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CUSTOMER INFORMATION SHEET

Description is illustrative and not exhaustive

Sr no.	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1.	Product Name	Star Package	
		<p>SECTION 1 HOSPITAL CASH: The Daily Allowance in a range of Rs 500/- to 2500/- for each continuous and completed period of 24 hours of Hospitalization necessitated solely by reason of the said Accidental Bodily Injury or illness The Daily Allowance will get double in case of hospitalisation in ICU for a maximum period of 7 days for each hospitalization. The maximum period for which the daily allowance would be paid individually or collectively would not exceed Thirty days during any one-policy period</p>	Part A, Section 1
2	What am I covered for?	<p>SECTION 2 HEALTH GUARD SILVER PLAN</p> <p>1. In-patient Hospitalisation Treatment If You are hospitalized on the advice of a Doctor, as defined under policy, because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary Medical Expenses incurred subject to</p> <p>i) Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home up to 1%of Sum Insured per day (Excluding Cumulative Bonus) or actual, whichever is lower. ii) If admitted in ICU, we will pay up to actual expenses provided by Hospital. iii) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees. iv) Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents, relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary. <u>Note:</u> In case of admission to a room at rates exceeding the limits as mentioned under 1.(i) , the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of medicines, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges.</p> <p>2. Pre-Hospitalisation The Medical Expenses incurred during the 60 days immediately before you were Hospitalised, provided that: Such Medical Expenses were incurred for the same illness/injury for which subsequent Hospitalisation was required, and We have accepted an inpatient Hospitalisation claim under Inpatient Hospitalisation Treatment.</p> <p>3. Post-Hospitalisation The Medical Expenses incurred during the 90 days immediately after You were discharged post Hospitalisation provided that: Such costs are incurred in respect of the same illness/injury for which the earlier Hospitalisation was required, and We have accepted an inpatient Hospitalisation claim under Inpatient Hospitalisation Treatment.</p> <p>4. Road Ambulance We will pay the reasonable cost to a maximum of Rs 20000/- per policy year incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency. We will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You from the Hospital where you were admitted initially to another hospital with higher medical facilities. Claim under this section shall be payable by Us only when: i. Such life threatening emergency condition is certified by the Medical Practitioner, and ii. We have accepted Your Claim under "In-patient Hospitalisation Treatment" or "Day Care Procedures" section of the Policy. Subject otherwise to the terms, conditions and exclusions of the Policy. This benefit will be applicable annually for policies with term more than 1 year.</p> <p>5. Day Care Procedures We will pay you the medical expenses as listed above under In-patient Hospitalisation Treatment for Day care procedures / Surgeries taken as an inpatient in a hospital or day care centre but not in the outpatient department. Indicative list of Day Care Procedures is given in the annexure I of Policy wordings.</p> <p>6. Organ Donor Expenses: We will pay expenses towards organ donor's treatment for harvesting of the donated organ, provided that, i. The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011 and the organ donated is for the use of the Insured Person, and ii. We have accepted an inpatient Hospitalisation claim for the insured member under In Patient Hospitalisation Treatment</p> <p>7. Convalescence Benefit: In the event of insured hospitalised for a disease/ illness/ injury for a continuous period exceeding 10 days, We will pay benefit amount of Rs. 5,000 per policy year. This benefit will be triggered provided that the hospitalization claim is accepted under In Patient Hospitalisation Treatment. This benefit will be applicable annually for policies with term more than 1 year</p>	Part A, Section 2

