STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED
Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034.
Phone : 044 - 2828 8800
CIN : U66010TN2005PLC056649 Email:info@starhealth.in Website: www.starhealth.in IRDAI Regn. No: 129

Kind Attention : Policyholder

Please check whether the details given by you about the insured persons in the proposal form (Copy enclosed) are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the person/s covered would be taken as correct.

So also the coverage details may also be gone through and in the absence of any communication from you within 15 days from the receipt of this policy, it would be construed that the policy issued is correct and the claims if any arise under the policy will be dealt with based on proposal / policy details.

Policy Wordings

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STAR COMPREHENSIVE INSURANCE POLICY

Unique Identification No. : IRDA/NL-HLT/SHAI/P-H/V.III/398/14-15

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

In consideration of the premium paid, subject to the terms, conditions, exclusions and definitions contained herein the Company agrees that if during the period stated in the Schedule of Benefits the insured person shall contract any disease or suffer from any illness or sustain bodily injury through accident and if such disease or injury shall require the insured Person, upon the advice of a duly Qualified Physician/Medical Specialist /**Medical Practitioner** or of duly Qualified Surgeon to incur Hospitalization expenses for medical/surgical treatment at any **Nursing Home / Hospital** in India as an **in-patient**, the **Company** will pay to the **Insured Person** the amount of such expenses as are reasonably and necessarily incurred up-to the limits indicated but not exceeding the sum insured in any one period stated in the Schedule hereto.

1. COVERAGE:

Section 1 : Hospitalization

A) Room (Single Standard A/C room), Boarding and Nursing Expenses as provided by the Hospital / Nursing Home

B) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.

C) Anesthesia, Blood, Oxygen, Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker and similar expenses.

D) Emergency ambulance charges up-to the limit stated in the schedule of Benefits per Policy Period for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment provided such Hospitalization claim is admissible as per the Policy.

Subject to the above terms, the Insured Person/s is/are eligible for reimbursement, expenses incurred towards the cost of air ambulance as per the schedule of Benefits, if availed on the advice of the treating Medical Practitioner / Hospital. Air ambulance is payable for only from the place of first occurrence of the illness / accident to the nearest appropriate hospital. Such Air ambulance should have been duly licensed to operate as such by Competent Authorities of the Government/s.

E) Relevant **Pre-Hospitalization** medical expenses incurred for a period up-to 30 days immediately prior to the date of Hospitalization on the disease / illness sustained following an admissible claim under the policy.

F) Post Hospitalization expenses incurred under the policy towards Consultant fees, Diagnostic charges, Medicines and Drugs wherever recommended by the Hospital / Medical Practitioner, where the treatment was taken, for 60 days after discharge from the hospital following an admissible claim. Provided however such expenses so incurred are in respect of ailment for which the insured person was hospitalized.

210 x 297 mm - 12 Page Booklet

G) Expenses of Medical Consultations as an Out Patient incurred in a Network Hospital for other than Dental and Ophthalmic treatments, up to the limits mentioned in the schedule of benefits with a limit of Rs.300/- per consultation. Payment under this benefit G does not form part of Sum Insured, and payable while the policy is in force.

H) Domiciliary hospitalization treatments for a period exceeding three days

Coverage for medical treatment 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 Pharingitis,Arthritis, Gout and Rheumatism.

Pre-hospitalisation and Post-hospitalization expenses are not payable for this cover

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

Section 2 : Delivery and New Born

A) Expenses for a Delivery including Delivery by Caesarean section (including pre-natal and post natal expenses) up-to the limits mentioned in the schedule per Delivery, subject to a maximum of 2 deliveries in the entire life time of the insured person are payable *while the policy is in force.*

B) Expenses up-to the limits mentioned in the Schedule of Benefits, incurred in a hospital/ nursing home on treatment of the New-born for any disease, illness (including any congenital disorders) or accidental injuries provided there is an admissible claim under A of Section-2 above and while the policy is in force.

C) Vaccination expenses up to Rs.1000/, for the new born baby until the new born baby completes one year and is added in the policy on renewal. Claim under this is admissible only if claim under A of Section-2 above has been admitted and *while the policy is in force.*

Special Conditions applicable for this Section

1) Benefit under this section is subject to a waiting period of 36 months from the date of first commencement of this policy and continuous renewal thereof with the company. A waiting period of 24 months will apply afresh following a claim under "A" of Section-2 above.

2) Pre-hospitalisation and Post Hospitalization expenses and Hospital Cash Benefit are not applicable for this section.

3) This cover is available only when both Self and Spouse are Covered under this policy until the period when the benefit under this Section becomes payable. Claims under this section will not reduce the Sum Insured and will not impact the benefit under Section 5.

Section 3 : Out-patient Dental and Ophthalmic Treatment

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

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

The insured persons become eligible for this benefit after continuous coverage under this policy after every block of 3 years with the company and payable while the policy is in force.

Claims under this section will not reduce the Sum Insured *and will not impact the benefit under Section 5*

Section 4 : Hospital Cash

Cash Benefit up to the limits mentioned in the Schedule of Benefits for each completed day of Hospitalization subject to a maximum of 7 days per occurrence is payable. Provided however there is an admissible claim under Section 1 of the policy.

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

This benefit is subject to an excess of first 24 hours of Hospitalization for each and every claim. Claims under this section will not reduce the Sum Insured.

Section 5 : Health Check Up

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

Where the policy is on a floater basis, if a claim is made under Section 1 (other than Section 1G) or under Section 6 by any of the insured persons the health check up benefits will not be available under the policy. However where the policy is on individual sum insured basis a claim made by one insured person will not affect the Health Check-up benefit to other insured persons covered.

Section 6 : Bariatric Surgery

Expenses incurred on hospitalization for bariatric surgical procedure and its complications thereof are payable subject to a maximum of Rs.2,50,000/- during the policy period. This maximum limit of Rs.2,50,000/- is inclusive of pre-hospitalisation and post hospitalization expenses.

Special conditions:

1. This benefit is subject to a waiting period of 36 months from the date of first commencement of this policy and continuous renewal thereof with the Company.
2. The minimum age of the insured at the time of surgery should be above 18 years.
3. This benefit shall not apply where the surgery is performed for
   a) Reversible endocrine or other disorders that can cause obesity
   b) Current drug or alcohol abuse
   c) Uncontrolled, severe psychiatric illness
   d) Lack of comprehension of risks, benefits, expected outcome, alternatives and lifestyle changes required with bariatric surgery.
   e) Bariatric surgery performed for Cosmetic reasons
4. The indication for the procedure should be found appropriate by two qualified surgeons and the insured person shall obtain prior approval for cashless treatment from the Company.
5. To make a claim, the insured person should satisfy the following criteria as devised by NIH (National Institute of Health)
   a) The BMI should be greater than 40 or greater than 35 with co-morbidities (like Diabetes, High Blood Pressure etc.)
   b) Is unable to lose weight through traditional methods like diet and exercise.

