inpatient / day care treatment.

(**Exclusion No. 32 - Code Excl 37**) as stated under this policy shall not apply if insured opts this coverage.

- Unlimited Automatic Restoration of Sum Insured:** The policy provides automatic restoration of sum insured subject to the following condition;

- Sum Insured will be restored unlimited number of times and maximum up to 100% each time, which can be utilized for a subsequent hospitalization.
- The restoration will trigger immediately upon partial/ full utilization of the sum insured, which can be utilized for a subsequent hospitalization.
- On partial utilization of the Sum Insured, it will be restored up to extent of utilization.
- On full utilization of the Sum Insured, it will be restored to 100%.
- The Restored Sum Insured can be used for all claims including for modern treatment, but for a subsequent hospitalization.
- The maximum payable amount for a single claim under restoration benefit shall not be more than the Sum Insured.

Unlimited Restoration – illustration

If there are 2 insured members with Sum Insured of 10 Lacs each, lets understand how restoration benefit will apply to each under different circumstances.

		Insured 1	Insured 2
	Sum Insured	Rs 10,00,000	Rs 10,00,000
	No Claim Bonus (NCB)	0	Rs 5,00,000
	Total Available amount	Rs 10,00,000	Rs 15,00,000 (Sum Insured 10 Lac + NCB 5Lac)
1st Claim	1st Claim	Rs 5,00,000	Rs 5,00,000
	Claim paid amount	Rs 5,00,000	Rs 5,00,000
	Will the restoration kick in? Yes, Why - Since there is partial utilization of Sum Insured.	Rs 5,00,000 (Restored Sum Insured)	Rs 5,00,000 (Restored Sum Insured)
Available amount for next claim		10,00,000 (Restored SI 5Lac + Balance SI 5Lac)	15,00,000 (Restored SI 5Lac + Balance SI 5Lac + NCB 5L)
2nd Claim	2nd Claim (For Same / different illness)	Rs 15,00,000	Rs 15,00,000
	Claim paid amount	Rs 10,00,000	Rs 15,00,000
	Will the restoration kick in? Yes, Why - Since there is full utilization of Sum Insured.	Rs 10,00,000 (Restored Sum Insured)	Rs 10,00,000 (Restored Sum Insured)
Available amount for next claim		Rs 10,00,000 (SI is Restored up to 100%)	Rs 10,00,000 (SI is Restored up to 100%)
3rd Claim	3rd Claim (For Same / different illness)	Rs 11,00,000	Rs 11,00,000
	Claim paid amount	Rs 10,00,000	Rs 10,00,000
	Will the restoration kick in? Yes, Why - Since there is full utilization of Sum Insured.	Rs 10,00,000 (Restored Sum Insured)	Rs 10,00,000 (Restored Sum Insured)

Conditions applicable for Optional Covers

- The above mentioned optional covers can be opted by the insured only at the time of inception.
- Once opted, the insured cannot opt out of the optional covers during renewal.

List of Benefits which are part of sum insured or in addition to sum insured

S.No.	Coverage	Forming Part of Sum Insured / In addition to Sum Insured
1	Room Rent , Boarding, Nursing Expenses, Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees, Anesthesia, Blood, Oxygen, Operation theatre charges, ICU charges, Surgical appliances, Medicines and Drugs, Diagnostic materials and X-ray, Diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy, cost of pacemaker, stent and similar expenses.	Forming Part of Sum Insured
2	All day care treatments	Forming Part of Sum Insured
3	Coverage for Non-medical items (Consumables)	Forming Part of Sum Insured
4	Road ambulance	Forming Part of Sum Insured
5	Air Ambulance	Forming Part of Sum Insured
6	Pre-Hospitalization Expenses	Forming Part of Sum Insured
7	Post Hospitalization Expenses	Forming Part of Sum Insured
8	Domiciliary Hospitalization	Forming Part of Sum Insured
9	Annual Health Check Up	In addition to Sum Insured
10	Home care treatment	Forming Part of Sum Insured
11	Hospitalization expenses for Treatment of New Born Baby	Forming Part of Sum Insured
12	AYUSH Treatment	Forming Part of Sum Insured
13	Coverage for Modern Treatment	Forming Part of Sum Insured

SECTION IV - EXCLUSIONS**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 48 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 portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- D. Coverage under the policy after the expiry of 48 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 the 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.
 1. Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Benign diseases of the breast.
 2. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology.
 3. 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].
 4. 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).
 5. 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 calculi and Genitourinary tract calculi.
 6. All types of Hernia.
 7. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula.
 8. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases.
 9. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies.
 10. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele.
 11. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence.
 12. Varicose veins and Varicose ulcers.
 13. All types of transplant and related surgeries.
 14. Congenital Internal disease / defect (except for New Born in Section II-12).

