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Policy Wordings

Whereas as the Insured has made to Bajaj Allianz General Insurance Company Ltd. (hereinafter called the Company), a proposal which is hereby agreed to be the basis of this Policy and has paid the premium specified in the Schedule, now the Company agrees, subject always to the following terms, conditions, exclusions, and limitations, to indemnify the Insured in excess of the amount of the Deductible and subject always to the Limit of Indemnity against such loss as is herein provided.

PART A: COVERAGE AND EXCLUSIONS

SECTION 1: HOSPITAL CASH DAILY ALLOWANCE

OPERATIVE PART

In the event of Accidental Bodily Injury or Illness first occurring or manifesting itself during the Policy Period and causing the Insured's or the Named Insured's Hospitalization within the Policy Period, the Company will pay:

1. The Daily Allowance for each continuous and completed period of 24 hours of Hospitalization necessitated solely by reason of the said Accidental Bodily Injury or Illness or
2. Two times the Daily Allowance for each continuous and completed period of 24 hours required to be spent by the Insured or Named Insured in the Intensive Care Unit of a Hospital during any period of Hospitalization necessitated solely by reason of the said Accidental Bodily Injury or Illness for a maximum period of 7 days for each Hospitalization.

The maximum daily allowance under this section payable to the Insured or his family members individually or collectively is as shown under section 1 of the schedule of this policy.

The maximum period for which the daily allowance would be paid individually or collectively would not exceed Thirty days during any one-policy period. This period would be inclusive of the period of stay in Intensive care unit of a Hospital during the policy period.

Exclusion Specific to Section 1: Hospital Cash Daily Allowance

We will not pay for claims arising out of or howsoever connected to the following:

I. Waiting Period

1. Illness requiring Hospitalization within the first 30 days from the Commencement Date of the Policy Period unless the Policy is renewed without interruption and with the Company.
2. Without prejudice to Exclusion 1 above, the treatment of cataracts, benign prostatic hypertrophy, hysterectomy, menorrhagia, fibromyoma, Dilation (or dilatation) and curettage (D&C), endometriosis, hernia of all types, hydrocele, fistulae, haemorrhoids, fissure in ano, stones in the urinary and biliary systems, surgery on tonsils or sinuses, skin and all internal tumours/cysts/nodules/polyps of any kind including breast lumps, gastric or duodenal ulcer, backache, prolapsed intervertebral disc during the first year of a series of Daily Hospital Allowance Policies renewed with the Company without interruption.

II. General Exclusions

1. Pre-existing disease: Any medical condition or complication arising from it which existed 48 months before the commencement of the Policy Period, or for which care, treatment or advice was sought, recommended by or received from a Physician or for which a claim has or could have been made under any earlier policy.
2. Any treatment not performed by a Physician or any treatment of a purely experimental nature.
3. Any and all variants of the condition commonly referred to as Cancer, except in case of invasive malignant melanoma.
4. Any routine or prescribed medical checkup or examination. Medical Expenses relating to any Hospitalization 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 Illness or accidental Bodily Injury for which Hospitalization is required.
5. Any Illness that has been classified as an Epidemic by the Central or State Government.
6. Circumcision, cosmetic or aesthetic treatments of any description change of life surgery or treatment, plastic surgery (unless necessary for the treatment of Illness or accidental Bodily Injury as a direct result of the insured event and performed within 6 months of the same).
7. Dental treatment or surgery of any kind unless necessitated by Accidental Bodily injury.
8. Convalescence, general debility, nervous or other breakdown, rest cure, congenital diseases or defect or anomaly, sterility, sterilization or infertility (diagnosis and treatment), any sanatoriums, spa or rest cures or long term care or Hospitalization undertaken as a preventive or recuperative measure.
9. Self-afflicted injuries or conditions (attempted suicide), and/or the use or misuse of any drugs or alcohol
10. Any sexually transmitted diseases or any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus type or any Syndrome or condition of a similar kind commonly referred to as AIDS.
11. Any diagnosis or treatment arising from or traceable to pregnancy (whether uterine or extra uterine), childbirth including caesarean section, medical termination of pregnancy and/or any treatment related to pre and post natal care of the mother or the new born.
12. Hospitalization for the sole purpose of physiotherapy or any ailment for which Hospitalization is not warranted due to advancement in medical technology
13. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection military or usurped power of civil commotion or loot or pillage in connection herewith.
14. Naval or military operations of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.
15. Any natural peril (including but not limited to avalanche, earthquake, volcanic eruptions or any kind of natural hazard).
16. Participation in any hazardous activity.
17. Radioactive contamination.
18. Non-allopathic treatment.
19. Consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever.

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SECTION 2. HEALTH GUARD

You can opt for one of the below listed plan under Health Guard Section and below terms and conditions of respective section will be applicable for covers which are opted by you and displayed on your Policy Schedule read with the Certificate of Insurance:

Plan A. Health Guard Silver Plan**Scope of cover**

The Company hereby agrees to pay in respect of an admissible claim, any or all of the following covers subject to the Sum Insured, limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

1. In-patient Hospitalization Treatment

If You are hospitalized on the advice of a Doctor as defined under policy because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary Medical Expenses incurred subject to

- i) Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home up to 1% of Sum Insured per day (Excluding Cumulative Bonus) or actual, whichever is lower.
- ii) If admitted in ICU, we will pay up to actual expenses provided by Hospital.
- iii) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
- iv) Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents, relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary.

Note: In case of admission to a room at rates exceeding the limits as mentioned under 1.(i) the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of medicines, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges.

2. Pre-Hospitalization

The Medical Expenses incurred during the 60 days immediately before you were Hospitalized, provided that: Such Medical Expenses were incurred for the same illness/injury for which subsequent Hospitalization was required, and We have accepted an inpatient Hospitalization claim under Inpatient Hospitalization Treatment. (Section 2 A-1)

3. Post-Hospitalization

The Medical Expenses incurred during the 90 days immediately after You were discharged post Hospitalization provided that: Such costs are incurred in respect of the same illness/injury for which the earlier Hospitalization was required, and We have accepted an inpatient Hospitalization claim under Inpatient Hospitalization Treatment (Section 2 A-1)

4. Road Ambulance

We will pay the reasonable cost to a maximum of Rs 20000/- per policy year incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency.

We will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You from the Hospital where you were admitted initially to another hospital with higher medical facilities.

Claim under this section shall be payable by Us only when:

- i. Such life threatening emergency condition is certified by the Medical Practitioner, and
- ii. We have accepted Your Claim under "In-patient Hospitalization Treatment" or "Day Care Procedures" section of the Policy.

Subject otherwise to the terms, conditions and exclusions of the Policy.

This benefit will be applicable annually for policies with term more than 1 year.

5. Day Care Procedures

We will pay you the medical expenses as listed above under Section 2 A-1 In-patient Hospitalization Treatment for Day care procedures / Surgeries taken as an inpatient in a hospital or day care centre but not in the outpatient department. Indicative list of Day Care Procedures is given in the annexure I of Policy wordings.

6. Organ Donor Expenses:

We will pay expenses towards organ donor's treatment for harvesting of the donated organ, provided that,

- i. The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011 and the organ donated is for the use of the Insured Person, and
- ii. We have accepted an inpatient Hospitalization claim for the insured member under In Patient Hospitalization Treatment (section 2 A-1).

7. Convalescence Benefit:

In the event of insured Hospitalized for a disease/illness/injury for a continuous period exceeding 10 days, We will pay benefit amount of Rs. 5,000 per policy year.

This benefit will be triggered provided that the hospitalization claim is accepted under Section 2 A-1-In Patient Hospitalization Treatment.

This benefit will be applicable annually for policies with term more than 1 year.

8. Daily Cash Benefit for Accompanying an Insured Child

We will pay Daily Cash Benefit of Rs. 500 per day maximum up to 10 days during each policy year for reasonable accommodation expenses in respect of one parent/legal guardian, to stay with any minor Insured Person (under the Age of 12), provided the hospitalization claim is paid under Section 2 A-1 Inpatient Hospitalization Treatment.

This benefit will be applicable annually for policies with term more than 1 year.

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9. Sum Insured Reinstatement Benefit:

If Section 2 A-1 Inpatient Hospitalization Treatment Sum Insured and cumulative bonus (if any) is exhausted due to claims lodged during the Policy year, then it is agreed that 100% of the Sum Insured specified under Inpatient Hospitalization Treatment be reinstated for the particular Policy year provided that:

1. The reinstated Sum Insured will be triggered only after the Inpatient Hospitalization Treatment Sum Insured inclusive of the Cumulative Bonus (If applicable) has been completely exhausted during the policy year;
2. The reinstated Sum Insured can be used for claims made by the Insured Person in respect of the benefits stated in Inpatient Hospitalization Treatment.
3. If the claimed amount is higher than the Balance Sum Insured inclusive of the Cumulative Bonus (If applicable) under the policy, then this benefit will not be triggered for such claims
4. The reinstated Sum Insured would be triggered only for subsequent claims made by the Insured Person. In case of relapse within 45 days, this benefit will not trigger
5. This benefit is applicable only once during each policy year & will not be carried forward to the subsequent policy year/ renewals if the benefit is not utilized.
6. This benefit is applicable only once in life time of Insured Person covered under this policy for claims regarding CANCER OF SPECIFIED SEVERITY and KIDNEY FAILURE REQUIRING REGULAR DIALYSIS as defined under the policy.
7. This benefit will be applicable annually for policies with term more than 1 year.
8. Additional premium would not be charged for reinstatement of the Sum Insured.
9. In case Family Floater policy, Reinstatement of Sum Insured will be available for all Insured Persons in the Policy.

10. Preventive Health Check Up

At the end of block of every continuous period of 3 policy years during which You have held Our Star Package Policy covering Health Guard section, You are eligible for a free Preventive Health checkup. We will reimburse the amount equal to 1% of the sum insured max up to Rs. 2000/- for each member in Individual policy during the block of 3 years. This benefit can be availed by proposer & spouse only under Floater Sum Insured Policies.

You may approach us for the arrangement of the Health Check up. For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance).

Exclusion Specific to Section 2 Plan A: Health Guard Silver Plan

We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following:

I. Waiting Period

1. Benefits will not be available for Any Pre-existing condition, ailment or injury, until 36 months of continuous coverage have elapsed, after the date of inception of the first Star Package Policy covering Health Guard section, provided the preexisting disease / ailment / injury is disclosed on the proposal form.

The above exclusion 1 shall cease to apply if You have maintained a Star Package Policy covering Health Guard section with Us for a continuous period of a full 36 months without break from the date of Your first Star Package Policy covering Health Guard section.

In case of enhancement of Sum Insured, this exclusion shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced Sum Insured) and if the policy is a renewal of Star Package Policy covering Health Guard section with Us without break in cover.

2. We will also not pay for claims arising out of or howsoever connected to the following for the first 24 months of Star Package Policy covering Health Guard section,

1. Any types of gastric or duodenal ulcers,	9. Cataracts,
2. Benign prostatic hypertrophy	10. Hernia of all types
3. All types of sinuses	11. Fistulae, Fissure in ano
4. Haemorrhoids	12. Hydrocele
5. Dysfunctional uterine bleeding	13. Fibromyoma
6. Endometriosis	14. Hysterectomy
7. Stones in the urinary and biliary systems	15. Surgery for any skin ailment
8. Surgery on ears/tonsils/ adenoids/ paranasal sinuses	16. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth.

This exclusion shall apply for a continuous period of 36 months from the date of Your Star Package Policy covering Health Guard section, if the above referred illness were present at the time of commencement of the policy and if You had declared such illness at the time of proposing the policy for the first time.

In case of enhancement of Sum Insured, the waiting periods shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced Sum Insured) and if the policy is a renewal of Star Package Policy covering Health Guard section with Us without break in cover.

3. Any Medical Expenses incurred during the first 36 months during which You have the benefit of a Star Package Policy covering Health Guard section with Us in connection with:
 - Joint replacement surgery,
 - Surgery for prolapsed inter vertebral disc (unless necessitated due to an accident)
 - Surgery to correct deviated nasal septum
 - Hypertrophied turbinate
 - Congenital internal diseases or anomalies
 - Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons.

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4. Any disease contracted and /or medical expenses incurred in respect of any disease /illness by the insured during the first 30 days from the commencement of the policy, except for accidental injuries.