Note: Claims under this section shall be processed only on cashless basis. The limit of cover provided under this section forms part of the sum insured.

Section 7 : Accidental Death and Permanent Total Disablement

If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury resulting solely and directly from Accident caused by external, violent and visible means then the Company will pay as under:

1. **Accidental Death of Insured Person**: If following an Accident that causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as compensation the Sum Insured mentioned in the Schedule
2. **Permanent Total Disablement** of the Insured Person: If following an Accident which caused permanent impairment of the Insured's mental or physical capabilities, then the Company will pay the benefits as provided in the Table of Benefits, depending upon the degree of disablement provided that:
   a) The disablement occurs within 12 Calendar months from the date of the Accident.
   b) The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.

Special Conditions:

1. If the Accident affects any physical or mental function, which was already impaired prior to the accident, a deduction as recommended by any Government Doctor not below the rank of a Civil Surgeon will be made in respect of this prior disablement.
2. In the event of Permanent Total Disablement, the Insured Person will be under obligation:
   a) To have himself/herself examined by doctors appointed by the Company / and the Company will pay the costs involved thereof.
   b) To authorize doctors providing treatments or giving expert opinion and any other authority to supply the Company any information that may be required. If the obligations are not met with due to whatsoever reason, the Company may be relieved of its liability to pay.
3. This Section is applicable for the person specifically mentioned in the Schedule.
4. The sum insured for this Section is equal to the sum insured opted for Health Section
5. Where a claim has been paid during the policy period the cover under this Section ceases until the expiry of the policy. Upon renewal the cover applies to the person specifically chosen again. However even if the sum insured under this section is exhausted by way of claim, the coverage under health section will continue until expiry of the policy period.

   At any point of time only one person will be eligible to be covered under this Section.
6. Any claim under health portion will not affect the Sum Insured under this section.
7. Where there is an admissible claim for Accidental Death during the policy period, the health cover will continue for the remaining insured persons.

Where there is an admissible claim for Permanent Total Disability during the policy period, the health cover would continue until the expiry of the policy for all the insured persons covered including the person who has made a claim for Permanent Total Disability and renewal thereof.

Where there is an admissible claim for Permanent Total Disability or Death during the policy period, the personal accident cover will be applicable for another person chosen at the time of renewal.

8. Geographical Scope : The cover under this section applies World Wide

Section 8 : Option for Second Medical Opinion

The Insured Person is given the facility of obtaining a Medical Second Opinion from a Doctor in the Company's network of Medical Practitioners. This is an optional benefit to the Insured Person. All the medical records provided by the Insured Person will be submitted to the Doctor chosen by him/her either online or through post/courier and the medical opinion will be made available directly to the Insured by the Doctor.

Subject to the following conditions :-

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

2. DEFINITIONS

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

Any One Illness means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment has been taken. Occurrence of the same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.

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

Cashless Service means a facility extended by the insurer to the insured where the payments, of the cost 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 approved

Capital Sum Insured means the sum insured available under Section 7 (Personal Accident)

Company means Star Health and Allied Insurance Company Limited

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

Congenital Internal means congenital anomaly which is not in the visible and accessible parts of the body.

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

Co-payment is a cost-sharing requirement under a health insurance policy that provides that the policy holder/insured will bear a specified percentage of the admissible claim amount. A Co-payment does not reduce the Sum Insured.

Cumulative Bonus shall mean any increase in the sum insured granted by the insurer without an associated increase in premium.

Day Care Centre means any institution established for day care treatment of illness and / or injuries or a medical set up within a hospital and which has been registered with the local authorities, wherever applicable and is under the supervision of a Registered and Qualified Medical Practitioner and must comply with all minimum criteria as under :-

-has qualified nursing staff under its employment;

-has qualified medical practitioner/s in charge;

-has a 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 personal

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 hours because of technological advancement, and - which would have otherwise required a hospitalization of more than 24 hours. Treatment normally taken on an out patient basis is not included in the scope of this definition.

Dental Treatment is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.

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

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

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

Domiciliary hospitalisation means medical treatment 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 :

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.

Grace Period means the specified period of time immediately following premium due date during which the payment can be made to renew or continue the policy in force without loss of continuity benefits such as waiting period and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

Hazardous Sport / Hazardous Activities means engaging whether professionally or otherwise in any sport or activity, which is potentially dangerous to the Insured Person (whether trained, or not). Such Sport/Activity including but not limited to Winter sports, Ice hockey, Skiing, Skydiving, Parachuting, Ballooning, Scuba Diving, Bungee Jumping, Mountain Climbing, Riding or Driving in Races or Rallies, caving or pot holing, hunting or equestrian activities, diving or under-water activity, rafting or canoeing involving rapid waters, yachting or boating outside coastal waters, jockeys, horseback, Polo, Circus personnel, army/navy/air force personnel and policemen whilst on duty, persons working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high-tension supply, nuclear installations, handling hazardous chemicals.

Hospitalization means admission in a hospital for a minimum period of 24 in patient care consecutive hours except for specified procedures/treatment where such admission could be for a period of less than 24 consecutive hours.

Hospital/Nursing Home means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

a. Has qualified nursing staff under its employment round the clock;

b. Has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in- patient beds in all other places;

c. Has qualified medical practitioner(s) in charge round the clock.

d. Has a fully equipped operation theatre of its own where surgical procedures are carried out;

e. Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

Illness means sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and requires medical treatment.

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

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

In-Patient means an Insured Person who is admitted to Hospital and stays there for a minimum period of 24 hours for the sole purpose of receiving treatment.

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

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

Medical Advise Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

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 is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian

Medicine or for Homeopathy set up by the Government of India or a State Government and is there by entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.

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

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

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

- must have been prescribed by a *medical practitioner*;

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

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

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

Network Hospital means all such hospitals, day care centers or other providers that the Insurance Company has mutually agreed with, to provide services like cashless access to policyholders. The list is available with the Company and subject to amendment from time to time.

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

Notification of claim is the process of notifying a claim to the insurer by specifying the timelines as well as the address / telephone number to which it should be notified.

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

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

Pre Hospitalization means Medical Expenses incurred immediately before the Insured Person is hospitalized, provided that :

I. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and

II. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company

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

i. Such Medical Expenses are incurred for the same condition for which the insured person's hospitalization was required and

ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

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

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

Reasonable and Customary charges. means 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 defines 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 all waiting periods.

Room Rent means the amount charged by a hospital for the occupancy of a bed on per day (24 hrs) basis and shall include associated medical expenses.

Single Standard A/C Room means an individual air-conditioned room with attached wash room. This room may have a television, telephone and a couch. This does not include deluxe room / suite or room with additional facilities other than those stated herein.

Surgery/Surgical Operation means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

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

3. Exclusions

The Company shall not be liable to make any payments under this policy in respect of any expenses what so ever incurred by the insured person in connection with or in respect of:

Applicable for Sections 1 to 6

1. Pre Existing Diseases as defined in the policy until 48 consecutive months of continuous coverage has elapsed, since inception of the first policy with any Indian Insurer.

