



**STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED**

Registered and Corporate Office  
 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam,  
 Chennai - 600 034. Phone : 044 - 2828 8800, CIN : U66010TN2005PLC056649  
 Email : support@starhealth.in Web : www.starhealth.in IRDAI. Reg. No : 129



**IndiaFirst Life Insurance Company Limited**

Registered and Corporate Office  
 301, (B) Wing, The Qube, Infinity Park, Dindoshi - Film City Road, Malad (E),  
 Mumbai - 400 097, Web : www.indiafirstlife.com Email : customer.first@indiafirstlife.com  
 CIN: U66010MH2008PLC183679, IRDAI. Reg. No. 143,

**Kind Attention : Policyholder**

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

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



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**Customer Information Sheet - Star First Optima**

Unique Identification No. : IRDAI / HLT / SHAI / Combi / V.I / 1 / 2016-17

TITLE	DESCRIPTION	CLAUSE No. OF THE POLICY
COVERAGE FOR SECTION (1)	a. In-patient Treatment- Covers hospitalisation expenses for period more than 24 hrs.	1.0 (A) (B) and (C)
	b. Emergency Ambulance- Up to Rs. 750/- per hospitalization for utilizing ambulance service for transporting insured person to hospital in case of an emergency subject to a maximum of Rs.1500/- per policy period	1.0 (D)
	c. Pre-Hospitalisation- Medical Expenses incurred up to 60 days prior to hospitalisation,	1.0 (E)
	d. Post-Hospitalisation- Medical Expenses incurred up to 90 days	1.0 (F)
	e. Domiciliary Hospitalisation treatment for a period exceeding three days	1.0 (G)
	f. Donor Expenses for organ transplantation where the insured person is the recipient	1.0 (H)
	g. Cost of Health Check up- Expenses incurred towards cost of health check-up up to 1% of average basic sum insured of the eligible block subject to a maximum of Rs.5000/-	1.0 (I)
	h. New born baby cover – Hospitalisation expenses for treatment of New Born Baby. This cover starts from 16th day after birth and is subject to a limit of 10% of sum insured or Rs.50,000/-, whichever is less	1.0 (J)
	i. Day-Care procedures- Medical Expenses for enlisted 405 Day care procedures	List attached
	j. Restoration of Sum Insured : Automatic restoration of sum insured once during the currency of the policy period on exhaustion of the sum insured	4 (13)
	k. Recharge Benefit : Additional indemnity limits based on the basic sum insured opted for if the sum insured is exhausted during the policy period. This is in addition to the 'Restore' benefit available under the policy.	4 (14)
MAJOR EXCLUSIONS SECTION 1	1. Any hospital admission primarily for investigation/diagnostic purposes	3 (14)
	2. Pregnancy (other than ectopic pregnancy) infertility, congenital external (other than for new born)	3(10)
	3. Non Allopathic Treatment	3(19)
	4. Treatment out side India	4(18)
	5. Circumcision, Sex change surgery, cosmetic surgery and plastic surgery (other than for accidents or covered disease)	3(4), 3(20)
	6. Refractive error correction/ hearing impairment correction, corrective and cosmetic dental surgery, weight control services including surgical procedures for treatment of obesity, medical treatment for weight control loss programs.	3 (5), 3 (11), 3(13)
	7. Intentional self injury and use of intoxicating drugs/alcohol/HIV or AIDS	3(6), 3(9)

TITLE	DESCRIPTION	CLAUSE No. OF THE POLICY
<b>MAJOR EXCLUSIONS SECTION 1</b>	8. Expenses incurred on High Intensity Focused Ultra Sound, Balloon Sinoplasty, Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Deep Brain Stimulation, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, Photodynamic therapy and such other similar therapies.	3(12)
<b>WAITING PERIOD SECTION 1</b>	a. Pre existing diseases will be covered after a waiting period of 48 months	3 (1)
	b. Diseases contracted during the first 30 days from the commencement date of the policy (not applicable for subsequent renewals)	3 (2)
	c. 24 months for specific illness during the first 2 years from the commencement date of the policy (not applicable for subsequent renewals)	3(3)
<b>PAYOUT (SECTION 1)</b>	Cashless or reimbursement of covered expenses upto the specified limit	1.0 (A) to (J)
<b>CO-PAYMENT (SECTION 1)</b>	This policy is subject to co-payment of 20% of each and every claim amount for fresh as well as renewal policies for insured persons whose age at the time of entry is above 60 years.	4 (5)
<b>RENEWAL CONDITION (SECTION 1)</b>	Lifelong renewal subject to payment of renewal premium in full before the due date Grace period of 30 days for renewing the policy is provided In the event of policy withdrawn/modified with revised terms and/or premium with prior approval of the Competent Authority	4 (9)
<b>RENEWAL BENEFIT (SECTION 1)</b>	No Claim Bonus up to 35%	4(10)
<b>CANCELLATION SECTION 1</b>	Policy can be cancelled on grounds of misrepresentation, fraud, non disclosure of material fact or non-co-operation of the insured person, by sending the insured 30 days notice without refund of premium	4 (15)
<b>CLAIM UNDER 2 POLICY PERIODS SECTION 1</b>	If any admissible claim falls under 2 policy period, the available sum insured under both the current and renewal policies shall be taken in to account for claims settlement	4(6)
<b>COVERAGE FOR SECTION (2)</b>	a. Pure term life insurance coverage	Section 2

**(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the Key Feature Document and the policy document the terms and conditions mentioned in the policy document shall prevail**



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**STAR FIRST OPTIMA**

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**SECTION 1 – HEALTH INSURANCE COVERAGE**

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

In consideration of the premium paid, subject to the terms, conditions, exclusions and definitions contained herein the Company agrees 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, illness 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 indicated but not exceeding the sum insured in aggregate in any one period stated in the schedule hereto.

**1.0 COVERAGE**

A. Room, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home as per the table given below :-

	ZONE 1			ZONE 2 and 3		
SUM INSURED Rs.	CLASS A CITIES	CLASS B CITIES	OTHER LOCATIONS	CLASS A CITIES	CLASS B CITIES	OTHER LOCATIONS
Up to 4 Lacs	2% of the sum insured subject to a maximum of Rs.5000/- per day	1% of the sum insured subject to a maximum of Rs.3000/- per day	1% of the sum insured subject to a maximum of Rs.2000/- per day	2% of the sum insured subject to a maximum of Rs.5000/- per day	1% of the sum insured subject to a maximum of Rs.3000/- per day	1% of the sum insured subject to a maximum of Rs.2000/- per day
5 Lacs	Single Standard A/c room			A maximum of Rs.7,500/- per day		
10 and 15 Lacs	Single Standard A/c room			A maximum of Rs.10,000/- per day		

**Note:** The classification 'Zone' determines the premium payable. The classification 'Class' determines the room rent benefits applicable if and when there is a claim. Both are based on the pin-code of the Insured.

- 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, similar expenses. With regard to coronary stenting, the company will pay such amount up to the extent of cost of bare metal stent/drug eluting cobalt-chromium stent/drug eluting stainless steel stent.
- D. Emergency ambulance charges up-to a sum of Rs.750/- per hospitalization and overall limit of Rs.1,500/- per policy period for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment provided such hospitalization claim is admissible as per the Policy.
- E. Relevant Pre-Hospitalization medical expenses incurred for a period not exceeding 60 days prior to the date of Hospitalization, for the disease/illness, injury sustained following an admissible claim under the policy.
- F. Post Hospitalization expenses incurred under the policy towards Consultant fees, Diagnostic charges, Medicines and Drugs wherever recommended by the Hospital / Medical Practitioner, where the treatment was taken, for 90 days after discharge from the hospital following an admissible claim. Provided however such expenses so incurred are in respect of ailment for which the insured person was hospitalized.
- G. Domiciliary hospitalization treatments for a period exceeding three days  
 Coverage for medical treatment for a period exceeding three days, for an illness/disease/injury, which in the normal course, would require care and treatment at a Hospital but, on the advice of the attending Medical Practitioner, is taken whilst confined at home under any of the following circumstances
  1. The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
  2. The patient takes treatment at home on account of non-availability of room in a hospital.

