



## 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:support@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 (a copy of which was provided at the time of issuance of cover for the first time) 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 date of 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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### SCHOOL STUDENT CARE INSURANCE

Unique Identification No. : IRDA/NL-HLT/SHAI/P-H/V.I/103/13-14

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

The Company by this Policy agrees, subject to the terms and conditions as set out in the Schedule with all its Parts that on proof to the satisfaction of the Company upon the happening of an event, to pay the Sum insured / appropriate benefit.

#### 1. DEFINITIONS

##### DEFINITIONS OF WORDS AND EXPRESSIONS

In this Policy, the following words and expressions shall have the following meanings, as set forth, unless the context otherwise requires:

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

**Age** means the age of the insured person on his/her most completed years as recent birthday as per the English Calendar

**Standard type aircraft/Sea Craft** means an aircraft/sea-craft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline

**Company** means Star Health and Allied Insurance Company Limited

**Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

**Covered Hospitalization Expenses** means reasonable charges that are usually and customarily incurred for services and supplies in a hospital as an in-patient following any Accident to the Insured Person covered under the policy.

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

**Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting period and coverage of pre-existing diseases. Coverage is not available for 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.

**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

**Policy** means the insurance contract, the Policy Schedule and any other endorsements riders and any other attached enrollment forms.

**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 .

**Capital Sum Insured** means the maximum amount of coverage per benefit/section, as specified in the Schedule to this Policy that the Insured Person is entitled to in respect of each benefit/section.

## 2. SCOPE OF COVER

The Company hereby agrees, subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to pay to the Insured person or his nominees or his legal heirs, for any loss occurring during the Period of Insurance as described under different section hereunder, and as specified in Part I of the Schedule to the Policy, but not exceeding the Sum specified under each head.

### Section 1

#### A) ACCIDENTAL DEATH

**The Company will pay as hereinafter mentioned:** 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, and such accident 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 Capital Sum Insured.

Subject to the other terms and conditions of the policy

#### B) PERMANENT TOTAL DISABLEMENT

If the Insured Person meets with an Accident, which leads to disablement the Company will provide insurance coverage to the Insured in the following manner: 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 below, 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 12 months since occurrence of the disablement.

Provided always that the policy will not pay under more than one of the following sub clauses in respect of the same Accident

Benefits	Percentage of Sum Insured
Permanent Total Disablement	100%
Total and irrevocable loss* of	
(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%
(xii) Sight of one eye	50%
(xiii) Physical separation of one entire hand	50%
(xiv) Physical separation of one entire foot	50%
(xv) Use of one hand without physical separation	50%
(xvi) Use of one foot without physical separation	50%
(xvii) Loss of hearing of both ears	50%
(xviii) Loss of hearing of one ear	25%
(xix) Loss of speech	50%

\*Loss of Foot/hand means total severance through or above the ankle/wrist joints respectively. Loss of Eye means entire and irrevocable loss of sight. Thumb and index finger means actual severance through or above the joint that meets the hand at the palm.

**Section 2**

**Hospitalization Expenses:** If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury resulting solely and directly from Accident covered under the policy the Company will reimburse Reasonable and Customary Charges of hospitalization incurred in connection with such accident up-to the limits specified in the schedule.

If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury resulting solely and directly from Accident covered under the policy the Company will reimburse Reasonable and Customary Charges towards treatment as Out-Patient incurred in connection with such accident up-to the limits specified in the schedule.

**Section 3**

**Education Grant:** If during the period of this policy the earning parent, or in the absence of parent the appointed guardian dies or is Permanently Totally Disabled following an Accident covered under the policy the Company will pay a lump-sum of Rs5000 towards the Education Grant. Provided such amount is payable only once under the policy.

**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 our panel Doctor will be made in respect of this prior disablement.
2. If the accident impairs a number of physical or mental functions, the degree of disablement given in the Table of Benefits will be added together, but liability in any case shall not exceed 100% of the Sum Insured.
3. In case of Permanent Partial Disablement claim the sum insured under the policy will be reduced by the amount of admissible claim in respect of the insured person to whom such sum shall become payable.
4. 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.

**Exclusions:**

- a. 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 sum Insured under Section 1
- b. Any claim arising out of an accident related to pregnancy or childbirth, infirmity whether directly or indirectly.
- c. Any claim for death or Permanent Total Disablement of the Insured Person from (a) intentional self-injury, suicide or attempted suicide (b) whilst under the influence of intoxicating liquor or drugs (c) self-endangerment unless in self-defense or to save life.
- d. Any exclusion mentioned in the 'General Exclusions' of this Policy.