2. Any disease contracted by the insured person during the first 30 days from the commencement date of the policy. This exclusion shall not apply in case of the insured person having been covered under any health insurance policy (Individual or Group Insurance policy) with any of the Indian Insurance companies for a continuous period of preceding 12 months without a break.

3. During the First two Years of continuous operation of insurance cover,

   a) The expenses for treatment of cataract, degenerative disc of vertebral diseases and prolapse of intervertebral disc (other than caused by accident), varicose veins and varicose ulcers, benign prostatic hypertrophy, deviated nasal septum, sinusitis Tonsillitis, Nasal polyps, Chronic Supparative Otitis Media and related disorders, hernia, hydrocele, fistula / fissure in ano and haemorrhoids congenital internal disease/defect (except to the extent provided under Section 2 for New Born)

   b) All treatments (conservative, interventional, open laparoscopic) for Hepatobilary Gall Bladder and Pancreatic stones and Genito-urinary calculi.

   c.) All treatments (conservative, interventional, open, and laparoscopic) for Uterine prolapse, Dysfunctional Uterine Bleeding, Fibroids, Pelvic Inflammatory Diseases, all diseases of fallopian tubes and ovaries,

   d.) Arthroscopic repair and removal [other than caused by an accident]

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

   The exclusion 3 shall not however apply in the case of the Insured person/s having been covered under any Individual health insurance scheme with any of the Indian Insurer for a continuous period of preceding 24 months without any break

4. Injury/Disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike operations (whether war be declared or not)

5. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons /materials.

6. a) Circumcision unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident,

   b) Vaccination. However this exclusion will not apply where such expenses are for post –bite treatment, for medical treatment other than preventive treatments and to the extent provided for under Section 2 for New Born Child

   c) Inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery (other than as necessitated due to an accident or as a part of any illness).

7. Cost of spectacles and contact lens (in excess of what is specifically provided), hearing aids including cochlear implants, walkers, crutches wheel chairs and such other aids.

8. Dental treatment or surgery (in excess of what is specifically provided) unless necessitated due to accidental injuries and requiring hospitalization.

9. Convalescence, general debility, Run-down condition or rest cure, nutritional deficiency states, psychiatric , Psychosomatic disorders, Congenital external disease or defects or anomalies (except to the extent provided under Section 2 for New Born) sterility, venereal disease, intentional self injury and use of intoxicating drugs/alcohol.

10. All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympho Trophic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS. It is however made clear that such of those who are positive for HIV (Human Immuno Deficiency Virus) would be entitled for expenses incurred for treatment Other than for opportunistic infections and for treatment of HIV /AIDS, provided at the time of first commencement of Insurance under this policy their CD4 count is not less than 350.

11. Charges incurred at Hospital or Nursing Home primarily for Diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at hospital/nursing home.

12. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.

13. Treatment arising from or traceable to pregnancy, miscarriage, abortion or complications of any of these (other than ectopic pregnancy and to the extent covered under Section 2)

14. Naturopathy Treatment.

15. Hospital registration charges, admission charges, record charges, telephone charges and such other charges.

16. Expenses incurred on Lasik Laser or Refractive Error Correction, treatment of Eye disorders requiring intra-vitreal injections.

17. Expenses incurred on weight control services including cosmetic procedures for treatment of obesity, medical treatment for weight control, treatment for metabolic, genetic and endocrine disorders except to the extent provided as per 'Coverage' under Section-6 .

18. Expenses incurred on Non Allopathic treatment.

19. Expenses incurred on Enhanced External Counter Pulsation therapy and related therapies and Rotational Field Quantum Magnetic Resonance Therapy

20. Any specific time-bound or life time exclusions applied, specified and accepted by the insured

21. Other expenses as detailed in the policy.

Applicable for Section 7

22. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.

23. Any injuries/conditions which are Pre-existing conditions

24. Any claim arising out of Accidents that the Insured Person has caused

    a) intentionally or

    b) by committing a crime / involved in it or

    c) as a result of / in a state of drunkenness or addiction (drugs, alcohol).

25. Any claim arising out of mental disorder, suicide or attempted suicide self inflicted injuries, or sexually transmitted conditions, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immunodeficiency Virus) and / or any HIV related illness including AIDS (Acquired Immunodeficiency Syndrome), insanity and / or any mutant derivative or variations thereof howsoever caused.

26. Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from.

27. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detainments of all kings princes and people of whatever nation, condition or quality whatsoever.

28. Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.

29. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:

    a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel.

    b. Nuclear weapons material

    c. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

    d. Nuclear, chemical and biological terrorism

30. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.

31. Participation in Hazardous Sport / Hazardous Activities

32. Persons who are physically and mentally challenged, unless specifically agreed and endorsed in the policy.

33. Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.

34. Any payment in case of more than one claim under the policy during the period of insurance by which the maximum liability of the Company in that period would exceed the amount specified in the Schedule

35. Any other claim after a claim has been admitted by the Company and becomes payable for Death or Permanent Total Disablement, as mentioned in Table.

36. Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly.

37. Any claim for Death or Permanent Total Disablement of the Insured Person from self-endangerment unless in self-defense or to save life.

4. CONDITIONS:

1. The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance of fulfillment of the terms, provision, conditions and endorsements of this policy by the Insured Person, in so far as they relate to anything to be done or complied with by the Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.

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

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

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

   Post hospitalization bills are to be submitted within 15 days after completion of 60 days from the date of discharge from hospital

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

   Documents to be submitted in support of claim are –

   For Reimbursement Claim

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

Note: Claim towards Bariatric Surgery under Section-6 will not be processed on Reimbursement Basis.

For Cashless Treatment:

a. Call the 24 hour help-line for assistance - 1800 425 2255
b. Inform the ID number for easy reference
c. On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk
d. Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
e. The Treating Doctor will complete the hospitalisation/ treatment information and the hospital will fill up expected cost of treatment.
f. This form is submitted to the Company
g. The Company will process the request and call for additional documents/ clarifications if the information furnished is inadequate.
h. Once all the details are furnished, the Company will process the request as per the terms and conditions as well as the exclusions therein and either approve or reject the request based on the merits.

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

j. Cashless facility can be availed only in networked Hospitals

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.

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

Prescriptions and receipts for Pre and Post-Hospitalization

Claims of Out Patient Consultations / treatments will be settled on a reimbursement basis on production of cash receipts.

For Accidental Death Claims:-

a. Death Certificate

b. Post-mortem Certificate, if conducted

c. FIR (wherever required)

d. Police Investigation report (wherever required)

e. Viscera Sample Report (wherever required)

f. Forensic Science Laboratory report (wherever required)

g. Legal Heir Certificate

h. Succession Certificate (wherever required)

For Permanent Total Disablement Claims:

Certificate from Government doctor confirming the disability and its percentage

Note: 1. The Company authorized doctor may examine the insured if required

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

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

5. Any medical practitioner authorized by the **Company** shall be allowed to examine the Insured Person in case of any alleged injury or diseases requiring hospitalization when and as often as the same may reasonably be required on behalf of the Company at Company's Cost.