However, this benefit shall not cover Asthma, Bronchitis, Chronic Nephritis and Nephritic Syndrome, Diarrhoea and all types of Dysenteries including Gastro-enteritis, Diabetes Mellitus and Insipidus, Epilepsy, Hypertension, Influenza, Cough and Cold, all Psychiatric or Psychosomatic Disorders, Pyrexia of unknown origin for less than 10 days, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Arthritis, Gout and Rheumatism. Pre-hospitalisation and Post-hospitalization expenses are not payable for this cover.

- H. Donor expenses for organ transplantation where the insured person is the recipient are payable provided the claim for transplantation is payable and subject to the availability of the sum insured. Donor screening expenses and post-donation complications of the donor are not payable. This cover is subject to a limit of 10% of the Sum Insured or Rupees One lakh, whichever is less.
- I. Expenses incurred towards cost of health check-up up to 1% of average basic sum insured of the eligible block subject to a maximum of Rupees five thousand is payable. This benefit is available for sum insured rupees three lakhs and above only. The Insured Persons become eligible for this benefit after continuous coverage under this policy after every block of three years with the Company and payable on renewal. Payment of health checkup benefit will not impact the sum insured.
- J. Hospitalization expenses for treatment of New Born Baby: This cover starts from the 16th day after, birth and is subject to a limit of 10% of the Sum Insured or Rupees Fifty thousand, whichever is less, subject to the availability of the sum insured. Note intimation about the new born should be given to the company and policy has to be endorsed for this cover to commence.

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

Expenses on Hospitalization for a minimum period of 24 hours are admissible. However this time limit will not apply for the treatments / procedures mentioned in the list at the end, taken in the Hospital / Nursing Home and the Insured is discharged on the same day.

Expenses incurred on treatment of cataract are as per the following table

SUM INSURED Rs.	LIMIT Rs.
Up to 2,00,000/-	12,000/- for entire policy period
3,00,000/- 4,00,000/- and 5,00,000/-	20,000/- per hospitalisation and 30,000/- for the entire policy period.
10,00,000/- and 15,00,000/-	30,000/- per hospitalisation and 40,000/- for the entire policy period

**Note: -**

Company's liability in respect of all claims admitted during the period of insurance, shall not exceed the Limit of coverage mentioned in the Schedule.

## 2. DEFINITIONS

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

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

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

**Class A cities** means Ahmedabad, Bangalore, Chennai, Hyderabad including Secunderabad, Kolkata, Mumbai including Thane, Pune, New Delhi including Noida, Gurgaon Ghaziabad and Faridabad (otherwise called as National Capital Region)

**Class B cities** means Allahabad, Amritsar, Agra, Baroda, Coimbatore, Cochin, Goa, Indore, Jalandhar, Jodhpur, Kanpur, Kota, Ludhiana, Mohali, Meerut, Nagpur, Pakhola, Rajkot, Surat, Udaipur, Varanasi, Vizag, Vijayawada and all State capitals other than those falling under Class A.

**Other locations** means Rest of India not falling under Class A and Class B above

However, locations can be changed by the Company after informing the Insured 3 months in advance, subject to approval from IRDA

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

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

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

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

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

**Day Care treatment** means medical treatment and/or surgical procedure which is undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and which would have otherwise required a hospitalization of more than 24 hours Treatment normally taken on an out-patient basis is not included in the scope of this definition.

**Dependent Child** refers to a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income.

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

**Domiciliary hospitalisation** means medical treatment for a period exceeding three days, for an illness/disease/injury, which in the normal course, would require care and treatment at a Hospital but, on the advice of the attending Medical Practitioner, is taken whilst confined at home under any of the following circumstances :

The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or

The patient takes treatment at home on account of non-availability of room in a hospital.

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

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

**Family** means Insured Person, spouse, dependent children between 16 days and 25 years of age

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

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

**Insured Person** means the name/s of persons shown in the schedule of the Policy. This also includes child born during the policy period which is subsequently endorsed in the Schedule of the Policy

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

**Limit of Coverage** means Basic Sum Insured plus the No Claim Bonus earned wherever applicable.

**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 thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.

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

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

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

**New Born Baby** means baby born during the policy period and is aged above 16 days

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

**Pre-Existing Disease** means any Condition, 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 the insured person's first policy with any Indian insurer

**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.

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

**Qualified Nurse** 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 for the occupancy of a bed on per day (24 hrs) basis and shall include associated medical expenses.

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

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

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

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

**Zone 1** means Delhi including National Capital Region, Mumbai including Thane and the State of Gujarat,

**Zone 2** means Bangalore, Chennai, Coimbatore, Kerala and Pune

**Zone 3** means Rest of India excluding areas falling under Zones 1 and 2

However, Zones can be changed by the Company after informing the Insured 3 months in advance, subject to approval from IRDA

### 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. Pre Existing Diseases as defined in the policy until 48 consecutive months of continuous coverage have elapsed; since inception of the first policy with any Indian Insurer. However the limit of the Company's liability in respect of claim for pre-existing diseases shall be limited to the sum insured under the first policy with any Indian Insurance Company.
2. Any disease contracted by the insured person during the first 30 days from the commencement date of the policy. This exclusion shall not apply in case of the insured person having been covered under any health insurance policy (Individual or Group insurance policy) with any of the Indian Insurance companies for a continuous period of preceding 12 months without a break.
3. During the first two years of continuous operation of insurance cover any expenses on
  - a) Cataract, Diseases of the Vitreous and Retina, Glaucoma, diseases of ENT, Mastoidectomy, Tympanoplasty, Stapedectomy, diseases related to Thyroid, Prolapse of intervertebral disc (other than caused by accident), varicose veins and varicose ulcers, all diseases of prostate, Stricture Urethra, all obstructive-uropathies, all types of hernia, varicocele, hydrocele, fistula / fissure in ano, Hemorrhoids, Pilonidal sinus and fistula, Rectal Prolapse, stress incontinence and Congenital Internal disease / defect
  - b) Gall bladder and pancreatic diseases and all treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary including gall bladder and pancreatic calculi. All types of management for kidney and genitourinary tract calculi.
  - c) All treatments (conservative, interventional, laparoscopic and open) related to all diseases of uterus, fallopian tubes, cervix and ovaries, dysfunctional uterine bleeding, pelvic inflammatory diseases, benign breast diseases.
  - d) Conservative, operative treatment and all types of intervention for diseases related to tendon, ligament, fascia, bones and joint [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, lipoma, neurofibroma, fibroadenoma, ganglion and similar pathology
  - g) Any transplant and related surgery

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

The claim for such illnesses/diseases/disabilities contracted/suffered if admitted will be processed as per the sum insured of the immediately preceding 24 months policy only. Where there is a change in the sum insured in the second continuous policy year the lower of the sum insured will apply.

If these are pre-existing at the time of proposal they will be covered subject to Exclusion No 1 above.

4. Circumcision, Inoculation or Vaccination (except for post-bite treatment and for medical treatment other than for prevention of diseases.)
5. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable)
6. Convalescence, general debility, run-down condition or rest cure, nutritional deficiency states, psychiatric, mental and behavioral disorders, congenital external disease or defects or anomalies, venereal disease and sexually transmitted diseases, intentional self injury and use of intoxicating drugs / alcohol, smoking and tobacco chewing
7. 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)
8. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
9. 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.
10. Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these (other than ruptured ectopic gestation), family planning treatment and all types of treatment for infertility and its complications thereof.
11. Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control, treatment for metabolic, genetic and endocrine disorders
12. 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, Photodynamic therapy and such other therapies similar to those mentioned herein under exclusion No 12.

