

Star Group Health Insurance
Unique id : SHAHLGP19028V011819
Policy Schedule

Policy No. : P/131212/01/2019/001826	Previous Policy No. : P/131212/01/2018/001387
Proposer's Code : 10801420	GSTIN : 37AAJCS4517L1ZX
Proposer's Name : THE KRISHNA DISTRICT CO-OPERATIVE CENTRAL BANK LIMITED (RETIRED EMPLOYEES)	SAC Code : 997133/Accident and Health Insurance Services
Address : HEAD OFFICE JAGANADHAPURAM, MACHILIPATNAM -521001 Machilipatnam, Krishna, Andhra Pradesh-521001	Issuing Office Code : 131212
Phone No : 08672-223530/9000090000/NA	Issue Office Name : Branch Office - Machilipatnam
Email id : kdccbho.estt@gmail.com	Address : D.No.21/222, 1st floor, Upstairs of Machilipatnam Scan center Batchupet, Beside LIC Regional Office, Opp. to Hindu College, Machilipatnam - 521001
Proposer GSTIN : -	Phone No : 08672-221551
Receipt No : 1069001743,1069001988	Email id : machilipatnam@starhealth.in
Receipt Date : 21/03/2018,22/02/2019	Place of Supply : Andhra Pradesh / State Code : 37
Premium : Rs. 20,46,456	Fulfiller Code : SH34353
CGST @9% : 184,181 /- SGST/UTGST@9%: 184,181 /-	Intermediary Code : BA0000186870
Stamp Duty : Re. 1	Name : Mr.KOGANTI SRK PRASAD
Total Premium : Rs. 24,14,818	Phone : /9440894977
	Email id : inkoganti@gmail.com

Total Premium in words : Indian Rupees Twenty Four Lakhs Fourteen Thousand Eight Hundred Eighteen Only

Period Of Insurance From : 23/02/2019 00:00:00 Hrs To Midnight Of : 22/02/2020 23:59:59

Co-insurance

Risk Coverage Details

No. of Employees / Members Covered	98
No. of Dependents Covered	88
Total No. of Persons covered	186
Sum Insured Slab	Rs. 2,00,000/- only
Total Sum Insured	Rs. 1,96,00,000/- only
Total Sum Insured (in words)	Indian Rupees One Crore Ninety-Six Lakhs Only

Extensions Offered

Entered by : SH42293
 Approved by : SH36946
 Place :
 Date : 26/02/2019

For and on behalf of
 Star Health and Allied Insurance Company Ltd.


 Authorised Signatory
 Please see overleaf

Attached to and forming part of Policy No : P/131212/01/2019/001826

30 days waiting Period	Exclusion no.1 appearing in the policy clause stands deleted
First Year Exclusion	Exclusion no.2 appearing in the policy clause stands deleted
First Two Year Exclusion	Exclusion no.3 appearing in the policy clause stands deleted
Pre-existing Diseases Exclusion	Exclusion no.4 appearing in the policy clause stands deleted

Special Conditions

Family Definition	Family Floater(Employee and Spouse)
Room Rent limits including Boarding, Nursing Charges, etc,	<p>Restricted to Maximum of Rs. 3,000/- per day.</p> <p>If the Insured occupies a room with a room rent limit other than his eligibility as per the insurance policy, then all the other charges shall be limited to the charges applicable for the eligible room rent or actuals, whichever is lower.</p> <p>Treatment in our network hospitals only, However in the case of Medical Emergencies & Accidents, treatment can be taken in other Hospitals. In all cases immediate intimation shall be given to our Call Center within 24 hours of Hospitalization.</p>
Co-pay	All Pre Existing Diseases claims subject to 20% copay
Pre & Post Hospitalisation limits	<p>Pre Hospitalisation-30 Days Pre Hospitalisation expenses incurred prior to inception of policy with the Company is inadmissible.</p> <p>Post Hospitalisation-60 Days.</p>
Ambulance Expenses limits	Emergency ambulance charges up-to a sum of Rs.750/- per hospitalization and overall limit of Rs.1,500/- per policy period.
Sub Limits	Sublimits only for Cataract Rs.20,000/- per eye.
Addition / Deletion of Employees & Dependents	After the inception of the Policy , NO midterm inclusion of any employee & dependents unless he is a new joinee and dependents of the already insured employee unless they are newly married spouse and such inclusion is also subject to payment of additional premium on pro rata basis. For newly joined employees, the Insured shall provide the date of joining & for inclusion of dependents of the already insured employee, the Insured should provide the date of marriage for newly married spouse .
Other conditions	AYUSH Treatment: Expenses incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines in a Government Hospital or in any institute recognized by the government and/or

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	accredited by the Quality Council of India/National Accreditation Board on Health up to 25% of the sum insured subject to a maximum of Rs. 25,000/- per policy period.
Other conditions	405 Day care procedures are allowed, as per the printed procedures (405 nos.) attached to this policy. We shall issue photo ID cards in respect of all the covered persons and we require the passport size/stamp size photo for the same. All Other Terms & Conditions Subject to printed Policy (Star Group Health Insurance Policy) Clauses attached.

The coverage under the policy in respect of the insured persons will cease once they cease to be an employee/ member of the Insured or on the expiry of the policy, whichever is earlier. In respect of deletions, refund will be effected on prorata basis from the date of deletion of the employee under the policy - subject to NO claim for the employee or the family members, for which the Insured shall provide date of relieving of the employee.

Claims will be settled through Inhouse claims team.

Sector Classification :

Urban

Renewability: In the event of the group policy being discontinued or not renewed or when the members of the group leave the group on account of resignation/retirement/termination or otherwise, the following provision shall apply.

The cover for the persons covered earlier under the group policy will be granted only as per standard retail policies. However, in respect of persons who have been covered continuously for a period of one year under the group policy with our Company, we shall waive the 30 days waiting period and First year exclusions. In respect of persons who have been covered continuously for a period of two years under the group policy with our Company, we shall waive the 30 days waiting period, First year exclusions and First two year exclusions.

In respect of persons who have been continuously covered for a period a four years under the group policy with our Company, we shall grant cover for Pre Existing diseases also.

Condition precedent: In the event of any claim under the policy or intimation should be given to the company immediately, through toll free no: 1800 425 2255 or 1800 102 4477, 044 2826 3300 (chargeable), or email: support@starhealth.in or fax - 1800 425 5522.

STAR value added unique services : Web enabled service for Policy details and health tips
Inhouse Cashless facility for treatment at network hospitals across india.
24*7 customer care center
Free General Physician advice

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per forms attached.