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, sports, 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

- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.
- ii. 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(except to the extent covered under Section II-12) - 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 therapies similar to those mentioned herein under this exclusion - **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. Cost of spectacles and contact lens, hearing aids, Cochlear implants and procedures, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids - **Code Excl 35.**
31. Any hospitalization which are not medically necessary / does not warrant hospitalization - **Code Excl 36.**
32. Other Excluded Expenses as detailed in List I (68 items) of this policy and in the website www.starhealth.in (except to those who opted for Optional Cover Section III – 4) - **Code Excl 37.**
33. Existing disease/s, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), for specified ICD codes - **Code Excl 38.**

SECTION V - 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. **For Cashless Treatment**
 - a. For assistance call 24 hour 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-authorization 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. This form is submitted to the Company.
 - f. The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate.
 - g. Once all the details are furnished, the Company will process the request as per the terms and conditions as well as the exclusions therein and either approve or reject the request based on the merits.
 - h. In case of emergency hospitalization information to be given within 24 hours after hospitalization.
 - i. Cashless facility can be availed only in networked Hospitals. For details of Networked Hospitals, the insured may visit www.starhealth.in or contact the nearest branch or refer to the list of Networked Hospitals provided with the policy document.
 - j. KYC (Identity proof with Address) of the proposer, as per AML guidelines.

In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents.
Note: The Company reserves the right to call for additional documents wherever required.

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 for a possible reimbursement.
 - C. **For Reimbursement claims:** Time limit for submission of

Sl.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	within 15 days after completion of 180 days from the date of discharge from hospital

- D. **Notification of Claim:** Upon the happening of the event, notice with full particulars shall be sent to the Company within 24 hours from the date of occurrence of the event irrespective of whether the event is likely to give rise to a claim under the policy or not.
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:** The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.
 - a. Duly completed claim form, and
 - b. Pre-Admission investigations and treatment papers.
 - c. Discharge Summary from the hospital.
 - 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.
 - h. KYC (Identity proof with Address) of the proposer, as per AML guidelines.
 - i. NEFT documents viz., Customer name, Bank Account No., Name of the Bank, IFSC code
 - j. CKYC No. of the proposer (if available)

Note: For assistance call 24 hour help-line 044-69006900 or Toll Free No. 1800 425 2255, Senior Citizens may call at 044-40020888.

3. Provision for Penal Interest

- i) The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii) In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii) However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv) In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
- v) "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

4. **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.

5. 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.

6. **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.

7. Cancellation

- i. The policyholder may cancel this policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below;

Cancellation table applicable for Policy Term 1 Year

Period on risk	Rate of premium to be retained
Up to 1 mth	25% of the policy premium
Exceeding 1 mth up to 3 mths	37.5% of the policy premium
Exceeding 3 mths up to 6 mths	57.5% of the policy premium
Exceeding 6 mths up to 9 mths	80% of the policy premium
Exceeding 9 mths	100% of the policy premium

Cancellation table applicable for Policy Term 2 Year

Period on risk	Rate of premium to be retained
Up to 1 Mth	20% of the policy premium
Exceeding 1 mth up to 3 mths	27.5% of the policy premium
Exceeding 3 mths up to 6 mths	37.5% of the policy premium
Exceeding 6 mths up to 9 mths	47.5% of the policy premium
Exceeding 9 mths up to 12 mths	57.5% of the policy premium
Exceeding 12 mths up to 15 mths	70% of the policy premium
Exceeding 15 mths up to 18 mths	80% of the policy premium
Exceeding 18 mths up to 21 mths	90% of the policy premium
Exceeding 21 mths	100% of the policy premium