6. **Co-payment:** This policy is subject to co-payment of 10% of each and every claim amount for fresh as well as renewal policies for insured persons whose age at the time of proposing this insurance policy is above 60 years. Co-payment is applicable only for Section 1A to F

7. If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available sum insured in the two policy periods, including the deductibles for each policy period. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal/due date of premium of health insurance policy, if not received earlier. This is applicable for claims falling under Section 1 only.

8. **Renewal**: The policy will be renewed except on grounds of misrepresentation / Non-disclosure of material fact as declared in the proposal form and at the time of claim, fraud committed / moral hazard or non cooperation of the insured. A grace period of 30 days from the date of expiry of the policy is available for renewal. If renewal is made within this 30 days period the continuity of benefits will be allowed. However the actual period of cover will start only from the date of payment of premium. In other words no protection is available between the policy expiry date and the date of payment of premium for renewal.

Enhancement of sum insured

The sum insured can be enhanced at the time of renewal or at the time of porting-and the same may be allowed at the discretion of the Company. Where the sum insured is enhanced, the amount of such additional sum insured and the amount of cumulative bonus earned on such additional sum insured shall be subject to the following terms:

a. Medical test will be done at the Company's cost

b. Waiting period as under shall apply afresh from the date of such enhancement:

1. First 30 days as under Exclusion No. 2
2. 24 months with continuous coverage without break (with grace period) in respect of diseases / treatments falling under exclusion No.3
3. 48 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases as defined under Exclusion No.1
4. 48 months of continuous coverage without break (with grace period) in respect of diseases / conditions for which the insured was diagnosed / hospitalized in the preceding 2 policy periods.

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

Following an admissible claim under Section-7 the coverage under Personal Accident insurance upon renewal will be applicable for the person to be chosen by the Proposer at the time of renewal, subject to other terms, conditions contained herein

9. The Company shall not be liable to make any payment under the policy in respect of any claim if information furnished at the time of proposal is found to be incorrect or false or such claim is in any manner fraudulent or supported by any fraudulent means or device, misrepresentation whether by the Insured Person or by any other person acting on his behalf.

10. **Cumulative Bonus** (**Applicable for Section 1 other than 1G**) Where the sum insured under the policy is Rs.5,00,000/-, the insured person would be entitled to the benefit of bonus calculated at 50% of the basic sum insured under this policy following a claim free year up to a maximum of 100%. In case a claim is made during the policy period, the bonus will be reduced by 50% in the following year. If there is a claim in the succeeding year also the bonus will become zero. The basic sum insured will however not be reduced.

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

Note: The bonus will be offered on that part of the sum insured that is continuously renewed. Such bonus will be available only upon timely renewal of the policy without break or upon renewal within the grace period allowed. If the Insured opts to reduce the basic Sum Insured at a subsequent renewal, the limit of indemnity by way of such Bonus shall not exceed such reduced sum insured.

Claim under Coverage 1(G) will not affect the No Claim Bonus.

11. **Automatic Restoration of Sum Insured (Applicable for Section 1 Only)**

There shall be automatic restoration of the Basic Sum Insured by 100% immediately upon exhaustion of the Basic Sum Insured and accrued Cumulative Bonus if any, once during the policy period It is made clear that such restored Sum Insured can be utilized only for illness /disease unrelated to the illness / diseases for which claim/s was / were made.

Such restoration will be available for section 1 other than Section 1G.

12. **Free Look Period:** A free look period of 15 days from the date of receipt of the policy is available to the insured to review the terms and conditions of the policy. In case the insured is not satisfied with the terms and conditions, the insured may seek cancellation of the policy and in such an event the Company shall allow refund of premium paid after adjusting the cost of pre-medical screening if any, stamp duty charges and proportionate risk premium for the period concerned provided no claim has been made until such cancellation.

Free look cancellation is not applicable at the time of renewal of the policy

13. **Automatic Termination**:

The Health Insurance cover shall terminate immediately on the death of the Insured Person. This also means that in case of family floater policy, cover for the other surviving members of the family will continue, subject to other terms of the policy.

In case of a claim being paid under Section-7 of this policy, this Personal Accident cover ceases for the remaining period of the policy.

14. **Cancellation:** The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact or non-co-operation by the insured person, by sending the Insured 30 days notice by registered letter at the Insured person's last known address and no refund of premium will be made.

The insured may at any time cancel this policy and in such event the Company shall allow refund after retaining premium at Company's short Period rate only (table given below) provided no claim has occurred up to the date of cancellation

PERIOD ON RISK	RATE OF PREMIUM TO BE RETAINED
Up to one-month	1/3rd of the annual premium
Up to three Months	½ of the annual premium
Up to six months	3/4th of the annual premium
Exceeding six months	full annual premium

15. All claims under this policy shall be payable in Indian currency. All medical / surgical treatments under this policy shall have to be taken in India.

16. **Portability:** This policy is portable. If the insured is desirous of porting this policy to another Insurer towards renewal, application in the appropriate form should be made to the Company at least before 45 days from the date when the renewal is due.

    Where the outcome of acceptance of portability is still waiting from the new insurer on the date of renewal, the existing policy will be extended on the request of the Insured person, for a period not less than one month on pro rata premium. Such extended cover will be cancelled only on the written request by the Insured Person, subject to a minimum pro rata premium for one month. If the Insured Person requests in writing to continue the policy with the Company without porting, it will be allowed by charging the regular premium with the same terms as per the expiring policy. In case of a claim made by the Insured person and admitted by the Company during such extension, the policy will be extended for the remaining period by charging the regular premium. Portability is not possible during the policy period. For details contact "portability@starhealth.in" or call Telephone No +91-044-28288869

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

18. In case the policy is issued on floater basis, the sum insured under the policy floats among the insured persons. The specified waiting periods shall be individually applicable to each insured person from date of induction of such insured person into this contract of insurance for the first time for such floater benefits and not be construed in common from the date of commencement of the policy of insurance for the first time itself. This condition is not applicable for Section 7

19. 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.

20. **Policy Dispute**: Any dispute concerning the interpretation of the terms, conditions, limitations and / or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law.

21. **Notice:** Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile/email to Star Health and Allied Insurance Company Limited, No 1 New Tank Street, Vallurvar Kottam High Road Nungambakkam Chennai 600034 Toll Free Fax No. 1800 425 5522 E-Mail info@starhealth.in

22. **Important Note:** The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract and must be complied with. Failure to comply may result in the claim being denied.

    The attention of the policy holder is drawn to our website www.starhealth.in for anti fraud policy of the Company for necessary compliance by all stake holders.

23. **Customer Service** If at any time the Insured Person requires any clarification or assistance, the Insured may contact the offices of the Company at the address specified, during normal business hours.