Entered by : SH42293
Approved by : SH36946
Place :
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TAX Invoice

Invoice No. : 37K069Y19P000178	Customer ID : CB0000022786
Invoice Date : 26/02/19	Policy No : P/131212/01/2019/001826
Recipient	Supplier
GSTIN : -	GSTIN : 37AAJCS4517L1ZX
Proposer's Name : THE KRISHNA DISTRICT CO-OPERATIVE CENTRAL BANK LIMITED (RETIRED EMPLOYEES)	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Machilipattnam
Address : HEAD OFFICE JAGANADHAPURAM, MACHILIPATNAM -521001	Address : D.No.21/222, 1st floor,Upstairs of Machilipatnam Scan center Batchupet, Beside LIC Regional Office, Opp. to Hindu College, Machilipatnam - 521001
City :	City : MACHILIPATTNAM
State : Andhra Pradesh	State : Andhra Pradesh
Pincode : 521001	Pincode : 521 001
Client Category : CORP	Place of Supply : 37 - Andhra Pradesh

HSN / SAC Code	Description of Service(s)	Total	Discount	TaxableValue	IGST @ 18%	CGST @9%	UT/SGST@9%	Total Invoice Value
		A	B	C = A - B	D = C * IGST	E = C *CGST	F = C *UTGST or SGST	H = C + D + E+ F
99173	Insurance Services	2046456	0	2046456		184181	184181	Rs. 24,14,818

Total Invoice Value (in Figures) : Rs. 24,14,818
 Total Invoice Value (in Words) : Indian Rupees Twenty Four Lakhs Fourteen Thousand Eight Hundred Eighteen Only
 Amount of Tax Subject to reverse Charge : No

Important Note:

The invoice is issued as per Section 31 of the CGST Act

In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken.

E. & O.E

This is a digitally signed document and hence no physical signature is required

IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in

Entered by : SH42293
 Approved by : SH36946
 Place :
 Date : 26/02/2019

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INSURED PERSON DETAILS :

No of Persons Covered : 186

S.No	Name of Employee	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Emp Id	Occupation	Floater SI	No Dep.	Remarks
1	Kakarla Subhash Chandrabose	Employee	10/04/1951	67	10	Male	108014201900000100	1	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	K.Rukmabai	Spouse	01/01/1954	65	1	Female	108014201900000101					
2	Kapavarapu Subramanyeswara Rao	Employee	08/08/1950	68	6	Male	108014201900000200	2	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	K.Nageswaramma	Spouse	01/01/1951	68	1	Female	108014201900000201					
3	Kesana Bhaskara Rao	Employee	02/04/1950	68	10	Male	108014201900000300	3	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	K.Radha	Spouse	15/05/1960	58	9	Female	108014201900000301					
4	Kotra Venkateswara Rao	Employee	01/06/1959	59	8	Male	108014201900000400	4	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Rohini Kumari	Spouse	10/07/1961	57	7	Female	108014201900000401					
5	M.M.M.V.Ramayya	Employee	31/05/1958	60	8	Male	108014201900000500	5	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Majeti Tirumala Lakshmi	Spouse	02/05/1969	49	9	Female	108014201900000501					
6	M.V.Raghavaiah	Employee	10/07/1948	70	7	Male	108014201900000600	6	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Venkata Lakshmi	Spouse	01/01/1955	64	1	Female	108014201900000601					
7	Merugu Subba Rao	Employee	11/09/1945	73	5	Male	108014201900000700	7	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Mamillamma	Spouse	19/10/1951	67	4	Female	108014201900000701					
8	Pesapati Subrahmanyam	Employee	04/04/1956	62	10	Male	108014201900000800	8	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	P.Rajya Lakshmi	Spouse	03/06/1963	55	8	Female	108014201900000801					
9	Thota Veera Babu	Employee	15/11/1958	60	3	Male	108014201900000900	9	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	T.Saroja	Spouse	15/06/1966	52	8	Female	108014201900000901					
10	Tumu Naga Satyanarayana	Employee	15/06/1955	63	8	Male	108014201900001000	10	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Tumu Sesa Ratna Manikyam	Spouse	01/01/1960	59	1	Female	108014201900001001					

S.No	Name of Employee	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Emp Id	Occupation	Floater SI	No Dep.	Remarks
11	Anne Gopala Rao	Employee	04/01/1948	71	1	Male	108014201900001100	11	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Anne Rangamma	Spouse	10/08/1956	62	6	Female	108014201900001101					
12	Chalasanani Poorna Chandra Rao	Employee	15/06/1943	75	8	Male	108014201900001200	12	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Chalasanani Govardhana	Spouse	15/09/1945	73	5	Female	108014201900001201					
13	Dayaka Satya Bhavana Rushi	Employee	16/04/1956	62	10	Male	108014201900001300	13	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Bhagya Lakshmi	Spouse	19/08/1960	58	6	Female	108014201900001301					
14	Garimella Venkateswara Rao	Employee	10/05/1942	76	9	Male	108014201900001400	14	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Garimella Venkata Ratnam	Spouse	01/01/1945	74	1	Female	108014201900001401					
15	Kodali Benerjee	Employee	31/07/1948	70	6	Male	108014201900001500	15	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Kodali Venkata Lakshmi Narasamma	Spouse	01/01/1954	65	1	Female	108014201900001501					
16	Kotari Purna Chandra Rao	Employee	15/07/1956	62	7	Male	108014201900001600	16	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	K Lakshmi Narasamma	Spouse	01/01/1960	59	1	Female	108014201900001601					
17	Mandava Veera Prasad	Employee	01/07/1951	67	7	Male	108014201900001700	17	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Mandava Vani Sree	Spouse	21/03/1959	59	11	Female	108014201900001701					
18	Panuganti Vinobha	Employee	15/06/1954	64	8	Male	108014201900001800	18	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	P Girija	Spouse	27/09/1962	56	4	Female	108014201900001801					
19	S R S D V Prasad	Employee	08/06/1951	67	8	Male	108014201900001900	19	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	S Ramadevi	Spouse	26/09/1966	52	4	Female	108014201900001901					
20	Valluru Bhagya Leela	Employee	14/06/1954	64	8	Female	108014201900002000	20	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Anne Mallimkarjuna Rao	Spouse	10/01/1956	63	1	Male	108014201900002001					
21	Veeramachaneni Ratna Prasad	Employee	26/08/1958	60	5	Male	108014201900002100	21	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				

