

STAR PACKAGE Policy Wordings

SECTION A) PREAMBLE

Whereas the Proposer/ Insured has made to Bajaj Allianz General Insurance Company Limited (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 Sum Insured and/or Sum Assured and/or Limit of Indemnity against such loss as is herein provided.

SECTION B) DEFINITIONS- STANDARD DEFINITIONS

1. Definitions Applicable for Hospital Cash Daily Allowance, Health Guard, Critical Illness, Personal Accident And Educational Grant Section

1) Accident, Accidental

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

2) Any one illness

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

3) AYUSH Hospital

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

- a. Central or State Government AYUSH Hospital; or
- b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
- c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - i. Having at least 5 in-patient beds;
 - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out
 - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

4) AYUSH Day Care Centre

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

- i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
- ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

5) 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 Person 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.

6) Condition Precedent

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

7) Co-Payment

A co-payment means a cost-sharing requirement under a health insurance Policy that provides that the Policyholder/Insured Person will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.

8) Congenital Anomaly:

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

- a. Internal Congenital Anomaly- Congenital anomaly which is not in the visible and accessible parts of the body
- b. External Congenital Anomaly- Congenital anomaly which is in the visible and accessible parts of the body

9) Cumulative Bonus:

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

premium.

10) Day care centre:

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

- i. has qualified nursing staff under its employment,
- ii. has qualified medical practitioner(s) in charge,
- iii. has a 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.

11) 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.

12) Dental Treatment:

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

13) 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.

14) Emergency Care:

Emergency care means management of 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.

15) Grace Period:

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

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

16) 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.

17) 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.

18) 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 for 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.

19) 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.

20) 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.

21) 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.

22) 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.

23) Kidney Failure Requiring Regular Dialysis :

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

24) Maternity expenses

Maternity expenses means;

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

25) Medical Advice

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

26) 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 Medical practitioners in the same locality would have charged for the same medical treatment.

27) Medical Practitioner/Doctor/ Physician

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 or Ayurvedic and or such other authorities 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 and acceptable to Us.

28) 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 Person;
- 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.

29) Migration

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

30) New Born Baby

Newborn baby means baby born during the Policy Period and is aged up to 90 days.

31) Network Provider

Network Provider means hospitals or health care providers enlisted by an Insurer, TPA or jointly by an Insurer and TPA to provide medical services to an Insured Person by a Cashless Facility.

32) Non- Network Provider:

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

33) 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.

34) OPD treatment:

OPD treatment means one in which the Insured Person 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 Person is not admitted as a day care or in-patient.

- 35) Pre-Existing Disease:**
Pre-existing disease means any condition, ailment or injury or disease
- That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the Insurer or its reinstatement
 - For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy issued by the Insurer or its reinstatement.
- 36) Pre-hospitalization Medical Expenses:**
Pre-hospitalization Medical Expenses means medical expenses incurred during predefined number of days preceding the hospitalization of the Insured Person, provided that:
- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 37) Post-hospitalization Medical Expenses:**
Post-hospitalization Medical Expenses means medical expenses incurred during predefined number of days immediately after the Insured Person is discharged from the hospital provided that:
- Such Medical Expenses are for the same condition for which the Insured Person's hospitalization was required, and
 - The inpatient hospitalization claim for such hospitalization is admissible by the Insurance Company.
- 38) 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.
- 39) Reasonable and Customary Charges/Expenses**
Reasonable and Customary charges/expenses mean 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.
- 40) 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.
- 41) Room rent**
Room Rent means the amount charged by a Network Provider/Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
- 42) Subrogation (Applicable to "Public Liability" and "Loss of Baggage" Section only)**
Subrogation means the right of the Insurer to assume the rights of the Insured Person to recover expenses paid out under the Policy that may be recovered from any other source.
- 43) 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.

SECTION B) DEFINITIONS- SPECIFIC DEFINITIONS

1) Act of Terrorism

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 defense 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.

2) Aggregate Deductible

Aggregate deductible is a cost sharing requirement under this policy that provides the company will not be liable for a specified rupee amount of the covered expenses, which will apply before any benefits are payable by the company. A deductible does not reduce the Sum Insured. The deductible is applicable in aggregate towards hospitalization expenses incurred during the policy period.

- 3) **AYUSH Treatment** refers to medical expenses incurred on hospitalisation under Ayurveda, Yoga and Naturopathy Unani, Siddha and Homeopathy systems
- 4) **Bajaj Allianz Network Hospitals / Network Hospitals/Network Providers**
Bajaj Allianz Network Hospitals / Network Hospitals means the Hospitals which have been empaneled by the Insurer as per the latest version of the list of Hospitals maintained by the Insurer, which is available to You on request. For updated list please visit Our website.
- 5) **Bajaj Allianz Diagnostic Centre**
Bajaj Allianz Diagnostic Centre means the diagnostic centers which have been empaneled by us as per the latest version of the schedule of diagnostic centers maintained by Us, which is available to You on request.
- 6) **Dependent child**
A child is considered a dependent for insurance purposes until his 35th birthday (even if not enrolled in an educational institution) provided he is financially dependent, on the proposer.
- 7) **Endorsement**
Endorsement means any writing on a Policy Schedule or Policy, in addition to its normal wording which supplements or modifies its terms. It may be added when Policy is prepared, or subsequently. Provided however any Service Level Agreement [SLA] or Agreement/MOU laying down various service levels shall not be treated as Endorsement.
- 8) **Family or Family Members**
For the purpose of Individual Sum Insured Policy- includes the Insured Person; his/her lawfully wedded spouse and Dependent children, parents, Sister, Brother, In laws, Aunt, Uncle, Grandchildren.

For the purpose of Family Floater- includes the Insured Person; his/her lawfully wedded spouse and dependent children. For Parents separate floater Policy can be taken.
- 9) **Limit of Indemnity**
Limit of Indemnity represents Our maximum liability to make payment for each and every claim per Insured Person and collectively/ for all Insured 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.
- 10) **Medical Consumable**
Medical consumables and equipment includes syringes, needles, sutures, staples, packaging, tubing, catheters, medical gloves, gowns, masks, adhesives and sealants for wound dressing and a whole host of other devices and tools used with a hospital or surgical environment.
- 11) **Named Insured/ Insured/Insured Person**
Insured means the persons, or his Family Members, named in the Schedule provided that 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.
- 12) **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:
 - BMI greater than or equal to 25 is overweight
 - BMI greater than or equal to 30 is obesity
- 13) **Policy or Contract** means the Proposal, the Policy Schedule, along with these Terms and Conditions issued to the Insured Person and any annexures and/or Endorsements attaching to and / or forming part thereof either at the commencement of Policy Period or during the Policy Period.
- 14) **Policy Schedule or Schedule** means the Policy Schedule and any annexure or Endorsements to it, if any, as issued by the Company, which forms part of Policy.
- 15) **Policy Period** means period from risk inception date [RID] to risk end date [RED], as mentioned in the Policy Schedule.
- 16) **Policy Year** means the period of 12 months. In case of long-term Policy for more than one year, then each year viz. 1st year, 2nd year, 3rd year etc., shall be treated as a separate Policy Year.
- 17) **Single Private room**
Single Private Room means a single occupancy air-conditioned room with an attached washroom/toilet. Such room must be the most economical of all accommodation available as single occupancy in that hospital and excludes a suite.
- 18) **Insured, Insured Person, You, Your, Yourself, Your Family named in the Policy Schedule** means the Insured Person or Insured Person's Family Members named in the Policy Schedule that We insure and who are beneficiaries under this Policy.

19) "Valuables" means

- i. gold or silver or any precious metals or articles made from any precious metals;
- ii. 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;
- iii. deeds, ATM cards, credit cards, charge cards, bonds, bills of exchange, bank, treasury or promissory notes, cheques, money, securities, or any other negotiable instrument;

20) We, Our, Ours, Insurer means the Bajaj Allianz General Insurance Company Limited.

SECTION C) COVERAGE

SECTION C1: HOSPITAL CASH DAILY ALLOWANCE (UIN: BAJHLIP23078V032223)

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

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

SECTION C2. HEALTH GUARD (UIN: BAJHLIP25035V072425)

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:

There are three plans available

- Silver
- Gold
- Platinum

Scope of cover

The Company hereby agrees to pay/indemnify in respect of an admissible claim, under 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 Medical Practitioner because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay/ indemnify You, Reasonable and Customary Medical Expenses incurred subject to

- i) below limits on Room rent and Boarding expenses as provided by the Hospital/Nursing Home
 - **Silver Plan**
 - Up to 1% of Sum Insured per day (Excluding Cumulative Bonus)
 - **Gold Plan and Platinum Plan**
 - Sum Insured 3 lacs to 7.5 lacs- maximum eligible room is Single private Air-Conditioned room
 - Sum Insured 10 Lacs and above - eligible for any room category
- ii) If admitted in ICU, the Company will pay up to actual ICU expenses provided by Hospital.
- iii) Nursing Expenses as provided by the Hospital
- iv) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
- v) 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.
- vi) Relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary prescribed by the treating Medical Practitioner.