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

Grievance Department, Star Health and Allied Insurance Company Limited, No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai- 600 034. **or** Call 044-28288821 during normal business hours. **or** Send e-mail to "grievances@starhealth.in":

In the event of the following grievances:

a. any partial or total repudiation of claims by the Company

b. any dispute in regard to premium paid or payable in terms of the policy;

c. any dispute on the legal construction of the policies in so far as such disputes relate to claims;

d. delay in settlement of claims;

e. non-issuance of any insurance document to customer after receipt of the premium,

the Insured Person may approach the **Insurance Ombudsman** at the address given below, within whose jurisdiction the branch or office of Star Health and Allied Insurance Company Limited are located.

List of Ombudsman	
Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, 5,Navyug Colony, Ashram Road, **AHMEDABAD - 380 014.** Tel.:- 079-27546150/27546139 Fax : 079-27546142 Email: bimalokpal.ahmedabad@gbic.co.in	Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar,Opp. Airtel, Near New Market, **BHOPAL(M.P.) - 462 003.** Tel.:- 0755-2769201/2769202 Fax : 0755-2769203 Email: bimalokpal.bhopal@gbic.co.in
Office of the Insurance Ombudsman, 62, Forest Park, **BHUBANESHWAR -751 009.** Tel.:- 0674-2596461/2596455 Fax : 0674-2596429 Email: bimalokpal.bhubaneswar@gbic.co.in	Office of the Insurance Ombudsman, S.C.O. No.101-103,2nd Floor, Batra Building, Sector 17-D, **CHANDIGARH -160 017.** Tel.:- 0172-2706196/2706468 Fax : 0172-2708274 Email: bimalokpal.chandigarh@gbic.co.in
Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, **CHENNAI-600 018.** Tel.:- 044-24333668 /24335284 Fax : 044-24333664 Email: bimalokpal.chennai@gbic.co.in	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, **NEW DELHI -110 002.** Tel.:- 011-23239633/23237539 Fax : 011-23230858 Email: bimalokpal.delhi@gbic.co.in
Office of the Insurance Ombudsman, Jeevan Nivesh, 5 th Floor, Near Panbazar Overbridge, S.S. Road, **GUWAHATI -781 001 (ASSAM).** Tel.:- 0361-2132204/2132205 Fax : 0361-2732937 Email: bimalokpal.guwahati@gbic.co.in	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 : 040-65504123/23312122 Fax: 040-23376599 Email: bimalokpal.hyderabad@gbic.co.in
Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, **ERNAKULAM - 682 015.** Tel : 0484-2358759/2359338 Fax : 0484-2359336 Email: bimalokpal.ernakulam@gbic.co.in	Office of the Insurance Ombudsman, Hindustan Building. Annexe, 4th Floor, C.R. Avenue, **KOLKATA -700 072.** Tel : 033-22124339/22124340 Fax : 033-22124341 Email: bimalokpal.kolkata@gbic.co.in
Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, **LUCKNOW -226 001.** Tel : 0522 -2231331/2231330 Fax : 0522-2231310 Email: bimalokpal.lucknow@gbic.co.in	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), **MUMBAI - 400 054.** Tel : 022-26106960/26106552 Fax : 022-26106052 Email: bimalokpal.mumbai@gbic.co.in
Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II Bldg, Bhawani Singh Road, **JAIPUR-302005** Tel : 0141-2740363 Email: bimalokpal.jaipur@gbic.co.in	Office of the Insurance Ombudsman 2nd Floor, Jeevan Darshan Bldg, C.T.S.No195 to 198, N.C. Kelkar Road, Narayan peth, **PUNE-411030.** Tel: 020-32341320 Email: bimalokpal.pune@gbic.co.in
Office of the Insurance Ombudsman, 19/19, Jeevan Soudha Bldg, PID No.57-27-N-19 Ground Floor, 24th Main Road, JP Nagar, 1st Phase, **Bengaluru - 560078.** Tel No: 080-26652048/26652049 Email: bimalokpal.bengaluru @gbic.co.in	

Schedule of Benefits	
Section 1 D	
Sum Insured (Rs)	Limit per policy period by road ambulance (Up-to) (Rs)
500000/-	2,000/-
750000/-	3,000/-
1000000/-	3,500/-
1500000/-	4,000/-
2000000/-	4,500/-
2500000/-	5,000/-
In case of Air Ambulance, the limit per policy period is up to 10% of the Sum Insured. However, this is not available for Sum Insured option of Rupees Five Lakhs.	

Out-Patient Consultation Section 1-G	
Sum Insured Rs	Limit for Out Patient consultation per policy period for other than Dental and Ophthalmic Treatments (up to Rs.)
5,00,000/-	1200/-
7,50,000/-	1500/-
10,00,000/-	2100/-
15,00,000/-	2400/-
20,00,000/-	3000/-
25,00,000/-	3300/-
Limit of per consultation is Rs.300/-	

Section 2 Delivery and New Born			
Sum Insured Rs.	Limit for Delivery		Limit of Company's liability for New Born Cover Rs.
	Normal Delivery Rs.	Delivery by Caesarean Section Rs.	
5,00,000/-	10000/-	15000/-	50000/-
7,50,000/-	20000/-	40000/-	100000/-
10,00,000/-	25000/-	40000/-	100000/-
15,00,000/-	25000/-	40000/-	100000/-
20,00,000/-	25000/-	40000/-	100000/-
25,00,000/-	25000/-	40000/-	100000/-

Section 3 Out-patient Dental and Ophthalmic Treatment	
Sum Insured Rs	Limit for Out Patient Dental and Ophthalmic Treatments for each block of 3 continuous years (up to Rs.)
5,00,000/-	5000/-
7,50,000/-	5000/-
10,00,000/-	10000/-
15,00,000/-	10000/-
20,00,000/-	10000/-
25,00,000/-	10000/-

Section 4 Hospital Cash	
Sum Insured Rs	**Limit of Company's liability per day (Rs)**
5,00,000/-	500/-
7,50,000/-	750/-
10,00,000/-	750/-
15,00,000/-	1000/-
20,00,000/-	1000/-
25,00,000/-	1500/-

Section 5 Health Check Up	
Sum Insured Rs	**Limit (Up to Rs)**
5,00,000/-	5000/-
7,50,000/-	7500/-
10,00,000/-	7500/-
15,00,000/-	12000/-
20,00,000/-	12000/-
25,00,000/-	12000/-

Section 7 Accidental Death and Permanent Total Disablement	
Benefits	**Percentage of the Sum Insured**
1. Death	100%
2. Permanent Total Disablement Total and irrevocable loss* of	100%
(i) Sight of both eyes	100%
(ii) Physical separation of two entire hands	100%
(iii) Physical separation of two entire foot	100%
(iv) One entire hand and one entire foot	100%
(v) Sight of one eye and loss of one hand	100%
(vi) Sight of one eye and loss of one entire foot	100%
(vii) Use of two hands	100%
(viii) Use of two foot	100%
(ix) Use of one hand and one foot	100%
(x) Sight of one eye and use of one hand	100%
(xi) Sight of one eye and use of one foot	100%