**3. GENERAL EXCLUSIONS (APPLICABLE TO ALL SECTIONS OF THE POLICY):**

The Company shall not be liable to make any payments in respect of:

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
2. Any claim in respect of Pre-existing conditions.
3. Any claim if the insured acts against the advice of a physician.
4. Any claim arising out of Accidents that the Insured Person has caused intentionally or by committing a crime or as a result of drunkenness or addiction (drugs, alcohol).
5. 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.
6. 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.
7. 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 detentions of all kings princes and people of whatever nation, condition or quality whatsoever.
8. 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.
9. 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.
10. 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.
  11. Participation of the Insured Person in Hazardous Sport / Hazardous Activities
  12. Persons who are physically and mentally challenged, unless specifically agreed and endorsed in the policy.
  13. Any loss of which a contributing cause was 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.
  14. Other expenses as detailed elsewhere in the policy.

#### 4. GENERAL CONDITIONS (APPLICABLE TO ALL SECTIONS UNDER THIS POLICY)

The conditions below apply throughout this insurance. Failure to comply with them may be prejudicial to a claim:

1. The minimum and maximum age limit for the Insured is 3 Years and 18 years
2. **Reasonable Precautions:** The Insured person shall take all reasonable and proper care to safeguard against Accident as if this insurance was not in force. Failure to do so will prejudice the insured person's claim under this insurance.
3. **Obligations of the Insured Person:** Claims for insurance benefits must be submitted to the Company not later than one (1) month after the completion of the treatment or after transportation of the mortal remains/ burial in the event of death/ disablement as applicable.
4. **Claim Documentation:**
  - a. Insured Person has to produce bills/vouchers/ reports/ discharge summary, Death Certificate, Viscera Sample Report/ Forensic Science Laboratory report, First Information Report, Post Mortem Report, Legal Heir Certificate, Succession Certificate and such other documents as may be required for processing the claim.
  - b. If the Company requests that bills/ vouchers / Reports in a language, other than English be accompanied by an appropriate translation then the costs of such translation must be borne by the Insured Person.

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

5. **Claims Settlement:** Benefits payable under this policy will be paid within reasonable time upon receipt of due written evidence of such loss and any further documentation information and assistance that the Company may require.

**Note:** 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

6. The Company shall be released from any obligation to pay insurance benefits if any of the terms and conditions of the policy is breached.
7. Geographical Scope: The insurance cover applies Worldwide.

#### 5. STANDARD TERMS AND CONDITIONS (APPLICABLE TO ALL BENEFITS UNDER THIS POLICY)

1. **Incontestability and Duty of Disclosure** The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or on non-disclosure in any material particular in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured Person or any one acting on his behalf to obtain any benefit under this Policy.
2. **Observance of terms and conditions** The due observance and fulfillment of the terms, conditions and endorsement of this Policy 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.
3. **Material change** The Insured Person shall immediately notify the Company in writing of any change in his business or occupation or physical defect or infirmity with which he has become affected since the payment of last preceding premium.
4. **Automatic Termination of Insurance** The insurance under this policy shall automatically terminate in respect of the Insured Person
  - ✓ upon the Insured Person's Death/ Permanent Total Disability
  - ✓ on the expiration date shown in the policy schedule whichever is earlier.

Provided payment of claim under Section 3 shall not terminate the insurance under Section 1 and Section 2.

5. **Duties of the Insured on occurrence of loss** On the occurrence of any loss, within the scope of cover under the Policy the Insured Person shall forthwith file/submit a Claim Form in accordance with 'Obligation of the Insured Person' Clause as provided in General Conditions.

If the Insured Person does not comply with the provisions of this Clause or other obligations cast upon the Insured Person under this Policy, in terms of the other clauses referred to herein or in terms of the other clauses in any of the Policy documents, all benefits under the Policy shall be forfeited, at the option of the Company.

6. **Fraudulent claims** If any claim 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 behalf to obtain any benefit under this Policy, or if a claim is made and rejected and no court action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve (12) calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.
7. **Renewal:** The policy will be renewed except on grounds of misrepresentation / fraud committed, non-disclosure of material facts as declared in the proposal form.

Every renewal premium (which shall be paid and accepted in respect of this policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to the Insured that may result to enhance the risk of the Company under the insurer.

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 benefit will be allowed. However the actual period of cover will start only from the date of payment of premium. In other words no protection is available between the policy expiry date and the date of payment of premium for renewal.