Note:

- i. In case of admission to a room at rates exceeding the limits as mentioned under (i) hereinabove, the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of Pharmacy/medicines, consumables, implants, medical devices & diagnostics, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges
- ii. Proportionate deductions shall not apply in respect of the Hospitals which do not follow differential billings or for those expenses in respect of which differential billing is not adopted based on the room category

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 In-patient Hospitalization Treatment. (Section C2-1)

3. Post-Hospitalization

The Medical Expenses incurred during the 90 days immediately after You were discharged post Hospitalization provided that: such Medical Expenses are incurred in respect of the same Illness/Injury for which the earlier Hospitalization was required, and We have accepted an In-patient Hospitalization claim under In-patient Hospitalization Treatment. (Section C2-1)

4. Road Ambulance

We will pay/indemnify you the reasonable cost to a maximum of INR 20,000/- 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 each year for policies with term more than 1 year.

5. Day Care Procedures

We will pay/indemnify You the medical expenses as listed above under Section C2-1- In-patient Hospitalization Treatment for Day care procedures / Surgeries taken as an inpatient in a Hospital or Day Care Center but not in the outpatient department. Indicative list of Day Care Procedures is given in the Annexure I of this Policy.

6. Organ Donor Expenses:

We will pay/indemnify You the expenses incurred 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 AND TISSUES] ACT, 1994 (as amended from time to time) and the organ donated is for the use of the Insured Person, and
- ii. We have accepted an In-patient Hospitalization claim for the Insured Person under In-Patient Hospitalization Treatment (Section C2-1).

7. Convalescence Benefit:

In the event of Insured Person Hospitalized for a disease/Illness/Injury for a continuous period exceeding 10 days, We will pay benefit amount as per the plan opted subject to below limits.

Silver Plan

INR 5,000 per Policy Year

Gold and Platinum Plan

- INR 5,000 for Sum Insured up to INR 5 lacs per Policy Year
- INR 7,500 for Sum Insured 7.5 lacs and above per Policy Year.

This benefit will be triggered provided that the In-Patient Hospitalization claim is accepted under Section C2-1. Payment under this benefit will not reduce the base Sum Insured mentioned in Policy Schedule.

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

8. Daily Cash Benefit for Accompanying an Insured Child

We will pay Daily Cash Benefit of INR 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 (under the Age of 12), provided the Hospitalization claim is accepted/ paid under Section C2-1- In-patient Hospitalization Treatment.

Payment under this benefit will not reduce the base Sum Insured mentioned in Policy Schedule. This benefit will be applicable each year for policies with term more than 1 year.

9. Sum Insured Reinstatement Benefit:

If Section C2-1- In-patient Hospitalization Treatment Sum Insured and Cumulative Bonus or Super Cumulative Bonus (if any) is exhausted due to claims registered and paid during the Policy Year, then it is agreed that 100% of the Base Sum Insured specified under In-patient Hospitalization Treatment would be reinstated for the particular Policy Year provided that:

- i. The reinstated Sum Insured will be triggered only after the Inpatient Hospitalization Treatment Sum Insured inclusive of the Cumulative Bonus or Super Cumulative Bonus (If applicable) has been completely exhausted during the Policy Year;
- ii. The reinstated Sum Insured can be used for claims made by the Insured Person in respect of the benefits stated in Inpatient Hospitalization Treatment.
- iii. If the claimed amount is higher than the balance Sum Insured inclusive of the Cumulative Bonus or Super Cumulative Bonus (If applicable) under the Policy, then this benefit will not be triggered for the same claim, however Sum Insured reinstatement would be triggered for subsequent claims for the same member or other Insured Person (s).
- iv. This benefit is applicable only once during each Policy Year and will not be carried forward to the subsequent Policy Year/ renewals if the benefit is not utilized.
- v. This benefit is applicable only once in life time of Insured Person covered under this Policy for claims regarding CANCER and KIDNEY FAILURE REQUIRING REGULAR DIALYSIS as defined under the Policy, however the Insured

- Person is eligible for re-instatement benefit every year for other admissible conditions.
- vi. This benefit will be applicable each Policy Year for long term policies.
 - vii. Additional premium would not be charged for reinstatement of the Sum Insured.
 - viii. In case Family Floater policy, Reinstatement of Sum Insured will be available for all Insured Persons in the Policy

Understanding Sum Insured Reinstatement made easy-

	Sum Insured at the beginning	Accumulated Cumulative Bonus	Sum Insured with CB	Hospitalization Amount	Reinstated Sum Insured	Payable Claim Amount	Balance Sum Insured
1st Claim	300,000	10%	330,000	350,000	0	330,000	0
2nd Claim	-	-	-	200,000	300,000	200,000	100,000
3rd Claim	-	-	-	200,000	0	100,000	0

10. Preventive Health Check Up

At the end of block of every continuous period as mentioned in coverage 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 as per the plan opted, subject to below limits

- Silver Plan
1% of the Sum Insured maximum up to INR 2000/- for each Insured in Individual Policy during the block of 3 years
- Gold Plan
1% of the Sum Insured max up to INR 5000/- for each Insured Person in Individual Policy during the block of 3 years.
- Platinum Plan
1% of the Sum Insured max up to INR 5,000 for each Insured Person in Individual Policy during the block of 2 years. This benefit can be availed by Insured (Self) & spouse only under Floater Sum Insured Policies.

You may approach Us for the arrangement of the Health Checkup. 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).

Contact Email id- healthcheck@bajajallianz.co.in

Note: Payment under this benefit will not reduce the base Sum Insured mentioned in Policy Schedule.

11. Bariatric Surgery Cover

If You are hospitalized on the advice of a Medical Practitioner 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 documented in contemporaneous clinical records, defined as any of the following: Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type 2 Diabetes

Our obligation to make payment in respect of Bariatric Surgery after the expiry of the 36 months period, shall be restricted to 25% of the Sum Insured in Silver Plan and 50% of the Sum Insured subject to maximum of Rs 5 lac in Gold and Platinum Plan.

12. Wellness Benefits

At each renewal of Your Star Package Policy covering Health Guard section with Us, You will be entitled for a wellness discount subject to below mentioned criteria being fulfilled by You during the preceding Policy Year. The below mentioned criteria should be fulfilled each Policy Year in case of long-term policies.

Sr. No	Health Parameter	Reading
1	Health Risk Assessment	Complete the online health risk assessment
2	HbA1c (%)	Up to 6.5%

3	Fasting Blood Sugar	Up to 120 mg/dl	
4	Blood Pressure (mm of Hg)	Systolic	Diastolic
		Up to 140	Up to 90
5	Body Mass Index (BMI)	18 – 25	
6	Serum Cholesterol	200mg/dl	
7	Steps Count	5,000 steps daily – 20 days every month	
8	Hemoglobin	Male-13-18 g/dl	
		Female- 11-15	
Parameters Achieved		Discount Offered	
	4/5 out of 8	5%	
	6/7 out of 8	7.5%	
	8 out of 8	10%	

Wellness Eligibility Criteria:

- Wellness discount is applicable for members age 25 years and above
- If the Insured Person(s) meets 4/5 out of 8 criteria, he/she is eligible for 5% discount, 6/7 out of 8 criteria he /she is eligible for 7.5% discount & meets with 8 criteria he / she is eligible for 10% discount.
- If an Insured Person meets 8 out of 8 above mentioned parameters and in addition he/she walks for 10000 steps for 20 days every month then they will be eligible for additional discount of 2.5%.
- In Floater Policies, discount will be offered basis the average of number of Parameters Achieved by all Insured Person(s) age 25 years & above.

Discount under Floater Policy = $\frac{\text{Total no. of parameters achieved by eligible members}}{\text{Total no. of eligible members in the family}}$

In addition to the above parameters, if the eligible members walk for 10000 steps each for 20 days every month then they will be eligible for additional discount of 2.5%.

13. AYUSH Hospitalization Expenses

If You are Hospitalized for not less than 24 hrs., in an AYUSH 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 Medical practitioner because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period then We will indemnify You for:

In-patient Treatment- Medical Expenses for AYUSH treatment:

- Room rent, boarding expenses
- Nursing care
- Consultation fees
- Medicines, drugs and Medical consumables,
- AYUSH treatment procedures Our maximum liability per Policy Year is up to the limit of Sum Insured as specified in the Policy Schedule in any AYUSH Hospital

This cover will be applicable each year for policies with term more than 1 year. The claim will be admissible under the Policy provided that,

- The Illness/Injury requires inpatient admission and the procedure performed on the Insured Person cannot be carried out on out-patient basis

14. Maternity Expenses (Applicable for Gold and Platinum Plan only)

We will indemnify You for 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.

- Our maximum liability per delivery or termination shall be limited to the amount specified in the Policy Schedule as per Sum Insured opted.
 - We will pay the Medical Expenses of pre-natal and post-natal hospitalization (90 days post-delivery) per delivery or termination up to the maternity limit.
 - Waiting period of 72 months as mentioned in the Policy Schedule would apply from the date of commencement of Your first Star Package Policy covering Health Guard section with Us,
 - If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage where Insured Person is having policy with Maternity Expense benefit.
 - Fresh Waiting period of 72 months as mentioned in the Policy Schedule would apply for all the policies issued with continuity from other Health Indemnity product/plans of Our Company where maternity expenses are not covered.
 - Any complications arising, within 90 days post-delivery, out of or as a consequence of maternity/child birth will be

covered up to the maternity limit.

vi. Payment under this cover will not reduce the base Sum Insured mentioned in Policy Schedule.

15. New Born Baby Cover (Applicable for Gold and Platinum Plan only)

Coverage for new born baby will be considered subject to a claim being accepted under Maternity Expenses (Section C2-14). We will indemnify You the following expenses within the limit of the Sum Insured available under the Maternity Expenses section. We will pay for,

- a. Medical Expenses towards treatment of Your new born baby while You are Hospitalized as an inpatient for delivery for the Hospitalization,
- b. 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
- c. 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.