LIST OF DAY-CARE TREATMENTS

ENT

1 Stapedotomy
2 Myringoplasty(Type I Tympanoplasty)
3 Revision stapedectomy
4 Labyrinthectomy for severe Vertigo
5 Stapedectomy under GA
6 Ossiculoplasty
7 Myringotomy with Grommet Insertion
8 Tympanoplasty (Type III)
9 Stapedectomy under LA
10 Revision of the fenestration of the inner ear.
11 Tympanoplasty (Type IV)
12 Endolymphatic Sac Surgery for Meniere's Disease
13 Turbinectomy
14 Removal of Tympanic Drain under LA
15 Endoscopic Stapedectomy
16 Fenestration of the inner ear
17 Incision and drainage of perichondritis
18 Septoplasty
19 Vestibular Nerve section
20 Thyroplasty Type I
21 Pseudocyst of the Pinna - Excision
22 Incision and drainage - Haematoma Auricle
23 Tympanoplasty (Type II)
24 Keratosis removal under GA
25 Reduction of fracture of Nasal Bone
26 Excision and destruction of lingual tonsils
27 Conchoplasty
28 Thyroplasty Type II
29 Tracheostomy
30 Excision of Angioma Septum
31 Turbinoplasty
32 Incision & Drainage of Retro Pharyngeal Abscess
33 Uvulo Palato Pharyngo Plasty
34 Palatoplasty
35 Tonsillectomy without adenoidectomy
36 Adenoidectomy with Grommet insertion
37 Adenoidectomy without Grommet insertion
38 Vocal Cord lateralisation Procedure
39 Incision & Drainage of Para Pharyngeal Abscess
40 Transoral incision and drainage of a pharyngeal abscess
41 Tonsillectomy with adenoidectomy
42 Tracheoplasty

Ophthalmology

43 Incision of tear glands
44 Other operation on the tear ducts
45 Incision of diseased eyelids
46 Excision and destruction of the diseased tissue of the eyelid
47 Removal of foreign body from the lens of the eye.
48 Corrective surgery of the entropion and ectropion
49 Operations for pterygium
50 Corrective surgery of blepharoptosis
51 Removal of foreign body from conjunctiva
52 Biopsy of tear gland
53 Removal of Foreign body from cornea
54 Incision of the cornea
55 Other operations on the cornea
56 Operation on the canthus and epicanthus
57 Removal of foreign body from the orbit and the eye ball.
58 Surgery for cataract
59 Treatment of retinal lesion
60 Removal of foreign body from the posterior chamber of the eye

Oncology

61 IV Push Chemotherapy
62 HBI-Hemibody Radiotherapy
63 Infusional Targeted therapy
64 SRT-Stereotactic Arc Therapy
65 SC administration of Growth Factors
66 Continuous Infusional Chemotherapy
67 Infusional Chemotherapy
68 CCRT-Concurrent Chemo + RT
69 2D Radiotherapy
70 3D Conformal Radiotherapy
71 IGRT- Image Guided Radiotherapy
72 IMRT- Step & Shoot
73 Infusional Bisphosphonates
74 IMRT- DMLC
75 Rotational Arc Therapy
76 Tele gamma therapy
77 FSRT-Fractionated SRT
78 VMAT-Volumetric Modulated Arc Therapy
79 SBRT-Stereotactic Body Radiotherapy
80 Helical Tomotherapy
81 SRS-Stereotactic Radiosurgery
82 X-Knife SRS
83 Gammaknife SRS
84 TBI- Total Body Radiotherapy
85 intraluminal Brachytherapy
86 Electron Therapy
87 TSET-Total Electron Skin Therapy
88 Extracorporeal Irradiation of Blood Products
89 Telecobalt Therapy
90 Telecesium Therapy
91 External mould Brachytherapy
92 Interstitial Brachytherapy
93 Intracavity Brachytherapy
94 3D Brachytherapy
95 Implant Brachytherapy
96 Intravesical Brachytherapy
97 Adjuvant Radiotherapy
98 Afterloading Catheter Brachytherapy
99 Conditioning Radiothearpy for BMT
100 Extracorporeal Irradiation to the Homologous Bone grafts
101 Radical chemotherapy
102 Neoadjuvant radiotherapy
103 LDR Brachytherapy
104 Palliative Radiotherapy
105 Radical Radiotherapy
106 Palliative chemotherapy
107 Template Brachytherapy
108 Neoadjuvant chemotherapy
109 Adjuvant chemotherapy
110 Induction chemotherapy
111 Consolidation chemotherapy
112 Maintenance chemotherapy
113 HDR Brachytherapy

Plastic Surgery

114 Construction skin pedicle flap
115 Gluteal pressure ulcer-Excision
116 Muscle-skin graft, leg
117 Removal of bone for graft
118 Muscle-skin graft duct fistula
119 Removal cartilage graft
120 Myocutaneous flap
121 Fibro myocutaneous flap
122 Breast reconstruction surgery after mastectomy
123 Sling operation for facial palsy
124 Split Skin Grafting under RA
125 Wolfe skin graft
126 Plastic surgery to the floor of the mouth under GA

Urology

127 AV fistula - wrist
128 URSL with stenting
129 URSL with lithotripsy
130 Cystoscopic Litholapaxy
131 ESWL
132 Haemodialysis
133 Bladder Neck Incision
134 Cystoscopy & Biopsy
135 Cystoscopy and removal of polyp

136 Suprapubic cystostomy
137 percutaneous nephrostomy
139 Cystoscopy and "SLING" procedure.
140 TUNA- prostate
141 Excision of urethral diverticulum
142 Removal of urethral Stone
143 Excision of urethral prolapse
144 Mega-ureter reconstruction
145 Kidney renoscopy and biopsy
146 Ureter endoscopy and treatment
147 Vesico ureteric reflux correction
148 Surgery for pelvi ureteric junction obstruction
149 Anderson hynes operation
150 Kidney endoscopy and biopsy
151 Paraphimosis surgery
152 injury prepuce- circumcision
153 Frenular tear repair
154 Meatotomy for meatal stenosis
155 surgery for fournier's gangrene scrotum
156 surgery filarial scrotum
157 surgery for watering can perineum
158 Repair of penile torsion
159 Drainage of prostate abscess
160 Orchiectomy
161 Cystoscopy and removal of FB

Neurology

162 Facial nerve physiotherapy
163 Nerve biopsy
164 Muscle biopsy
165 Epidural steroid injection
166 Glycerol rhizotomy
167 Spinal cord stimulation
168 Motor cortex stimulation
169 Stereotactic Radiosurgery
170 Percutaneous Cordotomy
171 Intrathecal Baclofen therapy
172 Entrapment neuropathy Release
173 Diagnostic cerebral angiography
174 VP shunt
175 Ventriculoatrial shunt