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

8. **Cancellation/termination** The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in proposal form / at the time of claim, or non-co-operation by the insured person, by sending the insured 30 days notice by registered letter at the insured person's last known address. The insured may at any time cancel this policy and in such event the Company shall allow refund after retaining premium at Company's short period rate only (table given below) provided no claim has occurred up to the date of cancellation

For a period not exceeding	15 days	10% of the Annual Premium
-do-	1 month	15% of the Annual Premium
-do-	2 months	30% of the Annual Premium
-do-	3 months	40% of the Annual Premium
-do-	4 months	50% of the Annual Premium
-do-	5 months	60% of the Annual Premium
-do-	6 months	70% of the Annual Premium
-do-	7 months	75% of the Annual Premium
-do-	8 months	80% of the Annual Premium
Exceeding 8 months		Full Annual Premium

9. **Currency for payments** All claims payable shall be paid in Indian Rupees only.
10. **Important Note:** The attention of the policy holder is drawn to our website [www.starhealth.in](http://www.starhealth.in) for Antifraud policy of the company for necessary compliance by all stake holders.
11. **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
12. **Arbitration clause** 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.

13. **Notices** Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to **Star Health and Allied Insurance Company Limited**, 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai-600034, Toll Free Fax No.: 1800-425-5522, Toll Free No.:1800-425-2255 / 1800-102-4477, E-Mail : support@starhealth.in.

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

14. **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
15. **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.

**Grievances Department** : Star Health and Allied Insurance Company Limited, No1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai 600034, Phone : 044-28288821 during normal business hours. or Send e-mail to grievances@starhealth.in. Senior Citizens may Call 044-28288897.

In the event of the following grievances:

- a) any partial or total repudiation of claims by an insurer;
- 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, within whose jurisdiction the branch or office of Star Health and Allied Insurance Company Limited is located.

## LIST OF OMBUDSMAN

OFFICE DETAILS	JURISDICTION
<b>AHMEDABAD</b> 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@gbic.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
<b>BENGALURU</b> 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@gbic.co.in	Karnataka.
<b>BHOPAL</b> Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 -2769203 Email: bimalokpal.bhopal@gbic.co.in	Madhya Pradesh, Chattisgarh.
<b>BHUBANESHWAR</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 -2596429 Email: bimalokpal.bhubaneswar@gbic.co.in	Orissa.
<b>CHANDIGARH</b> Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 –D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 -2708274 Email: bimalokpal.chandigarh@gbic.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
<b>CHENNAI</b> Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 -24333664 Email: bimalokpal.chennai@gbic.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
<b>DELHI</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 -23230858 Email: bimalokpal.delhi@gbic.co.in	Delhi.
<b>GUWAHATI</b> Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati –781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 -2732937 Email: bimalokpal.guwahati@gbic.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<b>HYDERABAD</b> 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	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.

## LIST OF OMBUDSMAN

OFFICE DETAILS	JURISDICTION
<b>JAIPUR</b> Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 -2740363 Email: Bimalokpal.jaipur@gbic.co.in	Rajasthan.
<b>ERNAKULAM</b> 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	Kerala, Lakshadweep, Mahe- a part of Pondicherry.
<b>KOLKATA</b> Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 -22124341 Email: bimalokpal.kolkata@gbic.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
<b>LUCKNOW</b> Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 -2231310 Email: bimalokpal.lucknow@gbic.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
<b>MUMBAI</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 -26106552 / 26106960 Fax: 022 -26106052 Email: bimalokpal.mumbai@gbic.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
<b>NOIDA</b> 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 - 2514250 / 2514252 / 2514253 Email: bimalokpal.noida@gbic.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur,
<b>PATNA</b> Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@gbic.co.in	Bihar, Jharkhand.
<b>PUNE</b> 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.: 020-41312555 Email: bimalokpal.pune@gbic.co.in	Maharashtra, Area of Navi Mumbai and Thane ex- cluding Mumbai Metropolitan Region.