COVERS APPLICABLE FOR PLATINUM PLAN ONLY

16. Super Cumulative Bonus

This benefit would be extended 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,

- I. We will increase the Limit of Indemnity by 50% of base Sum Insured per annum for first 2 years and later 10% of base Sum Insured per annum for next 5 years.
- II. Maximum bonus will not exceed 150% of the Hospitalization Sum Insured
- III. If a claim is made in any year where a Super Cumulative Bonus has been applied, then the increased Limit of Indemnity in the Policy Period of the subsequent "Health Guard" shall be reduced to previous slab. However, the Sum Insured would not be decreased.
- IV. In case of any increase or decrease of Sum Insured at renewal the Super Cumulative Bonus % would be calculated on the lesser Sum Insured.

Claim free Year	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
% Increase in Limit of Indemnity	50%	50%	10%	10%	10%	10%	10%

17. Recharge Benefit

- i. In event of claim amount exceeding the limit of indemnity, Sum Insured would be increased by 20% maximum up to 5 Lacs.

Sum Insured	Limit (INR)
5 Lacs	1 Lac
7.5 Lacs	1.5 Lacs
10 Lacs	2 Lacs
15 Lacs	3 Lacs
20 Lacs	4 Lacs
25 Lacs to 1 Crore	5 Lacs

- ii. In case of Individual Sum Insured policies, this benefit will be applicable once in a Policy Year for each Insured Person.
- iii. For a Floater Policy, this benefit will be applicable cumulatively to all Insured Person(s), once in a Policy Year.
- iv. The unutilized Recharge amount cannot be carried forward to the subsequent renewal.

OPTIONAL COVERS

18. Air Ambulance (Optional available for SI 5Lacs and above)

In consideration of payment of additional premium by the Proposer/Insured to the Company and realization thereof by the Company, We will indemnify You against the expenses incurred for rapid ambulance transportation in an airplane or helicopter from the site of first occurrence of the Illness / Accident to the nearest Hospital during Policy Period necessitated due to emergency life threatening health conditions provided such Hospitalization claim is admissible under SECTION C2. "Health Guard cover" under this Policy.

The claim would be reimbursed up to the actual expenses subject to a maximum Sum Insured limits as specified under the Air Ambulance Cover in the Policy Schedule, subject otherwise to all other terms, conditions and Exclusions of the Policy. Specific Conditions applicable to Air Ambulance Cover

- a. Return transportation to the Insured Person's home by air ambulance is excluded.
- b. Such air ambulance should have valid license to operate as such by competent authorities of the Government/s.

Air Ambulance Cover Sub limit options

Base Sum Insured	5L	7.5L	10L	15L	20L	25L	30L	35L	40L	45L	50L	75L	1Cr	
Air Ambulance Cover Sum Insured limit	5L			5L/10L/15 L/20 L/25L						5L/10L/15 L/20 L/25L/50 L				

SECTION C3. CRITICAL ILLNESS OPERATIVE PART

If the Insured Person is diagnosed as suffering from a Critical Illness (as specified below) which first occurs or manifests itself during the Policy Period, and if the Insured Person 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.

1. Myocardial Infarction (First Heart Attack of specific severity)

- I. The first occurrence of heart attack or 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 should 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.
- II. The following are excluded:
 - i. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.
 - ii. Other acute Coronary Syndromes
 - iii. Any type of angina pectoris.

2. Open Chest CABG (Coronary Artery Disease Requiring Surgery)

- I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
- II. The following are excluded:
Angioplasty and/or any other intra-arterial procedures

3. Stroke Resulting in Permanent Symptoms

- I. 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.
- II. 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

- I. A malignant tumour characterized 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.
- II. The following are excluded -
 - i. All tumors which are histologically described as benign, carcinoma premalignant, borderline malignant, or non-invasive, including but not limited to: Carcinoma in situ of breasts, cervical dysplasia CIN-1, CIN -2 & CIN-3.
 - ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
 - iii. Malignant melanoma that has not caused invasion beyond the epidermis;
 - iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
 - v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
 - vi. Chronic lymphocytic leukaemia less than Rai stage 3
 - vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
 - viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

5. Kidney Failure Requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis 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

- I. 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.
- II. The following are excluded:
 - i. Other stem-cell transplants
 - ii. Where only islets of langerhans are transplanted

7. Multiple Sclerosis with Persisting Symptoms

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 - ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- II. Neurological damage due to SLE is 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

- I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
- II. The NYHA Classification of Cardiac Impairment are as follows:
 - i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
 - III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

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.

SECTION C4. PERSONAL ACCIDENT (UIN - BAJHLIP21218V022021)

1. Insured Event

- a) In the event of any Accidental Bodily Injury sustained by the Insured Person during the Policy Period, the Company will make payment under such Coverage Part(s) as 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

In the event of Accidental Bodily Injury causing the Insured Person's Death within 12 months of the Accidental Bodily Injury being sustained, the Company will pay 100% Sum Assured as specified in Policy Schedule, after which this Policy shall terminate.

- i. The Company will also, in addition to the Coverage Part A: Death Sum Assured, pay up to 2% of the Sum Assured or INR 5,000 (whichever is lower) towards the actual cost of transporting the Insured Person'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

- 1. In the event of Accidental Bodily Injury causing the Insured Person's Permanent Total Disability within 12 months of the Accidental Bodily Injury being sustained, the Company will pay 125% of the Sum Assured, after which this Policy shall terminate.

c) Coverage Part C: Permanent Partial Disability

- i) In the event of Accidental Bodily Injury causing the Insured Person'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:

Type of Permanent Partial Disability	Percentage of the Sum Assured
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 Person'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:

- a. In the case of the Insured Person'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 Person's normal functional physical capacity has been impaired, as advised by the Company's medical advisors.
- b. If the Insured Person 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.

Note-

If the Accidental Bodily Injury sustained by the Insured Person causes a subsequent Claim by the Insured Person 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 Person causes his complete inability to engage in his employment as specified in the Schedule, the Company will pay 1% of the Sum Assured maximum up to INR 5,000 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 Person has established to the Company's satisfaction that he is completely unable to engage in his employment as specified in the Schedule.

e) Coverage Part E: Medical Expenses Extension

The Company will reimburse the actual medical expenses incurred up to 40% of the admissible claim or INR 500,000; whichever is lower, towards the cost of treatment of accidental bodily injury sustained by the Insured Person.

SECTION C5. EDUCATION GRANT

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

The company will pay the amount shown under section C5 of the Schedule in the event of -

- a) Accidental Bodily Injury causing the Insured Person's death within 12 months of the Accidental Bodily Injury being sustained,
- b) In the event of Accidental Bodily Injury causing the Insured Person'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 Insured Person's child/children.

SECTION C6. PUBLIC LIABILITY (UIN: IRDAN113RP0018V02200102)

The Company will indemnify the Insured Person against:

- 1. his legal liability to pay Damages for civil claims of Bodily Injury or Property Damage arising out of the Insured Person'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 Person, the Insured Person's Family or the Insured Person'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 no fault or strict liability, or for any civil claim brought by the Insured Person or his Family; and
 - 2. his legal liability to pay compensation under the Fatal Accidents Act 1855, the Workmen's Compensation Act 1923 or any amendment thereto or under common law in respect of personal injury by accident or disease sustained, to any person employed by You and
 - 3. as the keeper and owner of domestic pets.
- Subject otherwise to all the other terms, conditions, limitations, exclusions and exceptions of the Policy

SECTION C7 – LOSS OF BAGGAGE (BAJTIDP22129V022122)

The Company will indemnify Reasonable and Customary Expenses in respect of an admissible claim for loss of baggage of the Insured due to theft, larceny, robbery or hold up during the journey during Policy Period.

Specific Condition:

It also hereby agreed and declared that the Insured Person shall bear a co-payment of 10% of the admissible claim amount in respect of each and every claim.
 Subject otherwise to all the other terms, conditions, limitations, exclusions and exceptions of the Policy.

SECTION D) EXCLUSIONS UNDER THE POLICY - STANDARD EXCLUSIONS

No indemnity is available hereunder this Policy 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

1. Exclusions specific to Section C1: Hospital Cash Daily Allowance

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. Waiting Period

I. Pre-existing Diseases waiting period (Excl01) :

- a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first Star Package Policy covering Hospital Cash Daily Allowance Policy with us.
- b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
- d. Coverage under the Policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

II. Specified disease/procedure waiting period (Excl02) :

- a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first Star Package Policy covering Hospital Cash Daily Allowance Policy with Us. This exclusion shall not be applicable for claims arising due to an accident.
- b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- c. If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f. List of specific diseases/procedures is as below:

1. Treatment of cataracts	2. Haemorrhoids
3. Benign Prostatic Hypertrophy	4. Fissure in ano
5. Hysterectomy	6. Stones in the Urinary and Biliary systems
7. Menorrhagia	8. Surgery on ears
9. Fibromyoma	10. Tonsils or Sinuses
11. D&C	12. Skin and all internal tumours/cysts/nodules/polyps of any kind including breast lumps
13. Endometriosis	14. Gastric or Duodenal ulcer
15. Hernia of all types	16. Backache
17. Hydrocele	18. Prolapsed Intervertebral disc
19. Fistulae	

III. 30-day waiting period (Excl03) :

- a. Expenses related to the treatment of any Illness within 30 days from the first Star Package Policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

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- b. This exclusion shall not, however apply if the Insured Person has Continuous Coverage for more than twelve months.
- c. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently

II. Standard Exclusions:

I. Investigation & Evaluation (Excl04) :

- i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded
- ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded

II. Rest Cure, rehabilitation and respite care- (Excl05) :

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- ii. Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs

III. Obesity/Weight Control (Excl06) :

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- i. Surgery to be conducted is upon the advice of the Doctor
- ii. The surgery/Procedure conducted should be supported by clinical protocols
- iii. The member has to be 18 years of age or older and
- iv. Body Mass Index (BMI);
 - greater than or equal to 40 or
 - greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

IV. Change-of-gender treatments (Excl07) :

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

V. Cosmetic or plastic Surgery (Excl08) :

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the Insured Person. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

VI. Breach of law (Excl10) :

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent

VII. Excluded Providers (Excl11) :

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

VIII. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Excl12)

IX. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Excl13)

X. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. (Excl14)

XI. Refractive Error (Excl15) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

XII. Unproven Treatments (Excl16) :

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

XIII. Sterility and Infertility (Excl17) Expenses related to sterility and infertility. This includes: a) Any type of contraception, sterilization b) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI c) Gestational Surrogacy d) Reversal of sterilization

XIV. Maternity (Excl 18) :

- a. Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.
- b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the Policy Period.