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	<p>8. Daily Cash Benefit for Accompanying an Insured Child We will pay Daily Cash Benefit of Rs. 500 per day maximum up to 10 days during each policy year for reasonable accommodation expenses in respect of one parent/legal guardian, to stay with any minor Insured Person (under the Age of 12), provided the hospitalization claim is paid under Inpatient Hospitalisation Treatment. This benefit will be applicable annually for policies with term more than 1 year.</p> <p>9. Sum Insured Reinstatement Benefit: If Inpatient Hospitalization Treatment Cover Sum Insured and Cumulative Bonus (if any) is exhausted due to claims lodged during the Policy year, then it is agreed that 100% of the Sum Insured specified under Inpatient Hospitalization Treatment be reinstated for the particular Policy year provided that:</p> <ol style="list-style-type: none"> 1. The reinstated Sum Insured will be triggered only after the Inpatient Hospitalization Treatment Sum Insured inclusive of the Cumulative Bonus(if applicable) has been completely exhausted during the policy year; 2. The reinstated Sum Insured can be used for claims made by the Insured Person in respect of the benefits stated in Inpatient Hospitalization Treatment. 3. If the claimed amount is higher than the Balance Sum Insured inclusive of the Cumulative Bonus(if applicable) under the policy, then this benefit will not be triggered for such claims 4. The reinstated Sum Insured would be triggered only for subsequent claims made by the Insured Person. In case of relapse within 45 days, this benefit will not trigger 5. This benefit is applicable only once during each policy year& will not be carried forward to the subsequent policy year/ renewals if the benefit is not utilized. 6. This benefit is applicable only once in life time of Insured Person covered under this policy for claims regarding CANCER OF SPECIFIED SEVERITY and KIDNEY FAILURE REQUIRING REGULAR DIALYSIS as defined under the policy. 7. This benefit will be applicable annually for policies with term more than 1 year. 8. Additional premium would not be charged for reinstatement of the Sum Insured. 9. In case Family Floater policy, Reinstatement of Sum Insured will be available for all Insured Persons in the Policy. <p>10. Preventive Health Check Up At the end of block of every continuous period of 3 policy years during which You have held Our Star Package policy covering Health Guard section, You are eligible for a free Preventive Health checkup. We will reimburse the amount equal to 1% of the sum insured max up to Rs. 2000/- for each member in Individual policy during the block of 3 years. This benefit can be availed by proposer & spouse only under Floater Sum Insured Policies. You may approach us for the arrangement of the Health Check up. For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance).</p>	
	<p>SECTION 2 HEALTH GUARD GOLD PLAN</p> <p>1. In-patient Hospitalisation Treatment If You are hospitalized on the advice of a Doctor, as defined under policy, because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary Medical Expenses incurred subject to</p> <ol style="list-style-type: none"> v) Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home without any sublimit. vi) If admitted in ICU, we will pay up to actual expenses provided by Hospital. vii) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees. viii) Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents, relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary. <p>2. Pre-Hospitalisation The Medical Expenses incurred during the 60 days immediately before you were Hospitalised, provided that: Such Medical Expenses were incurred for the same illness/injury for which subsequent Hospitalisation was required, and We have accepted an inpatient Hospitalisation claim under Inpatient Hospitalisation Treatment.</p> <p>3. Post-Hospitalisation The Medical Expenses incurred during the 90 days immediately after You were discharged post Hospitalisation provided that: Such costs are incurred in respect of the same illness/injury for which the earlier Hospitalisation was required, and We have accepted an inpatient Hospitalisation claim under Inpatient Hospitalisation Treatment.</p> <p>4. Road Ambulance We will pay the reasonable cost to a maximum of Rs 20000/- per policy year incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency. We will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You from the Hospital where you were admitted initially to another hospital with higher medical facilities. Claim under this section shall be payable by Us only when:</p> <ol style="list-style-type: none"> i. Such life threatening emergency condition is certified by the Medical Practitioner, and ii. We have accepted Your Claim under "In-patient Hospitalisation Treatment" or "Day Care Procedures" section of the Policy. <p>Subject otherwise to the terms, conditions and exclusions of the Policy. This benefit will be applicable annually for policies with term more than 1 year.</p>	