S.No	Name of Employee	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Emp Id	Occupation	Floater SI	No Dep.	Remarks
	V. Seetha Maha Lakshmi	Spouse	01/07/1956	62	7	Female	108014201900002101					
22	Gangavarapu.Subba Rao	Employee	10/11/1949	69	3	Male	108014201900002200	22	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	G.Anantha Lakshmi	Spouse	07/01/1955	64	1	Female	108014201900002201					
23	Ginjudalli.Subba Rao	Employee	08/04/1958	60	10	Male	108014201900002300	23	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ginjudalli.Anantha Lakshmi	Spouse	17/10/1964	54	4	Female	108014201900002301					
24	Kode Anjaneyulu	Employee	15/10/1957	61	4	Male	108014201900002400	24	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	K.Kanaka Durga	Spouse	09/07/1965	53	7	Female	108014201900002401					
25	Mohammed Abdul Allam	Employee	16/06/1946	72	8	Male	108014201900002500	25	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Md.Razia Sultana	Spouse	01/04/1962	56	10	Female	108014201900002501					
26	Padala Veera Venkata Satyanarayana	Employee	05/09/1951	67	5	Male	108014201900002600	26	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	P.Narasamma	Spouse	29/08/1957	61	5	Female	108014201900002601					
27	Uppaluri Vijay Kumar	Employee	01/06/1957	61	8	Male	108014201900002700	27	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	U.Nirmala Devi	Spouse	16/11/1959	59	3	Female	108014201900002701					
28	Koripalli Krishna Prasad	Employee	25/05/1955	63	8	Male	108014201900002800	28	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Koripalli Sarada	Spouse	22/05/1959	59	9	Female	108014201900002801					
29	Polavarapu Subba Rao	Employee	04/11/1942	76	3	Male	108014201900002900	29	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Polavarapu Swatantra Bharathi	Spouse	06/12/1947	71	2	Female	108014201900002901					
30	Alla.Sanjeevareddy	Employee	15/03/1955	63	11	Male	108014201900003000	30	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Devagiramma	Spouse	01/01/1962	57	1	Female	108014201900003001					
31	Chalasani.Ramaiah	Employee	01/01/1953	66	1	Male	108014201900003100	31	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Vijaya Lakshmi	Spouse	01/01/1965	54	1	Female	108014201900003101					

S.No	Name of Employee	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Emp Id	Occupation	Floater SI	No Dep.	Remarks
32	Kondapavuluri.Basavarao	Employee	20/01/1946	73	1	Male	108014201900003200	32	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	K.Bharata Lakshmi	Spouse	01/01/1950	69	1	Female	108014201900003201					
33	Parvathaneni.Jayalakshmi W/O Kumaraswamy	Employee	01/01/1947	72	1	Female	108014201900003300	33	Others	200000	0	
34	Arja Sai Babu	Employee	09/11/1955	63	3	Male	108014201900003400	34	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Krishna Kumari	Spouse	06/08/1958	60	6	Female	108014201900003401					
35	Bandreddi.Basavarao	Employee	20/07/1946	72	7	Male	108014201900003500	35	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Bandreddi.Naga Kumari	Spouse	05/02/1952	67	0	Female	108014201900003501					
36	Kokkiligadda.Nagendra Rao	Employee	01/06/1950	68	8	Male	108014201900003600	36	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Kokkiligadda.Bala	Spouse	05/06/1955	63	8	Female	108014201900003601					
37	M.S.S.Gopala Prasad	Employee	15/01/1959	60	1	Male	108014201900003700	37	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Venkata Satyavathi	Spouse	20/01/1957	62	1	Female	108014201900003701					
38	Pushadapu.Seeta Ramayya	Employee	26/03/1944	74	10	Male	108014201900003800	38	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Bibi Nancharamma	Spouse	01/01/1946	73	1	Female	108014201900003801					
39	Yarramsetty Mastan Rao	Employee	26/08/1955	63	5	Male	108014201900003900	40	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Naga Durga Mani	Spouse	01/12/1967	51	2	Female	108014201900003901					
40	Suraneni. Venkata Sesa Surya Satyanarayana Rao	Employee	06/12/1956	62	2	Male	108014201900004000	41	Others	200000	0	
41	Komati Veerabadhra Rao	Employee	15/05/1950	68	9	Male	108014201900004100	42	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Vijaya Lakshmi	Spouse	15/05/1952	66	9	Female	108014201900004101					
42	Gude Bharathi W/O Gude Murthaiah (Late)	Employee	28/01/1949	70	0	Female	108014201900004200	43	Others	200000	0	
43	Boppana Mohandas Gandhi	Employee	08/03/1951	67	11	Male	108014201900004300	44	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				

S.No	Name of Employee	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Emp Id	Occupation	Floater SI	No Dep.	Remarks
	B Lakshmi Devi	Spouse	15/06/1960	58	8	Female	108014201900004301					
44	D Koteswara Rao	Employee	10/08/1947	71	6	Male	108014201900004400	45	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No		Remarks			
	D Raja Ratna Kumari	Spouse	14/05/1951	67	9	Female	108014201900004401					
45	G Nageswara Rao	Employee	29/03/1957	61	10	Male	108014201900004500	46	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No		Remarks			
	Kanaka Durga	Spouse	15/08/1960	58	6	Female	108014201900004501					
46	Gudapati Ananda Rao	Employee	10/08/1946	72	6	Male	108014201900004600	47	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No		Remarks			
	G Baby Sarojini	Spouse	10/01/1953	66	1	Female	108014201900004601					
47	K Ranga Rao	Employee	10/06/1948	70	8	Male	108014201900004700	48	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No		Remarks			
	Jayapradha	Spouse	01/01/1957	62	1	Female	108014201900004701					
48	Kolli Gangadhararao	Employee	15/07/1996	22	7	Male	108014201900004800	49	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No		Remarks			
	K Venkata Ramanamma	Spouse	23/08/1942	76	6	Female	108014201900004801					
49	M Lakshmpathi Rao	Employee	01/02/1954	65	0	Male	108014201900004900	50	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No		Remarks			
	M Vijaya Rani	Spouse	24/09/1969	49	4	Female	108014201900004901					
50	Mareedu Jagan Mohan Rao	Employee	04/04/1950	68	10	Male	108014201900005000	51	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No		Remarks			
	Mareedu Syamala Devi	Spouse	12/08/1957	61	6	Female	108014201900005001					
51	N Raghavaiah	Employee	10/07/1945	73	7	Male	108014201900005100	52	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No		Remarks			
	Lalitha Kumari	Spouse	01/01/1955	64	1	Female	108014201900005101					
52	N V Krishna Rao	Employee	01/07/1956	62	7	Male	108014201900005200	53	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No		Remarks			
	N Vijaya Lakshmi	Spouse	01/01/1961	58	1	Female	108014201900005201					
53	P Ravindra Babu	Employee	20/03/1944	74	11	Male	108014201900005300	54	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No		Remarks			
	Lakshmi	Spouse	01/01/1954	65	1	Female	108014201900005301					
54	Potluri Gandhi	Employee	15/01/1948	71	1	Male	108014201900005400	55	Others	200000	1	