13. 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.
14. Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at hospital/nursing home.
15. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
16. Naturopathy Treatment, unconventional, untested, unproven, experimental therapies.
17. Stem cell Therapy and related transplantation, Chondrocyte Implantation, Immunotherapy, Oral Chemo Therapy.
18. Hospital registration charges, admission charges, record charges, telephone charges and such other charges
19. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicines other than Allopathy
20. 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.
21. Cost of spectacles and contact lens, hearing aids, Cochlear implants walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids.
22. Any specific time-bound or life time exclusions applied, specified and accepted by the insured
23. Other expenses as detailed elsewhere in the policy.

#### 4. CONDITIONS:

1. The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance of fulfillment of the terms, provision, conditions and endorsements of this policy by the Insured Person/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.

Organ transplant on the Insured Person shall satisfy the requirements of the Transplantation of Human Organs Act of 1994 and any amendments thereto.

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 and 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.

Post hospitalization bills are to be submitted within 15 days after completion of 90 days from the date of discharge from hospital

4. The Insured Person/s 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.

**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-authorization Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
- e. The Treating Doctor will complete the hospitalisation/ treatment information and the hospital will fill up expected cost of treatment.
- f. This form is submitted to the Company
- g. The Company will process the request and call for additional documents/ clarifications if the information furnished is inadequate.
- h. Once all the details are furnished, the Company will process the request as per the terms and conditions as well as the exclusions therein and either approve or reject the request based on the merits.
- i. In case of emergency hospitalization information to be given within 24 hours after hospitalization

- j. Cashless facility can be availed only in networked Hospitals
- 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.

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

**5. Co-payment:**

This policy is subject to co-payment of 20% of each and every claim amount for fresh as well as renewal policies for insured persons whose age at the time of entry is above 60 years.

- 6. If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available sum insured in the two policy periods, including the deductibles for each policy period. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal/due date of premium of health insurance policy, if not received earlier.
- 7. 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 Company's cost
- 8. The Company shall not be liable to make any payment under the policy in respect of any claim if information furnished at the time of proposal is found to be incorrect or false or such claim is in any manner fraudulent or supported by any fraudulent means or device, misrepresentation whether by the Insured Person or by any other person acting on his behalf.

**9. Renewal:**

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

If the policy is to be renewed or ported from other Indian Insurance Company for enhanced sum insured, such enhanced sum insured will not be available for an illness, disease, injury already contracted under the preceding policy periods. Further, for illness / disease / sickness already contracted, the sum insured will be restricted to that policy sum insured when the signs or symptoms was diagnosed or received medical advice / treatment.

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

**10. Bonus**

In respect of a claim free year of Insurance, for the Sum Insured options Rs.3,00,000/- and above, the insured would be entitled to benefit of bonus of 25% of the expiring sum insured in the second year and additional 10% of the expiring sum insured during the third year. The maximum allowable bonus shall not exceed 35% of the expiring sum insured.

It being however understood that such bonus shall be computed on the basic sum Insured, under the expiring policy and such benefit of bonus shall be available only upon timely renewal without a break or upon renewal within the grace period allowed. In the event of a claim, such bonus so granted will be reduced in the same order in which it was given. However the basic sum insured, will not be reduced. The limit of such Bonus will be quantified in rupees and aggregated annually as long as no claim is made till the maximum percentage is reached. If the Insured opts to reduce the basic Sum Insured at a subsequent renewal, the limit of indemnity by way of such Bonus shall not exceed such reduced sum insured.

**11. Free Look Period:**

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

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

**12. Portability:**

This policy is portable for Health benefits only and not applicable for Life Insurance benefit. If the insured is desirous of porting this policy to another Insurer towards renewal, application in the appropriate form should be made to the Company at least before 45 days from the date when the renewal is due.

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



**13. Automatic Restoration of Sum Insured**

There shall be automatic restoration of the Basic Sum Insured once immediately upon exhaustion of the limit of coverage, which has otherwise been defined, during the policy period subject to the following terms and extent thereof

Basic Sum Insured (Rs)	Restoration on the Basic Sum Insured
Upto 2,00,000/-	Nil
3,00,000/- and above	100%

It is made clear that such restored Sum Insured can be utilized only for illness / disease unrelated to the illness / diseases for which claim/s was / were made. The restore sum insured cannot be carried forward.

**14. Recharge Benefit :**

If the limit of coverage under the policy is exhausted/ exceeded during the policy period, additional indemnity upto the limits indicated in the schedule would be provided once for the remaining policy period. Such additional indemnity can be utilized even for the same hospitalization or for the treatment of diseases / illness / injury / for which claim was paid / payable under the policy.

Recharge amount cannot be carried forward.

**15. Cancellation:**

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

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

**16. Automatic Termination:**

The insurance under this policy with respect to each relevant Insured Person policy shall terminate immediately on the earlier of the following events:

- ✓ Upon the death of the Insured Person. This also means that in case of family floater policy, the cover for the surviving members of the family will continue, subject to other terms of the policy.
- ✓ Upon exhaustion of the Limit of coverage under the policy as a whole

17. 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.

18. All claims under this policy shall be payable in Indian currency. All treatments under this policy shall have to be taken in India.

**19. Important Note:**

The sum insured floats amongst the insured members. The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract and must be complied with. Failure to comply may result in the claim being denied.

The attention of the policy holder is drawn to our website: [www.starhealth.in](http://www.starhealth.in) for anti fraud policy of the Company for necessary compliance by all stake holders.

**Section 2 : Pure Term-Life Insurance Coverage**

IndiaFirst Life Insurance Company Limited (herein after called "the Company") having received a proposal and declaration with the statements contained and referred to hereunder, and the first premium from the proposer/life assured named in the schedule hereunder, and the said proposal and declaration and the statements thereto having been agreed to by the proposer/Life Assured and the company as basis of this assurance, do by this policy agree, in consideration and subject to the due receipt of premiums on the days stipulated in the schedule annexed, to pay the Sum Assured under this policy, to the person/s to whom the same is payable as per the schedule, on submitting that the said sum becomes payable as set out in the schedule, together with the proof of the claimant's right to the policy moneys, and acceptable proof of age of the policy holder, if age is not admitted earlier. Further, it is hereby declared that this policy of insurance shall be subject to the conditions and privileges printed in the policy document and that the following schedule and any endorsement placed by the Company shall be deemed part of the policy.

ANNEXURE A - PLAN SCHEDULE	
<b>I. PLAN DETAILS</b>	
<b>Company Name:</b>	<b>IndiaFirst Life Insurance Company Limited</b>
<b>Product Name:</b>	IndiaFirst Life Plan (Traditional Non-Participating Pure Protection Term Plan)
UIN:	[ 143N007V02 ]
Plan No.:	
Proposal Form No.:	
Plan Commencement Date:	DD MM YY
Risk Commencement Date:	DD MM YY
Expiry Date	DD MM YY
<b>II. POLICYHOLDER AND LIFE ASSURED'S DETAIL</b>	
Policyholder's Name:	
Date of Birth:	DD MM YY
Relationship with the Life Assured:	
Policyholder's Address:	
Telephone No./ Mobile No:	
Email:	
Life Assured's Name:	
Date of Birth:	DD MM YY
Client ID:	Age:
Gender:	Age admitted: Yes/ No
Life Assured's Address:	
Telephone No./ Mobile No.:	
Email:	
<b>III. NOMINEE (AS PER SECTION 39 OF THE INSURANCE ACT, AS AMENDED BY INSURANCE LAWS (AMENDMENT) ACT, 2015) DETAILS</b>	
Name:	
Date of Birth:	DD MM YY
Appointee's Name*:	
*If any of the Nominees is a minor, then, the Appointee will be the person named as the Appointee in the Proposal Form and will be entitled to receive the death benefit from us for and on behalf of the Nominee.	
<b>IV. PREMIUM AND BENEFIT DETAILS</b>	
<b>Sum Assured:</b>	<b>Plan Term:</b>
Premium Frequency: Regular Premium/ Single Premium	Premium Paying Term:
Regular Premium Payment Mode: Annual/ Six Monthly/ Monthly	Regular Premium Due Dates: DD MM YY

Due Date for Payment of Last Regular Premium: DD MM YY	Premium (in INR):
Extra Premium (in INR):	Service Tax (in INR): Education Cess:
Total Premium (including Service Tax and Education Cess) (in INR):	
<b>V. INSURANCE AGENT/ INSURANCE BROKER DETAILS</b>	
Name:	
License No. :	
Telephone No.:	
Address:	
Email ID:	
<b>VI. SPECIAL CONDITIONS</b>	
NIL	

**Note: ON EXAMINATION OF THIS PLAN, if you notice any mistake, then, you may contact us for correction of the same.**

The Premium payable under this Plan may differ on the basis of the Extra Premiums, if any, the Premium payment mode chosen by you and the applicable Modal Factor.