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	<p>5. Day Care Procedures We will pay you the medical expenses as listed above under In-patient Hospitalisation Treatment for Day care procedures / Surgeries taken as an inpatient in a hospital or day care centre but not in the outpatient department. Indicative list of Day Care Procedures is given in the annexure I of Policy wordings.</p> <p>6. Organ Donor Expenses: We will pay expenses towards organ donor's treatment for harvesting of the donated organ, provided that,</p> <p>iii. The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011 and the organ donated is for the use of the Insured Person, and</p> <p>iv. We have accepted an inpatient Hospitalisation claim for the insured member under In Patient Hospitalisation Treatment</p> <p>7. Convalescence Benefit: In the event of insured hospitalised for a disease/illness/injury for a continuous period exceeding 10 days, We will pay benefit amount of Rs. 5,000 for Sum Insured up to Rs. 5lacs and Rs. 7500 for Sum Insured 7.5lacs and above per policy year. This benefit will be triggered provided that the hospitalization claim is accepted under In Patient Hospitalisation Treatment. This benefit will be applicable annually for policies with term more than 1 year.</p> <p>8. Daily Cash Benefit for Accompanying an Insured Child We will pay Daily Cash Benefit of Rs. 500 per day maximum up to 10 days during each policy year for reasonable accommodation expenses in respect of one parent/legal guardian, to stay with any minor Insured Person (under the Age of 12), provided the hospitalization claim is paid under Inpatient Hospitalisation Treatment. This benefit will be applicable annually for policies with term more than 1 year.</p> <p>9. Sum Insured Reinstatement Benefit: If Inpatient Hospitalization Treatment Cover Sum Insured and Cumulative Bonus (if any) is exhausted due to claims lodged during the Policy year, then it is agreed that 100% of the Sum Insured specified under Inpatient Hospitalization Treatment be reinstated for the particular Policy year provided that:</p> <ol style="list-style-type: none"> 1. The reinstated Sum Insured will be triggered only after the Inpatient Hospitalization Treatment Sum Insured inclusive of the Cumulative Bonus (if applicable) has been completely exhausted during the policy year; 2. The reinstated Sum Insured can be used for claims made by the Insured Person in respect of the benefits stated in Inpatient Hospitalization Treatment. 3. If the claimed amount is higher than the Balance Sum Insured inclusive of the Cumulative Bonus (if applicable) under the policy, then this benefit will not be triggered for such claims 4. The reinstated Sum Insured would be triggered only for subsequent claims made by the Insured Person. In case of relapse within 45 days, this benefit will not trigger 5. This benefit is applicable only once during each policy year & will not be carried forward to the subsequent policy year/ renewals if the benefit is not utilized. 6. This benefit is applicable only once in life time of Insured Person covered under this policy for claims regarding CANCER OF SPECIFIED SEVERITY and KIDNEY FAILURE REQUIRING REGULAR DIALYSIS as defined under the policy. 7. This benefit will be applicable annually for policies with term more than 1 year. 8. Additional premium would not be charged for reinstatement of the Sum Insured. 9. In case Family Floater policy, Reinstatement of Sum Insured will be available for all Insured Persons in the Policy. <p>10. Preventive Health Check Up At the end of block of every continuous period of 3 policy years during which You have held Our Star Package policy covering Health Guard section, You are eligible for a free Preventive Health checkup. We will reimburse the amount equal to 1% of the sum insured max up to Rs. 5000/- for each member in Individual policy during the block of 3 years. This benefit can be availed by proposer & spouse only under Floater Sum Insured Policies. You may approach us for the arrangement of the Health Checkup. For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance).</p> <p>11. Ayurvedic / Homeopathic Hospitalisation Expenses If You are Hospitalised for not less than 24 hrs, in an Ayurvedic / Homeopathic Hospital which is a government hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health on the advice of a Doctor because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period then We will pay You: In-patient Treatment- Medical Expenses for Ayurvedic and Homeopathic treatment:</p> <ul style="list-style-type: none"> • Room rent, boarding expenses • Nursing care • Consultation fees • Medicines, drugs and consumables, • Ayurvedic and Homeopathic treatment procedures <p>Our maximum liability maximum is up to Rs. 20000 per policy year. This benefit will be applicable annually for policies with term more than 1 year. The claim will be admissible under the policy provided that,</p> <p>i. The illness/injury requires inpatient admission and the procedure performed on the insured cannot be carried out on out-patient basis</p>	