S.No	Name of Employee	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Emp Id	Occupation	Floater SI	No Dep.	Remarks
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No		Remarks			
	Ratnamamba	Spouse	06/05/1949	69	9	Female	108014201900005401					
55	R Venkata Krishna Rao	Employee	01/01/1947	72	1	Male	108014201900005500	56	Others	200000	1	
	Lakshmi	Spouse	01/01/1950	69	1	Female	108014201900005501					
56	U.Ram Babu	Employee	14/04/1957	61	10	Male	108014201900005600	57	Others	200000	1	
	Hemalatha	Spouse	27/06/1964	54	7	Female	108014201900005601					
57	Adirala Venkateswara Rao	Employee	01/07/1951	67	7	Male	108014201900005700	58	Others	200000	1	
	A.Venkata Bharathi	Spouse	01/01/1956	63	1	Female	108014201900005701					
58	Mandava Venkateswara Rao	Employee	10/06/1950	68	8	Male	108014201900005800	59	Others	200000	1	
	M.Swarnalatha	Spouse	12/08/1960	58	6	Female	108014201900005801					
59	Nandam Rajendra Prasad	Employee	20/02/1955	64	0	Male	108014201900005900	60	Others	200000	1	
	Jayasree	Spouse	31/07/1966	52	6	Female	108014201900005901					
60	Veerla Suguna Kumari, W/O.Veerla Rammohana Rao	Employee	31/05/1952	66	8	Female	108014201900006000	61	Others	200000	0	
61	Dronamraju Ravindranath Tagore	Employee	15/06/1958	60	8	Male	108014201900006100	62	Others	200000	1	
	Tadepalli Tripura Sundari	Spouse	05/05/1965	53	9	Female	108014201900006101					
62	Yeruva Jagadeeswara Rao	Employee	12/12/1951	67	2	Male	108014201900006200	65	Others	200000	1	
	Y Vijaya Lakshmi	Spouse	10/12/1956	62	2	Female	108014201900006201					
63	Katragadda Subhas Chandra Bose	Employee	15/03/1947	71	11	Male	108014201900006300	66	Others	200000	1	
	K Kanakadurga	Spouse	01/01/1952	67	1	Female	108014201900006301					
64	T Sreeramulu	Employee	28/10/1957	61	3	Male	108014201900006400	68	Others	200000	1	
	T Sita Maha Lakshmi	Spouse	30/03/1966	52	10	Female	108014201900006401					
65	Y Apparao	Employee	14/04/1949	69	10	Male	108014201900006500	69	Others	200000	1	

S.No	Name of Employee	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Emp Id	Occupation	Floater SI	No Dep.	Remarks
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No		Remarks			
	Y Nirmaladevi	Spouse	01/01/1965	54	1	Female	108014201900006501					
66	Nalluri Koteswara Rao	Employee	16/07/1948	70	7	Male	108014201900006600	70	Others	200000	1	
	Rama Thulasi	Spouse	02/01/1951	68	1	Female	108014201900006601					
67	Yanala Saideswara Rao	Employee	16/01/1956	63	1	Male	108014201900006700	71	Others	200000	1	
	Surya Kumari	Spouse	05/07/1962	56	7	Female	108014201900006701					
68	Pedarla Poorna Chandra Rao	Employee	04/03/1955	63	11	Male	108014201900006800	72	Others	200000	1	
	Swarajyam	Spouse	19/06/1961	57	8	Female	108014201900006801					
69	Kante Pullaiah	Employee	07/07/1954	64	7	Male	108014201900006900	73	Others	200000	1	
	K.Sobharani	Spouse	07/08/1968	50	6	Female	108014201900006901					
70	Mylavarapu Satyanarayana	Employee	07/01/1945	74	1	Male	108014201900007000	74	Others	200000	1	
	M.Sesha Kumari	Spouse	11/08/1949	69	6	Female	108014201900007001					
71	Tanniru Ramarao	Employee	10/01/1955	64	1	Male	108014201900007100	75	Others	200000	1	
	T.Satyavathi	Spouse	01/07/1963	55	7	Female	108014201900007101					
72	Atluri Premachand	Employee	29/03/1954	64	10	Male	108014201900007200	76	Others	200000	1	
	A.Lakshmi Vara Kumari	Spouse	14/04/1958	60	10	Female	108014201900007201					
73	Cherukuri Ramakoteswara Rao	Employee	17/08/1952	66	6	Male	108014201900007300	77	Others	200000	1	
	Ch.Lakshmi	Spouse	12/10/1959	59	4	Female	108014201900007301					
74	Kanakamedala Seshagiri Rao	Employee	15/02/1942	77	0	Male	108014201900007400	78	Others	200000	1	
	K Andhra Bharathi	Spouse	19/11/1943	75	3	Female	108014201900007401					
75	Pederla Nageswara Rao	Employee	15/02/1950	69	0	Male	108014201900007500	79	Others	200000	1	
	P.Vijayalakshmi	Spouse	01/01/1955	64	1	Female	108014201900007501					

"Consolidated Stamp duty paid vide Proceeding No : GSO5/2925/2018 Dated 22/05/2018"

S.No	Name of Employee	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Emp Id	Occupation	Floater SI	No Dep.	Remarks
76	Talasila.Achyuta Ramaiah	Employee	15/07/1958	60	7	Male	108014201900007600	80	Others	200000	0	
77	K Parvathi W/O K Ramesh	Employee	01/01/1964	55	1	Female	108014201900007700	81	Others	200000	0	
78	M Subba Lakshmi W/O M Radha Krishna Murthy	Employee	01/01/1955	64	1	Female	108014201900007800	82	Others	200000	0	
79	Valasapalli.Satyanarayana	Employee	30/10/1949	69	3	Male	108014201900007900	83	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Valasapalli.Nirmala	Spouse	05/11/1956	62	3	Female	108014201900007901					
80	Kambham Somaiah	Employee	01/08/1947	71	6	Male	108014201900008000	84	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	K Kasturi Bai	Spouse	01/01/1954	65	1	Female	108014201900008001					
81	Busanaboyina.Venkateswara Rao	Employee	06/10/1955	63	4	Male	108014201900008100	85	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Busanaboyina.Satya Veni	Spouse	26/04/1967	51	9	Female	108014201900008101					
82	Devineni.Chandra Sekhar	Employee	25/07/1958	60	6	Male	108014201900008200	86	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Devineni.Sudha Rani	Spouse	27/07/1961	57	6	Female	108014201900008201					
83	M.V.V.Sambasiva Rao	Employee	01/05/1947	71	9	Male	108014201900008300	87	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	M.Saroja	Spouse	18/03/1953	65	11	Female	108014201900008301					
84	Chalamalasetti Durga Prasad Babu Rao	Employee	01/07/1945	73	7	Male	108014201900008400	88	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ch.Lakshmi Parvathi	Spouse	01/07/1951	67	7	Female	108014201900008401					
85	A.V.V.Satyanarayana Rao	Employee	28/01/1948	71	0	Male	108014201900008500	89	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	A.Padmaja	Spouse	27/05/1956	62	8	Female	108014201900008501					
86	Atluri Venkateswara Rao	Employee	01/05/1947	71	9	Male	108014201900008600	90	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	A.Venkata Ratnamamba	Spouse	16/12/1949	69	2	Female	108014201900008601					
87	B.Dharma Raju	Employee	02/12/1948	70	2	Male	108014201900008700	91	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				