III. General Exclusions

- i. Any dental treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization.
- ii. Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified Medical Practitioner round the clock
- iii. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), 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 Act of Terrorism will be covered under the Policy.
- iv. The cost of spectacles, contact lenses, hearing aids, crutches, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents etc.
- v. 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.
- vi. Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for haematological conditions.
- vii. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
- viii. 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 Medical practitioner.
- ix. All non-medical Items as per Annexure II
- x. Any treatment received outside India is not covered under this Policy.
- xi. Circumcision unless required for the treatment of Illness or Accidental bodily injury.
- xii. Treatment for any other system other than modern medicine (allopathy) and AYUSH therapies

2. Exclusion Specific to Section C2: Health Guard

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. Waiting Period (Applicable for Silver, Gold and Platinum Plan)

- 1) Pre-existing Diseases waiting period (Excl01)
 - a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first Star Package Policy covering Health Guard section with us.
 - b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
 - c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
 - d) Coverage under the Policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.
- 2) Specified disease/procedure waiting period (Excl02)
 - a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Star Package Policy covering Health Guard section with Us. This exclusion shall not be applicable for claims arising due to an accident.
 - b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
 - c) If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.
 - d) The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
 - e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
 - f) List of specific diseases/procedures is as below

1. Any type gastrointestinal ulcers	2. Cataracts,
3. Any type of fistula	4. Macular Degeneration
5. Benign prostatic hypertrophy	6. Hernia of all types
7. All types of sinuses	8. Fissure in ano
9. Haemorrhoids, piles	10. Hydrocele
11. Dysfunctional uterine bleeding	12. Fibromyoma
13. Endometriosis	14. Hysterectomy

Issuing Office:

15. Uterine Prolapse	16. Stones in the urinary and biliary systems
17. Surgery on ears/tonsils/ adenoids/ paranasal sinuses	18. Surgery on all internal or external tumours/cysts/ nodules/polyps of any kind including breast lumps.
19. Mental Illness	20. Diseases of gall bladder including cholecystitis
21. Pancreatitis	22. All forms of Cirrhosis
23. Gout and rheumatism	24. Tonsillitis
25. Surgery for varicose veins and varicose ulcers	26. Chronic Kidney Disease
27. Alzheimer's Disease	

- 3) Any Medical Expenses incurred during the first three consecutive annual periods during which You have the Star Package Policy covering Health Guard section with Us in connection with:
- Joint replacement surgery,
 - Surgery for vertebral column disorders (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 with refractive error greater or equal to 7.5
 - Bariatric Surgery
 - Parkinson's Disease
 - Genetic disorders

- 4) 30-day waiting period (Excl03)
- Expenses related to the treatment of any illness within 30 days from the commencement date of Your first Policy shall be excluded except claims arising due to an accident, provided the same are covered.
 - This exclusion shall not, however apply if the Insured Person has Continuous Coverage for more than twelve months.
 - The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

II. Standard Exclusions (Applicable for Silver, Gold and Platinum Plan)

- Investigation & Evaluation (Excl04)
 - Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded even if the same requires confinement at a Hospital.
 - Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
- Rest Cure, rehabilitation and respite care (Excl05)
 - Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs.
- Obesity/Weight Control (Excl06)
 Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
 - Surgery to be conducted is upon the advice of the Doctor
 - The surgery/Procedure conducted should be supported by clinical protocols
 - The member has to be 18 years of age or older and
 - Body Mass Index (BMI);
 - greater than or equal to 40 or
 - greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - Obesity-related cardiomyopathy
 - Coronary heart disease
 - Severe Sleep Apnea
 - Uncontrolled Type2 Diabetes
- Change-of-gender treatments (Excl07)
 Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
- Cosmetic or plastic Surgery (Excl08)
 Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the Insured Person. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

- 6) Breach of law (Excl10)
Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
- 7) Excluded Providers (Excl11)
Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life-threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
- 8) Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Excl12)
- 9) Treatments received in health hydro's, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Excl13)
- 10) Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or day care procedure. (Excl14)
- 11) Refractive Error (Excl15)
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 diopters.
- 12) Unproven Treatments (Excl16)
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
- 13) Sterility and Infertility (Excl17)
Expenses related to sterility and infertility. This includes:
 - a) Any type of contraception, sterilization
 - b) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c) Gestational Surrogacy
 - d) Reversal of sterilization
- 14) Maternity (Excl18) (Applicable for Silver Plan only):
 - a) Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.
 - b) Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the policy period.

III. Specific Exclusion

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. Waiting Period for Maternity Expenses (Applicable only for Gold and Platinum Plan)

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 (Applicable for Silver, Gold and Platinum Plan)

- 1) Any dental treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth 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), 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 Act of Terrorism will be covered under the Policy.
- 4) The cost of spectacles, contact lenses, hearing aids, crutches, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents etc.
- 5) External medical equipment of any kind used at home as post Hospitalization care including cost of instrument used in the treatment of Sleep Apnea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
- 6) Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for haematological conditions.
- 7) Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
- 8) 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 Medical practitioner.

- 9) All non-medical Items as per Annexure II
- 10) Any treatment received outside India is not covered under this Policy.
- 11) Circumcision unless required for the treatment of Illness or Accidental bodily Injury.
- 12) Treatment for any other system other than modern medicine (allopathy) and AYUSH therapies

3. Exclusion Specific To Section C3: 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 Person for whom coverage has been renewed 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 (HIV) 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 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.
- 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.

4. Exclusion Specific To Section C4: Personal Accident And Section C5 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. Standard Exclusions

1. Maternity (Excl 18)
 - a) Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.
 - b) Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the Policy Period.

II. Specific Exclusion

- 1) Accidental Bodily Injury that You meet with:
 - a. Through suicide, attempted suicide or self-inflicted injury or illness.
 - b. While under the influence of liquor or drugs.
 - c. Through deliberate or intentional, unlawful or criminal act, error, or omission.
 - d. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or traveling 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.
 - e. Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs.
 - f. As a result of any curative treatments or interventions that you carry out or have carried out on your body.
 - g. Arising out of your 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.
- 2) Your consequential losses of any kind or your actual or alleged legal liability.
- 3) Venereal or sexually transmitted diseases.
- 4) Pregnancy, resulting childbirth, miscarriage, abortion, or complications arising out of any of these.
- 5) 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 detainment, confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
- 6) Nuclear energy, radiation.

5. Exclusions Specific To Section C6: 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:

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 Person in the absence of such agreement;
- 2) any liability arising out of a deliberate, willful 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 Person or his Family or Household Staff of any watercraft, hovercraft, air- or spacecraft;
- 5) any interest and/or penalty imposed on the Insured Person 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

6. Exclusion Specific To Section C7: Loss Of 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 Person and/or the Insured Person'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 nature 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.

7. 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:

- 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).

SECTION E) GENERAL TERMS AND CLAUSES - STANDARD GENERAL TERMS AND CLAUSES

1. Disclosure of information

The Policy shall be void ab initio and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the proposer/Insured Person.

2. Condition Precedent to Admission of Liability

The terms and conditions of the Policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the Policy.

3. Premium Payment in Instalments (Wherever applicable)

If the Insured Person has opted for Payment of Premium on an instalment basis i.e. Annual (for long term polices only), Half Yearly, Quarterly or Monthly, as mentioned in the Policy Schedule, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

Issuing Office:

- i. The Grace Period of fifteen days (where premium is paid on a monthly instalments) and thirty days (where premium is paid in quarterly/half-yearly/annual instalments) is available on the premium due date, to pay the premium.
- ii. If the Policy is renewed during Grace Period, all the credits (Sum Insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the Policy shall be protected.
- iii. If the premium is paid in instalments during the Policy Period, coverage will be available for the grace period also. The Insured Person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated Grace Period.
- iv. The Insured Person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
- v. No interest will be charged if the instalment premium is not paid on due date.
- vi. In case of instalment premium due not received within the Grace Period, the Policy will get cancelled.
- vii. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- viii. The Company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

4. Moratorium Period:

After completion of sixty continuous months of coverage (including portability and migration) no look back would be applied. This period of sixty months is called as moratorium period. The moratorium would be applicable for the Sums Insured of the first Policy and wherever, the Sum Insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of Sums Insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this Policy shall be contestable on any grounds of non-disclosure and/or misrepresentation except for proven fraud and permanent exclusions specified in the Policy contract. The Policy/ies would however be subject to all limits, sub limits, co-payments, deductibles as per the Policy contract.