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	<p>12. Maternity Expenses We will pay the Medical Expenses for the delivery of a baby (including caesarean section) and/or expenses related to medically recommended and lawful termination of pregnancy, limited to maximum 2 deliveries or termination(s) or either, during the lifetime of the insured person, provided that,</p> <ol style="list-style-type: none"> Our maximum liability per delivery or termination shall be limited to the amount specified in the policy Schedule as per Sum Insured opted. From Sum insured Rs. 3lacs to Rs. 7.5 lacs is restricted to Rs. 15000 for normal delivery and Rs. 25000 for caesarean section and from Sum insured Rs. 10 lacs to Rs. 50lacs is restricted to Rs. 25000 for normal delivery and Rs. 35000 for caesarean section We will pay the Medical Expenses of pre-natal and post-natal hospitalization per delivery or termination upto the amount stated in the policy Schedule. Waiting period of 72 months from the date of issuance of the first policy with us, provided that the policy has been renewed continuously renewed with us without break for you. Fresh waiting period of 72 months would apply for all the policies which are issued with continuity under portability guidelines either from our existing Health Product or any other Non-Health or Standalone Health Insurance Company. We will not cover Ectopic pregnancy under this benefit (although it shall be covered under In patient Hospitalisation Treatment) Any complications arising out of or as a consequence of maternity/child birth will be covered within the limit of Sum Insured available under this benefit. <p>13. New Born Baby Cover Coverage for new born baby will be considered subject to a valid claim being accepted under Maternity Expenses. We will pay the following expenses within the limit of the Sum Insured available under the Maternity Expenses section.</p> <p>We will pay for,</p> <ol style="list-style-type: none"> Medical Expenses towards treatment of your new born baby while you are hospitalised as an inpatient for delivery for the hospitalisation, Hospitalisation charges incurred on the new born baby during post birth including any complications shall be covered up to a period of 90 days from the date of birth and within limit of the Sum Insured under Maternity Expenses without payment of any additional premium Mandatory Vaccinations of the new born baby up to 90 days, as recommended by the Indian Pediatric Association will be covered under the Maternity Expenses Sum Insured. <p>14. Bariatric Surgery Cover If You are hospitalized on the advice of a Doctor because of Conditions mentioned below which required you to undergo Bariatric Surgery during the Policy period, then We will pay You, Reasonable and Customary Expenses related to Bariatric Surgery Eligibility: For adults aged 18 years or older, presence of severe obesity documented in contemporaneous clinical records, defined as any of the following:</p> <p>BMI greater than and equal to 40in conjunctions with any of the following severe comorbidities:</p> <ol style="list-style-type: none"> Coronary heart disease; or Medically refractory hypertension (blood pressure greater than 140 mm Hg systolic and/or 90 mm Hg diastolic despite concurrent use of 3 anti-hypertensive agents of different classes); or Type 2 diabetes mellitus <p>Special Conditions applicable to Bariatric Surgery Cover</p> <ul style="list-style-type: none"> This benefit is subject to a waiting period of 36 months from the date of first commencement of this policy and continuous renewal thereof with the Company. Fresh waiting period of 36 months would apply for all the policies which are issued with continuity under portability guidelines either from our existing Health Product or any other Non-Health or Standalone Health Insurance Company.. Policies which are issued with continuity under portability guidelines either from our existing Health Product or any other Non-Health or Standalone Health Insurance Company will have to wait for 36 months from issuance of Star Package policy covering Health Guard section to avail this benefit. Our maximum liability will be restricted to 50% of Sum insured maximum up to Rs. 5lac. Bariatric surgery performed for Cosmetic reasons is excluded. The indication for the procedure should be found appropriate by two qualified surgeons and the insured person shall obtain prior approval for cashless treatment from the Company. 	