II General Exclusions

1. Any treatment arising from or traceable to pregnancy, child birth including cesarean section and/or any treatment related to pre and postnatal care and complications arising out of Pregnancy and Childbirth.
However this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending medical practitioner.
2. Any dental treatment that comprises cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, orthognathic surgery, jaw alignment or treatment for the temporomandibular (jaw) joint, or upper and lower jaw bone surgery and surgery related to the temporomandibular (jaw) unless necessitated by an acute traumatic injury or cancer and also requiring Hospitalization
3. Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock
4. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not) [except for compelling the Government or any other person to do or abstain from doing any act as defined under the definition of Terrorist act], civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
Any Medical expenses incurred due to Acts of Terrorism will be covered under the policy.
5. Circumcision unless required for the treatment of Illness or Accidental bodily injury,
6. Cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender.
7. Any form of plastic surgery unless necessary for the treatment of cancer, burns or accidental Bodily Injury
8. The cost of spectacles, contact lenses, hearing aids, crutches, artificial limbs, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for intrinsic fixtures used for orthopedic treatments such as plates and K-wires.
9. External medical equipment of any kind used at home as post Hospitalization care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
10. Convalescence, general debility, rest cure, congenital external diseases or defects or anomalies, genetic disorders, stem cell implantation or surgery, or growth hormone therapy.
11. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
12. Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.
13. Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus or Variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS.
14. Medical Expenses relating to any Hospitalization primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations
15. Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating doctor.
16. Any fertility, sub fertility, Infertility, sterility, erectile dysfunction, impotence, assisted conception operation or sterilization procedure.
17. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor
18. Experimental, unproven or non-standard treatment
19. Treatment for any other system other than modern medicine (also known as Allopathy).
20. Weight management services and treatment related to weight reduction programmes including treatment of obesity and treatment for arising direct or indirect complications of Obesity.
21. Treatment for any mental illness or psychiatric illness, Parkinson's Disease.
22. All non-medical Items as per Annexure II
23. Any treatment received outside India is not covered under this policy

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Plan B. Health Guard Gold Plan**Scope of cover**

The Company hereby agrees to pay in respect of an admissible claim, any or all of the following covers subject to the Sum Insured, limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

1. In-patient Hospitalization Treatment

If You are hospitalized on the advice of a Doctor as defined under policy because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary Medical Expenses incurred subject to

- v) Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home without any sublimit.
- vi) If admitted in ICU, we will pay up to actual expenses provided by Hospital.
- vii) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
- viii) Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents, relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary.

2. Pre-Hospitalization

The Medical Expenses incurred during the 60 days immediately before you were Hospitalized, provided that: Such Medical Expenses were incurred for the same illness/injury for which subsequent Hospitalization was required, and We have accepted an inpatient Hospitalization claim under Inpatient Hospitalization Treatment. (Section 2 B-1)

3. Post-Hospitalization

The Medical Expenses incurred during the 90 days immediately after You were discharged post Hospitalization provided that: Such costs are incurred in respect of the same illness/injury for which the earlier Hospitalization was required, and We have accepted an inpatient Hospitalization claim under Inpatient Hospitalization Treatment. (Section 2 B-1)

4. Road Ambulance

We will pay the reasonable cost to a maximum of Rs20000/- per policy year incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency.

We will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You from the Hospital where you were admitted initially to another hospital with higher medical facilities.

Claim under this section shall be payable by Us only when:

- i. Such life threatening emergency condition is certified by the Medical Practitioner, and
- ii. We have accepted Your Claim under "In-patient Hospitalization Treatment" or "Day Care Procedures" section of the Policy.

Subject otherwise to the terms, conditions and exclusions of the Policy.

This benefit will be applicable annually for policies with term more than 1 year.

5. Day Care Procedures

We will pay you the medical expenses as listed above under Section A1 In-patient Hospitalization Treatment for Day care procedures / Surgeries taken as an inpatient in a hospital or day care centre but not in the outpatient department. Indicative list of Day Care Procedures is given in the annexure I of Policy wordings.

6. Organ Donor Expenses

We will pay expenses towards organ donor's treatment for harvesting of the donated organ, provided that,

- iii. The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011 and the organ donated is for the use of the Insured Person, and
- iv. We have accepted an inpatient Hospitalization claim for the insured member under In Patient Hospitalization Treatment (section 2 B -1).

7. Convalescence Benefit

In the event of insured hospitalized for a disease/illness/injury for a continuous period exceeding 10 days, We will pay benefit amount of Rs. 5,000 for Sum Insured up to Rs. 5lacs and Rs. 7500 for Sum Insured 7.5lacs and above per policy year.

This benefit will be triggered provided that the hospitalization claim is accepted under Section 2 B -1-In Patient Hospitalization Treatment.

This benefit will be applicable annually for policies with term more than 1 year.

8. Daily Cash Benefit for Accompanying an Insured Child

We will pay Daily Cash Benefit of Rs. 500 per day maximum up to 10 days during each policy year for reasonable accommodation expenses in respect of one parent/legal guardian, to stay with any minor Insured Person (under the Age of 12), provided the hospitalization claim is paid under Section 2 B -1 Inpatient Hospitalization Treatment.

This benefit will be applicable annually for policies with term more than 1 year.

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9. Sum Insured Reinstatement Benefit

If Section 2 B -1 Inpatient Hospitalization Treatment Sum Insured and Cumulative Bonus (if any) is exhausted due to claims lodged during the Policy year, then it is agreed that 100% of the Sum Insured specified under Inpatient Hospitalization Treatment be reinstated for the particular Policy year provided that:

1. The reinstated Sum Insured will be triggered only after the Inpatient Hospitalization Treatment Sum Insured inclusive of the Cumulative Bonus (If applicable) has been completely exhausted during the policy year;
2. The reinstated Sum Insured can be used for claims made by the Insured Person in respect of the benefits stated in Inpatient Hospitalization Treatment.
3. If the claimed amount is higher than the Balance Sum Insured inclusive of the Cumulative Bonus (If applicable) under the policy, then this benefit will not be triggered for such claims
4. The reinstated Sum Insured would be triggered only for subsequent claims made by the Insured Person. In case of relapse within 45 days, this benefit will not trigger
5. This benefit is applicable only once during each policy year & will not be carried forward to the subsequent policy year/ renewals if the benefit is not utilized.
6. This benefit is applicable only once in life time of Insured Person covered under this policy for claims regarding CANCER OF SPECIFIED SEVERITY and KIDNEY FAILURE REQUIRING REGULAR DIALYSIS as defined under the policy.
7. This benefit will be applicable annually for policies with term more than 1 year.
8. Additional premium would not be charged for reinstatement of the Sum Insured.
9. In case Family Floater policy, Reinstatement of Sum Insured will be available for all Insured Persons in the Policy.

10. Preventive Health Check Up

At the end of block of every continuous period of 3 policy years during which You have held Our Star Package Policy covering Health Guard section, You are eligible for a free Preventive Health checkup. We will reimburse the amount equal to 1% of the sum insured max up to Rs. 5000/- for each member in Individual policy during the block of 3 years. This benefit can be availed by proposer & spouse only under Floater Sum Insured Policies.

You may approach us for the arrangement of the Health Check up. For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance).

11. Ayurvedic / Homeopathic Hospitalization Expenses

If You are Hospitalized for not less than 24 hrs, in an Ayurvedic / Homeopathic Hospital which is a government hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health on the advice of a Doctor because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period then We will pay You:

In-patient Treatment- Medical Expenses for Ayurvedic and Homeopathic treatment:

- Room rent, boarding expenses
- Nursing care
- Consultation fees
- Medicines, drugs and consumables,
- Ayurvedic and Homeopathic treatment procedures

Our maximum liability maximum is up to Rs. 20000 per policy year.

This benefit will be applicable annually for policies with term more than 1 year.

The claim will be admissible under the policy provided that,

- i. The illness/injury requires inpatient admission and the procedure performed on the insured cannot be carried out on out-patient basis

12. Maternity Expenses

We will pay the Medical Expenses for the delivery of a baby (including caesarean section) and/or expenses related to medically recommended and lawful termination of pregnancy, limited to maximum 2 deliveries or termination(s) or either, during the lifetime of the insured person, provided that,

- i. Our maximum liability per delivery or termination shall be limited to the amount specified in the policy Schedule as per Sum Insured opted.
- ii. From Sum insured Rs. 3lacs to Rs. 7.5 lacs is restricted to Rs. 15000 for normal delivery and Rs. 25000 for caesarean section and from Sum insured Rs. 10 lacs to Rs. 50lacs is restricted to Rs. 25000 for normal delivery and Rs. 35000 for caesarean section
- iii. We will pay the Medical Expenses of pre-natal and post-natal hospitalization per delivery or termination up to the amount stated in the policy Schedule.
- iv. Waiting period of 72 months from the date of issuance of the first policy with us, provided that the policy has been renewed continuously renewed with us without break for you. Fresh waiting period of 72 months would apply for all the policies which are issued with continuity under portability guidelines either from our existing Health Product or any other Non-Health or Standalone Health Insurance Company.
- v. We will not cover Ectopic pregnancy under this benefit (although it shall be covered under section 2 B -1 In patient Hospitalization Treatment)
- vi. Any complications arising out of or as a consequence of maternity/child birth will be covered within the limit of Sum Insured available under this benefit.

13. New Born Baby Cover

Coverage for new born baby will be considered subject to a valid claim being accepted under Maternity Expenses (section 2 B -12). We will pay the following expenses within the limit of the Sum Insured available under the Maternity Expenses section.

We will pay for,

- i. Medical Expenses towards treatment of your new born baby while you are hospitalized as an inpatient for delivery for the Hospitalization,
- ii. Hospitalization charges incurred on the new born baby during post birth including any complications shall be covered up to a period of 90 days from the date of birth and within limit of the Sum Insured under Maternity Expenses without payment of any additional premium
- iii. Mandatory Vaccinations of the new born baby up to 90 days, as recommended by the Indian Pediatric Association will be covered under the Maternity Expenses Sum Insured.

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14. Bariatric Surgery Cover

If You are hospitalized on the advice of a Doctor because of Conditions mentioned below which required you to undergo Bariatric Surgery during the Policy period, then We will pay You, Reasonable and Customary Expenses related to Bariatric Surgery

Eligibility:

For adults aged 18 years or older, presence of severe obesity documented in contemporaneous clinical records, defined as any of the following:

BMI greater than and equal to 40 in conjunction with any of the following severe comorbidities:

1. Coronary heart disease; or
2. Medically refractory hypertension (blood pressure greater than 140 mm Hg systolic and/or 90 mm Hg diastolic despite concurrent use of 3 anti-hypertensive agents of different classes); or
3. Type 2 diabetes mellitus

Special Conditions applicable to Bariatric Surgery Cover

- 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. Fresh waiting period of 36 months would apply for all the policies which are issued with continuity under portability guidelines either from our existing Health Product or any other Non-Health or Standalone Health Insurance Company..
- Policies which are issued with continuity under portability guidelines either from our existing Health Product or any other Non-Health or Standalone Health Insurance Company will have to wait for 36 months from issuance of Star Package Policy covering Health Guard section to avail this benefit.
- Our maximum liability will be restricted to 50% of Sum insured maximum up to Rs. 5lac.
- Bariatric surgery performed for Cosmetic reasons is excluded.
- 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.

Exclusion Specific to Section 2 Plan B: Health Guard Gold Plan

We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following:

I. Waiting Period

1. Benefits will not be available for Any Pre-existing condition, ailment or injury, until 36 months of continuous coverage have elapsed, after the date of inception of the first Star Package Policy covering Health Guard section, provided the preexisting disease / ailment / injury is disclosed on the proposal form.

The above exclusion 1 shall cease to apply if You have maintained a Star Package Policy covering Health Guard section with Us for a continuous period of a full 36 months without break from the date of Your first Star Package Policy covering Health Guard section.

In case of enhancement of Sum Insured, this exclusion shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced Sum Insured) and if the policy is a renewal of Star Package Policy covering Health Guard section with Us without break in cover.

2. We will also not pay for claims arising out of or howsoever connected to the following for the first 24 months of Star Package Policy covering Health Guard section,

1. Any types of gastric or duodenal ulcers,	9. Cataracts,
2. Benign prostatic hypertrophy	10. Hernia of all types
3. All types of sinuses	11. Fistulae, Fissure in ano
4. Haemorrhoids	12. Hydrocele
5. Dysfunctional uterine bleeding	13. Fibromyoma
6. Endometriosis	14. Hysterectomy
7. Stones in the urinary and biliary systems	15. Surgery for any skin ailment
8. Surgery on ears/tonsils/ adenoids/ paranasal sinuses	16. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth.

This exclusion shall apply for a continuous period of 36 months from the date of Your Star Package Policy covering Health Guard section, if the above referred illness were present at the time of commencement of the policy and if You had declared such illness at the time of proposing the policy for the first time.

In case of enhancement of Sum Insured, the waiting periods shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced Sum Insured) and if the policy is a renewal of Star Package Policy covering Health Guard section with Us without break in cover.

3. Any Medical Expenses incurred during the first 36 months during which You have the benefit of a Star Package Policy covering Health Guard section with Us in connection with:
 - Joint replacement surgery,
 - Surgery for prolapsed inter vertebral disc (unless necessitated due to an accident)
 - Surgery to correct deviated nasal septum
 - Hypertrophied turbinate
 - Congenital internal diseases or anomalies
 - Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons.
 - Bariatric Surgery

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4. Any disease contracted and /or medical expenses incurred in respect of any disease /illness by the insured during the first 30 days from the commencement of the policy, except for accidental injuries.
5. Any treatment arising from or traceable to pregnancy, child birth including cesarean section and/or any treatment related to pre and postnatal care and complications arising out of Pregnancy and Childbirth until 72 months continuous period has elapsed since the inception of the first Star Package Policy covering Health Guard section with US. However this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending medical practitioner.