5. Claim Settlement. (provision for Penal interest)

- i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Insured Person from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 15 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 15 days, the Company shall be liable to pay interest to the Insured at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

6. Complete Discharge

Any payment to the Insured Person, or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim

7. Fraud

- i. If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this Policy, all benefits under this Policy and the premium paid shall be forfeited.
- ii. Any amount already paid against claims made under this Policy but which are found fraudulent later shall be repaid by all recipient(s)/Insured Person (s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the Insurer.
- iii. For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the Hospital/ doctor/any other party acting on behalf of the Insured Person, with intent to deceive the Insurer or to induce the Insurer to issue an insurance policy:
 - a) the suggestion, as a fact of that which is not true and which the Insured does not believe to be true;
 - b) the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
 - c) any other act fitted to deceive; and
 - d) any such actor omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the Policy benefits on the ground of Fraud, if the Insured Person can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the Insurer

8. Multiple Policies

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

Issuing Office:

9. Renewal of Policy

The Policy shall ordinarily be renewable provided the product is not withdrawn, except in case of Established Fraud, Non-Disclosure or misrepresentation by the Insured Person.

- i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the Insured Person had made a claim or claims in the preceding policy years except for benefit based policies where the policy terminates following payment of the benefit covered under the policy like critical illness policy.
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
- iv. At the end of the Policy Period, the Policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy.
- v. No loading shall apply on renewals based on individual claims experience

10. Cancellation

(A) Cancellation by the Policyholder: The Policyholder can cancel this Policy by providing a written notice of 7 days. In such a case, the Company will refund the premium for the unexpired policy period as detailed below:

1. Cancellation of policy where full premium received at policy inception -

Annual Policy: The premium refund for the unexpired risk period will be on a pro-rata basis, provided no claim has been made during the policy year.

Multi-year Policy:

For any policy year where the risk date has not yet started, the premium will be refunded without any deduction.

For any policy year where the risk has started, the premium will be refunded on a pro-rata basis for that policy year, provided no claim has been made during the policy year and in full for future policy years.

2. Cancellation of policy where Premium Received on Instalment Basis

The premium refund for the unexpired risk period will be on a pro-rata basis, provided no claim has been made during the policy year.

(B) Additional Deductions : Notwithstanding the above, if (i) the risk under the Policy has already commenced, or (ii) only a part of the insurance coverage has commenced, and the option of Policy cancellation is exercised by the Policyholder, then expenses incurred by the Company on medical examination of the Policyholder will also be deducted before refunding of premium.

(C) Cancellation by the Company: The Company may cancel the Policy at any time on the grounds of misrepresentation, non-disclosure of material facts, or fraud by the Policyholder/insured person, by providing 15 days' written notice. There will be no refund of premium for cancellations on these grounds.

11. Free Look Period

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

The Insured Person shall be allowed free look period of thirty days from date of receipt of the Policy document to review the terms and conditions of the Policy, and to cancel/return the same if not acceptable.

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

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

12. Portability

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

For Detailed Guidelines on portability, kindly refer the link <https://irdai.gov.in/document-detail?documentId=393128>
(Please note referred link is of the IRDAI website and subject to change from time to time.)

13. Possibility of Revision of Terms of the Policy including the Premium Rates:

The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The Insured Person shall be notified three months before the changes are effected.

14. Migration

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for migration of the Policy at least 30 days before the Policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered

by the company, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration. For Detailed Guidelines on migration, kindly refer the link <https://irdai.gov.in/document-detail?documentId=393128> (Please note referred link is of the IRDAI website and subject to change from time to time.)

15. Withdrawal of Policy

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

16. Grievance Redressal Procedure

The Company has always been known as a forward-looking customer centric organization. It takes immense pride in its approach of "Caringly Yours". To provide you with top-notch service on all fronts, the company has provided with multiple platforms via which you can always reach out to us at below mentioned touch points

1. Our toll-free number 1-800-209- 5858 or 020-30305858, Say "Hi" on WhatsApp on +91 7507245858
2. Branches for resolution of your grievances / complaints, the Branch details can be found on our website www.bajajallianz.com/branch-locator.html
3. Register your grievances / complaints on our website www.bajajallianz.com/about-us/customer-service.html
4. E-mail
 - a) Level 1: Write to bagichelp@bajajallianz.co.in and for senior citizens to seniorcitizen@bajajallianz.co.in
 - b) Level 2: In case you are not satisfied with the response given to you at Level 1 you may write to our Grievance Redressal Officer at ggro@bajajallianz.co.in
 - c) Level 3: If in case, your grievance is still not resolved, and you wish to talk to our care specialist, please give a missed call on +91 80809 45060 OR SMS To 575758 and our care specialist will call you back
5. If you are still not satisfied with the decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. Detailed process along with list of Ombudsman offices are available at www.cioins.co.in/ombudsman
The contact details of the Ombudsman offices are mentioned in **Annexure V**

17. Nomination

The Insured Person is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of the 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. In the event of death of the Insured Person, the Company will pay the nominee (as named in the Policy Schedule /Endorsement (if any)) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Insured Person whose discharge shall be treated as full and final discharge of its liability under the Policy.

SECTION E) GENERAL TERMS AND CLAUSES - SPECIFIC TERMS AND CLAUSES

18. Insured Person

Only those persons named as the Insured in the Schedule shall be covered under this Policy. Cover under this Policy shall be withdrawn from any Insured Person upon such person giving 14 days written notice to be received by Us.

19. Notice/Communications

- i. Any notice or any other communication related to the Policy should be made in writing.
- ii. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.
- iii. The Company shall communicate to the Insured Person at the address or through any other electronic mode mentioned in the Policy Schedule.

20. Basis of Claims Payment

- 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 C2- Health Guard

A. Cost Sharing

- i. Voluntary co-payment: If opted voluntarily by you, 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. Voluntary Aggregate Deductible:
We shall pay Reasonable & Customary Medical Expenses in respect of an admissible Hospitalization claim in excess of the Annual Aggregate Deductible limit of ₹ 50,000 / ₹ 1,00,000 / ₹ 2,00,000 / ₹ 3,00,000, as opted by You, subject to the "In-patient Hospitalization Treatment" section Sum Insured, terms, conditions and definitions, exclusions contained or otherwise. The deductible is applicable in

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aggregate towards all claims falling under "In-patient Hospitalization Treatment" Sum Insured incurred during the policy period. This Deductible will not be applied on the claim admissible under Maternity and New Born Baby Cover.

- iii. Cataract Limit: 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 C2: Health Guard Exclusion I, 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.
- iv. Bariatric Surgery Limit: Our obligation to make payment in respect of Bariatric Surgery after the expiry of the 36 months period, shall be restricted to 25% of the Sum Insured in Silver Plan and 50% of the Sum Insured subject to maximum of Rs 5 lac in Gold and Platinum Plan.
- v. Maternity Limit: Maternity is covered under Gold & Platinum plan only
 - a. For Sum Insured 3 lacs up to 7.5 lacs the limit for Normal delivery is 15000 INR & 25000 INR for caesarian delivery
 - b. For Sum Insured above 7.5 lacs the limit for Normal delivery is 25000 INR & 35000 INR for caesarian delivery
- vi. In-patient Treatment for Mental Illness: (As specified in Annexure IV) shall be covered up to Base Sum Insured subject to Policy Terms, Conditions, coverages, Waiting Period and exclusions.
- vii. Modern Treatment Methods and Advancement in Technologies (as per list in Annexure III) shall be covered up to Base Sum Insured, subject to Policy Terms, Conditions, coverages, Waiting Period and exclusions.

B. Cumulative Bonus for Silver and Gold Plan: (Applicable to Section C2. 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:

- i. The maximum cumulative increase in the Limit of Indemnity will be limited to 10 years and 100% of base Sum Insured of Your first Star Package Policy covering Health Guard section with Us.
- ii. This clause does not alter the annual character of this insurance
- iii. 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.

Section C3 - Critical Illness

Subject to the terms, conditions and exclusions of this Policy,

- i. "Critical Illness Insurance" Policy where Sum Insured is above INR 500,000, Sub-limit of INR 500,000 will be applicable to "Joint Replacement" Benefit.
- ii. Claim for Joint Replacement, either unilateral or bilateral, would be payable as per the opted Sum Insured or 5 Lacs, whichever is lower of the two,
- iii. The above (i) would be payable only once in a lifetime of a person.
- iv. If the first claim payable is of Joint Replacement, then the liability for any subsequent claim for the remaining listed critical illnesses (other than Joint Replacement) will be reduced by the amount paid under Joint Replacement benefit, post which the policy would cease.

Illustrations:**For 1 year Policy Period**

Scenario 1 – Critical Illness Policy opted with Sum Insured 3 Lac. If first claim of Joint Replacement arises, then 3 Lac gets paid out and policy ceases.

Scenario 2 – Critical Illness Policy opted with Sum Insured 20 Lac (of which Sum Insured for Joint Replacement is 5 lac). If first claim of Joint Replacement arises, then 5 Lac gets paid out and policy continues for remaining 11 Critical Illnesses with Sum Insured 15 Lac. If second claim of CABG arises in the same Policy Period, then 15 Lac gets paid and policy ceases.