Cancellation table applicable for Policy Term 3 Year

Period on risk	Rate of premium to be retained
Up to 1 Mth	20% of the policy premium
Exceeding 1 mth up to 3 mths	25% of the policy premium
Exceeding 3 mths up to 6 mths	30% of the policy premium
Exceeding 6 mths up to 9 mths	37.5% of the policy premium
Exceeding 9 mths up to 12 mths	45% of the policy premium
Exceeding 12 mths up to 15 mths	52.5% of the policy premium
Exceeding 15 mths up to 18 mths	57.5% of the policy premium
Exceeding 18 mths up to 21 mths	65% of the policy premium
Exceeding 21 mths up to 24 mths	72.5% of the policy premium
Exceeding 24 mths up to 27 mths	80% of the policy premium
Exceeding 27 mths up to 30 mths	85% of the policy premium
Exceeding 30 mths up to 33 mths	92.5% of the policy premium
Exceeding 33 mths	100% of the policy premium

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

- 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.

- 8. Migration:** The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the Policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

- 9. Portability:** The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

- 10. Renewal of policy:** The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.

- The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy.
- Coverage is not available during the grace period.
- No loading shall apply on renewals based on individual claims experience.

11. Withdrawal of policy

- In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

- 12. Moratorium Period:** After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

- 13. Possibility of Revision of Terms of the Policy including the Premium Rates:** The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months 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 insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to;

- a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or,
- where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

- 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 : 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.

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

- 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.
- All claims under this policy shall be payable in Indian currency.
- The premium under this policy shall be payable in advance. No receipt of premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance of fulfillment of the terms, provision, conditions and endorsements of this policy by the Insured Person/s, in so far as they relate to anything to be done or complied with by the Insured Person/s, shall be a condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions, and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.
- 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: Any notice, 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, No.1, New Tank Street, Valluvar Kottam High Road Nungambakkam Chennai 600034. Customer Care No. 044-69006900 or Toll Free No. 1800 425 2255, e-mail: support@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.

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

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

- ✓ Upon the death of the Insured Person This means that, the cover for the surviving members of the family will continue, subject to other terms of 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. Arbitration: 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.

26. Revision of Sum Insured: Reduction or enhancement of Sum Insured is permissible only at the time of renewal. The acceptance for enhancement and the amount of enhancement will be at the discretion of the Company and subject to **Exclusion Code Excl 01, Exclusion Code Excl 02 and Exclusion Code Excl 03.**

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

28. Important Note

- a) Where the policy is issued for more than 1 year, the Sum Insured including sublimits, automatic restoration benefit (if applicable) 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) Where the policy is issued on floater basis, the sum insured, cumulative bonus and other related benefits floats amongst the insured members.
- c) 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.
- d) 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.
- e) 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.

29. 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, No.1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai 600034, during normal business hours.

30. 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>

List of Insurance Ombudsman

<p>AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in JURISDICTION: Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p>	<p>BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in JURISDICTION: Karnataka.</p>	<p>BHOPAL Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal - 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in JURISDICTION: Madhya Pradesh Chattisgarh.</p>	<p>BHUBANESWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar - 751 009. Tel.: 0674 - 2596461 / 2596455 Email: bimalokpal.bhubaneswar@cioins.co.in JURISDICTION: Odisha.</p>
<p>CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172 - 4646394/ 2706468 Email: bimalokpal.chandigarh@cioins.co.in JURISDICTION: Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat & Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.</p>	<p>CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai - 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in JURISDICTION: Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).</p>	<p>DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in JURISDICTION: Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.</p>	<p>ERNAKULAM Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College, M.G. Road, Ernakulam - 682 011. Tel.: 0484-2358759 Email: bimalokpal.ernakulam@cioins.co.in JURISDICTION: Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.</p>
<p>GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in JURISDICTION: Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>	<p>HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in JURISDICTION: Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>	<p>JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363/2740798 Email: bimalokpal.jaipur@cioins.co.in JURISDICTION: Rajasthan.</p>	<p>KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in JURISDICTION: West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
<p>LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082/ 3500613 Email: bimalokpal.lucknow@cioins.co.in JURISDICTION: Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gaziipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabimagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>	<p>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 Email: bimalokpal.mumbai@cioins.co.in JURISDICTION: Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).</p>	<p>NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in JURISDICTION: State of Uttarakhnad and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddha nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>	<p>PATNA Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in JURISDICTION: Bihar, Jharkhand.</p>
			<p>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 Email: bimalokpal.pune@cioins.co.in JURISDICTION: Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).</p>