S.No	Name of Employee	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Emp Id	Occupation	Floater SI	No Dep.	Remarks
	B.Geetama	Spouse	01/02/1955	64	0	Female	108014201900008701					
88	Simhadri Lakshmi	Employee	06/01/1955	64	1	Female	108014201900008800	92	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No		Remarks			
	S.Rejeswara Rao	Spouse	08/10/1973	45	4	Male	108014201900008801					
89	Tatineni Babu Rao	Employee	06/05/1956	62	9	Male	108014201900008900	93	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No		Remarks			
	Tatineni Padmini	Spouse	01/01/1956	63	1	Female	108014201900008901					
90	Chirumamilla Achamamba, W/O. Ch.Laxmi Narayana	Employee	05/08/1959	59	6	Female	108014201900009000	94	Others	200000	0	
91	Kotha Siva Rama Krishna Prasad	Employee	03/06/1958	60	8	Male	108014201900009100	95	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No		Remarks			
	K Lakshmi	Spouse	15/09/1960	58	5	Female	108014201900009101					
92	Mandava Venkateswara Rao	Employee	10/03/1952	66	11	Male	108014201900009200	96	Others	200000	0	
93	S Chamundeswari	Employee	04/06/1958	60	8	Female	108014201900009300	98	Others	200000	0	
94	Chaparala Subba Rao	Employee	14/08/1951	67	6	Male	108014201900009400	39	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No		Remarks			
	Ch Viajaya Kumari	Spouse	04/06/1953	65	8	Female	108014201900009401					
95	Munnangi Chandra Mouli	Employee	15/10/1945	73	4	Male	108014201900009500	63	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No		Remarks			
	M Rama Devi	Spouse	11/04/1953	65	10	Female	108014201900009501					
96	Yannam Harinadh Babu	Employee	01/07/1944	74	7	Male	108014201900009600	64	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No		Remarks			
	Y Sri Devi	Spouse	04/01/1946	73	1	Female	108014201900009601					
97	M Bhaskar Rao	Employee	24/07/1958	60	6	Male	108014201900009700	67	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No		Remarks			
	M Rama Devi	Spouse	29/05/1962	56	8	Female	108014201900009701					
98	Pamarthi Satyanarayana	Employee	07/03/1958	60	11	Male	108014201900009800	97	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No		Remarks			
	P Lakshmi Rama	Spouse	30/06/1960	58	7	Female	108014201900009801					

Attached to and forming part of Policy P/131212/01/2019/001826

In the event of the policy being withdrawn in future, intimation about the withdrawal will be sent 3 months prior to the date when renewal falls due. The insured will have the option of migrating to any other similar health insurance policy offered by the Company at the relevant time. Continuity of benefits for waiting period and bonus, if any and if applicable, will be given provided the insured had been renewing the policy without any break (or renewing within the grace period offered)

In witness whereof the undersigned being authorised by and on behalf of the company has / have herein to set his/ their hands at Branch Office - Machilipattnam on 26th Day of February 2019 .

Policy Clause
Star Group Health Insurance
Unique id : SHAHLGP19028V011819

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

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

That if during the period stated in the Schedule the insured person shall contract any disease or suffer from any illness or sustain bodily injury through accident and if such disease or injury shall require the insured Person/s, upon the advice of a duly Qualified Physician/Medical Specialist **/Medical Practitioner** or of duly **Qualified Surgeon** to incur Hospitalization expenses for medical/surgical treatment at any **Nursing Home / Hospital** in India as an **in-patient**, the **Company** will pay to the **Insured Person/s** the amount of such expenses as are **reasonably and necessarily** incurred up-to the limits mentioned in the schedule but not exceeding the **sum insured** stated in the schedule hereto.

1.COVERAGE

A)Room, boarding, nursing expenses as provided by the Hospital / Nursing Home up to the limits mentioned in the schedule

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

C)Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, diagnostic materials and X-ray, diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy, cost of pacemaker, stent and similar expenses

D)Emergency ambulance charges up to the limits mentioned in the schedule for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment, provided however there is an admissible claim under the policy.

E)Relevant Pre-Hospitalization and Post-Hospitalization medical expenses up to the limits mentioned in the schedule

F)**AYUSH Treatment:** Expenses incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines in a Government Hospital or in any institute recognized by the government and/or accredited by the Quality Council of India/National Accreditation Board on Health up to 25% of the sum insured subject to a maximum of Rs.25,000/- per policy period.

Expenses on Hospitalization are payable provided the hospitalization is for minimum period of 24 hours. However this time limit will not apply for the day care treatments / procedures taken in the Hospital / Nursing Home where the Insured is discharged on the same day. The company's liability for specified ailment / surgical procedure is up to the limits mentioned in the schedule.

Expenses relating to hospitalization will be considered in proportion to the room rent stated in the policy schedule.

Co-payment: Claims payable subject to copayment as stated in the schedule

2. DEFINITIONS

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

Any One Illness means continuous period of illness and it includes relapse within 45 days from the date of last

consultation with the Hospital/Nursing Home where treatment has been taken. Occurrence of the same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.

AYUSH Treatment refers to the medical and / or hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

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

Congenital Anomaly: means a condition 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

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

Company means Star Health and Allied Insurance Company Limited

Day Care treatment means medical treatment and/or surgical procedure which is :-

a. Undertaken under general or local anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement and

b. 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.

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

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.

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

Dependent Child means a child (natural or legally adopted) who is financially dependent and does not have his or her independent source of income and not over 30 years

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

Disclosure to information norm means the policy shall be void and all premium paid hereon shall forfeited to

the Company, in the event of mis-representation, mis description or non disclosure of any material fact

Group Administrator / Proposer means the person/organization who has signed in the proposal form / declaration form and named in the Policy Schedule. He may or may not be insured under the policy

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.