Scenario 3 – Critical Illness Policy opted with Sum Insured 20 Lac (of which Sum Insured for Joint Replacement is 5 lac). If first claim of Joint Replacement arises in the Policy Period, then 5 Lac gets paid out and policy continues for remaining 11 Critical Illnesses with Sum Insured 15 Lac. There is no other claim in the Policy.

At the time of renewal, this Policy will be renewed with Sum Insured 20 Lac (as per expiring policy Sum Insured). However, the renewed policy will not cover Joint Replacement.

For 2 or 3 Year Long Term Policy Period

Scenario 1 – Critical Illness Policy opted with Sum Insured 3 Lac. If first claim of Joint Replacement arises in Year 1, then 3 Lac gets paid out and policy ceases.

Scenario 2 – Critical Illness Policy opted with Sum Insured 20 Lac (of which Sum Insured for Joint Replacement is 5 lac). If first claim of Joint Replacement arises in Year 1, then 5 Lac gets paid out and policy continues for remaining 11 Critical Illnesses with Sum Insured 15 Lac for rest of the Policy Period.

If second claim of CABG arises in Year 2 of the Long Term Policy, then 15 Lac gets paid out and policy ceases.

Scenario 3 – Critical Illness Policy opted with Sum Insured 20 Lac (of which Sum Insured for Joint Replacement is 5 lac). If first claim of Joint Replacement arises in Year 1, then 5 Lac gets paid out and policy continues for remaining 11 Critical Illnesses with Sum Insured 15 Lac for the rest of the Policy Period. There is no other claim in the Policy.

At the time of renewal, this Policy will be renewed with Sum Insured 20 Lac (as per expiring policy Sum Insured). However, the renewed policy will not cover Joint Replacement

21. 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.

22. Discounts applicable for Sections under “Star Package” Policy are as below-

i. Co-pay Discount: (Applicable to Section C2. Health Guard only)

- a. If opted voluntarily and mentioned on the Policy Schedule that a Co-payment is effective by the Insured Person then he/she will be eligible of additional 10% or 20% discount on the Policy premium.
- b. If a claim has been admitted under Section C2. Health Guard – (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.

ii. Voluntary Aggregate Deductible: (Applicable to Section C2. Health Guard only)

If opted voluntarily and mentioned on the Policy Schedule than a discount on the Policy premium shall be apply basis the Sum insured and deductible limits opted under the policy

iii. Room Rent capping discount: (Applicable to Section C2. Health Guard only)

If You opt for this cover You will be entitled for a per day room rent limit of 1.5% of Hospitalization Sum Insured up to maximum INR 7,500 per day. By opting for this cover, You will be eligible for discount on premium as per below grid-

Base SI	Gold Plan	Platinum Plan
300,000 and above	5%	8%

Note:

- a. The room rent does not include nursing charges.
- b. If the availed room category is higher than the eligible room category or if the room rent opted exceeds the eligible room rent then, a proportionate co-payment would be applied on all the expenses of the Hospitalization except for cost of Medical consumables and Medicines.

iv. Wellness Discount (Applicable to Section C2. Health Guard only)

As detailed in Section C2 – Under Health Guard, depending on number of parameters met by Insured Person during a Policy Year discount will be offered on subsequent renewal premium.

Parameters Achieved	Discount
4 out of 8	5%
6 out of 8	7.5%
8 out of 8	10%

Note- If an Insured Person meets 8 out of 8 above mentioned parameters and he/she walks for 10000 steps for 20 days every month then they will be eligible for additional discount of 2.5%.

v. Zone Discount (Applicable to Section C2. Health Guard only)

- a) If You opt for coverage under Zone B, then You will be eligible for 20% discount on the premium
- b) If You opt for coverage under Zone C, then You will be eligible for 30% discount on the premium

Premium payment Zone

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

Zone B : Rest of India apart, from the states/UTs/cities classified under Zone A and Zone C, are classified as Zone B.

Zone C : Andaman & Nicobar Islands, Arunachal Pradesh, Bihar, Chandigarh, Chattisgarh, Goa, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Manipur, Meghalaya, Mizoram, Nagaland, Odisha, Punjab, Sikkim, Tripura, Uttarakhand

Note: -

- Policyholders paying Zone A premium rates can avail treatment allover India without any co-payment.
- Those, who pay Zone B premium rates and avail treatment in Zone A city will have to pay 15% co-payment on admissible claim amount.
- Those, who pay Zone C premium rates and avail treatment in Zone A city will have to pay 20% co-payment on admissible claim amount.
- Those, who pay Zone C premium rates and avail treatment in Zone B city will have to pay 5% co-payment on admissible claim amount
- This Co – payment will not be applicable for Accidental Hospitalization cases.
- Policyholder residing in Zone B and Zone C can choose to pay premium for Zone A and avail treatment all over India without any co-payment

vi. Family Discount (Applicable to Section C1 “Hospital Cash Daily Allowance” only)

5% family discount shall be offered if 2 or more than 2 of any of the Dependent family members are covered under a single policy

vii. Sectional Discount: (Applicable to all Sections)

25% discount would be offered on sections other than Health Guard if 4 or more sections are opted.

viii. Long Term policy Discount:

- 4% discount applicable if policy is opted for 2 years
 - 8% discount applicable if policy is opted for 3 years
- Note:** This will not apply to policies where premium is paid in instalments.

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- ix. **Loyalty Discount** : 5% Discount maximum up to INR 1000 shall be offered if the Insured Person is having any of the listed active Bajaj Allianz General Insurance Co. Ltd.'s retail policy of Motor, Health, Home, Cyber and Pet Insurance with a minimum premium of INR 2500.
- x. **Employee Discount** : 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 code

23. Sum Insured Enhancement:

- i. The Insured Person can apply for enhancement of Sum Insured at the time of renewal. You can apply for enhancement of Sum Insured by submitting a fresh proposal form to the Company.
- ii. The acceptance of enhancement of Sum Insured would be at the discretion of the Company, based on the health condition of the Insured Person & 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.

24. Territorial Limits & Governing Law and Jurisdiction

- i. We cover Insured Person 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. This Policy shall be exclusively governed and construed as per laws of India and all disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be, determined by the Indian court and in accordance to Indian laws.
- iii. 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

25. Arbitration and Reconciliation:

Arbitration Clause shall not be applicable.

26. Subrogation (Applicable to "Public Liability" and "Loss of Baggage" Section only)

The Insured Person and any claimant under this Policy shall at the expense of the Company do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by the Company for the purpose of enforcing any civil or criminal rights and remedies or obtaining relief or indemnity from other parties to which the Company shall be or would become entitled or subrogated upon the Company paying for or making good any loss or damage under this Policy whether such acts and things shall be or become necessary or required before or after the Insured Person's indemnification by the Company.

27. Duties and Obligations after Occurrence of an Insured Event (Applicable to Section C7 LOSS OF BAGGAGE and Section C6 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 Person 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 any claim under any 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 Person 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 Person 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 Person 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 Person 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 Person the defence and/or settlement of any such claim, for which purpose the Insured Person shall give all the information and assistance that the Company may reasonably require.

28. Consideration

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

29. Duties and Obligations of the Insured Person

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 Person shall immediately and in any event within 14 days provide the Company with written notification of a claim, and
2. the Insured Person shall take every other reasonable step and/or measure to minimise the consequence of the Bodily Injury or Illness, and
3. the Insured Person 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.

SECTION E) GENERAL TERMS AND CLAUSES -OTHER TERMS AND CLAUSES

30. 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 C2. Health Guard Only)

Medical treatment under Cashless facility is only available at Network Hospitals. In order to avail of medical treatment under cashless facility, the following procedure must be followed by You:

- i. For planned treatment or Hospitalization, prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, You or Your representative must intimate Us 48 hours before the planned Hospitalization and request pre-authorization by way of the written form.
- ii. 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.
- iii. 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 C2 In-Patient Hospitalisation 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.
- iv. In case any treatment or procedure is to be taken on an Emergency basis, You or Your representative must intimate Us in writing immediately within 24 hours of hospitalization.

B. Reimbursement Claims Procedure: (Applicable to Section C1. Hospital Cash Daily Allowance, Section C2. Health Guard, Section C3. Critical Illness Section C4. Personal Accident and Section C5. Education Grant)

If Pre-authorization as per Cashless Claims Procedure above is denied by Us or if treatment is taken in a Hospital other than a Network Hospital or if You do not wish to avail cashless facility, then:

- 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.

*Note: Waiver of conditions (i), (v) and (vi) 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.

List of Claim documents: For Section C1 Hospital Cash Daily Allowance

1. Hospital Cash Claim Form duly signed by the Insured Person.
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)

For Section C2 Health Guard (Silver, Gold & Platinum Plan)

1. Claim form with NEFT details & cancelled cheque duly signed by Insured Person
2. Original/Attested copies of Discharge Summary / Discharge Certificate / Death Summary with Surgical & anesthetic 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 center 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.

For Section C3 Critical illness

1. Critical Illness Claim Form duly signed by the Insured Person 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

For Section C4 Personal Accident and Section C5 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 Person.
- 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 Person.
- ii. Medical fitness certificate from treating doctor mentioning the type of disability and period of rest with date of fitness.
- iii. Leave certificate from the employer for disablement period
- iv. Attested copy of FIR. (If required)
- v. All X-Ray reports and films.