II. General Exclusions

1. Any dental treatment that comprises cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, orthognathic surgery, jaw alignment or treatment for the temporomandibular (jaw) joint, or upper and lower jaw bone surgery and surgery related to the temporomandibular (jaw) unless necessitated by an acute traumatic injury or cancer and also requiring Hospitalization
2. Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock
3. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not) [except for compelling the Government or any other person to do or abstain from doing any act as defined under the definition of Terrorist act], civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
Any Medical expenses incurred due to Acts of Terrorism will be covered under the policy.
4. Circumcision unless required for the treatment of Illness or Accidental bodily injury,
5. Cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender.
6. Any form of plastic surgery unless necessary for the treatment of cancer, burns or accidental Bodily Injury
7. The cost of spectacles, contact lenses, hearing aids, crutches, artificial limbs, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for intrinsic fixtures used for orthopedic treatments such as plates and K-wires.
8. External medical equipment of any kind used at home as post Hospitalization care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
9. Convalescence, general debility, rest cure, congenital external diseases or defects or anomalies, genetic disorders, stem cell implantation or surgery, or growth hormone therapy.
10. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
11. Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.
12. Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus or Variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS.
13. Medical Expenses relating to any Hospitalization primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations
14. Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating doctor.
15. Any fertility, sub fertility, Infertility, sterility, erectile dysfunction, impotence, assisted conception operation or sterilization procedure.
16. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor
17. Experimental, unproven or non-standard treatment
18. Weight management services and treatment related to weight reduction programmes including treatment of obesity
19. Treatment for any mental illness or psychiatric illness, Parkinson's Disease.
20. All non-medical Items as per Annexure II
21. Any treatment received outside India is not covered under this policy.

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SECTION 3. CRITICAL ILLNESS

OPERATIVE PART

If the Insured/or his family is diagnosed as suffering from a below listed Critical Illness which first occurs or manifests itself during the Policy Period, and if the Insured survives for a minimum of 30 days from the date of diagnosis, the Company shall pay a Critical Illness Benefit, as specified under the policy schedule. The Limit of Indemnity for any one policy period for the Insured or His family Members individually or collectively is as shown under Section 3 of the Schedule.

1. FIRST HEART ATTACK - OF SPECIFIED SEVERITY (Myocardial Infarction)

- a. The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:
 - i. a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
 - ii. new characteristic electrocardiogram changes
 - iii. elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- b. The following are excluded:
 - i. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T
 - ii. Other acute Coronary Syndromes
 - iii. Any type of angina pectoris

2. OPEN CHEST CABG (Coronary Artery Disease Requiring Surgery)

- a. The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.
- b. The following are excluded:
 - i. Angioplasty and/or any other intra-arterial procedures
 - ii. any key-hole or laser surgery

3. STROKE RESULTING IN PERMANENT SYMPTOMS

- a. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
- b. The following are excluded:
 - i. Transient ischemic attacks (TIA)
 - ii. Traumatic injury of the brain
 - iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

4. CANCER OF SPECIFIED SEVERITY

- a. A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.
- b. The following are excluded -
 - i. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to:
 - Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
 - ii. Any skin cancer other than invasive malignant melanoma
 - iii. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
 - iv. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
 - v. Chronic lymphocytic leukaemia less than RAI stage 3
 - vi. Microcarcinoma of the bladder
 - vii. All tumours in the presence of HIV infection.

5. KIDNEY FAILURE REQUIRING REGULAR DIALYSIS (End-stage renal disease)

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

6. MAJOR ORGAN TRANSPLANTATION

- a. The actual undergoing of a transplant of:
 - i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
 - ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

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- b. The following are excluded:
- i. Other stem-cell transplants
 - ii. Where only islets of langerhans are transplanted
- 7. MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS**
- a) The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:
 - investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
 - there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
 - well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with at least two clinically documented episodes at least one month apart.
 - b) Other causes of neurological damage such as SLE and HIV are excluded.
- 8. SURGERY OF AORTA**
- The actual undergoing of surgery for a disease of the aorta (meaning the thoracic and abdominal aorta but not its branches, and excluding traumatic injury of the aorta and congenital narrowing of the aorta) needing excision and surgical replacement of the diseased aorta with a graft.
- 9. PRIMARY PULMONARY ARTERIAL HYPERTENSION**
- The diagnosis by a Physician of primary pulmonary hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, resulting in permanent irreversible physical impairment to the degree of at least class 3 of the New York Heart Association Classification of cardiac impairment and resulting in the Insured being unable to perform his usual occupation.
- 10. PERMANENT PARALYSIS OF LIMBS**
- Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.
- 11. Neuro Surgery**
- Surgery for the treatment of a disease of the spinal cord / brain, which has resulted in neurological damage / pressure effects on spinal cord / brain. However, the diseases of external / adjacent structures responsible for spinal cord or brain surgery will be excluded unless as a result of an accidental injury.
- 12. Joint Replacement**
- Surgery on major joints of hip/ knee/shoulder for total first time replacement of damaged/diseased joint by prosthesis/artificial device.
- Exclusion Specific to Section 3: Critical Illness**
- No payment will be made by the Company for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:
- I. Waiting Period**
 1. Any Critical Illness diagnosed within the first 90 days of the date of commencement of the Policy is excluded. This exclusion shall not apply to an Insured for whom coverage has been renewed by the Named Insured, without a break, for subsequent years.
 - II. General Exclusions**
 1. Any Critical Illness for which care, treatment, or advice was recommended by or received from a Physician, or which first manifested itself or was contracted before the start of the Policy Period, or for which a claim has or could have been made under any earlier policy.
 2. Any sexually transmitted diseases or any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus type III (III LB 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.
 3. Treatment arising from or traceable to pregnancy, childbirth postpartum complications including but not limited to caesarian section, birth defects and congenital anomalies.
 4. Occupational diseases.
 5. War, whether war be declared or not, invasion, act of foreign enemy, hostilities, civil war, insurrection, terrorism or terrorist acts or activities, rebellion, revolution, mutiny, military or usurped power, riot, strike, lockout, military or popular uprising, civil commotion, martial law or loot, sack or pillage in connection therewith, confiscation or destruction by any government or public authority or any act or condition incidental to any of the above.
 6. Naval or military operations of the armed forces or airforce and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.
 7. Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any other kind of natural hazard).
 8. Radioactive contamination.
 9. Consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever.
 10. Intentional self-injury and/or the use or misuse of intoxicating drugs and/or alcohol.

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SECTION 4. PERSONAL ACCIDENT

1. Insured Event

- a) In the event of any Accidental Bodily Injury sustained by the Insured during the Policy Period, the Company will make payment under such Coverage Parts as are specified in the Schedule as being operative.
- b) The Company's liability to make payment shall be limited to the Sum Assured for each Coverage Part.

2. Coverage Parts

a) Coverage Part A: Death

- i. The Company will pay the Sum Assured in the event of Accidental Bodily Injury causing the Insured's death within 12 months of the Accidental Bodily Injury being sustained, whereafter this Policy shall expire.
- ii. The Company will also, in addition to the Sum Assured, pay up to 2% of the Sum Assured or Rs.5,000/- (whichever is lower) towards the cost of transporting the Insured's remains from the place of death to the hospital/residence and/or cremation and/or burial ground.

b) Coverage Part B: Permanent Total Disability

- i. In the event of Accidental Bodily Injury causing the Insured's Permanent Total Disability within 12 months of the Accidental Bodily Injury being sustained, the Company will pay 125% of the Sum Assured, whereafter this Policy shall expire.
- ii. If the Insured was suffering from any permanent disability prior to the date upon which Accidental Bodily Injury was sustained, then the Company's liability to make payment hereunder shall be reduced by the extent of the same, as advised by the Company's medical advisors.

c) Coverage Part C: Permanent Partial Disability

- i. In the event of Accidental Bodily Injury causing the Insured's Permanent Partial Disability as mentioned in the PPD Table below within 12 months of the Accidental Bodily Injury being sustained, the Company will pay the percentage of the Sum Assured specified for each and every form of impairment mentioned in the PPD Table:

An arm at the shoulder joint	70%
An arm above the elbow joint	65%
An arm beneath the elbow joint	60%
A hand at the wrist	55%
A thumb	20%
An index finger	10%
Any other finger	5%
A leg above mid-thigh	70%
A leg up to mid-thigh	60%
A leg up to beneath the knee	50%
A leg up to mid-calf	45%
A foot at the ankle	40%
A large toe	5%
Any other toe	2%
An eye	50%
Hearing of one ear	30%
Hearing of both ears	75%
Sense of smell	10%
Sense of taste	5%

- ii. If the Accidental Bodily Injury causes the Insured's Permanent Partial Disability within 12 months of the Accidental Bodily Injury being sustained other than as specified in the PPD Table above, the Company's liability to make payment shall be as follows:
- iii. In the case of the Insured suffering partial loss or functional impairment of one of the body parts or sensory organs mentioned in the PPD Table, the Company will pay a corresponding proportion of the percentages specified in the PPD Table, as advised by the Company's medical advisors.
- iv. In the case of the Insured's Permanent Partial Disability of a nature not detailed in the PPD Table, the Company will pay a proportion of the Sum Assured by reference to the degree to which the Insured's normal functional physical capacity has been impaired, as advised by the Company's medical advisors.
- v. If the Insured was suffering from any Permanent Partial Disability prior to the date upon which Accidental Bodily Injury was sustained, then the Company's liability to make payment hereunder shall be reduced by the extent of the same as advised by the Company's medical advisors.
- vi. If the Accidental Bodily Injury sustained by the Insured causes a subsequent Claim by the Insured under Coverage Parts A or B, then this Coverage Part shall not be operative and the amounts payable under either Coverage Parts A or B shall be reduced by the amount of any payment made under this Coverage Part.

d) Coverage Part D: Temporary Total Disability

- i. If the Accidental Bodily Injury sustained by the Insured causes his complete inability to engage in his employment as specified in the Schedule, the Company will pay 1% of the Sum Assured per week for a period not exceeding 100 weeks from the date upon which the Bodily Injury was sustained.
- ii. The Company shall not be under any liability to make any payment hereunder until such time as the Insured has established to the Company's satisfaction that he is completely unable to engage in his employment as specified in the Schedule.

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e) Coverage Part E: Medical Extension

The Company will reimburse the actual medical expenses incurred or 40% of the admissible claim; whichever is lower, towards the cost of treatment of accidental bodily injury sustained by the insured.

SECTION 5. EDUCATION GRANT

(As A Result Of Accidental Death/Permanent Total Disability)

The company will pay the amount shown under section 5 of the schedule in the event of the insured person (Self) suffering.

1. Accidental Bodily Injury causing the Insured's death within 12 months of the Accidental Bodily Injury being sustained, whereafter this Policy shall expire.
2. In the event of Accidental Bodily Injury causing the Insured's Permanent Total Disability within 12 months of the Accidental Bodily Injury being sustained. The Amount would be payable to the nominee under the policy for the continuing education of the deceased's child/ children.

EXCLUSION SPECIFIC TO SECTION 4 PERSONAL ACCIDENT AND SECTION 5 EDUCATION GRANT

No indemnity is available hereunder and no payment will be made by the Company for any Claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

I. General Exclusion

1. Suicide, attempted suicide or self inflicted injury or illness;
2. Whilst under the influence of intoxicating liquor or drugs;
3. Any deliberate or intentional, unlawful or criminal act, error, or omission of the Insured.
4. From war (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detention, confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.
5. Any consequential losses of any kind, and/or any actual or alleged legal liability of the Insured.
6. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
7. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs.
8. Any loss caused either directly or indirectly by nuclear energy, radiation.
9. Curative treatments or interventions that the Insured performs or has had performed on his body.
10. Venereal or sexually transmitted disease.
11. HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/ or mutant derivatives or variations thereof however caused.
12. Pregnancy, resulting childbirth, miscarriage, abortion, or complication arising out of any of the foregoing.
13. The Insured's participation in any naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy, whether foreign or domestic.

SECTION 6. BURGLARY (HOUSEHOLD CONTENTS ONLY) & FIRE (HOUSEHOLD CONTENTS) – FIRST LOSS COVER

On the occurrence of any insured event as provided for hereunder arising during the Policy Period and notified as prescribed, the Company will make payment as provided for under each Cover but only up to the Sum Assured as specified in the Schedule against each Cover.

a) Burglary and Housebreaking

The Company will indemnify the Insured in respect of loss of or damage to the Contents or any part thereof whilst contained in the Insured Premises (address given in the schedule) caused by actual or attempted Burglary or Housebreaking.

Specific Exclusions Applicable (Burglary and Housebreaking)

The Company shall not be liable for and no indemnity is available hereunder in respect of: any consequential losses,

- i. or any loss or damage caused by actual or attempted Burglary and/or theft: where the Insured or any member of the Insured's Family is or is alleged to be concerned or implicated;
- ii. to livestock, motor vehicles and pedal cycles; to Valuables and/or Jewellery and/or Precious Item exceeding Rs.5000/- per item. In case of Jewellery and /or precious items exceeding Rs.5000/- and not specifically stated in the schedule, the loss for such items would be limited to Rs.5000/- per item, unless specifically stated in the Schedule.

b) Basis of Loss Settlement

Where the Insured Premises and/or Contents can reasonably be repaired or reinstated at a cost less than the replacement cost then the Company will indemnify the Insured in respect of the expenses necessarily incurred to restore the aforementioned to its state immediately prior to the happening of the actual or attempted Burglary.

In the case of a total loss, the Company shall indemnify the Insured in respect of the restoration or replacement costs. The Company shall not be bound to reinstate or restore exactly or completely, but only as permitted by the circumstances and in a reasonably sufficient manner and to the state that existed immediately prior to the happening of the Burglary.