Kindly refer our website, for future updates in Ombudsman address

ITEMS THAT ARE TO BE SUBSUMED INTO ROOM CHARGES

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

ITEMS THAT ARE TO BE SUBSUMED INTO PROCEDURE CHARGES

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

ITEMS THAT ARE TO BE SUBSUMED INTO COSTS OF TREATMENT

SI.NO.	ITEM	SI.NO.	ITEM
1	ADMISSION / REGISTRATION CHARGES	10	HIV KIT
2	HOSPITALISATION FOR EVALUATION / DIAGNOSTIC PURPOSE	11	ANTISEPTIC MOUTHWASH
3	URINE CONTAINER	12	LOZENGES
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	13	MOUTH PAINT
5	BIPAP MACHINE	14	VACCINATION CHARGES
6	CPAP / CAPD EQUIPMENTS	15	ALCOHOL SWABS
7	INFUSION PUMP — COST	16	SCRUB SOLUTION / STERILLIUM
8	HYDROGEN PEROXIDE / SPIRIT / DISINFECTANTS ETC	17	GLUCOMETER & STRIPS
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES	18	URINE BAG

Non-Medical Items (Consumables) List I (68 items)

The following List I items are covered if the optional cover "Section III-4" is opted by the Insured

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

S.No	Sum Insured (INR)	5 lacs	10 lacs	15 lacs	20 lacs	25 lacs	50 lacs	75 lacs	1 Crore
1	Room, Boarding and Nursing charges	Private Single A/c Room	Private Single A/c Room	Private Single A/c Room	Private Single A/c Room	Private Single A/c Room	Private Single A/c Room	Private Single A/c Room	Private Single A/c Room
2	ICU/Operation Theatre Charges	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured
3	Road Ambulance Charges (per policy period)	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured
4	Air Ambulance (per policy year)	Up to 10% of sum insured	Up to 10% of sum insured	Up to 10% of sum insured	Up to 10% of sum insured	Up to 10% of sum insured	Up to 10% of sum insured	Up to 10% of sum insured	Up to 10% of sum insured
5	Pre Hospitalization Expenses incurred	Up to 60 days	Up to 60 days	Up to 60 days	Up to 60 days	Up to 60 days	Up to 60 days	Up to 60 days	Up to 60 days
6	Post Hospitalization Expenses incurred	Up to 180 days	Up to 180 days	Up to 180 days	Up to 180 days	Up to 180 days	Up to 180 days	Up to 180 days	Up to 180 days
7	Domiciliary Hospitalization	Coverage for medical treatment (Including AYUSH) (for a period exceeding three days)	Coverage for medical treatment (Including AYUSH) (for a period exceeding three days)	Coverage for medical treatment (Including AYUSH) (for a period exceeding three days)	Coverage for medical treatment (Including AYUSH) (for a period exceeding three days)	Coverage for medical treatment (Including AYUSH) (for a period exceeding three days)	Coverage for medical treatment (Including AYUSH) (for a period exceeding three days)	Coverage for medical treatment (Including AYUSH) (for a period exceeding three days)	Coverage for medical treatment (Including AYUSH) (for a period exceeding three days)
8	Annual Health Checkup Individual Sum Insured(up to)	1500/-	2000/-	4000/-	5000/-	5000/-	5000/-	8000/-	8000/-
9	Annual Health Checkup Floater Sum Insured (up to)	2500/-	5000/-	8000/-	10000/-	10000/-	10000/-	15000/-	15000/-
10	Home care treatment	Up to 10% of the sum insured subject to maximum of Rs.5 lakhs in a policy year	Up to 10% of the sum insured subject to maximum of Rs.5 lakhs in a policy year	Up to 10% of the sum insured subject to maximum of Rs.5 lakhs in a policy year	Up to 10% of the sum insured subject to maximum of Rs.5 lakhs in a policy year	Up to 10% of the sum insured subject to maximum of Rs.5 lakhs in a policy year	Up to 10% of the sum insured subject to maximum of Rs.5 lakhs in a policy year	Up to 10% of the sum insured subject to maximum of Rs.5 lakhs in a policy year	Up to 10% of the sum insured subject to maximum of Rs.5 lakhs in a policy year
11	Hospitalization expenses for treatment of New Born Baby (per policy period)	50,000/-	1,00,000/-	1,50,000/-	2,00,000/-	2,00,000/-	2,00,000/-	2,00,000/-	2,00,000/-
12	AYUSH Treatment	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured
13	Coverage for Modern Treatment	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured
14	Cumulative Bonus	50% of sum insured for each claim free year subject to a maximum upto 100% of the sum insured	50% of sum insured for each claim free year subject to a maximum upto 100% of the sum insured	50% of sum insured for each claim free year subject to a maximum upto 100% of the sum insured	50% of sum insured for each claim free year subject to a maximum upto 100% of the sum insured	50% of sum insured for each claim free year subject to a maximum upto 100% of the sum insured	50% of sum insured for each claim free year subject to a maximum upto 100% of the sum insured	50% of sum insured for each claim free year subject to a maximum upto 100% of the sum insured	50% of sum insured for each claim free year subject to a maximum upto 100% of the sum insured
15	Automatic Restoration of Sum Insured	Once by 100%	Once by 100%	Once by 100%	Once by 100%	Once by 100%	Once by 100%	Once by 100%	Once by 100%
16	Wellness Discount	Available	Available	Available	Available	Available	Available	Available	Available
17	Day Care Treatments	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured