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

- Has qualified nursing staff under its employment round the clock;
- Has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- Has qualified medical practitioner(s) in charge round the clock.
- Has a fully equipped operation theatre of its own where surgical procedures are carried out;
- Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

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

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:

1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
2. it needs ongoing or long-term control or relief of symptoms
3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
4. it continues indefinitely
5. it recurs or is likely to recur

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

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

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

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

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

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

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

Network Hospital means hospitals or health care providers enlisted by an insurer, TPA or jointly by an insurer and TPA to provide medical services to an insured by a cashless facility

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

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

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

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

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

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

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

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

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

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

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

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

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

Sum Insured wherever it appears shall mean the amount of insurance for which the premium has been paid. Where coverage is on individual basis / family floater basis the sum insured is the amount shown against each individual / family unit respectively

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

Unproven/Experimental treatment is treatment, including drug Experimental therapy, which is based on established medical practice in India, is treatment experimental or unproven

3. EXCLUSIONS

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

1. Any disease contracted by the insured person during the first 30 days from the commencement date of the policy.
2. During the first year of operation of the Insurance cover, the expenses on treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi, all types of management for kidney and genitourinary tract calculi., all Diseases of Prostate, all types of Hernia,, Hydrocele, Congenital Internal disease/defect anomalies (Except to the extent covered under Newborn Baby Cover if specifically opted) Pilonidal sinus and Fistula / Fissure in ano, Piles, Sinusitis and related disorders, If these are Pre-Existing at the time of proposal they will be covered subject to exclusion number 4 mentioned below.
3. During the first two years of continuous operation of Insurance Policy, any expenses on
 - a) Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related

to Thyroid, Prolapse of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers, all Stricture Urethra, all Obstructive Uropathies, Epididymal Cyst, Benign Tumours of Epididymis, Spermatocele, Varicocele, Hemorrhoids, Rectal Prolapse, Stress Incontinence.

b) Desmoid tumour of anterior abdominal wall.

c) All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Uterus, Fallopian tubes, Cervix and Ovaries, Uterine bleeding, Pelvic Inflammatory Diseases, Benign breast diseases, Umbilical sinus, Umbilical fistula.

d) Conservative, operative treatment and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty [other than caused by accident]

e) Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system

f) Subcutaneous Benign lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal tunnel syndrome, Trigger finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology

g) Any transplant and related surgery

Note : If these are pre-existing at the time of proposal, they will be covered subject to exclusion number 4 mentioned below

4. Pre Existing Diseases as defined in the policy until 48 consecutive months of continuous coverage have elapsed under this Group Health Insurance policy since inception of the first policy with the Company.

Note : In the event of this Star Group Health Insurance Policy not being renewed or when the Individual member of the group leaves the group on account of resignation / retirement / termination or otherwise, such individual member has the option to migrate to any individual health insurance policy on indemnity basis offered by the Company. In such an event the continuity of benefits with respect to waiting periods under exclusions 1, 2, 3 and 4 will be given in the individual health insurance policy according to the number of years covered continuously under this Star Group Health Insurance

5. Circumcision, Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA, Inoculation or Vaccination (except for post-bite treatment and for medical treatment other than for prevention of diseases)

6. Congenital External diseases/condition defects or anomalies

7. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable)

8. Convalescence, general debility, run-down condition or rest cure, Nutritional deficiency states, Psychiatric, mental and behavioral disorders, Venereal disease and Sexually transmitted diseases, intentional self injury and use of intoxicating drugs / alcohol, smoking and tobacco chewing

9. Injury/disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not)

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10. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
11. All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympho Tropic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS. It is however made clear that such of those who are positive for HIV (Human Immuno Deficiency Virus) would be entitled for expenses incurred for treatment, other than for opportunistic infections and for treatment of HIV/AIDS, provided at the time of first commencement of insurance under this policy, their CD4 count is not less than 350.
12. Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these (other than ectopic pregnancy), family planning treatment and all types of treatment for infertility and its complications thereof.
13. Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control, treatment for genetic and endocrine disorders, treatment for sleep apnea
14. Expenses incurred on High Intensity Focused Ultra Sound, Uterine fibroid embolisation, Balloon Sinoplasty, Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Deep Brain Stimulation, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other therapies similar to those mentioned herein under exclusion no14
15. Expenses incurred on Lasik Laser or Refractive Error Correction and its complications all treatment for disorders of eye requiring intra-vitreous injections and related procedures.
16. Charges incurred at Hospital or Nursing Home primarily for diagnostic, Radiology or laboratory Tests not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at hospital/nursing home.
17. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
18. Naturopathy Treatment, unconventional, untested, unproven, experimental therapies.
19. Stem cell Therapy, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy. Immunotherapy without proper indication.
20. Oral Chemotherapy, Immuno therapy and Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted.
21. Hospital registration charges, admission charges, record charges, telephone charges and such other charges
22. Change of sex or cosmetic or aesthetic treatment of any description, plastic surgery (other than as necessitated due to an accident or as a part of any illness), all treatment for erectile dysfunctions.
23. Cost of spectacles and contact lens, hearing aids, Cochlear implants and procedures, walkers and

crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids.

24. Other expenses as detailed under "Other Excluded Expenses"

4. CONDITIONS:

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

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

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

Note: Conditions 2 & 3 are precedent to admission of liability under the policy. However the Company will examine and relax the time limit mentioned in these conditions depending upon the merits of the case.

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

Documents to be submitted in support of claim are -

For Reimbursement claims:

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

Claims of Out Patient Consultations / treatments (wherever applicable) will be settled on a reimbursement basis on production of cash receipts in original and supporting medical records.

For Cashless Treatment:

- a. Call the 24 hour help-line for assistance - 1800 425 2255
- b. Inform the ID number for easy reference
- c. On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk
- d. Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
- e. The Treating Doctor will complete the hospitalisation/ treatment information and the hospital will fill up expected cost of treatment.
- f. This form is submitted to the Company

Policy Wordings

- g. The Company will process the request and call for additional documents/ clarifications if the information furnished is inadequate.
- h. Once all the details are furnished, the Company will process the request as per the terms and conditions as well as the exclusions therein and either approve or reject the request based on the merits.
- i. In case of emergency hospitalization information to be given within 24 hours of hospitalization
- j. Cashless facility can be availed only in networked Hospitals
- k. In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents

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

Please note that denial of a Pre-authorization request is in no way to be construed as denial of treatment or denial of coverage. The Insured Person can go ahead with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.

The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy.

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

6. The Company shall not be liable to make any payment under the policy in respect of any claim if such claim is in any manner fraudulent or supported by any fraudulent means or device, misrepresentation / non disclosure at the time of proposal / at the time of claim, whether by the Insured Person/s or by any other person acting on his behalf.

7. Renewal: The policy may be renewed subject to mutual consent and mutually agreed terms and conditions. The Company, however, shall not be bound to give notice that the policy is due for renewal.