**Other Excluded Expenses**

Sl. No.	TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS				
1	HAIR REMOVAL CREAM	Not Payable	32	LAUNDRY CHARGES	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable	33	MINERAL WATER	Not Payable
3	BABY FOOD	Not Payable	34	OIL CHARGES	Not Payable
4	BABY UTILITES CHARGES	Not Payable	35	SANITARY PAD	Not Payable
5	BABY SET	Not Payable	36	SLIPPERS	Not Payable
6	BABY BOTTLES	Not Payable	37	TELEPHONE CHARGES	Not Payable
7	BRUSH	Not Payable	38	TISSUE PAPER	Not Payable
8	COSY TOWEL	Not Payable	39	TOOTH PASTE	Not Payable
9	HAND WASH	Not Payable	40	TOOTH BRUSH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable	41	GUEST SERVICES	Not Payable
11	POWDER	Not Payable	42	BED PAN	Not Payable
12	RAZOR	Payable	43	BED UNDER PAD CHARGES	Not Payable
13	SHOE COVER	Not Payable	44	CAMERA COVER	Not Payable
14	BEAUTY SERVICES	Not Payable	45	CLINIPLAST	Not Payable
15	BELTS/ BRACES	Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine	46	CREPE BANDAGE	Not Payable / Payable by the patient
16	BUDS	Not Payable	47	CURAPORE	Not Payable
17	BARBER CHARGES	Not Payable	48	DIAPER OF ANY TYPE	Not Payable
18	CAPS	Not Payable	49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
19	COLD PACK/HOT PACK	Not Payable	50	EYELET COLLAR	Not Payable
20	CARRY BAGS	Not Payable	51	FACE MASK	Not Payable
21	CRADLE CHARGES	Not Payable	52	FLEXI MASK	Not Payable
22	COMB	Not Payable	53	GAUSE SOFT	Not Payable
23	DISPOSABLES RAZORS CHARGES ( for site preparations)	Payable	54	GAUZE	Not Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable	55	HAND HOLDER	Not Payable
25	EYE PAD	Not Payable	56	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
26	EYE SHEILD	Not Payable	57	INFANT FOOD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable	58	SLINGS	Reasonable costs for one sling in case of upper arm fractures should be considered
28	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	Not Payable	<b>ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES</b>		
29	FOOT COVER	Not Payable	59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Not Payable
30	GOWN	Not Payable	60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Not Payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is 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	83	SPUTUM CUP	Payable under Investigation charges, not as consumable
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Not Payable	84	BOYLES APPARATUS CHARGES	Part of OT charges, not separately
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Not Payable	85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Not Payable	86	Antiseptic or disinfectant lotions	Not Payable Part of Dressing Charges
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Not Payable	87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable- Part of Dressing Charges
69	DONOR SCREENING CHARGES	Not Payable	88	COTTON	Not Payable Part of Dressing Charges
70	ADMISSION/REGISTRATION CHARGES	Not Payable	89	COTTON BANDAGE	Not Payable Part of Dressing Charges
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not Payable	90	MICROPORE/ SURGICAL TAPE	Not Payable- Payable by the patient when prescribed, otherwise included as Dressing Charges
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable	91	BLADE	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 as per HIV/AIDS exclusion	92	APRON	Not Payable Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
74	STEM CELL IMPLANTATION/ SURGERY and Storage	Not Payable except Bone Marrow Transplantation where covered by policy	93	TORNIQUET	Not Payable(service is charged by hospitals, consumables cannot be separately charged)
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS			94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately	95	URINE CONTAINER	Not Payable
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.	ELEMENTS OF ROOM CHARGE		
77	MICROSCOPE COVER	Payable under OT Charges, not separately.	96	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not separately	97	HVAC	Part of room charge not payable 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			

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
<b>ADMINISTRATIVE OR NON-MEDICAL CHARGES</b>		
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
<b>EXTERNAL DURABLE DEVICES</b>		
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMODOE	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	161	Digestion gels	Payable when prescribed
152	AMBULANCE COLLAR	Not Payable	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.
153	AMBULANCE EQUIPMENT	Not Payable	163	GLOVES	Sterilized Gloves payable/ unsterilized gloves not payable
154	MICROSHEILD	Not Payable	164	HIV KIT	Payable - payable pre operative screening
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.	165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
<b>ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION</b>			166	LOZENGES	Payable when prescribed
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	167	MOUTH PAINT	Payable when prescribed
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not payable	168	NEBULISATION KIT	If used during hospitalization is payable reasonably
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES-DIET CHARGES	Patient Diet provided by hospital is payable	169	NOVARAPID	Payable when prescribed
159	SUGAR FREE Tablets	Payable-Sugar free variants of admissible medicines are not excluded	170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
160	CREAMS POWDERS LOTIONS (TOILETERIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)	Payable when prescribed	171	ZYTEE GEL	Payable when prescribed
			172	VACCINATION CHARGES	Routine Vaccination not payable/Post Bite Vaccination payable
			<b>PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE</b>		
			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 Payable
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 ( Glucometry/ 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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