Please read the terms and conditions of this Plan carefully to understand the terms referred to in this Plan Schedule.

## 2. Definitions

We have listed below a few words, terms and phrases which have been used in this Plan along with their meaning for your easy reference.

Word	Meaning
<b>Age</b>	Age of the Life Assured or the Nominee as at the last birthday on the Plan Commencement Date and on any subsequent Plan Anniversary.
<b>Annexure</b>	Any Annexure, endorsement attached to this Plan as changed/ modified and issued by us from time to time.
<b>Appointee</b>	The person nominated/ chosen by you to receive the proceeds or the benefits under this Plan, if the Age of the Nominee is less than 18 (Eighteen) years.
<b>Expiry Date</b>	The date on which the Plan Term expires and the Plan terminates.
<b>Extra Premium</b>	An additional amount you may have to pay, depending on our board approved underwriting policy. This is determined on the basis of information provided by you in the Proposal Form or on the basis of any other information submitted to us or through the Life Assured's medical examination. For example: We may charge an Extra Premium in case of a Life Assured who is a smoker
<b>Grace Period</b>	An additional period of 30 (Thirty) days from the due date for payment of Premium for yearly Premium payment mode.
<b>Income Tax Act</b>	Income Tax Act, 1961.
<b>Insurance Act</b>	Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.
<b>Life Assured</b>	The person on whose life this Plan has been issued by us.
<b>Nominee</b>	The person nominated/ chosen by you as Nominee in accordance with Section 5, who is entitled to receive the death benefit.
<b>Plan</b>	This IndiaFirst Life Plan which includes this Plan wording (as may be changed/ modified by us subject to prior approval of the Regulatory Authority, from time to time), the Proposal Form, Annexures, the Plan Schedule, any tables, information and documents which form a part of this Plan. This Plan includes the entire contract of insurance between you and us
<b>Plan Anniversary</b>	The annual anniversary of the Plan Commencement Date. Example: If the Plan Commencement Date is December 18, 2013, then, every December 18 will be the Plan Anniversary thereafter.
<b>Plan Commencement Date</b>	The date on which this Plan is issued by us. This is specified in the Plan Schedule.
<b>Plan Schedule</b>	The schedule attached to this Plan as Annexure A and if we have issued a revised Plan Schedule, then, such revised Plan Schedule.
<b>Plan Term</b>	The period which starts on the Plan Commencement Date and ends on the Expiry Date. This is specified in the Plan Schedule.
<b>Plan Year</b>	A period of 12 (Twelve) consecutive months starting from the Plan Commencement Date and ending on the day immediately preceding its annual anniversary and each subsequent period of 12 (Twelve) consecutive months thereafter during the Plan Term. Example: If the Plan Commencement Date is December 18, 2013, then, the first Plan Year will be December 18, 2013 to December 17, 2014.
<b>Premium</b>	An amount that you pay us as Regular Premiums for securing the benefits under this Plan. The Premium payable under this Plan includes Extra Premiums (if any) and excludes any taxes, cesses or levies (if any). This is specified in the Plan Schedule.
<b>Premium Paying Term</b>	The time period during which you need to pay your Premiums regularly to us for securing the benefits under this Plan. Your Premium Paying Term is specified in the Plan Schedule
<b>Proposal Form</b>	The Proposal Form completed and submitted by you based on which we have issued this Plan.
<b>Risk Commencement Date</b>	The date on which the insurance coverage starts under this Plan. This is specified in the Plan Schedule.
<b>Regular Premium</b>	The amount which is payable by you during Premium Paying Term at regular intervals as specified in the Plan Schedule
<b>Regulatory Authority</b>	The Insurance Regulatory and Development Authority of India or such other authority or authorities, as may be designated/ appointed under the applicable laws and regulations as having the authority to oversee and regulate life insurance business in India.
<b>Sum Assured</b>	The guaranteed amount payable on the Life Assured's death during the Plan Term provided we have received the due Premiums and this Plan is in force. The Sum Assured is specified in the Plan Schedule.
<b>Surrender</b>	Termination or cancellation of this Plan prior to the Expiry Date.
<b>We or us or our or Insurer or Company</b>	IndiaFirst Life Insurance Company Limited
<b>You or your or Policyholder</b>	The person named as the Policyholder in the Plan Schedule, who has taken this Plan from us. You may or may not be the Life Assured under this Plan.

**3. Payment of premium:**

- 3.1 Under this Plan, you have an option to pay your Premiums as a Regular Premiums.
- 3.2 Regular Premiums can be paid to us as a yearly payment mode. The Premiums should be paid on or before the due dates to avoid any lapsation.

**4. Missing your Premium**

- 4.1 You are provided a Grace Period in case you miss paying your Regular Premium on the due dates. All your Plan benefits continue during the Grace Period.
- 4.2 In case of the Life Assured's death during the Grace Period, we will pay the death benefit only after deducting the unpaid due Regular Premiums till such date.

**5. Reviving your Lapsed Plan**

- 5.1.1 You may revive the lapsed Plan within 2 (Two) years from the due date of first unpaid Regular Premium but before the Expiry Date by:
- 5.1.1 submitting a written request for revival of the lapsed Plan;
- 5.1.2 paying all unpaid due Premiums without interest; and
- 5.1.3 providing a declaration of good health and undergoing a medical examination, if needed. You will have to bear the cost of medical examinations, if any.
- 5.2 A lapsed Plan will only be revived along with all its benefits when we issue a written endorsement to you in accordance with our board approved underwriting policy.
- 5.3 The Plan will terminate and you will not be entitled to receive any benefits, if the lapsed Plan is not revived till the expiry of the revival period.

**6. Nomination**

- 6.1 Appointing a Nominee to receive the Death Benefit
- The death benefit will be payable to the person nominated as Nominee by you in accordance with Section 39 of the Insurance Act, as amended by Insurance Laws (Amendment) Act, 2015
- 6.2 If the Nominee is a minor
- If the Nominee is a minor, then, you need to appoint an Appointee to receive and hold the death benefits for the benefit of the Nominee until the Nominee attains the Age of 18 (Eighteen) years.
- 6.3 Making/ Changing a Nomination
- You can also nominate a person or change a nomination at any time during the Plan Term and while this Plan is in force, by submitting a written request to us. The nomination or change in nomination will become effective only after it is recorded by us in accordance with Section 39 of the Insurance Act, as amended by Insurance Laws (Amendment) Act, 2015
- 6.4 Our Liability in a Nomination
- In accepting or recording a nomination or a change of nomination, we do not accept any responsibility or express any opinion as to its validity or legality.

**7. Assignment**

- 7.1 Assignment of the Plan
- You may assign this Plan by making an endorsement on the Plan itself or through a separate instrument in accordance with Section 38 of the Insurance Act, as amended by Insurance Laws (Amendment) Act, 2015. In either case, you should submit a written request to us for registration of the assignment.
- Any assignment made by you under this Plan will become effective only after it is recorded by us.
- Any assignment will automatically cancel any nomination made by you except in case of any assignment made by you in our favour, in accordance with Section 39 of the Insurance Act, as amended by Insurance Laws (Amendment) Act, 2015.
- Assignment is not permitted, if this Plan has been procured under the Married Women's Property Act, 1874.
- 7.2 Our Liability in an Assignment
- In accepting or recording an assignment, we do not accept any responsibility or express any opinion as to its validity or legality.