Optional Covers

1	Cumulative Bonus Booster	Not Applicable	50% of sum insured for each claim free year subject to a maximum upto 600% of the sum insured						
2	Modification of Room Category	Shared Accommodation	From Private Single A/C Room to Any Room / Shared Accommodation						
3	Reduction of Pre-Existing Diseases waiting period		From 48 months to 36 / 24 / 12 months						
4	Coverage for Non-medical Items (Consumables)		Available						
5	Unlimited Automatic Restoration of Sum Insured		Each time up to 100% of sum insured and Unlimited number of times in a policy year						

Benefit Illustration in respect of policies offered on individual and family floater basis

Age of the Members insured (in yrs)	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum Insured (Rs.)

Illustration 1

41	10,631	10,00,000	10,631	Nil	10,631	10,00,000	19,235	3,847	15,388	10,00,000
37	8,604	10,00,000	8,604		8,604	10,00,000				
Total Premium for all members of the family is Rs.19,235/- when each member is covered separately. Sum Insured available for each individual is Rs.10,00,000/-			Total Premium for all members of the family is Rs.19,235/- when they are covered under a single policy. Sum Insured available for each family member is Rs.10,00,000/-				Total Premium when policy is opted on floater basis is Rs.15,388/- . Sum Insured of Rs.10,00,000/- . Is available for the entire family (2A)			

Illustration 2

49	14,387	10,00,000	14,387	Nil	14,387	10,00,000	43,870	15,028*	28,842	10,00,000
45	10,631	10,00,000	10,631		10,631	10,00,000				
23	6,284	10,00,000	6,284		6,284	10,00,000				
21	6,284	10,00,000	6,284		6,284	10,00,000				
19	6,284	10,00,000	6,284		6,284	10,00,000				
Total Premium for all members of the family is Rs.43,870/- , when each member is covered separately. Sum Insured available for each individual is Rs.10,00,000/-			Total Premium for all members of the family is Rs.43,870/- , when they are covered under a single policy. Sum Insured available for each family member is Rs.10,00,000/-				Total Premium when policy is opted on floater basis is Rs.28,842/- . Sum Insured of Rs.10,00,000/- . Is available for the entire family (2A+3C)			

Note: Premium rates specified in the above illustration are standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable.

* Family discount shown here is difference between Premium applicable for Individual Sum Insured and Floater Sum Insured

A-Adult | C-Child