8. Cancellation: The Company may cancel this policy on grounds of misrepresentation, fraud, Moral Hazard, non disclosure of material fact as declared at the inception of the policy / at the time of claim, or non-co-operation by the proposer / group administrator, by sending the proposer / group administrator 30 days notice by registered letter to its last known address. Where the misrepresentation, fraud, moral hazard, non disclosure either at inception or at the time of claim is by the insured person, then the insurance cover in respect of such insured person will cease immediately. The proposer / group administrator may at any time cancel this policy and in such event the Company shall allow refund only for those insured person / family who have not made claim as on the date of cancellation, after retaining premium at Company's short period rate only (table given below)

PERIOD ON RISK	RATE OF PREMIUM TO BE RETAINED
Up to one-month	25% of annual premium
Exceeding one month and Up to three months	40% of annual premium
Exceeding three months and Up to six months	60% of annual premium
Exceeding six months and Up to nine months	80% of annual premium
Exceeding nine months	Full annual premium

9. Automatic Termination: The insurance under this policy with respect to each relevant insured person / family shall terminate immediately on the earlier of the following events:

1. Upon the death of the Insured Person. This also means that in case of family floater policy, cover for the other surviving members of the family will continue, subject to other terms of the policy.

2. Upon exhaustion of the sum insured

10. Automatic Termination of Individual Certificate of Insurance. The Certificate of Insurance will terminate on the earliest of the following dates:

The date of expiry of certificate of insurance or

The date the Insured Person is no longer eligible within the classification of Insured Person(s) described in the Policy Schedule or

The Insured person ceases to be a resident of India or

From the date the Certificate of Insurance is cancelled either by the Company or Insured Person(s)

11. Role of Group Administrator / Proposer

The Group administrator / Proposer shall play a facilitative role between the Insurer and the Insured Person. Such role includes

1) Furnish to the Company detailed list of Insured Person/s for preparation of Individual Certificate and ID cards

2) Distribute Individual Certificate and ID cards received from the Company. (However, where the Company issues ID card / Individual Certificates in electronic form directly to the Insured Person/s this will not apply).

3) To facilitate Insured Person / s in availing all insurance related services including cashless facility wherever required.

4) If a member leaves the group as per group rules, group administrator should facilitate to provide option to migrate to another policy at premium as applicable for such individual insurance. In such event :-

a. Members who have been covered continuously for a period of one year under this Star Group Health Insurance with the Company, 30 days waiting period and First year exclusions shall be waived.

b. Members who have been covered continuously for a period of two years under this Star Group Health Insurance with the Company, 30 days waiting period, First year exclusions and First two year exclusions / First two year waiting period shall be waived.

c. In respect of members who have been covered continuously for a period a four years under this Star Group Health Insurance with the Company, 30 days waiting period, First year, First two year exclusions, 48 months waiting period with reference to Pre Existing diseases shall be waived.

12. Arbitration If any dispute or difference shall arise as to the quantum to be paid under this policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

It is also further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not, within three years from the date of such disclaimer have been made the subject matter of a suit in a Court of Law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

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

14. Important Note:

- a. Where the policy is on floater basis the sum insured and sub-limits float amongst family members covered
- b. The Policy Schedule, Certificate of Insurance and Endorsement are to be read together and any word or such meaning wherever it appears shall have the meaning as stated in the Act / Indian Laws. The Special Conditions if any stated in the Schedule supersede these policy wordings.
- c. The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract, must be complied with. Failure to comply may result in the claim being denied.
- d. The attention of the policy holder / Insured Person is drawn to our website www.starhealth.in for anti fraud policy of the company for necessary compliance by all stake holders

15. Policy disputes:

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

16. Notices

Any notice, direction or instruction given under this policy shall be in writing and delivered by hand, post, or facsimile/email to Star Health and Allied Insurance Company Limited, No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai-600034. Toll free no: 1800-425-2255 / 1800-102-4477 Email: support@starhealth.in

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

17. Customer Service

If at any time the Insured Person requires any clarification or assistance, the insured may contact the offices of the Company at the address specified, during normal business hours

18. Grievances:

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

Grievance Department, Star Health and Allied Insurance Company Limited, No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600034. or Call 044-28243921 during normal business hours. or Send e-mail to grievances@starhealth.in

In the event of the following grievances:

- a.any partial or total repudiation of claims by the Company
- b.any dispute in regard to premium paid or payable in terms of the policy;
- c.any dispute on the legal construction of the policies in so far as such disputes relate to claims;
- d.delay in settlement of claims;
- e.non-issuance of any insurance document to customer after receipt of the premium

the insured person may approach the Insurance Ombudsman at the address given below, within whose jurisdiction the branch or office of Star Health and Allied Insurance Company Limited or the residential address or place of the Insured Person is located

List of Insurance Ombudsman

CONTACT DETAILS	JURISDICTION
<p>AHMEDABAD Office of the Insurance Ombudsman, 6th floor, Jeevan Prakash Building, Near S.V. College, Relief Road, Ahmedabad 380001, Tel 079-25501201-02-05-06. Email:- bimalokpal.ahmedabad@ecoi.co.in Website : www.ecoi.co.in</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu</p>
<p>BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No.57-27-N- 19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru-560 078. Tel.:-080- 26652048/26652049 Email:- bimalokpalbhopal@airtelbroadband.in</p>	<p>Karnataka.</p>
<p>BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp.Airtel Office, Near New Market, Bhopal - 462 033. Tel.:- 0755-2769201/202 Fax:- 0755-2769203 Email:- bimalokpal.bhopal@gbic.co.in</p>	<p>States of Madhya Pradesh and Chattisgarh.</p>
<p>BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.:- 0674-2596461 / 2596455 Fax:- 0674- 2596429 Email:- ioobbsr@dataone.in</p>	<p>State of Orissa.</p>
<p>CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.:- 0172-2706196/ 2706468 Fax:- 0172- 2708274 Email:- ombchd@yahoo.co.in</p>	<p>States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.</p>

<p>CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.:- 044-24333668 / 24335284 Fax:- 044-24333664 Email:- insombud@md4.vsnl.net.in</p>	<p>State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).</p>
<p>DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.:- 011- 23239633/23237532 Fax:- 011-23230858 Email:- bimalokpal.delhi@gbic.co.in</p>	<p>State of Delhi</p>
<p>ERNAKULAM Office of the Insurance Ombudsman, 2nd floor, Pulinat Building, Opp. Cochin Shipyards, M.G. Road, Ernakulum - 682 015. Tel.:- 0484- 2358759/2359338 Fax:- 0484-2359336 Email:- bimalokpal.ernakulum@gbic.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Pondicherry</p>
<p>GUWAHATI Office of the Insurance Ombudsman, 'Jeevan Nivesh', 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.:- 0361- 2132204 / 2132205 Fax:- 0361-2732937 Email:- bimalokpal.guwahati@gbic.co.in</p>	<p>States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court" Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi- Ka-Pool, Hyderabad - 500 004. Tel.:- 040-65504123/23312122 Fax:- 040- 23376599 Email:- bimalokpal.hyderabad@gbic.co.in</p>	<p>States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry.</p>
<p>JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi-II Bldg., Ground Floor,</p>	<p>State of Rajasthan.</p>