**8. Death Benefit Claim not Admitted under this Plan**

- 8.1 You are not entitled to receive death benefits under this Plan, if the Life Assured, whether sane or insane, commits suicide within 12 (Twelve) months from the Plan Commencement Date. In such a case, we will pay 80% (Eighty percent) of the total Premiums received by us and this Plan will terminate.
- 8.2 You are not entitled to receive death benefits under this Plan, if the Life Assured, whether sane or insane, commits suicide within 12 (Twelve) months after revival of the Plan. In such a case, we will pay higher of 80% (Eighty percent) of the total Premiums or Surrender Value, if any and this Plan will terminate.

**9. Loan**

Under this plan, you are not entitled to receive any loans.

**10. Plan Ceases/ Ends/ Terminates**

10.1 This Plan will cease immediately and automatically on the happening of the earliest of any of the following:

10.1.1 on the date of payment of the Sum Assured upon the death of the Life Assured; or

10.1.2 on the date of intimation of rejection of claim by us; or

10.1.3 on the date of Surrender of this Plan; or

10.1.4 on the Expiry Date; or

10.1.5 on the date of receipt of free look request ; or

10.1.6 on the expiry of the revival period provided we have not received the due unpaid Regular Premiums along with interest from you till the expiry of such period.

**11. Disclosures**

11.1 Misrepresentation/Fraudulent Disclosures

Fraud, Misrepresentation and forfeiture would be dealt with in accordance with provisions of Sec. 45 of the Insurance Act 1938, as amended by Insurance Laws (Amendment), Act, 2015.

**Section 45 of Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015:**

❖ No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.

❖ A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival, of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.

❖ Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:

Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

❖ A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based:

Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

❖ Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal

11.2 Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015:

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bonafide insurance agent employed by the insurer.

Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees

**12. Death Benefit**

The Sum Assured is payable on the Life Assured's death on or after the Risk Commencement Date but before the Expiry Date.

Subject to Sections 10, 13 and 14, the aforesaid death benefit will become payable to the Nominee/ Appointee/ legal heir (as applicable) as specified in Section 13.1 provided this Plan is in force and we have received the due Premiums.

### 13. Surrender Benefit

13.1 No surrender benefit is payable under this plan.

### 14. Payments of Benefits

14.1 The death benefit under this Plan will be payable to the Nominee/ the Appointee / legal heirs/ assignee/ person as directed by a court of competent jurisdiction.

14.2 All benefits including the Sum Assured and other sums, if any, under this Plan will only be paid in India and in Indian Rupees.

14.3 Upon payment of the proceeds or the Sum Assured to a person specified in Section 13.1, the same will constitute a good, valid and sufficient discharge of our liability under this Plan.

### 15. Making a Claim

15.1 Steps involved in making a claim

In order to process a claim under this Plan, we will need a written intimation about the claim, upon the death of the Life Assured during the Plan Term. This is the first step towards processing your claim. The written intimation should also be accompanied with all the required documents as mentioned below:

15.1.1 Proof of Age of the Life Assured, if the Age of the Life Assured has not been admitted by us

15.1.2 Claimant's statement and claim intimation report

15.1.3 Death certificate issued by the local health and medical authority (only in case of death of the Life Assured)

15.1.4 Copies of First Information Report, post mortem report, duly attested by the police (only in case of unnatural death of the Life Assured including accidental death etc.)

15.1.5 Hospitalization documents including discharge summary, all investigation reports (only in case the Life Assured was treated for any illness related to the cause of death)

15.1.6 Original Plan document

15.1.7 A copy of photo-identity proof of the claimant and documents establishing the rights of claimant (e.g. driving license, PAN card, passport, Voter ID card etc.)

15.1.8 Any other document or information that we may need for validating the claim and to process the claim

### 16. Right to Revise/ Delete/ Alter the Terms and Conditions of this Plan

16.1 We may revise, delete and/ or alter any of the terms and conditions of this Plan subject to receipt of the prior approval of the Regulatory Authority. We will intimate you by sending a prior written notice of 30 (Thirty) days, before revising, deleting and/ or altering any of the terms and conditions of this Plan.

### 17. Loss of Plan Document

17.1 You should submit a written intimation about the loss of the Plan document and the reason for the loss. We will issue you a duplicate Plan document if we are satisfied that the original Plan document is lost or misplaced. The original Plan document immediately and automatically ceases to have any validity upon issue of the duplicate Plan document.

17.2 You agree to indemnify us and hold us free and harmless from any costs, expenses, claims, awards or judgments arising out of or in relation to the original Plan document.

### 18. Electronic Transactions

18.1 You or the Life Assured will always adhere to and comply with all our terms and conditions in relation to electronic transactions and any electronic transaction effected by you or the Life Assured, as the case may be, will constitute a legally binding and valid transaction.

18.2 Such electronic transactions will include any transactions effected by you through internet, teleservice operations, short messaging services, electronic data interchange, call centres, or by means of electronic automated machines or through other means of telecommunications, established by us or on our behalf for and in relation to this Plan or our other products and services.

### 19. Force Majeure

19.1 If due to any act of God or State, strike, lock out, legislation or restriction by any government or any other authority or any other circumstances which are beyond our control, which restricts performance of our obligations under this Plan, then, this Plan will be wholly or partially suspended during the continuance of such force majeure conditions.

19.2 Once the force majeure conditions ceases to exist, then, we will resume our obligations under this Plan for such period during which the force majeure conditions existed.

### 20. Issuance of Notices

20.1 We also have the discretion to issue either individual notices to you or to publish general notices on our website [www.indiafirstlife.com](http://www.indiafirstlife.com) in relation to this Plan and/ or for services in relation to the same.

**21. Governing Law and Jurisdiction**

- 21.1 All claims, disputes or differences arising under or in connection with this Plan will be governed by and construed in accordance with Indian laws and shall be subject to the jurisdiction of the Indian Courts.

**22. Taxes**

- 22.1 We will deduct the applicable taxes in accordance with the applicable provisions of Indian tax laws. Any Premium and benefit payable under this Plan is subject to applicable taxes, levies, cess, etc. which shall always be paid by you. You are liable to pay all applicable taxes, levies, cess etc. as levied by the Government/ statutory authorities from time to time.
- 22.2 You should consult your tax advisor for understanding the tax benefits and liabilities under this Plan. We do not accept any responsibility or express any opinion as to the validity or legality of tax benefits or liabilities as may be applicable to you.

**Common conditions applicable to both Section 1 and Section 2****1. Cooling off Period (Free Look Period) :**

If the policyholder disagree with the 'Terms and conditions' of the policy, the policy can be cancelled within 15 days from the date of receipt of the policy. In case Policyholder has bought this plan through distance marketing mode, he/she may cancel the Plan within 30 days from the date of receipt of the policy. However, the company reserves the right to deduct medical examination fees, cancellation fee\*, stamp duty charges for issue of the policy and proportionate risk premium for the period concerned.

\* Cancellation fee is not applicable for Pure Term Life Insurance Coverage

**2. Liability to settle claims :**

The liability to settle health insurance claim under Section 1 vests with Star Health and Allied Insurance Company Limited and the liability to settle pure term life insurance claim under Section 2 vests with IndiaFirst Life Insurance Company Limited.

**3. 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.

**4. Legal / Quasi legal disputes :**

The legal / quasi legal disputes, if any, shall be dealt with the respective insurers for respective benefits.

**5. Discontinuance of insurance :**

The Insured has the option to continue with either section of the policy discontinuing the other section during the policy term. The continuation of benefits as provided under each section would be available.

**6. Premium payment options :**

Premium shall be paid annually.