Please send the documents on below address

Bajaj Allianz General Insurance Company 2nd Floor, Bajaj Finserv Building,
 Behind Weikfield IT park, Off Nagar Road, Viman Nagar
 Pune 411014| Toll free: 1800-103-2529, 1800-22-5858

Annexure I

ENT	General Surgery
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 W o u n d debridement and Cover
5 Stapedectomy under GA	208 A b s c e s s -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 LA 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

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14 Removal of Tympanic Drain under LA	217 Piles A. Injection Sclerotherapy B. Piles banding
15 Endoscopic Stapedectomy	
16 Fenestration of the inner ear	
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 Ron 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
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 UvuloPalatoPharyngoPlasty	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

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51 Removal of foreign body from conjunctiva	a) Unilateral b) Bilateral
52 Biopsy of tear gland	
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
67 Infusional Chemotherapy	267 Excision of Cervical RIB
68 CCRT-Concurrent Chemo + RT	268 laparoscopic reduction of intussusception
69 2D Radiotherapy	269 Microdochoectomy breast
70 3D Conformal Radiotherapy	270 Surgery for fracture Penis
71 IGRT- Image Guided Radiotherapy	271 Sentinel node biopsy
72 IMRT- Step & Shoot	272 Parastomal hernia
73 Infusional Bisphosphonates	273 Revision colostomy
74 IMRT- DMLC	274 Prolapsed colostomy- Correction
75 Rotational Arc Therapy	275 Testicular biopsy
76 Tele gamma therapy	276 laparoscopic cardiomyotomy(Hellers)
77 FSRT-Fractionated SRT	277 Sentinel node biopsy malignant melanoma
78 VMAT-Volumetric Modulated Arc Therapy	278 laparoscopic pyloromyotomy(Ramstedt)
79 SBRT-Stereotactic Body Radiotherapy	Orthopedics
80 Helical Tomotherapy	279 Arthroscopic Repair of ACL tear knee
81 SRS-Stereotactic Radiosurgery	280 Closed reduction of minor Fractures
82 X-Knife SRS	281 Arthroscopic repair of PCL tear knee
83 Gammaknife SRS	282 Tendon shortening
84 TBI- Total Body Radiotherapy	283 Arthroscopic Meniscectomy - Knee
85 intraluminal Brachytherapy	284 Treatment of clavicle dislocation
86 Electron Therapy	285 Arthroscopic meniscus repair
87 TSET-Total Electron Skin Therapy	286 Haemarthrosis knee- lavage

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88 Extracorporeal Irradiation of Blood Products	287 Abscess knee joint drainage
89 Telecobalt Therapy	288 Carpal tunnel release
90 Telesesium Therapy	289 Closed reduction of minor dislocation
91 External mould Brachytherapy	290 Repair of knee cap tendon
92 Interstitial Brachytherapy	291 ORIF with K wire fixation- small bones
93 Intracavity Brachytherapy	292 Release of midfoot joint
94 3D Brachytherapy	293 ORIF with plating- Small long bones
95 Implant Brachytherapy	294 Implant removal minor
96 Intravesical Brachytherapy	295 K wire removal
97 Adjuvant Radiotherapy	296 POP application
98 Afterloading Catheter Brachytherapy	297 Closed reduction and external fixation
99 Conditioning Radiotherapy for BMT	298 Arthrotomy Hip joint
100 Extracorporeal Irradiation to the Homologous Bone grafts	299 Syme's amputation
101 Radical chemotherapy	300 Arthroplasty
102 Neoadjuvant radiotherapy	301 Partial removal of rib
103 LDR Brachytherapy	302 Treatment of sesamoid bone fracture
104 Palliative Radiotherapy	303 Shoulder arthroscopy / surgery
105 Radical Radiotherapy	304 Elbow arthroscopy
106 Palliative chemotherapy	305 Amputation of metacarpal bone
107 Template Brachytherapy	306 Release of thumb contracture
108 Neoadjuvant chemotherapy	307 Incision of foot fascia
109 Adjuvant chemotherapy	308 calcaneum spur hydrocort injection
110 Induction chemotherapy	309 Ganglion wrist hyalase injection
111 Consolidation chemotherapy	310 Partial removal of metatarsal
112 Maintenance chemotherapy	311 Repair / graft of foot tendon
113 HDR Brachytherapy	312 Revision/Removal of Knee cap
Plastic Surgery	313 Amputation follow-up surgery
114 Construction skin pedicle flap	314 Exploration of ankle joint
115 Gluteal pressure ulcer-Excision	315 Remove/graft leg bone lesion
116 Muscle-skin graft, leg	316 Repair/graft achilles tendon
117 Removal of bone for graft	317 Remove of tissue expander
118 Muscle-skin graft duct fistula	318 Biopsy elbow joint lining
119 Removal cartilage graft	319 Removal of wrist prosthesis
120 Myocutaneous flap	320 Biopsy finger joint lining
121 Fibro myocutaneous flap	321 Tendon lengthening
122 Breast reconstruction surgery after mastectomy	322 Treatment of shoulder dislocation
123 Sling operation for facial palsy	323 Lengthening of hand tendon
124 Split Skin Grafting under RA	324 Removal of elbow bursa

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125 Wolfe skin graft	325 Fixation of knee joint
126 Plastic surgery to the floor of the mouth under GA	326 Treatment of foot dislocation
Urology	327 Surgery of bunion
127 AV fistula – wrist	328 intra articular steroid injection
128 URSL with stenting	329 Tendon transfer procedure
129 URSL with lithotripsy	330 Removal of knee cap bursa
130 CystoscopicLitholapaxy	331 Treatment of fracture of ulna
131 ESWL	332 Treatment of scapula fracture
132 Haemodialysis	333 Removal of tumor of arm/ elbow under RA/GA
133 Bladder Neck Incision	334 Repair of ruptured tendon
134 Cystoscopy & Biopsy	335 Decompress forearm space
135 Cystoscopy and removal of polyp	336 Revision of neck muscle (Torticollis release)
136 Suprapubiccystostomy	337 Lengthening of thigh tendons
137 percutaneous nephrostomy	338 Treatment fracture of radius & ulna
139 Cystoscopy and "SLING" procedure.	339 Repair of knee joint Paediatric surgery
140 TUNA- prostate	340 Excision Juvenile polyps rectum
141 Excision of urethral diverticulum	341 Vaginoplasty
142 Removal of urethral Stone	342 Dilatation of accidental caustic stricture oesophageal
143 Excision of urethral prolapse	343 Presacral Teratomas Excision
144 Mega-ureter reconstruction	344 Removal of vesical stone
145 Kidney renoscopy and biopsy	345 Excision Sigmoid Polyp
146 Ureter endoscopy and treatment	346 Sternomastoid Tenotomy
147 Vesico ureteric reflux correction	347 Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
148 Surgery for pelvi ureteric junction obstruction	348 Excision of soft tissue rhabdomyosarcoma
149 Anderson hynes operation	349 Mediastinal lymph node biopsy
150 Kidney endoscopy and biopsy	350 High Orchidectomy for testis tumours
151 Paraphimosis surgery	351 Excision of cervical teratoma
152 injury prepuce- circumcision	352 Rectal-Myomectomy
153 Frenular tear repair	353 Rectal prolapse (Delorme's procedure)
154 Meatotomy for meatal stenosis	354 Orchidopexy for undescended testis
155 surgery for fournier's gangrene scrotum	355 Detorsion of torsion Testis
156 surgery filarial scrotum	356 lap.Abdominal exploration in cryptorchidism
157 surgery for watering can perineum	357 EUA + biopsy multiple fistula in ano
158 Repair of penile torsion	358 Cystic hygroma - Injection treatment
159 Drainage of prostate abscess	359 Excision of fistula-in-ano
160 Orchiectomy	Gynaecology
161 Cystoscopy and removal of FB	360 Hysteroscopic removal of myoma
Neurology	361 D&C

Issuing Office:

162 Facial nerve physiotherapy	362 Hysteroscopic resection of septum
163 Nerve biopsy	363 thermal Cauterisation of Cervix
164 Muscle biopsy	364 MIRENA insertion
165 Epidural steroid injection	365 Hysteroscopic adhesiolysis
166 Glycerol rhizotomy	366 LEEP
167 Spinal cord stimulation	367 Cryocauterisation of Cervix
168 Motor cortex stimulation	368 Polypectomy Endometrium
169 Stereotactic Radiosurgery	369 Hysteroscopic resection of fibroid
170 Percutaneous Cordotomy	370 LLETZ
171 Intrathecal Baclofen therapy	371 Conization
172 Entrapment neuropathy Release	372 polypectomy cervix
173 Diagnostic cerebral angiography	373 Hysteroscopic resection of endometrial polyp
174 VP shunt	374 Vulval wart excision
175 Ventriculoatrial shunt	375 Laparoscopic paraovarian cyst excision
Thoracic surgery	376 uterine artery embolization
176 Thoracoscopy and Lung Biopsy	377 Bartholin Cyst excision
177 Excision of cervical sympathetic Chain Thoracoscopic	378 Laparoscopic cystectomy
178 Laser Ablation of Barrett's oesophagus	379 Hymenectomy(imperforate Hymen)
179 Pleurodesis	380 Endometrial ablation
180 Thoracoscopy and pleural biopsy	381 vaginal wall cyst excision
181 EBUS + Biopsy	382 Vulval cyst Excision
182 Thoracoscopy ligation thoracic duct	383 Laparoscopic paratubal cyst excision
183 Thoracoscopy assisted empyaema drainage	384 Repair of vagina (vaginal atresia)
Gastroenterology	385 Hysteroscopy, removal of myoma
184 Pancreatic pseudocyst EUS & drainage	386 TURBT
185 RF ablation for barrett's Oesophagus	387 Ureterocoele repair - congenital internal
186 ERCP and papillotomy	388 Vaginal mesh For POP
187 Esophagoscope and sclerosant injection	389 Laparoscopic Myomectomy
188 EUS + submucosal resection	390 Surgery for SUI
189 Construction of gastrostomy tube	391 Repair recto- vagina fistula
190 EUS + aspiration pancreatic cyst	392 Pelvic floor repair(excluding Fistula repair)
191 Small bowel endoscopy (therapeutic)	393 URS + LL
192 Colonoscopy ,lesion removal	394 Laparoscopic oophorectomy
193 ERCP	Critical care
194 Colonoscopy stenting of stricture	395 Insert non- tunnel CV cath
195 Percutaneous Endoscopic Gastrostomy	396 Insert PICC cath (peripherally inserted central catheter)
196 EUS and pancreatic pseudo cyst drainage	397 Replace PICC cath (peripherally inserted central catheter)
197 ERCP and choledochoscopy	398 Insertion catheter, intra anterior
198 Proctosigmoidoscopy volvulus detorsion	399 Insertion of Portacath