DEFINITIONS AND EXCLUSIONS FOR SECTION 6 BURGLARY (HOUSEHOLD CONTENTS ONLY) & FIRE (HOUSEHOLD CONTENTS) – FIRST LOSS COVER

1. "Burglary" means the unforeseen and unauthorized entry to or exit from the Insured Premises by aggressive and detectable means with the intent to steal Contents there from.

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2. "Valuables" means:
 - a. gold or silver or any precious metals or articles made from any precious metals;
 - b. watches or Jewellery or Precious Stones or models or coins or curios, sculptures, manuscripts, stamps, collections of stamps, rare books, medals, moulds, designs or any other collectibles;
 - c. deeds, ATM cards, credit cards, charge cards, bonds, bills of exchange, bank, treasury or promissory notes, cheques, money, securities, or any other negotiable instrument;
3. Fire Cover for Contents (excluding Valuables)

The Company will indemnify the Insured in respect of loss of or damage to Contents in the Insured Premises specified in the Schedule against:

 - 3.1. Fire, excluding destruction or damage caused to the contents insured by:
 - 3.1.1. Its own fermentation, natural heating or spontaneous combustion.
 - 3.1.2. Its undergoing any heating or drying process.
 - 3.1.3. Burning of property insured by order of any Public Authority.
 - 3.2. Lightning.
 - 3.3. Explosion/implosion, excluding loss, destruction of or damage:
 - 3.3.1. to boilers (other than domestic boilers), economizers or other vessels, machinery or
 - 3.3.2. apparatus (in which steam is generated) or their contents resulting from their own
 - 3.3.3. explosion / implosion,
 - 3.3.4. caused by centrifugal forces.
 - 3.4. Aircraft Damage: Loss, Destruction or damage caused by Aircraft, other aerial or space devices and articles dropped there from excluding those caused by pressure waves.
 - 3.5. Riot, Strike, Malicious Damage: Loss of or visible physical damage or destruction by external violent means directly caused to the property insured but excluding those caused by:
 - 3.5.1. total or partial cessation of work or the retardation or interruption or cessation of any process or operations or omissions of any kind.
 - 3.5.2. Permanent or temporary dispossession resulting from confiscation, commandeering, requisition or destruction by order of the Government or any lawfully constituted Authority.
 - 3.5.3. Permanent or temporary dispossession of any building or plant or unit or machinery resulting from the unlawful occupation by any person of such building or plant or unit or machinery or prevention of access to the same.
 - 3.5.4. Burglary, housebreaking, theft, larceny or any such attempt or any omission of any kind of any person (whether or not such act is committed in the course of a disturbance of public peace) in any malicious act.
 - 3.6. Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Flood and Inundation: Loss destruction or damage directly caused by storm, cyclone, typhoon, tempest, hurricane, flood or inundation excluding those resulting from volcanic eruption or other convulsions of nature.
 - 3.7. Impact Damage: Loss of or visible physical damage or destruction caused to the property insured due to impact by any Rail/ Road vehicle or animal by direct contact not belonging to or owned by:
 - 3.7.1. the Insured or any occupier of the premises or
 - 3.7.2. their employees while acting in the course of their employment.
 - 3.8. Subsidence and Landslide including Rock slide: Loss, destruction or damage directly caused by Subsidence of part of the site on which the property stands or Land slide/Rock slide excluding:
 - 3.8.1 the normal cracking, settlement or bedding down of new structures
 - 3.8.2 the settlement or movement of made up ground
 - 3.8.3 coastal or river erosion
 - 3.8.4 defective design or workmanship or use of defective materials
 - 3.8.5 demolition, construction, structural alterations or repair of any property or groundworks or excavations.
 - 3.9 Bursting and/or overflowing of Water Tanks, Apparatus and Pipes.
 - 3.10 Missile Testing operations.
 - 3.11 Leakage from Automatic Sprinkler Installations, excluding loss, destruction or damage caused by
 - 3.11.1 Repairs or alterations to the buildings or premises
 - 3.11.2 Repairs, Removal or Extension of the Sprinkler Installation
 - 3.11.3 Defects in construction known to the Insured.
 - 3.12 Bush Fire, excluding loss, destruction or damage caused by Forest Fire.
 - 3.13 Earthquake – Fire and Shock
 - 3.13.1 such absence does not exceed 120 days in the aggregate in any one Policy Period, and
 - 3.13.2 the liability of the Company in respect of removed Contents shall not exceed 10% of the Sum Assured hereunder.
 - 3.14 The Company shall not be liable for and no indemnity is available hereunder in respect of loss of or damage to:
 - 3.14.1 Contents of a consumable nature;
 - 3.14.2 motor vehicles, pedal cycles, or livestock.
 - 3.14.3 Valuables and/or Jewellery and/or Precious Items, unless specifically stated to the contrary in the Schedule
 - 3.15 The Company shall not be liable for 5% of the claim amount for each and every claim arising out of Act of God perils (Lightning, Storm, Flood, Tempest, Inundation and the like, Subsidence, Landslide and Rockslide, Earthquake).

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Basis of Loss Settlement

1. Where an insured item can reasonably be repaired or reinstated at a cost less than the replacement cost then, the Company will indemnify the Insured up to the Sum Assured in respect of the expenses necessarily incurred to restore such item to its state immediately prior to the happening of the insured event.
2. In the case of a total loss, the Company shall indemnify the Insured in respect of the restoration or replacement costs up to the Sum Assured.

SECTION 7. TRAVELING BAGGAGE (ANYWHERE IN WORLD) – VALUABLES EXCLUDED

The Company will indemnify the Insured and/or the Insured's Family in respect of the accidental loss of, destruction of or damage caused to personal baggage accompanying the Insured and/or the Insured's Family or for which the Insured is responsible whilst travelling anywhere in the world.

SPECIFIC EXCLUSIONS APPLICABLE TO SECTION 7 – TRAVELING BAGGAGE

The Company shall not be liable for and no indemnity is available hereunder in respect of:

I. General Exclusion

1. loss or damage due to cracking scratching or breakage of lens or glass whether part of china, marble, gramophone records or otherwise and other articles of a brittle or fragile nature, unless such loss or damage arises from an accident to a vessel, train, or other mechanised vehicle or aircraft by which such baggage is conveyed by the Insured and/or the Insured's Family;
2. loss or damage caused by or any process of cleaning, dyeing repairing or restoring to which the baggage is subjected;
3. loss or damage caused by moth, mildew or vermin;
4. loss or damage to any electrical machines, apparatus, fixtures or fittings (including wireless sets, radio, television sets and tape recorders) arising from over running, excessive pressure, short circuiting arcing self heating or leakage or electricity from whatever cause (lightning included);
5. loss or damage caused by mechanical derangement or over winding of watches and clocks;
6. the ft from cars except from fully enclosed saloon cars having all the doors, windows and other openings securely locked and properly fastened, and any other security aid properly applied;
7. loss or damage whilst being conveyed by any carrier under contract of affreightment;
8. loss of or damage to Jewellery or Valuables;
9. loss of or damage to article which did not form part of the Contents of the baggage when the journey commenced unless specifically declared and accepted by the Company;
10. loss or destruction of or damage to baggage of a consumable nature;
11. loss of or damage to carried loose articles such as sticks, straps, umbrellas, sunshades, deck chairs, property in use on the journey or articles of clothing whilst being worn on the person or carried about;
12. loss destruction or damage caused by or arising from the leakage spilling or exploding of liquid, oils or material of a like naturr or articles of a dangerous or damaging nature;
13. any tour or travel undertaken within the municipal limits of the village, town or city wherein the Insured permanently resides.

Basis of Loss Settlement

1. Where an insured item can reasonably be repaired or reinstated at a cost less than the replacement cost then, the Company will indemnify the Insured up to the Sum Assured in respect of the expenses necessarily incurred to restore such item to its state immediately prior to the happening of the insured event.
2. In the case of a total loss, the Company shall indemnify the Insured in respect of the restoration or replacement costs up to the Sum Assured.

SECTION 8 – PUBLIC LIABILITY**The Company will indemnify the Insured against:**

1. his legal liability to pay Damages for civil claims of Bodily Injury or Property Damage arising out of the Insured's use, ownership or occupation of the Insured Premises for solely domestic purposes and caused by the negligent act, error or omission of the Insured, the Insured's Family or the Insured's Household Staff, save that no indemnity is available hereunder for any liability that may be incurred under the Public Liability Insurance Act 1991 or any other statute or law based on nofault or strict liability, or for any civil claim brought by the Insured or his Family; and
2. as the keeper and owner of domestic pets.

SPECIFIC EXCLUSIONS APPLICABLE TO SECTION 8 PUBLIC LIABILITY

No indemnity is available hereunder and no payment will be made by the Company for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

I. General Exclusion

1. any voluntarily assumed liability unless such liability would have attached to the Insured in the absence of such agreement;
2. any liability arising out of a deliberate, wilful or intentional act, error, omission, or non-compliance with any statutory provision;
3. liability arising out of the ownership, possession or use by or on behalf of the Insured or his Family or Household Staff of any motor vehicle or trailer for which compulsory insurance is required, save that cover shall be provided for claims arising out of Bodily Injury or Property Damage caused by the loading or unloading of any motor vehicle or trailer beyond the limits of any carriageway or thoroughfare;
4. liability arising out of the ownership, possession or use by or on behalf of the Insured or his Family or Household Staff of any watercraft, hovercraft, air- or spacecraft;
5. any interest and/or penalty imposed on the Insured on account of his failure to comply with the requirements laid down under the Workmen's Compensation Act 1923 or any amendment thereto;
6. the transmission of any communicable disease or virus;
7. occupation or business, trade or employment

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PART B: EXCLUSIONS APPLICABLE TO ALL SECTIONS

No indemnity is available hereunder and no payment will be made by the Company for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

I. General Exclusion

1. war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection military or usurped power of civil commotion or loot or pillage in connection herewith.
2. Loss or damage caused by depreciation or wear and tear.
3. Consequential loss of any kind or description.
4. Loss or damage directly or indirectly caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).

PART C: - DEFINITIONS APPLICABLE FOR HOSPITAL CASH, HEALTH GUARD, CRITICAL ILLNESS, PERSONAL ACCIDENT AND EDUCATIONAL GRANT SECTION

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine shall include references to the plural or to the female wherever the context so permits:

1. Accident, Accidental

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

2. Act of Terrorism or Terrorism

It means an act or thing by any person or group(s) of persons, whether acting alone or on behalf of or in connection with or in connivance with or at the instance or instigation of any person or group(s) or organisation(s) or associations(s), who are committed or proclaimed to be committed for political, religious or ideological purposes, whether such person or group(s) of persons or organisation(s) or association(s) are or are not banned any law, in such a manner or with intent to threaten the unity, integrity, security or sovereignty of India or to strike terror in the people or any section of the people by using bombs, dynamite or other explosive substances or inflammable substances or firearms or other lethal weapons or poisons or noxious gases or other chemicals or by any other substances (whether biological or otherwise) of a hazardous nature or by any other means whatsoever, with intent to cause, or likely to cause, death or, or injuries to any person or persons or loss of, or damage to, or destruction of, property or disruption of any supplies or services essential to the life of the community or causes damage or destruction of any property or equipment used or intended to be used for the defence of India or in connection with any other purposes of the Government of India, any State Government or an of their agencies, or detains any person and threatens to kill or injure such person in order to compel the Government or any other person to do or abstain from doing any act. Provided further that for the above acts appropriate criminal prosecution has been initiated by police and charge sheet has been filed in competent court of criminal jurisdiction, either under special law or under general law.

3. Alternative treatments

Alternative treatments are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context

4. Any one illness

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

5. Bajaj Allianz Network Hospitals / Network Hospitals

Bajaj Allianz Network Hospitals / Network Hospitals means the Hospitals which have been empanelled by Us as per the latest version of the schedule of Hospitals maintained by Us, which is available to You on request.

For updated list please visit our website www.bajajallianz.com.

6. Bajaj Allianz Diagnostic Centre

Bajaj Allianz Diagnostic Centre means the diagnostic centers which have been empanelled by us as per the latest version of the schedule of diagnostic centers maintained by Us, which is available to You on request. For updated list please visit our website www.bajajallianz.com.

7. Bariatric surgery:

Bariatric Surgery Means Surgery on the stomach and/or intestines to help a person with extreme obesity to lose weight. Bariatric surgery is an option for people who have a body mass index (BMI) above 40. Bariatric Surgery is also an option for people with a body mass index between 35 and 40 who have health problems like type 2 diabetes or heart disease.

8. Cashless facility

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

9. Co-Payment

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

10. Condition Precedent

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

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11. Congenital Anomaly

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

i. Internal Congenital Anomaly

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

ii. External Congenital Anomaly

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

12. Cumulative Bonus

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

13. Day care centre

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

i. Has qualified nursing staff under its employment.

ii. Has qualified medical practitioner/s in charge.

iii. Has fully equipped operation theatre of its own where surgical procedures are carried out

iv. Maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

14. Day Care Treatment

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

i. Undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and

ii. Which would have otherwise required a hospitalization of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

15. Dental Treatment

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

16. Dependent child

A child is considered a dependent for insurance purposes (even if not enrolled in an educational institution) provided he is financially dependent, on the proposer.

17. Disclosure to information norm

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

18. Emergency Care

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

19. Grace Period

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

20. Hospital

A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under 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:

i. has qualified nursing staff under its employment round the clock;

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

iii. has qualified medical practitioner(s) in charge round the clock;

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

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

21. Hospitalization

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

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22. Illness

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

- a. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
- b. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - i. It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - ii. It needs ongoing or long-term control or relief of symptoms
 - iii. It requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - iv. It continues indefinitely
 - v. It recurs or is likely to recur

23. Inpatient Care

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

24. Injury/ Bodily Injury

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.