**7. Policy servicing facility :**

Star Health and Allied Insurance Company Limited will be the nodal point for policy servicing. Any queries relating to the coverage under the policy shall be obtained through the following Toll Free Numbers 1800 425 2255 and 1800 425 6116

**8. Claim Servicing :**

Health Insurance claim payable under Section 1 will be serviced and settled by Star Health and Allied Insurance Company Limited and Pure Term life cover payable under Section 2 will be serviced and settled by IndiaFirst Life Insurance.

**9. 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.

**10. 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. Fax no: 044-28319100, Toll free no: 1800-425-2255, Toll free fax no: 1800-425-5522 Email: support@starhealth.in

**IndiaFirst Life Insurance Company Limited** : Reg. No. 143, Registered and Corporate Office : 301, (B) Wing, The Qube, Infinity Park, Dindoshi - Film City Road, Malad (E), Mumbai - 400 097, Web : www.indiafirstlife.com Email : customer.first@indiafirstlife.com CIN: U66010MH2008PLC183679, IRDAI. Reg. No. 143, UIN for IndiaFirst Life Plan 143N007V02, Toll Free number – 1800 209 8700

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

**11. 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 044-28288821 during normal business hours. or Send e-mail to [grievance@starhealth.in](mailto:grievance@starhealth.in)

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

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 branches or offices of Star Health and Allied Insurance Company Limited and IndiaFirst Life Insurance

## LIST OF OMBUDSMAN

<p>Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, 5,Navyug Colony, Ashram Road, <b>AHMEDABAD-380 014.</b> Tel.:- 079-27546150/27546139 Fax : 079-27546142 Email: bimalokpal.ahmedabad@gbic.co.in</p>	<p>Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar,Opp. Airtel, Near New Market, <b>BHOPAL(M.P.)-462 003.</b> Tel.:- 0755-2769201/2769202 Fax : 0755-2769203 Email: bimalokpal.bhopal@gbic.co.in</p>
<p>Office of the Insurance Ombudsman, 62, Forest Park, <b>BHUBANESHWAR-751 009.</b> Tel.:- 0674-2596461/2596455 Fax : 0674-2596429 Email: bimalokpal.bhubaneswar@gbic.co.in</p>	<p>Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor,Batra Building, Sector 17-D, <b>CHANDIGARH-160 017.</b> Tel.:- 0172-2706196/2706468 Fax : 0172-2708274 Email: bimalokpal.chandigarh@gbic.co.in</p>
<p>Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, <b>CHENNAI-600 018.</b> Tel.:- 044-24333668 /24335284 Fax : 044-24333664 Email: bimalokpal.chennai@gbic.co.in</p>	<p>Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, <b>NEW DELHI-110 002.</b> Tel.:- 011-23239633/23237532 Fax : 011-23230858 Email: bimalokpal.delhi@gbic.co.in</p>
<p>Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, <b>GUWAHATI-781 001 (ASSAM).</b> Tel.:- 0361-2132204/2132205 Fax : 0361-2732937 Email: bimalokpal.guwahati@gbic.co.in</p>	<p>Office of the Insurance Ombudsman, 6-2-46, 1st Floor, "Moin Court", Lane Opp.Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, <b>HYDERABAD-500 004.</b> Tel : 040-65504123/23312122 Fax: 040-23376599 Email: bimalokpal.hyderabad@gbic.co.in</p>
<p>Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, <b>ERNAKULAM-682 015.</b> Tel : 0484-2358759/2359338 Fax : 0484-2359336 Email: bimalokpal.ernakulam@gbic.co.in</p>	<p>Office of the Insurance Ombudsman, Hindustan Building. Annexe, 4th Floor, 4, C.R. Avenue, <b>KOLKATA-700 072.</b> Tel : 033-22124339/22124340 Fax : 033-22124341 Email: bimalokpal.kolkata@gbic.co.in</p>
<p>Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, <b>LUCKNOW-226 001.</b> Tel : 0522-2231331/2231330 Fax : 0522-2231310 Email: bimalokpal.lucknow@gbic.co.in</p>	<p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), <b>MUMBAI-400 054.</b> Tel : 022-26106960/26106552 Fax : 022-26106052 Email: bimalokpal.mumbai@gbic.co.in</p>
<p>Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II Bldg, Bhawani Singh Marg, <b>JAIPUR – 302005</b> Tel : 0141-2740363 Email: bimalokpal.jaipur@gbic.co.in</p>	<p>Office of the Insurance Ombudsman 3rd Floor, Jeevan Darshan Bldg, C.T.S.No195 to 198, N.C. Kelkar Road, Narayan peth, <b>PUNE – 411030.</b> Tel: 020-32341320 Email: bimalokpal.pune@gbic.co.in</p>
<p>Office of the Insurance Ombudsman, 19/19, Jeevan Soudha Bldg, PID No.57-27-N-19 Ground Floor, 24th Main Road, JP Nagar, 1st Phase, <b>Bengaluru – 560078.</b> Tel No: 080-26652048/26652049 Email: bimalokpal.bengaluru@gbic.co.in</p>	<p>Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, <b>U.P-201301.</b> Tel.: 0120-2514250 / 2514251 / 2514253 Email: bimalokpal.noida@gbic.co.in</p>
<p>Office of the Insurance Ombudsman, 1st Floor,Kalpna Arcade Building,, Bazar Samiti Road, Bahadurpur, <b>Patna 800 006.</b> Tel No: 0612-2680952 Email: bimalokpal.patna@gbic.co.in</p>	

### 12. Important Note :

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

For all purposes under the scope of this policy, "Company" under Section 1 means Star Health and Allied Insurance Company Limited and "Company" under Section 2 mean IndiaFirst Life Insurance Company Limited.