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	<p>SECTION 3 CRITICAL ILLNESS: If the Insured diagnosed as suffering from a Critical Illness which first occurs or manifests itself during the Policy Period, and if the Insured survives for a minimum of 30 days from the date of diagnosis, the Company shall pay a Critical Illness Benefit.</p> <p>List of Critical Illnesses covered:</p> <ol style="list-style-type: none"> 1. First Heart Attack - Of Specified Severity 2. Open Chest CABG 3. Stroke Resulting In Permanent Symptoms 4. Cancer Of Specified Severity 5. Kidney Failure Requiring Regular Dialysis 6. Major Organ Transplant 7. Multiple Sclerosis With Persisting Symptoms 8. Surgery Of Aorta 9. Primary Pulmonary Arterial Hypertension 10. Permanent Paralysis Of Limbs 11. Neuro Surgery 12. Joint Replacement 	Part A, Section 3
	<p>SECTION 4 PERSONAL ACCIDENT:</p> <ul style="list-style-type: none"> • 100% of sum insured payable In case of death due to accident. • 125% of sum insured payable in case of Permanent Total Disability • For Permanent Partial Disability, the benefit is as per the PPD table in the policy document. • 1% of the sum insured per week, up to a maximum of 100 weeks is payable for Temporary Total Disability. • The Company will reimburse the actual medical expenses incurred or 40% of the admissible claim; whichever is lower, towards the cost of treatment of accidental bodily injury sustained by the insured 	Part A, Section 4
	<p>SECTION 5 EDUCATION GRANT: The company will pay the amount in the event of the insured person (Self) suffering.</p> <ol style="list-style-type: none"> 1. Accidental Bodily Injury causing the Insured's death within 12 months of the Accidental Bodily Injury being sustained, whereafter this Policy shall expire. 2. In the event of Accidental Bodily Injury causing the Insured's Permanent Total Disability within 12 months of the Accidental Bodily Injury being sustained. The Amount would be payable to the nominee under the policy for the continuing education of the deceased's child/ children 	Part A, Section 5
	<p>SECTION 6 BURGLARY (HOUSEHOLD CONTENTS ONLY) & FIRE (HOUSEHOLD CONTENTS) – FIRST LOSS COVER The Company will indemnify the Insured in respect of loss of or damage to the Contents or any part thereof whilst contained in the Insured Premises (address given in the schedule) caused by actual or attempted Burglary or Housebreaking or accidental fire as below:</p> <ul style="list-style-type: none"> • The householders contents will be covered on the first loss basis as per coverage under the Standard Fire policy (Including earthquake) and burglary policy @ 25% of the value at risk. Any valuable with value more than 5 % of the sum insured in this section is to be specifically declared along with the value at the time of proposing insurance • Or at the time of loss the amount payable will be restricted to 5% of the first loss sum insured 	Part A, Section 6
	<p>SECTION 7 –TRAVELING BAGGAGE (ANYWHERE IN WORLD) –VALUABLES EXCLUDED The Company will indemnify the Insured and/or the Insured's Family in respect of the accidental loss of, destruction of or damage caused to personal baggage accompanying the Insured and/or the Insured's Family or for which the Insured is responsible whilst travelling anywhere in world.</p>	Part A, Section 7
	<p>SECTION 8 – PUBLIC LIABILITY The Company will indemnify the Insured against:</p> <ol style="list-style-type: none"> 1. His legal liability to pay Damages for civil claims of Bodily Injury or Property Damage arising out of the Insured's use, ownership or occupation of the Insured Premises for solely domestic purposes and caused by the negligent act, error or omission of the Insured, the Insured's Family or the Insured's Household Staff, save that no indemnity is available hereunder for any liability that may be incurred under the Public Liability Insurance Act 1991 or any other statute or law based on no fault or strict liability, or for any civil claim brought by the Insured or his Family; and 2. As the keeper and owner of domestic pets 	Part A, Section 8

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<p>3</p>	<p>What are the major exclusions in the policy?</p>	<p>SECTION 1 Hospital Cash</p> <ul style="list-style-type: none"> • Pre-existing disease and related complications. • Any treatment not performed by a Physician or any treatment of a purely experimental nature. • Any and all variants of the condition commonly referred to as Cancer, except in case of invasive malignant melanoma. • Any routine or prescribed medical check up or examination. Medical Expenses relating to any hospitalization for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or accidental Bodily Injury for which hospitalization is required. • Any illness that has been classified as an Epidemic by the Central or State Government. • Circumcision, cosmetic or aesthetic treatments of any description change of life surgery or treatment. • Plastic