25. Intensive Care Unit

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

26. ICU Charges:

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

27. Limit of Indemnity

Limit of Indemnity represents Our maximum liability to make payment for each and every claim per person and collectively for all persons mentioned in the Schedule during the policy period and in the aggregate for the person(s) named in the schedule during the policy period, and means the amount stated in the Schedule against each Cover and subject to the limits specified.

28. Maternity expense / treatment shall include the following Medical treatment Expenses:

Maternity expenses means;

- i. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
- ii. expenses towards lawful medical termination of pregnancy during the Policy Period.

29. New Born Baby

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

30. Medical Advice

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

31. Medical expenses

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

32. Medical Practitioner

Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

33. Medically Necessary Treatment

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

- i. is required for the medical management of the illness or injury suffered by the insured;
- ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- iii. must have been prescribed by a medical practitioner;
- iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

34. Named Insured/Insured

Insured means the persons, or his Family members, named in the Schedule provided-

An Insured or his Family Members has attained the age of 3 months and is not older than 65 years of age at the commencement of the Policy Period.

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35. Nominee

Nominee is the person selected by the policyholder to receive the benefit in case of death of the insured thus giving a valid discharge to the insurer on settlement of claim under an insurance policy.

36. Non- Network

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

37. Notification of Claim

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

38. OPD treatment

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

39. Obesity

Obesity means abnormal or excessive fat accumulation that may impair health. Obesity is measured in Body Mass Index.

Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of his height in meters (kg/m²).

The WHO definition is:

- i. BMI greater than or equal to 25 is overweight
- ii. BMI greater than or equal to 30 is obesity

40. Permanent Partial Disability

"Permanent Partial Disability" means a Physician certified total and continuous loss of or impairment of a body part or sensory organ specified in the PPD Table.

41. Permanent Total Disability

Permanent Total Disability means a Physician certified total, continuous and permanent:

- i. loss of sight of both eyes;
- ii. physical separation of or loss of ability to use both hands or both feet,
- iii. physical separation of or loss of ability to use one hand and one foot;
- iv. loss of sight on one eye and physical separation of or loss of ability to use either one hand or one foot

42. Portability

Portability means transfer by an individual health insurance policyholder (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.

43. Pre-Existing Disease

Pre-Existing Disease means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.

44. Pre-hospitalization Medical Expenses

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

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company

45. Post-hospitalization Medical Expenses

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

- i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
- ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

46. Qualified Nurse

Qualified nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

47. Reasonable and Customary Charges

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

48. Room rent

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

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49. **Renewal**

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

50. **Surgery or Surgical Procedure**

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

51. **Sum Assured**

"Sum Assured" means the amount stated in the Schedule, which (unless expressly stated otherwise) is the maximum amount per Insured person or person within a category of Insured persons for which the Company will make payment for any and all claims in the aggregate in relation to the Coverage Part to which the Sum Assured relates during the Policy Period.

52. **Schedule** means the schedule and any annexure to it.53. **Unproven/Experimental treatment**

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

54. **We, Our, Ours** means the Bajaj Allianz General Insurance Company Limited.55. **You, Your, Yourself/ Your Family** named in the schedule means the person or persons that We insure as set out in the Schedule.

PART D: - GENERAL CONDITIONS APPLICABLE TO ALL COVERS

I. **Condition Preceding to the Contract**1. **Due Observance**

The due observance of and compliance with the terms, provisions, warranties and conditions of this Policy insofar as they relate to anything to be done or complied with by the Insured and/or the Insured's Family shall be a condition precedent to any liability of the Company under this Policy.

II. **Conditions when a claim arises**1. **Claims Procedure**

All Claims will be settled by In house claims settlement team of the company and no TPA is engaged.

If You meet with any Accidental Bodily Injury or suffer an Illness that may result in a claim, then as a condition precedent to Our liability, You must comply with the following:

A. **Cashless Claims Procedure: (Applicable to Section 2. Health Guard Only)**

- i. Cashless treatment is only available at Network Hospitals. In order to avail of cashless treatment, the following procedure must be followed by You:
- ii. Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, You or your representative must call Us and request pre-authorization by way of the written form.
- iii. After considering Your request and after obtaining any further information or documentation We have sought, We may, if satisfied, send You or the Network Hospital, an authorisation letter. The authorisation letter, the ID card issued to You along with this Policy and any other information or documentation that We have specified must be produced to the Network Hospital identified in the pre-authorization letter at the time of Your admission to the same.
- iv. If the procedure above is followed, You will not be required to directly pay for the bill amount in the Network Hospital that We are liable under Section I-1 In-Patient Hospitalization Treatment above and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorization does not guarantee that all costs and expenses will be covered. We reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy. You shall, in any event, be required to settle all other expenses directly.

B. **Reimbursement Claims Procedure: (Applicable to Section 1. Hospital Cash, Section 2. Health Guard, Section 3. Critical Illness Section 4. Personal Accident and Section 5. Education Grant)**

- i. You or someone claiming on Your behalf must inform Us in writing immediately within 48 hours of hospitalization in case of emergency hospitalization and 48 hours prior to hospitalization in case of planned hospitalization*
- ii. You must immediately consult a Doctor and follow the advice and treatment that he recommends.
- iii. You must take reasonable steps or measures to minimize the quantum of any claim that may be made under this Policy.
- iv. You must have Yourself examined by Our medical advisors if We ask for this, and as often as We consider this to be necessary at our cost
- v. You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation as listed out in greater detail below and other information We ask for to investigate the claim or Our obligation to make payment for it.
- vi. In the event of the death of the insured person, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 30 days*
- vii. If the original documents are submitted with the co-insurer, the Xerox copies attested by the co-insurer should be submitted.

*Note: In case You are claiming for the same event under an indemnity based policy of another insurer and are required to submit the original documents related to Your treatment with that particular insurer, then You may provide Us with the attested Xerox copies of such documents along with a declaration from the particular insurer specifying the availability of the original copies of the specified treatment documents with it.

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*Note: Waiver of conditions (i), (vi) and (v) may be considered in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You were placed, it was not possible for You or any other person to give notice or file claim within the prescribed time limit.

C. List of Claim documents:

I For Section 1 Hospital cash

1. Hospital Cash Claim Form duly signed by the insured.
2. Copy of Discharge Summary / Discharge Certificate.
3. Copy of Final Hospital Bill
4. Aadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

II For Section 2 Health Guard (Silver Plan and Gold Plan)

1. Claim form with NEFT details & cancelled cheque duly signed by Insured
2. Original/Attested copies of Discharge Summary / Discharge Certificate / Death Summary with Surgical & anesthetics notes
3. Attested copies of Indoor case papers
4. Original/Attested copies Final Hospital Bill with breakup of surgical charges, surgeon's fees, OT charges etc
5. Original Paid Receipt against the final Hospital Bill.
6. Original bills towards Investigations done / Laboratory Bills.
7. Original/Attested copies of Investigation Reports against Investigations done.
8. Original bills and receipts paid for the transportation from Registered Ambulance Service Provider. Treating Doctor Certificate to transfer the Injured person to a higher medical centre for further treatment (if Applicable).
9. Cashless settlement letter or other company settlement letter
10. First consultation letter for the current ailment.
11. In case of implant surgery, invoice & sticker.

III For Section 3 Critical illness

1. Critical Illness Claim Form duly signed by the insured along with
2. NEFT Form signed by the Claimant
3. Copy of Discharge Summary / Discharge Certificate.
4. Copy of Final Hospital Bill
5. First consultation letter for Illness
6. Medical certificate for the duration of illness
7. All required Investigation Reports as per the Illness
8. Medical certification from specialist

IV For Section 4 Personal Accident and Section 5 Education Grant

- I. Death
 - i. Duly Completed Personal Accident Claim Form signed by nominee.
 - ii. Copy of address proof (Ration card or electricity bill copy).
 - iii. Legal heir certificate containing affidavit and indemnity bond both duly signed by all legal heirs and notarized (If nominee name not mentioned on policy schedule.).
 - iv. Attested copy of Death Certificate.
 - v. Burial Certificate (wherever applicable).
 - vi. Attested copy of Statement of Witness, if any lodged with police authorities.
 - vii. Attested copy of FIR / Panchanama / Inquest Panchanama.
 - viii. Attested copy of Post Mortem Report (if performed).
 - ix. Attested copy of Viscera report if any.
 - x. Photo identity proof

II. Permanent Partial /Total Disablement cover

- i. Duly Completed Personal Accident Claim Form signed by insured.
- ii. Attested copy of disability certificate from certified Civil Surgeon of a Government Hospital stating percentage of disability.
- iii. Attested copy of FIR. (If required)
- iv. All X-Ray / Investigation reports and films supporting to disablement.

III. Temporary Total Disablement

- i. Duly Completed Personal Accident Claim Form signed by insured.
- ii. Medical fitness certificate from treating doctor mentioning the type of disability and period of rest with date of fitness.

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- iii. Leave certificate from the employer for disablement period
- iv. Attested copy of FIR.(If required)
- v. All X-Ray reports and films.

2. Duties and Obligations of the Insured and/or Named Insured

After the Occurrence of an Insured Event It is a condition precedent to the Company's liability under this Policy that in the event of any Accidental Bodily Injury or Illness that may give rise to a claim:

- 1. the Insured and/or the Named Insured shall immediately and in any event within 14 days provide the Company with written notification of a claim, and
- 2. the Insured and/or the Named Insured shall take every other reasonable step and/or measure to minimise the consequence of the Bodily Injury or Illness, and
- 3. the Insured and/or the Named Insured shall expeditiously provide the Company with or arrange for the Company to be provided with any and all information and documentation in respect of the claim and/or the Company's liability hereunder that may be requested, and submit himself for examination by the Company's medical advisors as often as may be considered necessary by the Company.

3. Entire Contract

The Policy constitutes the complete contract of insurance. No change or alteration in this Policy shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an endorsement on the Policy.

4. Paying a Claim

- i. You agree that We need only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information. We will make payment to You or Your Nominee. If there is no Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.
- ii. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall offer a settlement of the claim to the insured. Upon acceptance of an offer of settlement by the insured, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the insured. We will settle the claim within thirty days of the receipt of the last necessary document. In the cases of delay in the payment, the insurer 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 reviewed by it.
- iii. If the insurer, for any reasons decides to reject the claim under the policy the reasons regarding the rejection shall be communicated to the insured in writing within 30 days of the receipt of documents. The insured may take recourse to the Grievance Redressal procedure stated under the policy.
- iv. Additionally in Section III- Premium Personal Guard, In case of Your death, someone claiming on your behalf must inform us in writing immediately and send us a copy of the post mortem (If conducted) report within 30 days.
- v. In case of Section IV- Critical illness, upon the occurrence of an event of Critical Illness and (subject to the terms, conditions and exclusions of this Policy) without prejudice to the Company's obligation to make payment, this Policy shall immediately cease to exist with reference to that Insured.

5. Basis of Claims Payment (Applicable for Health Guard Section Only)

- i. If You suffer a relapse within 45 days of the date when You last obtained medical treatment or consulted a Doctor and for which a claim has been made, then such relapse shall be deemed to be part of the same claim.
- ii. We shall not make any payment to You for any period of Hospitalization of less than 24 hours, except for the Day Care Procedures.
- iii. The day care procedures listed are subject to the exclusions, terms and conditions of the policy and will not be treated as independent coverage under the policy.
- iv. We shall make payment in Indian Rupees only.

In addition to above terms specific conditions applicable to below sections are as below-

Section 2- Health Guard

- i. If You opted voluntarily, You shall bear 10% / 20% of co-payment for each and every claim payable under the Inpatient Hospitalization Treatment section and Our liability, if any, shall only be in excess of that sum.
- ii. Our obligation to make payment in respect of surgeries for cataracts (after the expiry of the 24 months period referred to in Exclusion specific to Section 2- Health Guard Exclusion 2) above, shall be restricted to 20% of the Sum insured for each eye, subject to maximum of Rs 1,00,000/- for each of You.
- iii. Our obligation to make payment in respect of Bariatric Surgery (Exclusion specific to Section 2 Health Guard Exclusion-3) above, shall be restricted to 50% of the Sum insured, subject to maximum of Rs 5lacs.

6. Duties and Obligations after Occurrence of an Insured Event (Applicable to Section VI BURGLARY (HOUSEHOLD CONTENTS ONLY) & FIRE (HOUSEHOLD CONTENTS) – FIRST LOSS COVER, Section VII TRAVELING BAGGAGE and Section VIII PUBLIC LIABILITY)

It is a condition precedent to the Company's liability under this Policy that, upon the happening of any event giving rise to or likely to give rise to a claim under this Policy:

- i. the Insured shall immediately and in any event within 14 days give written notice of the same to the address shown in the Schedule for this purpose, and in case of notification of an event likely to give rise to a claim to specify the grounds for such belief, and
- ii. in respect of Cover 1, and any other claim under any other Cover as advised by the Company, immediately lodge a complaint with the police detailing the items lost and/or damaged and in respect of which the Insured intends to claim, and provide a copy of that written complaint, the First Information Report and/or Final Report to the Company, and
- iii. the Insured shall within 30 days deliver to the Company its completed claim form detailing the loss or damage that has occurred and an estimate of the quantum of any claim along with all documentation required to support and substantiate the amount sought from the Company, and
- iv. the Insured shall expeditiously provide the Company and its representatives and appointees with all the information, assistance, records and documentation that they might reasonably require, and
- v. the Insured shall not admit liability or settle or make or promise any payment in respect of any claim which may be the subject of indemnity hereunder, or incur any costs or expenses in connection therewith, without the written consent of the Company which shall be entitled to take over and conduct in the name of the Insured the defence and/or settlement of any such claim, for which purpose the Insured shall give all the information and assistance that the Company may reasonably require.