Bhawani Singh Marg, Jaipur - 302005. Tel.:- 0141-2740363 Email:- bimalokpal.jaipur@gbic.co.in	
KOLKATA Office of the Insurance Ombudsman, Hindustan Building Annexe, 4th floor, 4, CR Avenue, Kolkata - 700 072. Tel.:- 033-22124339 / 22124340 Fax:- 033-22124341 Email:- bimalokpal.kolkata@gbic.co.in	States of West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.:- 0522-2231330 / 2231331 Fax:- 0522-2231310. Email:- bimalokpal.lucknow@gbic.co.in	District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.:- 022- 26106552/26106960 Fax:- 022-26106052 Email:- bimalokpal.mumbai@gbic.co.in	States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Distt: Gautam Budh Nagar, U.P-201301 Tel: 0120-2514250 / 2514252 / 2514253 Email:- bimalokpal.noida@gbic.co.in	States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.

<p>PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006.Tel:0612- 2680952 Email:- bimalokpal.patna@gbic.co.in</p>	<p>States of Bihar and Jharkhand.</p>
<p>PUNE Office of the Insurance Ombudsman, Jeevan Darshan Building, 3rd Floor, CTS Nos. 195 to 198, NC Kelkar Road, Narayan Peth, Pune - 411 030 Tel: 020 -41312555 Email:- bimalokpal.pune@gbic.co.in</p>	<p>States of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>

Sl.No.	Other Excluded Expenses	
TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine
16	BUDS	Not Payable

17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENTs DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
50	EYELET COLLAR	Not Payable

51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures should be considered

ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES

59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Not Payable
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Not Payable
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Not Payable
62	HORMONE REPLACEMENT THERAPY	Not Payable
63	HOME VISIT CHARGES	Not Payable
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Not Payable
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Not Payable
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Not Payable
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Not Payable
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Not Payable
69	DONOR SCREENING CHARGES	Not Payable
70	ADMISSION/REGISTRATION CHARGES	Not Payable
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not Payable
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not Payable except to the extent provided under exclusion no.11
74	STEM CELL IMPLANTATION/ SURGERY and Storage	Not Payable except Bone Marrow Transplantation where covered by policy

ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS

75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
77	MICROSCOPE COVER	Payable under OT Charges, not separately.
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not separately
79	SURGICAL DRILL	Payable under OT Charges, not separately
80	EYE KIT	Payable under OT Charges, not separately
81	EYE DRAPE	Payable under OT Charges, not separately
82	X-RAY FILM	Payable under Radiology Charges, not as consumable
83	SPUTUM CUP	Payable under Investigation charges, not as consumable
84	BOYLES APPARATUS CHARGES	Part of OT charges, not separately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
86	Antiseptic or disinfectant lotions	Not Payable-Part of Dressing Charges
87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable-Part of Dressing Charges
88	COTTON	Not Payable-Part of Dressing Charges
89	COTTON BANDAGE	Not Payable-Part of Dressing Charges
90	MICROPORE/ SURGICAL TAPE	Not Payable- Payable by the patient when prescribed, otherwise included as Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable-Part of Hospital Services/Disposable linen to be part of OT/ICU charges
93	TORNIQUET	Not Payable(service is charged by hospitals, consumables cannot be separately charged)
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
95	URINE CONTAINER	Not Payable

ELEMENTS OF ROOM CHARGE

96	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
97	HVAC	Part of room charge not payable separately
98	HOUSE KEEPING CHARGES	Part of room charge not payable separately
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
101	SURCHARGES	Part of room charge not payable separately
102	ATTENDANT CHARGES	Not Payable-Part of Room Charges
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable
104	CLEAN SHEET	Part of Laundry/Housekeeping not payable separately

105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
106	BLANKET/WARMER BLANKET	Not payable-part of room charges
ADMINISTRATIVE OR NON-MEDICAL CHARGES		
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTAINANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
EXTERNAL DURABLE DEVICES		
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMUNE	Not Payable

134	CPAP/ CAPD EQUIPMENTS	Device not Payable
135	INFUSION PUMP - COST	Device not Payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES	Device not Payable
138	SPACER	Not Payable
139	SPIROMETRE	Device not Payable
140	SPO2 PROBE	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBO SACRAL BELT	Essential and should be paid specifically for cases who have undergone surgery of lumbar spine.
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadruplegia for any reason and at reasonable cost of approximately Rs.200/day
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	Not Payable
155	ABDOMINAL BINDER	Essential and should be paid in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.

ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION

156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\DISINFECTANTS ETC	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
157	PRIVATE NURSES CHARGES-SPECIAL NURSING CHARGES	Post hospitalization nursing charges not payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES-DIET CHARGES	Patient Diet provided by hospital is payable
159	SUGAR FREE Tablets	Payable-Sugar free variants of admissible medicines are not EXCLUDED
160	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)	Payable when prescribed

161	Digestion gels	Payable when prescribed
162	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU, For longer stay in ICU, may require a change and at least one set every second day must be payable.
163	GLOVES	Sterilized Gloves payable/unsterilized gloves not payable
164	HIV KIT	Payable - payable pre operative screening
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
166	LOZENGES	Payable when prescribed
167	MOUTH PAINT	Payable when prescribed
168	NEBULISATION KIT	If used during hospitalization is payable reasonably
169	NOVARAPID	Payable when prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine Vaccination not payable/Post Bite Vaccination payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
173	AHD	Not Payable-Part of Hospital's internal Cost
174	ALCOHOL SWABES	Not Payable-Part of Hospital's internal Cost
175	SCRUB SOLUTION/STERILLIUM	Not Payable-Part of Hospital's internal Cost
OTHERS		
176	VACCINE CHARGES FOR BABY	Not Payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not Payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANTS/ SURGEONS FEES	Not Payable
186	OXYGEN MASK	Not Payable

187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused
189	REFERAL DOCTORS FEES	Not Payable
190	ACCU CHECK (Glucometry/ Strips)	Not Payable pre hospitalization or post hospitalization/ Reports and Charts required/Device not payable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Payable-Ambulance from home to hospital or interhospital shifts is payable/RTA as specific requirement is payable
196	TEGADERM/ VASOFIX SAFETY	Payable-maximum of 3 in 48 hrs and then 1 in 24 hrs
197	URINE BAG	Payable where medically necessary till a reasonable cost-maximum 1 per 24 hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Essential for case like CABG etc, where it should be paid