surgery unless necessary for the treatment of Illness or accidental Bodily Injury as a direct result of the insured event and performed within 6 months of the same. • Dental treatment or surgery of any kind unless necessitated by Accidental Bodily Injury. • Convalescence, general debility, nervous or other breakdown, rest cure, congenital diseases or defect or anomaly, sterility, sterilization or infertility (diagnosis and treatment), any sanatoriums, spa or rest cures or long term care or hospitalization undertaken as a preventive or recuperative measure. • Self afflicted injuries or conditions (attempted suicide), and/or the use or misuse of any drugs or alcohol. • Any sexually transmitted diseases or any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus type or any Syndrome or condition of a similar kind commonly referred to as AIDS. • Treatment arising from or traceable to pregnancy and childbirth and related complications. (Ectopic pregnancy is covered under the policy) • Hospitalization for the sole purpose of physiotherapy. • Medical expenses where hospitalisation is not warranted. • War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection military or usurped power of civil commotion or loot or pillage in connection herewith, naval or military operations of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like. • Any natural peril (including but not limited to avalanche, earthquake, volcanic eruptions or any kind of natural hazard). • Participation in any hazardous activity. • Radioactive contamination. • Non-allopathic treatment. • Consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever. 	<p>Part A, Section 1, Exclusion</p>
		<p>Section 2: Exclusions specific to Health Guard Silver</p> <ol style="list-style-type: none"> 1. Any treatment arising from or traceable to pregnancy, child birth including cesarean section and/or any treatment related to pre and postnatal care and complications arising out of Pregnancy and Childbirth. However this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending medical practitioner <p>Section 2: Exclusions common to Health Guard Silver and Gold Plans</p> <ol style="list-style-type: none"> 1. Any dental treatment that comprises cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, orthognathic surgery, jaw alignment or treatment for the temporomandibular (jaw) joint, or upper and lower jaw bone surgery and surgery related to the temporomandibular (jaw) unless necessitated by an acute traumatic injury or cancer and also requiring Hospitalisation 2. Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock 3. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not) [except for compelling the Government or any other person to do or abstain from doing any act as defined under the definition of Terrorist act], civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority. Any Medical expenses incurred due to Acts of Terrorism will be covered under the policy. 4. Circumcision unless required for the treatment of Illness or Accidental bodily injury, 5. Cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender. 6. Any form of plastic surgery unless necessary for the treatment of cancer, burns or accidental Bodily Injury 7. The cost of spectacles, contact lenses, hearing aids, crutches, artificial limbs, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for intrinsic fixtures used for orthopedic treatments such as plates and K-wires. 8. External medical equipment of any kind used at home as post hospitalisation care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition. 9. Convalescence, general debility, rest cure, congenital external diseases or defects or anomalies, genetic disorders, stem cell implantation or surgery, or growth hormone therapy. 10. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) 11. Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction. 	<p>Part A, Section 2 Exclusions</p>

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		<p>12. Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus or Variant/ mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS.</p> <p>13. Medical Expenses relating to any hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations</p> <p>14. Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating doctor.</p> <p>15. Any fertility, sub fertility, Infertility, sterility, erectile dysfunction, impotence, assisted conception operation or sterilization procedure.</p> <p>16. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor</p> <p>17. Experimental, unproven or non-standard treatment</p> <p>18. Weight management services and treatment related to weight reduction programmes including treatment of obesity</p> <p>19. Treatment for any mental illness or psychiatric illness, Parkinson's Disease.</p> <p>20. All non-medical Items as per Annexure II of Policy Wordings</p> <p>21. Any treatment received outside India is not covered under this policy</p>	