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7. Arbitration and Reconciliation:

- i. If any dispute or difference shall arise as to the quantum of claim to be paid under this Policy (liability/claim being otherwise admitted by the Company), such difference shall independently of all other question be referred to the decision of a sole arbitrator to be appointed in writing by the Company and the Insured/Family Member(s) who has made claim under this Policy or if they cannot agree upon a single arbitrator within 30 days of any party [the Company or the and the Insured/Family Member(s) who has made claim under this Policy] invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators one to be appointed by the Insured/Family Member(s) who has made claim under this Policy, as the case may be and the Insurer, respectively, who are the parties to the dispute/ difference and the third arbitrator to be appointed by such two appointed arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996 as amended from time to time. The law of the arbitration will be Indian law, and the seat of arbitration and venue for all hearings shall be within India.
- ii. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided if the Company has disputed or not accepted/ admitted the liability/claim under the Policy.
- iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit read with this Policy that the award by such arbitrator/ arbitrators of the amount of the Loss or damage shall be first obtained.
- iv. It is also hereby further expressly agreed and declared that if the Company shall disclaim/repudiate the liability to the Insured for any claim under the Policy, and such claim shall not, within 12 calendar months from the date of such disclaimer/repudiation have been made the subject matter of a suit in a court of law, then all benefits/ indemnities under the Policy shall be forfeited and the rights of Insured shall stand extinguished and the liability of the company shall also stand discharged.
- v. In the event that these arbitration provisions shall be held to be invalid then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts subject to other clauses herein.

8. Territorial Limits & Governing Law

- i. We cover insured events arising during the Policy Period for treatment availed within India only. Our liability to make any payment shall be to make payment within India and in Indian Rupees only.
- ii. The Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an endorsement on the Schedule.
- iii. The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.

III. Conditions for renewal of the contract.**1. Terms of Renewal**

- i. Under normal circumstances, renewal will not be refused except on the grounds of Your moral hazard, misrepresentation, non- cooperation or fraud.
- ii. In case of Our own renewal, a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of 12 month waiting period. However, any treatment availed for an Illness or Accident sustained or contracted during the break period will not be admissible under the Policy.
- iii. For renewals received after completion of 30 days grace period, a fresh application of health insurance should be submitted to Us, it would be processed as per a new business proposal.
- iv. Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAI.
- v. For dependent children, Policy is renewable up to 35 years. After the completion of maximum renewal age of dependent children, the policy would be renewed for lifetime, Subject to Separate proposal form to be submitted to us at the time of renewal with the insured member as proposer and subsequently the policy should be renewed with us annually and within the Grace period of 30 days from date of Expiry.

2. Cumulative Bonus: (Applicable to Section 2. Health Guard)

If You renew Your "Star Package Policy covering Health Guard section" with Us without any break and there has been no claim in the preceding year, We will increase the Limit of Indemnity by 10% of base sum insured per annum, but:

The maximum cumulative increase in the Limit of Indemnity will be limited to 10 years and 100% of base sum insured. If a claim is made in any year where a cumulative increase has been applied, then the increased Limit of Indemnity in the policy period of the subsequent "Star Package Policy covering Health Guard section" shall be reduced by 10%, save that the limit of indemnity applicable to Your first "Star Package Policy covering Health Guard section" with Us shall be preserved.

3. Sum Insured Enhancement

- i. The Insured member can apply for enhancement of Sum Insured at the time of renewal only. You can apply for enhancement of Sum Insured by submitting a fresh proposal form to the company. No midterm enhancement of Sum Insured during the currency of policy shall be allowed.
- ii. The acceptance of enhancement of Sum Insured would be at the discretion of the company, based on the health condition of the insured members & claim history of the policy.
- iii. All waiting periods as defined in the Policy shall apply for this enhanced Sum Insured limit from the effective date of enhancement of such Sum Insured considering such Policy Period as the first Policy with the Company.

4. Revision/ Modification of the policy

There is a possibility of revision/ modification of terms, conditions, coverage's and/or premiums of this product at any time in future, with appropriate approval from IRDAI. In such an event of revision/modification of the product, intimation shall be set out to all the existing insured members at least 3 months prior to the date of such revision/modification comes into the effect

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5. Migration of policy

- i. The insured can opt for migration of policy to our other similar or closely similar products at the time of renewal.
- ii. The premium will be charged as per Our Underwriting Policy for such chosen new product, and all the guidelines, terms and condition of the chosen product shall be applicable.
- iii. Suitable credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break.

6. Withdrawal of Policy

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDAI, as We reserve Our right to do so with a intimation of 3 months to all the existing insured members. In such an event of withdrawal of this product, at the time of Your seeking renewal of this Policy, You can choose, among Our available similar and closely similar Health insurance products. Upon Your so choosing Our new product, You will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDAI.

Provided however, if You do not respond to Our intimation regarding the withdrawal of the product under which this Policy is issued, then this Policy shall be withdrawn and shall not be available to You for renewal on the renewal date and accordingly upon Your seeking renewal of this Policy, You shall have to take a Policy under available new products of Us subject to Your paying the Premium as per Our Underwriting Policy for such available new product chosen by You and also subject to Portability condition.

IV. Conditions applicable during the contract**1. Fraud**

If the Insured or any Family Member(s) or any one acting on his/ Family Member(s) behalf shall make or advance any claim which is in any respect fraudulent, or if any false declaration be made or used in support thereof or if any fraudulent means or devices are used or forged and or fabricated claim supporting documents are received by the Insurer from Insured/representative of Insured, to obtain any claim/benefits/indemnities under the Policy or for moral hazard or if the Loss or damage be occasioned by the wilful act, or with the connivance of/conspiracy with the Insured/ Family Member(s) of Insured, all benefits under the Policy shall be void and all claims or payments thereunder shall be forfeited.

2. Other Insurance/ Multiple Policies

- I. In case of multiple policies which provide fixed benefits, on the occurrence of the covered event/s in accordance with the terms and conditions of the Policy, each Insurer shall make the claim payments independent of payments received under other similar policies.
- II. If two or more Policies are taken by an Insured Person during a period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her Policies.
 - a. In all such cases the insurer who has issued the chosen policy shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy.
 - b. Claims under other Policy/ies may be made after exhaustion of Sum Insured in the earlier chosen Policy / Policies.
 - c. If the amount to be claimed exceeds the sum insured under a single policy after considering the deductibles or co-pay, the policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.
 - d. Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.
 - e. If Insured Person has multiple Policies, he/ she has the right to prefer claims from other Policy/Policies for the amounts disallowed under the earlier chosen Policy/ Policies, even if the sum insured is not exhausted. The Company shall settle the claim subject to the terms and conditions of the Policy.

3. Nomination

The insured person is mandatorily required at the inception of the Policy to make a nomination for the purpose of payment of claims under the policy in the event of death of insured person. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made.

4. Consideration

The Policy is issued subject to payment of premium in advance. No payment shall be valid unless made under our official receipt. The cover shall not be valid prior to the date and time of receipt of premium.

5. Cancellation

- (i) Save as provided under Condition 17 (c) (Sanction and Embargo), the Company may cancel this Policy by sending fifteen days written notice to the Insured at his last known address and in such event, will return to the Insured the premium paid less the pro-rata portion thereof for the period the Policy has been in force. Under normal circumstances the policy shall not be cancelled by the Company except on the grounds of Fraud, mis-representation, non-disclosure of material facts or non-co-operation by the Insured or if any false statement or declaration is made or used. Provided however if the Policy is cancelled due to Fraud by the Insured then the premium shall be forfeited and no refund of premium shall be made by the Company.

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- (ii) You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below. No refund of premium shall be due on cancellation if the Insured has made a claim under the Policy, whether or not claims are admitted by Insurer.

Policy Term	Premium Refund		
	Policy Period 1 Year	Policy Period 2 Year	Policy Period 3 Year
Within 15 Days	Pro Rata Refund		
Exceeding 15 days but less than 3 months	65.00%	75.00%	80.00%
Exceeding 3 months but less than 6 months	45.00%	65.00%	75.00%
Exceeding 6 months but less than 12 months	0.00%	45.00%	60.00%
Exceeding 12 months but less than 15 months		30.00%	50.00%
Exceeding 15 months but less than 18 months		20.00%	45.00%
Exceeding 18 months but less than 24 months		0.00%	30.00%
Exceeding 24 months but less than 27 months			20.00%
Exceeding 27 months but less than 30 months			15.00%
Exceeding 30 months but less than 36 months			0.00%

6. Free Look Period

You have a period of 15 days from the date of receipt of the policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of canceling the Policy stating the reasons for cancellation.

If you have not made any claim during the Free look period, you shall be entitled to refund of premium subject to,

- a deduction of the expenses incurred by Us on Your medical examination, stamp duty charges, if the risk has not commenced,
- a deduction of the stamp duty charges, medical examination charges & proportionate risk premium for period on cover, If the risk has commenced
- a deduction of such proportionate risk premium commensurating with the risk covered during such period ,where only a part of risk has commenced
- Free look period is not applicable for renewal policies.

7. Portability Conditions

- Retail Policies: As per the Portability Guidelines issued by IRDAI, applicable benefits shall be passed on to insured persons who were holding similar retail health insurance policies of other non-life and health insurers. The pre-policy medical examination requirements and provisions for such cases shall remain similar to non-portable cases.
- Group Policies: As per the Portability Guidelines issued by IRDAI, applicable benefits shall be passed on to insured persons who were insured under Our Group Health Policy and are availing Our individual Health Plan. However, such benefits shall be applicable only in the event of discontinuation/ non-renewal of the Group Health Policy (applicable for both employer-employee relationships and non-employer-employee relationships) and/or the particular insured person leaving the group on account of resignation/ retirement (applicable for employer-employee relationships) or termination of relationship with the Group Administrator (applicable for non-employer-employee relationships). The pre-policy medical examination requirements and provisions for such cases shall remain similar to non-portable cases.

8. Endorsements

This Policy constitutes the complete contract of insurance. This Policy cannot be changed by anyone (including an insurance agent or broker) except Us. Any change that We make will be evidenced by a written endorsement signed and stamped by Us.

9. Discounts:

Discounts applicable for Sections under "Star Package" Policy are as below-

Employee Discount (Applicable to Section 2. Health Guard only)

- 20% discount on published premium rates to employees of Bajaj Allianz & its group companies, this discount is applicable only if the policy is booked in direct office code

Co-pay Discount (Applicable to Section 2. Health Guard only)

- If opted voluntarily and mentioned on the Policy Schedule that a Co-payment is effective by the Insured then Insured will be eligible of additional 10% or 20% discount on the policy premium.
- If a claim has been admitted under Section A 1) In-patient Hospitalization Treatment then, the insured person shall bear 10% or 20% respectively of the eligible claim amount payable under this section and Our liability, if any, shall only be in excess of that sum and would be subject to the Sum Insured.

Sectional Discount:

- 10% discount applicable if number of sections opted is 4 or 5
- 15% discount applicable if number of sections opted is more than 5

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Long Term policy Discount:

- 10% discount applicable if policy is opted for 2 years
- 15% discount applicable if policy is opted for 3 years

10. Premium payment Zone:**Section 1: Health Guard****Zone A**

“Following cities has been clubbed in Zone A:-

Delhi / NCR, Mumbai including (Navi Mumbai, Thane and Kalyan), Hyderabad and Secunderabad, Bangalore, Kolkata, Ahmedabad, Vadodara and Surat.

Zone B

Rest of India apart from Zone A cities are classified as Zone B.

Note:-

Policyholders paying Zone A premium rates can avail treatment all over India without any co-payment.

But, those, who pay zone B premium rates and avail treatment in Zone A city will have to pay 20% co-payment on admissible claim amount. This Co-payment will not be applicable for Accidental Hospitalization cases.”

Policyholder residing in Zone B can choose to pay premium for Zone A and avail treatment all over India without any co-payment.

12. Grievance Redressal Procedure

Bajaj Allianz General Insurance has always been known as a forward looking customer centric organization. We take immense pride in the spirit of service and the culture of keeping customer first in our scheme of things. In order to provide you with top-notch service on all fronts, we have provided you with multiple platforms via which you can always reach one of our representatives.