## LIST OF DAY CARE TREATMENTS

<b>ENT</b>		57	Removal of foreign body from the orbit and the eye ball.
1	Stapedotomy	58	Surgery for cataract
2	Myringoplasty(Type I Tympanoplasty)	59	Treatment of retinal lesion
3	Revision stapedectomy	60	Removal of foreign body from the posterior chamber of the eye
4	Labyrinthectomy for severe Vertigo		
5	Stapedectomy under GA		
6	Ossiculoplasty		
7	Myringotomy with Grommet Insertion		
8	Tympanoplasty (Type III)		
9	Stapedectomy under LA		
10	Revision of the fenestration of the inner ear.		
11	Tympanoplasty (Type IV)		
12	Endolymphatic Sac Surgery for Meniere's Disease		
13	Turbinectomy		
14	Removal of Tympanic Drain under LA		
15	Endoscopic Stapedectomy		
16	Fenestration of the inner ear		
17	Incision and drainage of perichondritis		
18	Septoplasty		
19	Vestibular Nerve section		
20	Thyroplasty Type I		
21	Pseudocyst of the Pinna - Excision		
22	Incision and drainage - Haematoma Auricle		
23	Tympanoplasty (Type II)		
24	Keratosis removal under GA		
25	Reduction of fracture of Nasal Bone		
26	Excision and destruction of lingual tonsils		
27	Conchoplasty		
28	Thyroplasty Type II		
29	Tracheostomy		
30	Excision of Angioma Septum		
31	Turbinoplasty		
32	Incision & Drainage of Retro Pharyngeal Abscess		
33	Uvulo Palato Pharyngo Plasty		
34	Palatoplasty		
35	Tonsillectomy without adenoidectomy		
36	Adenoidectomy with Grommet insertion		
37	Adenoidectomy without Grommet insertion		
38	Vocal Cord lateralisation Procedure		
39	Incision & Drainage of Para Pharyngeal Abscess		
40	Transoral incision and drainage of a pharyngeal abscess		
41	Tonsillectomy with adenoidectomy		
42	Tracheoplasty		
	<b>Ophthalmology</b>		
43	Incision of tear glands		
44	Other operation on the tear ducts		
45	Incision of diseased eyelids		
46	Excision and destruction of the diseased tissue of the eyelid		
47	Removal of foreign body from the lens of the eye.		
48	Corrective surgery of the entropion and ectropion		
49	Operations for pterygium		
50	Corrective surgery of blepharoptosis		
51	Removal of foreign body from conjunctiva		
52	Biopsy of tear gland		
53	Removal of Foreign body from cornea		
54	Incision of the cornea		
55	Other operations on the cornea		
56	Operation on the canthus and epicanthus		
			<b>Oncology</b>
		61	IV Push Chemotherapy
		62	HBI-Hemibody Radiotherapy
		63	Infusional Targeted therapy
		64	SRT-Stereotactic Arc Therapy
		65	SC administration of Growth Factors
		66	Continuous Infusional Chemotherapy
		67	Infusional Chemotherapy
		68	CCRT-Concurrent Chemo + RT
		69	2D Radiotherapy
		70	3D Conformal Radiotherapy
		71	IGRT- Image Guided Radiotherapy
		72	IMRT- Step & Shoot
		73	Infusional Bisphosphonates
		74	IMRT- DMLC
		75	Rotational Arc Therapy
		76	Tele gamma therapy
		77	FSRT-Fractionated SRT
		78	VMAT-Volumetric Modulated Arc Therapy
		79	SBRT-Stereotactic Body Radiotherapy
		80	Helical Tomotherapy
		81	SRS-Stereotactic Radiosurgery
		82	X-Knife SRS
		83	Gammaknife SRS
		84	TBI- Total Body Radiotherapy
		85	intraluminal Brachytherapy
		86	Electron Therapy
		87	TSET-Total Electron Skin Therapy
		88	Extracorporeal Irradiation of Blood Products
		89	Telecobalt Therapy
		90	Telecesium Therapy
		91	External mould Brachytherapy
		92	Interstitial Brachytherapy
		93	Intracavity Brachytherapy
		94	3D Brachytherapy
		95	Implant Brachytherapy
		96	Intravesical Brachytherapy
		97	Adjuvant Radiotherapy
		98	Afterloading Catheter Brachytherapy
		99	Conditioning Radiotherapy for BMT
		100	Extracorporeal Irradiation to the Homologous Bone grafts
		101	Radical chemotherapy
		102	Neoadjuvant radiotherapy
		103	LDR Brachytherapy
		104	Palliative Radiotherapy
		105	Radical Radiotherapy
		106	Palliative chemotherapy
		107	Template Brachytherapy
		108	Neoadjuvant chemotherapy
		109	Adjuvant chemotherapy
		110	Induction chemotherapy
		111	Consolidation chemotherapy
		112	Maintenance chemotherapy
		113	HDR Brachytherapy

**Plastic Surgery**

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

**Urology**

127	AV fistula - wrist
128	URSL with stenting
129	URSL with lithotripsy
130	Cystoscopic Litholapaxy
131	ESWL
132	Haemodialysis
133	Bladder Neck Incision
134	Cystoscopy & Biopsy
135	Cystoscopy and removal of polyp
136	Suprapubic cystostomy
137	percutaneous nephrostomy
139	Cystoscopy and "SLING" procedure.
140	TUNA- prostate
141	Excision of urethral diverticulum
142	Removal of urethral Stone
143	Excision of urethral prolapse
144	Mega-ureter reconstruction
145	Kidney renoscopy and biopsy
146	Ureter endoscopy and treatment
147	Vesico ureteric reflux correction
148	Surgery for pelvi ureteric junction obstruction
149	Anderson hynes operation
150	Kidney endoscopy and biopsy
151	Paraphimosis surgery
152	injury prepuce- circumcision
153	Frenular tear repair
154	Meatotomy for meatal stenosis
155	surgery for fourmier's gangrene scrotum
156	surgery filarial scrotum
157	surgery for watering can perineum
158	Repair of penile torsion
159	Drainage of prostate abscess
160	Orchiectomy
161	Cystoscopy and removal of FB

**Neurology**

162	Facial nerve physiotherapy
163	Nerve biopsy
164	Muscle biopsy
165	Epidural steroid injection
166	Glycerol rhizotomy
167	Spinal cord stimulation
168	Motor cortex stimulation
169	Stereotactic Radiosurgery
170	Percutaneous Cordotomy

171	Intrathecal Baclofen therapy
172	Entrapment neuropathy Release
173	Diagnostic cerebral angiography
174	VP shunt
175	Ventriculoatrial shunt

**Thoracic surgery**

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

**Gastroenterology**

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

**General Surgery**

204	infected keloid excision
205	Incision of a pilonidal sinus / abscess
206	Axillary lymphadenectomy
207	Wound debridement and Cover
208	Abscess-Decompression
209	Cervical lymphadenectomy
210	infected sebaceous cyst
211	Inguinal lymphadenectomy
212	Incision and drainage of Abscess
213	Suturing of lacerations
214	Scalp Suturing
215	infected lipoma excision
216	Maximal anal dilatation
217	Piles A)Injection Sclerotherapy B)Piles banding
218	liver Abscess- catheter drainage
219	Fissure in Ano- fissurectomy
220	Fibroadenoma breast excision
221	Oesophageal varices Sclerotherapy
222	ERCP - pancreatic duct stone removal
223	Perianal abscess I&D

224	Perianal hematoma Evacuation		
225	Fissure in ano sphincterotomy		
226	UGI scopy and Polypectomy oesophagus		
227	Breast abscess I& D		
228	Feeding Gastrostomy		
229	Oesophagoscopy and biopsy of growth oesophagus		
230	UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers		
231	ERCP - Bile duct stone removal		
232	Ileostomy closure		
233	Colonoscopy		
234	Polypectomy colon		
235	Splenic abscesses Laparoscopic Drainage		
236	UGI SCOPY and Polypectomy stomach		
237	Rigid Oesophagoscopy for FB removal		
238	Feeding Jejunostomy		
239	Colostomy		
240	Ileostomy		
241	colostomy closure		
242	Submandibular salivary duct stone removal		
243	Pneumatic reduction of intussusception		
244	Varicose veins legs - Injection sclerotherapy		
245	Rigid Oesophagoscopy for Plummer vinson syndrome		
246	Pancreatic Pseudocysts Endoscopic Drainage		
247	ZADEK's Nail bed excision		
248	Subcutaneous mastectomy		
249	Excision of Ranula under GA		
250	Rigid Oesophagoscopy for dilation of benign Strictures		
251	Eversion of Sac		
	a) Unilateral		
	b) Bilateral		
252	Lord's plication		
253	Jaboulay's Procedure		
254	Scrotoplasty		
255	Surgical treatment of varicocele		
256	Epididymectomy		
257	Circumcision for Trauma		
258	Meatoplasty		
259	Intersphincteric abscess incision and drainage		
260	Psoas Abscess Incision and Drainage		
261	Thyroid abscess Incision and Drainage		
262	TIPS procedure for portal hypertension		
263	Esophageal Growth stent		
264	PAIR Procedure of Hydatid Cyst liver		
265	Tru cut liver biopsy		
266	Photodynamic therapy or esophageal tumour and Lung tumour		
267	Excision of Cervical RIB		
268	laparoscopic reduction of intussusception		
269	Microdocheotomy breast		
270	Surgery for fracture Penis		
271	Sentinel node biopsy		
272	Parastomal hernia		
273	Revision colostomy		
274	Prolapsed colostomy- Correction		
275	Testicular biopsy		
276	laparoscopic cardiomyotomy( Hellers)		
277	Sentinel node biopsy malignant melanoma		
278	laparoscopic pyloromyotomy( Ramstedt)		
			<b>Orthopedics</b>
279	Arthroscopic Repair of ACL tear knee		
280	Closed reduction of minor Fractures		
281	Arthroscopic repair of PCL tear knee		
282	Tendon shortening		
283	Arthroscopic Meniscectomy - Knee		
284	Treatment of clavicle dislocation		
285	Arthroscopic meniscus repair		
286	Haemarthrosis knee- lavage		
287	Abscess knee joint drainage		
288	Carpal tunnel release		
289	Closed reduction of minor dislocation		
290	Repair of knee cap tendon		
291	ORIF with K wire fixation- small bones		
292	Release of midfoot joint		
293	ORIF with plating- Small long bones		
294	Implant removal minor		
295	K wire removal		
296	POP application		
297	Closed reduction and external fixation		
298	Arthrotomy Hip joint		
299	Syme's amputation		
300	Arthroplasty		
301	Partial removal of rib		
302	Treatment of sesamoid bone fracture		
303	Shoulder arthroscopy / surgery		
304	Elbow arthroscopy		
305	Amputation of metacarpal bone		
306	Release of thumb contracture		
307	Incision of foot fascia		
308	calcaneum spur hydrocort injection		
309	Ganglion wrist hyalase injection		
310	Partial removal of metatarsal		
311	Repair / graft of foot tendon		
312	Revision/Removal of Knee cap		
313	Amputation follow-up surgery		
314	Exploration of ankle joint		
315	Remove/graft leg bone lesion		
316	Repair/graft achilles tendon		
317	Remove of tissue expander		
318	Biopsy elbow joint lining		
319	Removal of wrist prosthesis		
320	Biopsy finger joint lining		
321	Tendon lengthening		
322	Treatment of shoulder dislocation		
323	Lengthening of hand tendon		
324	Removal of elbow bursa		
325	Fixation of knee joint		
326	Treatment of foot dislocation		
327	Surgery of bunion		
328	intra articular steroid injection		
329	Tendon transfer procedure		
330	Removal of knee cap bursa		
331	Treatment of fracture of ulna		
332	Treatment of scapula fracture		
333	Removal of tumor of arm/ elbow under RA/GA		
334	Repair of ruptured tendon		
335	Decompress forearm space		
336	Revision of neck muscle ( Torticollis release )		