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199	ERCP and sphincterotomy	
200	Esophageal stent placement	
201	ERCP + placement of biliary stents	
202	Sigmoidoscopy w / stent	
203	EUS + coeliac node biopsy	

- (i) 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 I: List of Non-Medical Items

SL No	Item	
1	Baby Food	Not Payable
2	Baby Utilities Charges	Not Payable
3	Beauty Services	Not Payable
4	Belts/ Braces	Not Payable
5	Buds	Not Payable
6	Cold Pack/Hot Pack	Not Payable
7	Carry Bags	Not Payable
8	Email / Internet Charges	Not Payable
9	Food Charges (Other Than Patient's Diet Provided By Hospital)	Not Payable
10	Leggings	Essential in bariatric and varicose vein surgery and should be Considered For These Conditions Where Surgery Itself Is Payable.
11	Laundry Charges	Not Payable
12	Mineral Water	Not Payable
13	Sanitary Pad	Not Payable
14	Telephone Charges	Not Payable
15	Guest Services	Not Payable
16	Crepe Bandage	Not Payable
17	Diaper Of Any Type	Not Payable
18	Eyelet Collar	Not Payable
19	Slings	Not Payable
20	Blood Grouping And Cross Matching Of Donors Samples	Not Payable
21	Service Charges Where Nursing Charges Also Charged	Not Payable
22	Television Charges	Not Payable
23	Surcharge	Not Payable
24	Attendant Charges	Not Payable
25	Extra Diet Of Patient (Other Than That Which Forms Part Of Bed Charge)	Not Payable
26	Birth Certificate	Not Payable
27	Certificate Charges	Not Payable
28	Courier Charges	Not Payable
29	Conveyance Charges	Not Payable
30	Medical Certificate	Not Payable
31	Medical Records	Not Payable
32	Photocopies Charges	Not Payable
33	Mortuary Charges	Not Payable

Issuing Office:

34	Walking Aids Charges	Not Payable
35	Oxygen Cylinder (For Usage Outside The Hospital)	Not Payable
36	Spacer	Not Payable
37	Spirometre	Not Payable
38	Nebulizer Kit	Not Payable
39	Steam Inhaler	Not Payable
40	Armsling	Not Payable
41	Thermometer	Not Payable
42	Cervical Collar	Not Payable
43	Splint	Not Payable
44	Diabetic Foot Wear	Not Payable
45	Knee Braces (Long/ Short/ Hinged)	Not Payable
46	Knee Immobilizer/S Houlder Immobilizer	Not Payable
47	Lumbosacral Belt	Not Payable
48	Nimbus Bed Or Water Or Air Bed Charges	Not Payable
49	Ambulance Collar	Not Payable
50	Ambulance Equipment	Not Payable
51	Abdominal Binder	Not Payable
52	Private Nurses Charges - Special Nursing	Not Payable
53	Sugar Free Tablets	Not Payable
54	Creams Powders Lotions (Toiletries Are Not Payable, Only Prescribed Medical Pharmaceuticals Payable)	Not Payable
55	Ecg Electrodes	Not Payable
56	Gloves	Not Payable
57	Nebulisation Kit	Not Payable
58	Any Kit With No Details Mentioned [Delivery Kit,	Not Payable
59	Kidney Tray	Not Payable
60	Mask	Not Payable
61	Ounce Glass	Not Payable
62	Oxygen Mask	Not Payable
63	Pelvic Traction Belt	Not Payable
64	Pan Can	Not Payable
65	Trolley Cover	Not Payable
66	Urometer , Urine Jug	Not Payable
68	Vasofix Safety	Not Payable

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

S. No.	Item
1	Baby Charges (Unless Specified /Indicated)
2	Hand Wash
3	Shoe Cover
4	Caps
5	Cardle Charges
6	Comb
7	Eau-De-Cologne/Room Freshners
8	Foot Cover
9	Gown
10	Slippers
11	Tissue Papper

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12	Tooth Paste
13	Tooth Brush
14	Bed Pan
15	Face Mask
16	Flexi Mask
17	Hand Holder
18	Sputum Cup
19	Disinfectant Lotions
20	Luxury Tax
21	Hvac
22	House Keeping Charges
23	Air Conditioner Charges
24	Im Iv Injection Charges
25	Clean Sheet
26	Blanket/Warmer Blanket
27	Admission Kit
28	Diabetic Chart Charges
29	Documentation Charges/Administrative Expenses
30	Discharge Procedure Charges
31	Daily Chart Charges
32	Entrance Pass / Visitors Pass Charges
33	Expenses Related To Prescription On Discharge
34	File Opening Charges
35	INCTDENTAL EXPENSES / Mtsc. CHARGES (NOT EXPLATNED)
36	Patient Identification Band / Name Tag
37	Pulseoxymeter Charges

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

S. No.	Item
1	Hair Removal Cream
2	DISPOSABLES RAZORS CHARGES(For Site Preparations)
3	Eye Pad
4	Eye Sheild
5	Camera Cover
6	Dvd ,Cd Charges
7	Gause Soft
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPE AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER

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12	SURGICAL BLADES,HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

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

S. No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALIZATION FOR EVALUATION/DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/CAPD EQUIPMENTS
7	INFUSION PUMP-COST
8	HYDROGEN PERPOXIDE\SPIRIT\DISINFECTION ETC
9	NUTTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION / STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG

Annexure III: Modern Treatment Methods and Advancement in Technologies

- A. Uterine Artery Embolization and HIFU
- B. Balloon Sinuplasty
- C. Deep Brain stimulation
- D. Oral chemotherapy
- E. Immunotherapy- Monoclonal Antibody to be given as injection
- F. Intra vitreal injections
- G. Robotic surgeries
- H. Stereotactic radio surgeries
- I. Bronchical Thermoplasty
- J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- K. IONM -(Intra Operative Neuro Monitoring)
- L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

Annexure IV: ICD specific for Mental Illness

ICD Codes	ICD Description
F00	Dementia in Alzheimer disease
F02	Dementia in other diseases classified elsewhere
F03	Unspecified dementia
F05	Delirium, not induced by alcohol and other psychoactive substances
F07	Personality and behavioural disorders due to brain disease, damage and dysfunction
F09	Unspecified organic or symptomatic mental disorder
F20	Schizophrenia
F21	Schizotypal disorder
F22	Persistent delusional disorders
F23	Acute and transient psychotic disorders
F24	Induced delusional disorder
F25	Schizoaffective disorders
F31	Bipolar affective disorder
F32	Depressive episode
F33	Recurrent depressive disorder
F40	Phobic anxiety disorders

Annexure V: Contact details of the Ombudsman offices

Office Details	Jurisdiction of Office Union Territory, District)
<p>AHMEDABAD - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 – 25501201 /02 /05/06 Email: bimalokpal.ahmedabad@cioins.co.in</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu</p>
<p>BENGALURU - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in</p>	<p>Karnataka.</p>
<p>BHOPAL - Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor, “Jeevan Shikha”, 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in</p>	<p>Madhya Pradesh Chattisgarh.</p>
<p>BHUBANESHWAR – Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 – 2596461 / 2596455 Email: bimalokpal.bhubaneswar@cioins.co.in</p>	<p>Orissa.</p>
<p>CHANDIGARH - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017 Tel.: 0172 – 4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in</p>	<p>Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh.</p>
<p>CHENNAI - Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in</p>	<p>Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry)</p>
<p>DELHI – Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in</p>	<p>Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.</p>

Office Details	Jurisdiction of Office Union Territory, District)
<p>GUWAHATI - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD - Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>
<p>JAIPUR - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 –2740363 / 2740798 Email: bimalokpal.jaipur@cioins.co.in</p>	<p>Rajasthan.</p>
<p>KOCHI – Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.</p>
<p>KOLKATA – Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
<p>LUCKNOW – Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in</p>	<p>Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar..</p>
<p>MUMBAI - Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/ 27/ 29/ 31/ 32/ 33 Email: bimalokpal.mumbai@cioins.co.in</p>	<p>Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).</p>
<p>NOIDA -</p>	<p>State of Uttarakhand and the following Districts of Uttar</p>

Office Details	Jurisdiction of Office Union Territory, District)
Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA – Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020- 24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).

Note: Address and contact number of Governing Body of Insurance Council:
 Council for Insurance Ombudsmen,
 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.
 E-mail: inscoun@cioins.co.in , Tel: 022 -69038800/69038812
 Website: <https://www.cioins.co.in>