<p>Level 1</p> <p>In case you have any concern, you may please reach out to our Customer Experience Team through any of the following options:</p> <ul style="list-style-type: none"> • Our Website @ https://general.bajajallianz.com/Corp/aboutus/general-insurance-customer-service.jsp • Call us on our Toll free no 1800 209 5858 • Mail us on bagichelp@bajajallianz.co.in • Write to Bajaj Allianz General Insurance Co. Ltd. Bajaj Allianz House, Airport Road, Yerwada Pune- 411006
<p>Level 2</p> <p>In case you are not satisfied with the response given to you by our team, you may write to our Grievance Redressal Officer Mr. Rakesh Sharma at ggro@bajajallianz.co.in.</p>
<p>Level 3</p> <p>If you are still not satisfied with the solutions provided, or have some feedback for us, write to the Head of Customer experience directly at head.customerservice@bajajallianz.co.in.</p>
<p>Grievance Redressal Cell for Senior Citizens</p> <p>Bajaj Allianz introduces a dedicated team for all the senior citizens, so no more wait time, no more standing in long queue. Senior citizens can now contact us on 1800-103-2529 or write to us at seniorcitizen@bajajallianz.co.in</p>

In case your complaint is not fully addressed by the insurer, You may use the Integrated Grievance Management System (IGMS) for escalating the complaint to IRDAI or call 155255 . Through IGMS you can register your complain online and track its status. For registration please visit IRDAI website www.irda.gov.in.
If the issue still remains unresolved, You may, subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of the grievance.

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The contact details of the ombudsman offices are mentioned below. However, we request you to visit <http://www.gbic.co.in> for updated details

Office Details	Jurisdiction of Office Union Territory, District)	Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD - Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near 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	Gujarat, Dadra & Nagar Haveli, Daman and Diu.	JAIPUR 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
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@gbic.co.in	Karnataka	ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyards, 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.
BHOPAL 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.	KOLKATA 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.
BHUBANESHWAR 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	LUCKNOW - 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, Maharajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@gbic.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.	MUMBAI 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.
CHENNAI 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).	NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P.-201301. Tel.: 0120-2514250 / 2514251 / 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, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
DELHI 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	PATNA 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.

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GUWAHATI 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.	PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 - 32341320 Email: bimalokpal.pune@gbic.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@gbic.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.		

Note: Address and contact number of Governing Body of Insurance Council
Secretary General - Governing Body of Insurance Council
JeevanSevaAnnexe, 3rd Floor, S.V. Road, Santacruz (W), Mumbai - 400 054
Tel No: 022-2610 6889, 26106245, Fax No. : 022-26106949, 2610 6052, E-mail ID: inscoun@vsnl.net

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Please visit our website for list of network hospitals and network Diagnostic Centres , Website: www.bajajallianz.com or get in touch with 24*7 helpline number: 1800-103-2529 (toll free) / 020-30305858

Annexure I

List of Day Care Procedures: (Applicable for Health Guard Section Only)

1 Stapedotomy	204 Infected Keloid Excision
2 Myringoplasty (Type I Tympanoplasty)	205 Incision of a pilonidal sinus / abscess
3 Revision stapedectomy	206 Axillary lymphadenectomy
4 Labyrinthectomy for severe Vertigo	207 Wound debridement and Cover
5 Stapedectomy under GA	208 Abscess-Decompression
6 Ossiculoplasty	209 Cervical lymphadenectomy
7 Myringotomy with Grommet Insertion	210 infected sebaceous cyst
8 Tympanoplasty (Type III)	211 Inguinal lymphadenectomy
9 Stapedectomy under LA	212 Incision and drainage of Abscess
10 Revision of the fenestration of the inner ear.	213 Suturing of lacerations
11 Tympanoplasty (Type IV)	214 Scalp Suturing
12 Endolymphatic Sac Surgery for Meniere's Disease	215 Infected lipoma excision
13 Turbinectomy	216 Maximal anal dilatation
14 Removal of Tympanic Drain under LA	217 Piles
15 Endoscopic Stapedectomy	A) Injection Sclerotherapy
16 Fenestration of the inner ear	B) Piles banding
17 Incision and drainage of perichondritis	218 liver Abscess- catheter drainage
18 Septoplasty	219 Fissure in Ano- fissurectomy
19 Vestibular Nerve section	220 Fibroadenoma breast excision
20 Thyroplasty Type I	221 Oesophageal varices Sclerotherapy
21 Pseudocyst of the Pinna - Excision	222 ERCP - pancreatic duct stone removal
22 Incision and drainage - Haematoma Auricle	223 Perianal abscess I&D
23 Tympanoplasty (Type II)	224 Perianal hematoma Evacuation
24 Keratosis removal under GA	225 Fissure in ano sphincterotomy
25 Reduction of fracture of Nasal Bone	226 UGI scopy and Polypectomy oesophagus
26 Excision and destruction of lingual tonsils	227 Breast abscess I& D
27 Conchoplasty	228 Feeding Gastrostomy
28 Thyroplasty Type II	229 Oesophagoscopy and biopsy of growth oesophagus
29 Tracheostomy	230 UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers

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30 Excision of Angioma Septum	231 ERCP - Bile duct stone removal
31 Turbinoplasty	232 Ileostomy closure
32 Incision & Drainage of Retro Pharyngeal Abscess	233 Colonoscopy
33 Uvulo Palato Pharyngo Plasty	234 Polypectomy colon
34 Palatoplasty	235 Splenic abscesses Laparoscopic Drainage
35 Tonsillectomy without adenoidectomy	236 UGI SCOPY and Polypectomy stomach
36 Adenoidectomy with Grommet insertion	237 Rigid Oesophagoscopy for FB removal
37 Adenoidectomy without Grommet insertion	238 Feeding Jejunostomy
38 Vocal Cord lateralisation Procedure	239 Colostomy
39 Incision & Drainage of Para Pharyngeal Abscess	240 Ileostomy
40 Transoral incision and drainage of a pharyngeal abscess	241 colostomy closure
41 Tonsillectomy with adenoidectomy	242 Submandibular salivary duct stone removal
42 Tracheoplasty Ophthalmology	243 Pneumatic reduction of intussusception
43 Incision of tear glands	244 Varicose veins legs - Injection sclerotherapy
44 Other operation on the tear ducts	245 Rigid Oesophagoscopy for Plummer vinson syndrome
45 Incision of diseased eyelids	246 Pancreatic Pseudocysts Endoscopic Drainage
46 Excision and destruction of the diseased tissue of the eyelid	247 ZADEK's Nail bed excision
47 Removal of foreign body from the lens of the eye.	248 Subcutaneous mastectomy
48 Corrective surgery of the entropion and ectropion	249 Excision of Ranula under GA
49 Operations for pterygium	250 Rigid Oesophagoscopy for dilation of benign Strictures
50 Corrective surgery of blepharoptosis	251 Eversion of Sac
51 Removal of foreign body from conjunctiva	a) Unilateral
52 Biopsy of tear gland	b) Bilateral
53 Removal of Foreign body from cornea	252 Lord's plication
54 Incision of the cornea	253 Jaboulay's Procedure
55 Other operations on the cornea	254 Scrotoplasty
56 Operation on the canthus and epicanthus	255 Surgical treatment of varicocele
57 Removal of foreign body from the orbit and the eye ball.	256 Epididymectomy
58 Surgery for cataract	257 Circumcision for Trauma
59 Treatment of retinal lesion	258 Meatoplasty
60 Removal of foreign body from the posterior chamber of the eye	259 Intersphincteric abscess incision and drainage
Oncology	260 Psoas Abscess Incision and Drainage
61 IV Push Chemotherapy	261 Thyroid abscess Incision and Drainage
62 HBI-Hemibody Radiotherapy	262 TIPS procedure for portal hypertension
63 Infusional Targeted therapy	263 Esophageal Growth stent
64 SRT-Stereotactic Arc Therapy	264 PAIR Procedure of Hydatid Cyst liver
65 SC administration of Growth Factors	265 Tru cut liver biopsy
66 Continuous Infusional Chemotherapy	266 Photodynamic therapy or esophageal tumour and Lung tumour
68 CCRT-Concurrent Chemo + RT	267 Excision of Cervical RIB
69 2D Radiotherapy	268 laparoscopic reduction of intussusception
70 3D Conformal Radiotherapy	269 Microdocheotomy breast
71 IGRT- Image Guided Radiotherapy	270 Surgery for fracture Penis
72 IMRT- Step & Shoot	271 Sentinel node biopsy
73 Infusional Bisphosphonates	272 Parastomal hernia
74 IMRT- DMLC	273 Revision colostomy
75 Rotational Arc Therapy	274 Prolapsed colostomy- Correction
76 Tele gamma therapy	275 Testicular biopsy
77 FSRT-Fractionated SRT	276 laparoscopic cardiomyotomy(Hellers)

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78 VMAT-Volumetric Modulated Arc Therapy	277 Sentinel node biopsy malignant melanoma
79 SBRT-Stereotactic Body Radiotherapy	278 laparoscopic pyloromyotomy(Ramstedt)
80 Helical Tomotherapy	Orthopedics
81 SRS-Stereotactic Radiosurgery	279 Arthroscopic Repair of ACL tear knee
82 X-Knife SRS	280 Closed reduction of minor Fractures
83 Gammaknife SRS	281 Arthroscopic repair of PCL tear knee
84 TBI- Total Body Radiotherapy	282 Tendon shortening
85 intraluminal Brachytherapy	283 Arthroscopic Meniscectomy - Knee
86 Electron Therapy	284 Treatment of clavicle dislocation
87 TSET-Total Electron Skin Therapy	285 Arthroscopic meniscus repair
88 Extracorporeal Irradiation of Blood Products	286 Haemarthrosis knee- lavage
89 Telecobalt Therapy	287 Abscess knee joint drainage
90 Telecesium Therapy	288 Carpal tunnel release
91 External mould Brachytherapy	289 Closed reduction of minor dislocation
92 Interstitial Brachytherapy	290 Repair of knee cap tendon
93 Intracavity Brachytherapy	291 ORIF with K wire fixation- small bones
94 3D Brachytherapy	292 Release of midfoot joint
95 Implant Brachytherapy	293 ORIF with plating- Small long bones
96 Intravesical Brachytherapy	294 Implant removal minor
97 Adjuvant Radiotherapy	295 K wire removal
98 Afterloading Catheter Brachytherapy	296 POP application
99 Conditioning Radiotherapy for BMT	297 Closed reduction and external fixation
100 Extracorporeal Irradiation to the Homologous Bone grafts	298 Arthrotomy Hip joint
101 Radical chemotherapy	299 Syme's amputation
102 Neoadjuvant radiotherapy	300 Arthroplasty
103 LDR Brachytherapy	301 Partial removal of rib
104 Palliative Radiotherapy	302 Treatment of sesamoid bone fracture
105 Radical Radiotherapy	303 Shoulder arthroscopy / surgery
106 Palliative chemotherapy	304 Elbow arthroscopy
107 Template Brachytherapy	305 Amputation of metacarpal bone
108 Neoadjuvant chemotherapy	306 Release of thumb contracture
109 Adjuvant chemotherapy	307 Incision of foot fascia
110 Induction chemotherapy	308 calcaneum spur hydrocort injection
111 Consolidation chemotherapy	309 Ganglion wrist hyalase injection
112 Maintenance chemotherapy	310 Partial removal of metatarsal
113 HDR Brachytherapy	311 Repair / graft of foot tendon
Plastic Surgery	312 Revision/Removal of Knee cap
114 Construction skin pedicle flap	313 Amputation follow-up surgery
115 Gluteal pressure ulcer-Excision	314 Exploration of ankle joint
116 Muscle-skin graft, leg	315 Remove/graft leg bone lesion
117 Removal of bone for graft	316 Repair/graft achilles tendon
118 Muscle-skin graft duct fistula	317 Remove of tissue expander
119 Removal cartilage graft	318 Biopsy elbow joint lining
120 Myocutaneous flap	319 Removal of wrist prosthesis
121 Fibro myocutaneous flap	320 Biopsy finger joint lining
122 Breast reconstruction surgery after mastectomy	321 Tendon lengthening
123 Sling operation for facial palsy	322 Treatment of shoulder dislocation
124 Split Skin Grafting under RA	323 Lengthening of hand tendon