337	Lengthening of thigh tendons	394	Laparoscopic oophorectomy
338	Treatment fracture of radius & ulna		<b>Critical care</b>
339	Repair of knee joint	395	Insert non- tunnel CV cath
	<b>Paediatric surgery</b>	396	Insert PICC cath ( peripherally inserted central catheter )
340	Excision Juvenile polyps rectum	397	Replace PICC cath ( peripherally inserted central catheter )
341	Vaginoplasty	398	Insertion catheter, intra anterior
342	Dilatation of accidental caustic stricture oesophageal	399	Insertion of Portacath
343	Presacral Teratomas Excision		<b>Dental</b>
344	Removal of vesical stone	400	Splinting of avulsed teeth
345	Excision Sigmoid Polyp	401	Suturing lacerated lip
346	Sternomastoid Tenotomy	402	Suturing oral mucosa
347	Infantile Hypertrophic Pyloric Stenosis pyloromyotomy	403	Oral biopsy in case of abnormal tissue presentation
348	Excision of soft tissue rhabdomyosarcoma	404	FNAC
349	Mediastinal lymph node biopsy	405	Smear from oral cavity
350	High Orchiectomy for testis tumours		Admissibility will be determined as per the policy terms , conditions and exclusions
351	Excision of cervical teratoma		
352	Rectal-Myomectomy		
353	Rectal prolapse (Delorme's procedure)		
354	Orchidopexy for undescended testis		
355	Detorsion of torsion Testis		
356	lap.Abdominal exploration in cryptorchidism		
357	EUA + biopsy multiple fistula in ano		
358	Cystic hygroma - Injection treatment		
359	Excision of fistula-in-ano		
	<b>Gynaecology</b>		
360	Hysteroscopic removal of myoma		
361	D&C		
362	Hysteroscopic resection of septum		
363	thermal Cauterisation of Cervix		
364	MIRENA insertion		
365	Hysteroscopic adhesiolysis		
366	LEEP		
367	Cryocauterisation of Cervix		
368	Polypectomy Endometrium		
369	Hysteroscopic resection of fibroid		
370	LLETZ		
371	Conization		
372	polypectomy cervix		
373	Hysteroscopic resection of endometrial polyp		
374	Vulval wart excision		
375	Laparoscopic paraovarian cyst excision		
376	uterine artery embolization		
377	Bartholin Cyst excision		
378	Laparoscopic cystectomy		
379	Hymenectomy( imperforate Hymen)		
380	Endometrial ablation		
381	vaginal wall cyst excision		
382	Vulval cyst Excision		
383	Laparoscopic paratubal cyst excision		
384	Repair of vagina ( vaginal atresia )		
385	Hysteroscopy, removal of myoma		
386	TURBT		
387	Ureterocoele repair - congenital internal		
388	Vaginal mesh For POP		
389	Laparoscopic Myomectomy		
390	Surgery for SUI		
391	Repair recto- vagina fistula		
392	Pelvic floor repair( excluding Fistula repair)		
393	URS + LL		

**Other Excluded Expenses**

Sl.No.	TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS	
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Payable for surgery of thoracic or lumbar spine
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES ( for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Payable for Varicose Veins surgeries if Varicose veins surgery 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 payable
<b>ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES</b>		
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	85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
70	ADMISSION/REGISTRATION CHARGES	Not Payable	86	Antiseptic or disinfectant lotions	Not Payable-Part of Dressing Charges
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not Payable	87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable-Part of Dressing Charges
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable	88	COTTON	Not Payable-Part of Dressing Charges
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 extend provided under exclusion No. 9	89	COTTON BANDAGE	Not Payable-Part of Dressing Charges
74	STEM CELL IMPLANTATION/ SURGERY and Storage	Not Payable except Bone Marrow Transplantation where covered by policy. Stem cell storage not payable	90	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
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	91	BLADE	Not Payable
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.	92	APRON	Not Payable-Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
77	MICROSCOPE COVER	Payable under OT Charges, not separately.	93	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
78	SURGICAL BLADES,HARMONIC SCALPEL, SHAVER	Payable under OT Charges, not separately	94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
79	SURGICAL DRILL	Payable under OT Charges, not separately	95	URINE CONTAINER ELEMENTS OF ROOM CHARGE	Not Payable
80	EYE KIT	Payable under OT Charges, not separately	96	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
81	EYE DRAPE	Payable under OT Charges, not separately	97	HVAC	Part of room charge not payable separately
82	X-RAY FILM	Payable under Radiology Charges, not as consumable	98	HOUSE KEEPING CHARGES	Part of room charge not payable separately
83	SPUTUM CUP	Payable under Investigation charges, not as consumable	99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
84	BOYLES APPARATUS CHARGES	Part of OT charges, not separately			



100	TELEVISION & AIR CONDITIONER CHARGES room charges not if separately levied	Payable under
101	SURCHARGES	Part of room charge not payable separately
102	ATTENDANT CHARGES	Not Payable-Part of Room Charges
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable
104	CLEAN SHEET	Part of Laundry/ Housekeeping not payable separately
105	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
106	BLANKET/WARMER BLANKET	Not payable-part of room charges
<b>ADMINISTRATIVE OR NON-MEDICAL CHARGES</b>		
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTAINANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable

128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
<b>EXTERNAL DURABLE DEVICES</b>		
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	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	Payable for surgery of lumbar spine.
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/ quadriplegia for any reason and at reasonable cost of approximately Rs.200/day
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	Not Payable

155	ABDOMINAL BINDER	Payable in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.	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 CONSULTANT'S/ SURGEON'S FEES	Not Payable
			186	OXYGEN MASK	Not Payable
			187	PAPER GLOVES	Not Payable
			188	PELVIC TRACTION BELT	Payable in case of PIVD requiring traction as this is generally not reused
			189	REFERAL DOCTOR'S FEES	Not Payable
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 (TOILETERIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)	Payable when prescribed			
161	Digestion gels	Payable when prescribed			
162	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU, For longer stay in ICU, may require a change and at least one set every second day must be payable.			
163	GLOVES Sterilized Gloves payable/ unsterilized gloves	not payable			
164	HIV KIT	Payable - payable pre operative screening			
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed			

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	Payable for case like CABG etc

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