Thoracic surgery

176 Thoracoscopy and Lung Biopsy
177 Excision of cervical sympathetic Chain Thoracoscopic
178 Laser Ablation of Barrett's oesophagus
179 Pleurodesis
180 Thoracoscopy and pleural biopsy
181 EBUS + Biopsy
182 Thoracoscopy ligation thoracic duct
183 Thoracoscopy assisted empyaema drainage

Gastroenterology

184 Pancreatic pseudocyst EUS & drainage
185 RF ablation for barrett's Oesophagus
186 ERCP and papillotomy
187 Esophagoscope and sclerosant injection
188 EUS + submucosal resection
189 Construction of gastrostomy tube
190 EUS + aspiration pancreatic cyst
191 Small bowel endoscopy (therapeutic)
192 Colonoscopy ,lesion removal
193 ERCP
194 Colonscopy stenting of stricture
195 Percutaneous Endoscopic Gastrostomy
196 EUS and pancreatic pseudo cyst drainage
197 ERCP and choledochoscopy
198 Proctosigmoidoscopy volvulus detorsion
199 ERCP and sphincterotomy
200 Esophageal stent placement
201 ERCP + placement of biliary stents
202 Sigmoidoscopy w / stent
203 EUS + coeliac node biopsy

General Surgery

204 infected keloid excision
205 Incision of a pilonidal sinus / abscess
206 Axillary lymphadenectomy
207 Wound debridement and Cover
208 Abscess-Decompression
209 Cervical lymphadenectomy
210 infected sebaceous cyst
211 Inguinal lymphadenectomy
212 Incision and drainage of Abscess
213 Suturing of lacerations
214 Scalp Suturing
215 infected lipoma excision
216 Maximal anal dilatation
217 Piles
A)Injection Sclerotherapy
B)Piles banding
218 liver Abscess- catheter drainage
219 Fissure in Ano- fissurectomy
220 Fibroadenoma breast excision
221 Oesophageal varices Sclerotherapy
222 ERCP - pancreatic duct stone removal
223 Perianal abscess I&D
224 Perianal hematoma Evacuation
225 Fissure in ano sphincterotomy
226 UGI scopy and Polypectomy oesophagus
227 Breast abscess I& D
228 Feeding Gastrostomy
229 Oesophagoscopy and biopsy of growth oesophagus
230 UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers
231 ERCP - Bile duct stone removal
232 Ileostomy closure
233 Colonoscopy
234 Polypectomy colon
235 Splenic abscesses Laparoscopic Drainage
236 UGI SCOPY and Polypectomy stomach
237 Rigid Oesophagoscopy for FB removal
238 Feeding Jejunostomy
239 Colostomy
240 Ileostomy
241 colostomy closure
242 Submandibular salivary duct stone removal
243 Pneumatic reduction of intussusception
244 Varicose veins legs - Injection sclerotherapy
245 Rigid Oesophagoscopy for Plummer vinson syndrome
246 Pancreatic Pseudocysts Endoscopic Drainage
247 ZADEK's Nail bed excision
248 Subcutaneous mastectomy
249 Excision of Ranula under GA
250 Rigid Oesophagoscopy for dilation of benign Strictures
251 Eversion of Sac
a) Unilateral
b)Bilateral
252 Lord's plication
253 Jaboulay's Procedure
254 Scrotoplasty
255 Surgical treatment of varicocele
256 Epididymectomy
257 Circumcision for Trauma
258 Meatoplasty
259 Intersphincteric abscess incision and drainage
260 Psoas Abscess Incision and Drainage
261 Thyroid abscess Incision and Drainage
262 TIPS procedure for portal hypertension
263 Esophageal Growth stent
264 PAIR Procedure of Hydatid Cyst liver
265 Tru cut liver biopsy
266 Photodynamic therapy or esophageal tumour and Lung tumour
267 Excision of Cervical RIB
268 laparoscopic reduction of intussusception

269 Microdochectomy breast
270 Surgery for fracture Penis
271 Sentinel node biopsy
272 Parastomal hernia
273 Revision colostomy
274 Prolapsed colostomy- Correction
275 Testicular biopsy
276 laparoscopic cardiomyotomy(Hellers)
277 Sentinel node biopsy malignant melanoma
278 laparoscopic pyloromyotomy(Ramstedt)

Orthopedics

279 Arthroscopic Repair of ACL tear knee
280 Closed reduction of minor Fractures
281 Arthroscopic repair of PCL tear knee
282 Tendon shortening
283 Arthroscopic Meniscectomy - Knee
284 Treatment of clavicle dislocation
285 Arthroscopic meniscus repair
286 Haemarthrosis knee- lavage
287 Abscess knee joint drainage
288 Carpal tunnel release
289 Closed reduction of minor dislocation
290 Repair of knee cap tendon
291 ORIF with K wire fixation- small bones
292 Release of midfoot joint
293 ORIF with plating- Small long bones
294 Implant removal minor
295 K wire removal
296 POP application
297 Closed reduction and external fixation
298 Arthrotomy Hip joint
299 Syme's amputation
300 Arthroplasty
301 Partial removal of rib
302 Treatment of sesamoid bone fracture
303 Shoulder arthroscopy / surgery
304 Elbow arthroscopy
305 Amputation of metacarpal bone
306 Release of thumb contracture
307 Incision of foot fascia
308 calcaneum spur hydrocort injection
309 Ganglion wrist hyalase injection
310 Partial removal of metatarsal
311 Repair / graft of foot tendon
312 Revision/Removal of Knee cap
313 Amputation follow-up surgery
314 Exploration of ankle joint
315 Remove/graft leg bone lesion
316 Repair/graft achilles tendon
317 Remove of tissue expander
318 Biopsy elbow joint lining
319 Removal of wrist prosthesis
320 Biopsy finger joint lining
321 Tendon lengthening
322 Treatment of shoulder dislocation
323 Lengthening of hand tendon
324 Removal of elbow bursa
325 Fixation of knee joint
326 Treatment of foot dislocation
327 Surgery of bunion
328 intra articular steroid injection
329 Tendon transfer procedure
330 Removal of knee cap bursa
331 Treatment of fracture of ulna
332 Treatment of scapula fracture
333 Removal of tumor of arm/ elbow under RA/GA
334 Repair of ruptured tendon
335 Decompress forearm space
336 Revision of neck muscle (Torticollis release)
337 Lengthening of thigh tendons
338 Treatment fracture of radius & ulna
339 Repair of knee joint