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125 Wolfe skin graft	324 Removal of elbow bursa
126 Plastic surgery to the floor of the mouth under GA	325 Fixation of knee joint
Urology	326 Treatment of foot dislocation
127 AV fistula - wrist	327 Surgery of bunion
128 URSL with stenting	328 intra articular steroid injection
129 URSL with lithotripsy	329 Tendon transfer procedure
130 Cystoscopic Litholapaxy	330 Removal of knee cap bursa
131 ESWL	331 Treatment of fracture of ulna
132 Haemodialysis	332 Treatment of scapula fracture
133 Bladder Neck Incision	333 Removal of tumor of arm/ elbow under RA/GA
134 Cystoscopy & Biopsy	334 Repair of ruptured tendon
135 Cystoscopy and removal of polyp	335 Decompress forearm space
136 Suprapubic cystostomy	336 Revision of neck muscle (Torticollis release)
137 percutaneous nephrostomy	337 Lengthening of thigh tendons
139 Cystoscopy and "SLING" procedure.	338 Treatment fracture of radius & ulna
140 TUNA- prostate	339 Repair of knee joint
141 Excision of urethral diverticulum	Paediatric surgery
142 Removal of urethral Stone	340 Excision Juvenile polyps rectum
143 Excision of urethral prolapse	341 Vaginoplasty
144 Mega-ureter reconstruction	342 Dilatation of accidental caustic stricture oesophageal
145 Kidney renoscopy and biopsy	343 Presacral Teratomas Excision
146 Ureter endoscopy and treatment	344 Removal of vesical stone
147 Vesico ureteric reflux correction	345 Excision Sigmoid Polyp
148 Surgery for pelvi ureteric junction obstruction	346 Sternomastoid Tenotomy
149 Anderson hynes operation	347 Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
150 Kidney endoscopy and biopsy	348 Excision of soft tissue rhabdomyosarcoma
151 Paraphimosis surgery	349 Mediastinal lymph node biopsy
152 injury prepuce- circumcision	350 High Orchiectomy for testis tumours
153 Frenular tear repair	351 Excision of cervical teratoma
154 Meatotomy for meatal stenosis	352 Rectal-Myomectomy
155 surgery for fournier's gangrene scrotum	353 Rectal prolapse (Delorme's procedure)
156 surgery filarial scrotum	354 Orchiopexy for undescended testis
157 surgery for watering can perineum	355 Detorsion of torsion Testis
158 Repair of penile torsion	356 lap.Abdominal exploration in cryptorchidism
159 Drainage of prostate abscess	357 EUA + biopsy multiple fistula in ano
160 Orchiectomy	358 Cystic hygroma - Injection treatment
161 Cystoscopy and removal of FB	359 Excision of fistula-in-ano
Neurology	Gynaecology
162 Facial nerve physiotherapy	360 Hysteroscopic removal of myoma
163 Nerve biopsy	361 D&C
164 Muscle biopsy	362 Hysteroscopic resection of septum
165 Epidural steroid injection	363 thermal Cauterisation of Cervix
166 Glycerol rhizotomy	364 MIRENA insertion
167 Spinal cord stimulation	365 Hysteroscopic adhesiolysis
168 Motor cortex stimulation	366 LEEP
169 Stereotactic Radiosurgery	367 Cryocauterisation of Cervix
170 Percutaneous Cordotomy	368 Polypectomy Endometrium
171 Intrathecal Baclofen therapy	369 Hysteroscopic resection of fibroid
172 Entrapment neuropathy Release	370 LLETZ

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173 Diagnostic cerebral angiography	371 Conization
174 VP shunt	372 polypectomy cervix
175 Ventriculoatrial shunt	373 Hysteroscopic resection of endometrial polyp
Thoracic surgery	374 Vulval wart excision
176 Thoracoscopy and Lung Biopsy	375 Laparoscopic paraovarian cyst excision
177 Excision of cervical sympathetic Chain Thoracoscopic	376 uterine artery embolization
178 Laser Ablation of Barrett's oesophagus	377 Bartholin Cyst excision
179 Pleurodesis	378 Laparoscopic cystectomy
180 Thoracoscopy and pleural biopsy	379 Hymenectomy(imperforate Hymen)
181 EBUS + Biopsy	380 Endometrial ablation
182 Thoracoscopy ligation thoracic duct	381 vaginal wall cyst excision
183 Thoracoscopy assisted empyema drainage	382 Vulval cyst Excision
Gastroenterology	383 Laparoscopic paratubal cyst excision
184 Pancreatic pseudocyst EUS & drainage	384 Repair of vagina (vaginal atresia)
185 RF ablation for barrett's Oesophagus	385 Hysteroscopy, removal of myoma
186 ERCP and papillotomy	386 TURBT
187 Esophagoscope and sclerosant injection	387 Ureterocoele repair - congenital internal
188 EUS + submucosal resection	388 Vaginal mesh For POP
189 Construction of gastrostomy tube	389 Laparoscopic Myomectomy
190 EUS + aspiration pancreatic cyst	390 Surgery for SUI
191 Small bowel endoscopy (therapeutic)	391 Repair recto- vagina fistula
192 Colonoscopy ,lesion removal	392 Pelvic floor repair(excluding Fistula repair)
193 ERCP	393 URS + LL
194 Colonoscopy stenting of stricture	394 Laparoscopic oophorectomy
195 Percutaneous Endoscopic Gastrostomy	Critical care
196 EUS and pancreatic pseudo cyst drainage	395 Insert non- tunnel CV cath
197 ERCP and choledochoscopy	396 Insert PICC cath (peripherally inserted central catheter)
198 Proctosigmoidoscopy volvulus detorsion	397 Replace PICC cath (peripherally inserted central catheter)
199 ERCP and sphincterotomy	398 Insertion catheter, intra anterior
200 Esophageal stent placement	399 Insertion of Portacath
201 ERCP + placement of biliary stents	
202 Sigmoidoscopy w / stent	
203 EUS + coeliac node biopsy	

Note:

- Above mentioned list is an indicative list of procedures, any other surgeries/procedures requiring less than 24 hours Hospitalization due to technological advances will also be covered under this policy provided such procedures comply with the standard definition of Day Care Centre and Day Care treatment mentioned in the definitions.
- The standard exclusions and waiting periods are applicable to all of the above procedures depending on the medical condition/disease under treatment. Only 24 hours hospitalization is not mandatory.

Annexure II:- List of Non-Medical Items

S. NO	List of Expenses ("Non-Medical") in Hospital Indemnity Policy -	SUGGESTIONS	S. NO	List of Expenses ("Non-Medical") in Hospital Indemnity Policy -	SUGGESTIONS
TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS			ADMINISTRATIVE OR NON-MEDICAL CHARGES		
1	HAIR REMOVAL CREAM	Not Payable	107	ADMISSION KIT	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/ INDICATED)	Payable	108	BIRTH CERTIFICATE	Not Payable
3	BABY FOOD	Not Payable	109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
4	BABY UTILITES CHARGES	Not Payable	110	CERTIFICATE CHARGES	Not Payable
5	BABY SET	Not Payable	111	COURIER CHARGES	Not Payable

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6	BABY BOTTLES	Not Payable	112	CONVENYANCE CHARGES	Not Payable
7	BRUSH	Not Payable	113	DIABETIC CHART CHARGES	Not Payable
8	COSY TOWEL	Not Payable	114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
9	HAND WASH	Not Payable	115	DISCHARGE PROCEDURE CHARGES	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable	116	DAILY CHART CHARGES	Not Payable
11	POWDER	Not Payable	117	ENTRANCEPASS / VISITORS PASS CHARGES	Not Payable
12	RAZOR	Payable	118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
13	SHOE COVER	Not Payable	119	FILE OPENING CHARGES	Not Payable
14	BEAUTY SERVICES	Not Payable	120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
15	BELTS/ BRACES	Payable for surgery of thoracic or lumbar spine	121	MEDICAL CERTIFICATE	Not Payable
16	BUDS	Not Payable	122	MAINTENANCE CHARGES	Not Payable
17	BARBER CHARGES	Not Payable	123	MEDICAL RECORDS	Not Payable
18	CAPS	Not Payable	124	PREPARATION CHARGES	Not Payable
19	COLD PACK/HOT PACK	Not Payable	125	PHOTOCOPIES CHARGES	Not Payable
20	CARRY BAGS	Not Payable	126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
21	CRADLE CHARGES	Not Payable	127	WASHING CHARGES	Not Payable
22	COMB	Not Payable	128	MEDICINE BOX	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable	129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable	130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
25	EYE PAD	Not Payable			
26	EYE SHEILD	Not Payable		EXTERNAL DURABLE DEVICES	
27	EMAIL / INTERNET CHARGES	Not Payable	131	WALKING AIDS CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable	132	BIPAP MACHINE	Not Payable
29	FOOT COVER	Not Payable	133	COMMODE	Not Payable
30	GOWN	Not Payable	134	CPAP/ CAPD EQUIPMENTS	Device not payable
31	LEGGINGS	Payable for bariatric and varicose vein surgery if bariatric and varicose vein surgery is payable.	135	INFUSION PUMP - COST	Device not payable
32	LAUNDRY CHARGES	Not Payable	136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
33	MINERAL WATER	Not Payable	137	PULSEOXYMETER CHARGES	Device not payable
34	OIL CHARGES	Not Payable	138	SPACER	Not Payable
35	SANITARY PAD	Not Payable	139	SPIROMETRE	Device not payable
36	SLIPPERS	Not Payable	140	S PO 2PRO B E	Not Payable
37	TELEPHONE CHARGES	Not Payable	141	NEBULIZER KIT	Not Payable
38	TISSUE PAPER	Not Payable	142	STEAM INHALER	Not Payable
39	TOOTH PASTE	Not Payable	143	ARMSLING	Not Payable
40	TOOTH BRUSH	Not Payable	144	THERMOMETER	Not Payable (paid by patient)
41	GUEST SERVICES	Not Payable	145	CERVICAL COLLAR	Not Payable
42	BED PAN	Not Payable	146	SPLINT	Not Payable
43	BED UNDER PAD CHARGES	Not Payable	147	DIABETIC FOOT WEAR	Not Payable
44	CAMERA COVER	Not Payable	148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
45	CLINIPLAST	Not Payable	149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient	150	LUMBOSACRAL BELT	Payable for surgery of lumbar spine
47	CURAPORE	Not Payable	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

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48	DIAPER OF ANY TYPE	Not Payable	152	AMBULANCE COLLAR	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by us then payable)	153	AMBULANCE EQUIPMENT	Not Payable
50	EYELET COLLAR	Not Payable	154	MICROSHEILD	Not Payable
51	FACE MASK	Not Payable	155	ABDOMINAL BINDER	Payable in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruct ion, liver transplant etc.
52	FLEXI MASK	Not Payable			
53	GAUSE SOFT	Not Payable	ITEMS PA YABLE IF SUPPORTED BY A PRESCRIPTION		
54	GAUZE	Not Payable			
55	HAND HOLDER	Not Payable	156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC	Payable when prescribed for patient , not payable for hospital use in OT or ward or for dressings in hospital
56	HANSAPLAST/ADHESIVE BANDAGES	Not Payable	157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
57	INFANT FOOD	Not Payable	158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Patient Diet provided by hospital is payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures payable	159	SUGAR FREE Tablets	Payable -S u g a r free variants of admissible medicines are not excluded
			160	CREAMS POWDERS LOTIONS (Toileteries are not payable only prescribed medical pharmaceuticals payable)	Payable when prescribed
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES			161	Digestion gels	Payable when prescribed
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	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.
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Not Payable	163	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALIZATION	Not Payable	164	HIV KIT	Payable - payable Pre-operative screening
62	HORMONE REPLACEMENT THERAPY	Not Payable	165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
63	HOME VISIT CHARGES	Not Payable	166	LOZENGES	Payable when prescribed
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Not Payable	167	MOUTH PAINT	Payable when prescribed
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Not Payable	168	NEBULISATION KIT	If used during hospitalization is payable reasonably
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Not Payable	169	NOVARAPID	Payable when prescribed
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Payable after waiting period	170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Payable	171	ZYTEE GEL	Payable when prescribed
69	DONOR SCREENING CHARGES	Not Payable	172	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
70	ADMISSION/REGISTRATION CHARGES	Not Payable	PART OF HOSPITAL'S OWN COSTS AND NOT PA YABLE		
71	HOSPITALIZATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not Payable			
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable	173	AHD	Not Payable - part of Hospital's internal Cost
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion	174	ALCOHOL SWABES	Not Payable - part of Hospital's internal Cost
74	STEM CELL IMPLANTATION/ SURGERY and storage	Not Payable except Bone Marrow Transplantation where covered by policy	175	SCRUB SOLUTION/STERILLIUM	Not Payable - part of Hospital's internal Cost

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ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS			OTHERS		
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges ,not payable separately	176	VACCINE CHARGES FOR BABY	Payable
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.	177	AESTHETIC TREATMENT / SURGERY	Not Payable
77	MICROSCOPE COVER	Payable under OT Charges , not separately	178	TPA CHARGES	Not Payable
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges , not separately	179	VISCO BELT CHARGES	Not Payable
79	SURGICAL DRILL	Payable under OT Charges , not separately	180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
80	EYE KIT	Payable under OT Charges ,not separately	181	EXAMINATION GLOVES	Not Payable
81	EYE DRAPE	Payable under OT Charges ,not separately	182	KIDNEY TRAY	Not Payable
82	X-RAY FILM	Payable under Radiology Charges, not as consumable	183	MASK	Not Payable
83	SPUTUM CUP	Payable under Investigation Charges, not as consumable	184	OUNCE GLASS	Not Payable
84	BOYLES APPARATUS CHARGES	Part of OT Charges , not separately	185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable	186	OXYGEN MASK	Not Payable
86	Antiseptic or disinfectant lotions	Not Payable -Part of Dressing Charges	187	PAPER GLOVES	Not Payable
87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges	188	PELVIC TRACTION BELT	Payable in case of PIVD
88	COTTON	Not Payable -Part of Dressing Charges	189	REFERAL DOCTOR'S FEES	Not Payable
89	COTTON BANDAGE	Not Payable- Part of Dressing Charges	190	ACCU CHECK (Glucometry/ Strips)	Not payable pre Hospitalization or post Hospitalization / Reports and Charts required / Device not payable
90	MICROPOROUS/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed , otherwise included as Dressing Charges	191	PAN CAN	Not Payable
91	BLADE	Not Payable	192	SOFNET	Not Payable
92	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges	193	TROLLY COVER	Not Payable
93	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)	194	UROMETER, URINE JUG	Not Payable
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges	195	AMBULANCE	Payable-Ambulance from home to hospital or inter hospital shifts is payable/ RTA as specific requirement is payable
95	URINE CONTAINER	Not Payable	196	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
			197	URINE BAG	Payable where medically
ELEMENTS OF ROOM CHARGE			198	SOFTOVAC	Not Payable
96	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits	199	STOCKINGS	Payable for case like CABG etc.
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			

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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	M 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			