Paediatric surgery

340 Excision Juvenile polyps rectum
341 Vaginoplasty
342 Dilatation of accidental caustic stricture oesophageal
343 Presacral Teratomas Excision
344 Removal of vesical stone
345 Excision Sigmoid Polyp
346 Sternomastoid Tenotomy
347 Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
348 Excision of soft tissue rhabdomyosarcoma
349 Mediastinal lymph node biopsy
350 High Orchidectomy for testis tumours
351 Excision of cervical teratoma
352 Rectal-Myomectomy
353 Rectal prolapse (Delorme's procedure)
354 Orchidopexy for undescended testis
355 Detorsion of torsion Testis
356 lap.Abdominal exploration in cryptorchidism
357 EUA + biopsy multiple fistula in ano
358 Cystic hygroma - Injection treatment
359 Excision of fistula-in-ano

Gynaecology

360 Hysteroscopic removal of myoma
361 D&C
362 Hysteroscopic resection of septum
363 thermal Cauterisation of Cervix
364 MIRENA insertion
365 Hysteroscopic adhesiolysis
366 LEEP
367 Cryocauterisation of Cervix
368 Polypectomy Endometrium
369 Hysteroscopic resection of fibroid
370 LLETZ
371 Conization
372 polypectomy cervix
373 Hysteroscopic resection of endometrial polyp
374 Vulval wart excision
375 Laparoscopic paraovarian cyst excision
376 uterine artery embolization
377 Bartholin Cyst excision
378 Laparoscopic cystectomy
379 Hymenectomy(imperforate Hymen)
380 Endometrial ablation
381 vaginal wall cyst excision
382 Vulval cyst Excision
383 Laparoscopic paratubal cyst excision
384 Repair of vagina (vaginal atresia)
385 Hysteroscopy, removal of myoma
386 TURBT
387 Ureterocoele repair - congenital internal
388 Vaginal mesh For POP
389 Laparoscopic Myomectomy
390 Surgery for SUI
391 Repair recto- vagina fistula
392 Pelvic floor repair(excluding Fistula repair)
393 URS + LL
394 Laparoscopic oophorectomy

Critical care

395 Insert non- tunnel CV cath
396 Insert PICC cath (peripherally inserted central catheter)
397 Replace PICC cath (peripherally inserted central catheter)
398 Insertion catheter, intra anterior
399 Insertion of Portacath

Dental

400 Splinting of avulsed teeth
401 Suturing lacerated lip
402 Suturing oral mucosa
403 Oral biopsy in case of abnormal tissue presentation
404 FNAC
405 Smear from oral cavity

Admissibility will be determined as per the policy terms , conditions and exclusions

Other Excluded Expenses

Sl. No.	TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS	
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable / Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures should be considered
	ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES	
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Not Payable
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Not Payable
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Not Payable
62	HORMONE REPLACEMENT THERAPY	Not Payable
63	HOME VISIT CHARGES	Not Payable

64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Not Payable
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Not Payable
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Not Payable
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Not Payable
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Not Payable
69	DONOR SCREENING CHARGES	Not Payable
70	ADMISSION/REGISTRATION CHARGES	Not Payable
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not Payable
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERINGFROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not Payable, except to the extend provided under exclusion No. 10
74	STEM CELL IMPLANTATION/ SURGERY and Storage	Not Payable except Bone Marrow Transplantation where covered by policy
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS		
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
77	MICROSCOPE COVER	Payable under OT Charges, not separately.
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not separately
79	SURGICAL DRILL	Payable under OT Charges, not separately
80	EYE KIT	Payable under OT Charges, not separately
81	EYE DRAPE	Payable under OT Charges, not separately
82	X-RAY FILM	Payable under Radiology Charges, not as consumable

83	SPUTUM CUP	Payable under Investigation charges, not as consumable
84	BOYLES APPARATUS CHARGES	Part of OT charges, not separately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
86	Antiseptic or disinfectant lotions	Not Payable Part of Dressing Charges
87	BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES, SYRINGES	Not Payable- Part of Dressing Charges
88	COTTON	Not Payable Part of Dressing Charges
89	COTTON BANDAGE	Not Payable Part of Dressing Charges
90	MICROPORE/ SURGICAL TAPE	Not Payable- Payable by the patient when prescribed, otherwise included as Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
93	TORNIQUET	Not Payable(service is charged by hospitals, consumables cannot be separately charged)
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
95	URINE CONTAINER	Not Payable
ELEMENTS OF ROOM CHARGE		
96	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
97	HVAC	Part of room charge not payable separately

98	HOUSE KEEPING CHARGES	Part of room charge not payable separately
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
101	SURCHARGES	Part of room charge not payable separately
102	ATTENDANT CHARGES	Not Payable Part of Room Charges
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable
104	CLEAN SHEET	Part of Laundry / Housekeeping not payable separately
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
106	BLANKET/WARMER BLANKET	Not payable part of room charges
	ADMINISTRATIVE OR NON-MEDICAL CHARGES	
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTAINANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
	EXTERNAL DURABLE DEVICES	
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMODE	Not Payable
134	CPAP/ CAPD EQUIPMENTS	Device not Payable
135	INFUSION PUMP - COST	Device not Payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES	Device not Payable
138	SPACER	Not Payable
139	SPIROMETRE	Device not Payable
140	SPO2 PROBE	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBO SACRAL BELT	Essential and should be paid specifically for cases who have undergone surgery of lumbar spine.

151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia / quadriplegia for any reason and at reasonable cost of approximately Rs.200/day
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	Not Payable
155	ABDOMINAL BINDER	Essential and should be paid in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC	May be payable when prescribed for patient, not payable or hospital use in OT or ward or for dressings in hospital
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES-DIET CHARGES	Patient Diet provided by hospital is payable
159	SUGAR FREE Tablets	Payable-Sugar free variants of admissible medicines are not excluded
160	CREAMS POWDERS LOTIONS (TOILETERIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)	Payable when prescribed

161	Digestion gels	Payable when prescribed
162	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU, For longer stay in ICU, may require a change and at least one set every second day must be payable.
163	GLOVES	Sterilized Gloves payable/ unsterilized gloves not payable
164	HIV KIT	Payable - payable pre operative screening
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
166	LOZENGES	Payable when prescribed
167	MOUTH PAINT	Payable when prescribed
168	NEBULISATION KIT	If used during hospitalization is payable reasonably
169	NOVARAPID	Payable when prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine Vaccination not payable/Post Bite Vaccination payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
173	AHD	Not Payable Part of Hospital's internal Cost
174	ALCOHOL SWABES	Not Payable Part of Hospital's internal Cost
175	SCRUB SOLUTION/STERILLIUM	Not Payable Part of Hospital's internal Cost

OTHERS		
176	VACCINE CHARGES FOR BABY	Not Applicable
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT,ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not Payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not Payable
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK (Glucometery/ Strips)	Not Payable pre hospitalization or post hospitalization/ Reports and Charts required/Device not payable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Payable Ambulance from home to hospital or interhospital shifts is payable /RTA as specific requirement is payable
196	TEGADERM / VASOFIX SAFETY	Payable maximum of 3 in 48 hrs and then 1 in 24 hrs
197	URINE BAG	Payable where medically necessary till a reasonable cost-maximum 1 per 24 hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Essential for case like CABG etc, where it should be paid

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