		<p>Section 3: Critical Illness</p> <ul style="list-style-type: none"> Any Critical Illness for which care, treatment, or advice was recommended by Exclusion or received from a Physician, or which first manifested itself or was contracted before the start of the Policy Period, or for which a claim has or could have been made under any earlier policy. Any sexually transmitted diseases or any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus type III (III LB III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS. Treatment arising from or traceable to pregnancy, childbirth postpartum complications including but not limited to caesarian section, birth defects and congenital anomalies. Occupational diseases. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority and claims due to nuclear weapons and/or materials. Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any other kind of natural hazard). Radioactive contamination. Consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever. Intentional self-injury and/or the use or misuse of intoxicating drugs and/or alcohol. 	<p>Part A, Section 3 Exclusion</p>
		<p>Exclusion under 4 and 5 sections: Personal Accident And Education Grant</p> <ul style="list-style-type: none"> Suicide, attempted suicide or self inflicted injury or illness & 5 Exclusion Whilst under the influence of intoxicating liquor or drugs Any deliberate or intentional, unlawful or criminal act, error, or omission of the Insured. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority and claims due to nuclear weapons and/or materials. Any consequential losses of any kind, and/or any actual or alleged legal liability of the Insured. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs. Any loss caused either directly or indirectly by nuclear energy, radiation. Curative treatments or interventions that the Insured performs or has had performed on his body. Venereal or sexually transmitted disease, HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or mutant derivatives or variations thereof however caused. Pregnancy, resulting childbirth, miscarriage, abortion, or complication arising out of any of the foregoing. The Insured's participation in any naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy, whether foreign or domestic. 	<p>Part A, Section 4 & 5 Exclusion</p>
		<p>SECTION 6 BURGLARY (HOUSEHOLD CONTENTS ONLY) & FIRE (HOUSEHOLD CONTENTS) – FIRST LOSS COVER</p> <p>Fire, excluding destruction or damage caused to the contents insured by:</p> <p>2.1.1. Its own fermentation, natural heating or spontaneous combustion.</p> <p>2.1.2. Its undergoing any heating or drying process.</p> <p>2.1.3. Burning of property insured by order of any Public Authority.</p>	<p>Part A, Section 6 Exclusion</p>

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		<p>Section 7: Traveling Baggage</p> <ul style="list-style-type: none"> loss or damage due to cracking scratching or breakage of lens or glass whether Exclusion part of china, marble, gramophone records or otherwise and other articles of a brittle or fragile nature, unless such loss or damage arises from an accident to a vessel, train, or other mechanised vehicle or aircraft by which such baggage is conveyed by the Insured and/or the Insured's Family loss or damage caused by or any process of cleaning, dyeing repairing or restoring to which the baggage is subjected loss or damage caused by moth, mildew or vermin loss or damage to any electrical machines, apparatus, fixtures or fittings (including wireless sets, radio, television sets and tape recorders) arising from over running, excessive pressure, short circuiting arcing self heating or leakage or electricity from whatever cause (lightning included) loss or damage caused by mechanical derangement or over winding of watches and clocks theft from cars except from fully enclosed saloon cars having all the doors, windows and other openings securely locked and properly fastened, and any other security aid properly applied loss or damage whilst being conveyed by any carrier under contract of affreightment loss of or damage to Jewellery or Valuables loss of or damage to article which did not form part of the Contents of the baggage when the journey commenced unless specifically declared and accepted by the Company loss or destruction of or damage to baggage of a consumable nature loss of or damage to carried loose articles such as sticks, straps, umbrellas, sunshades, deck chairs, property in use on the journey or articles of clothing whilst being worn on the person or carried about loss destruction or damage caused by or arising from the leakage spilling or exploding of liquid, oils or material of a like nature or articles of a dangerous or damaging nature any tour or travel undertaken within the municipal limits of the village, town or city wherein the Insured permanently resides. 	Part A, Section 7 Exclusion
		<p>Section 8: Public Liability</p> <ul style="list-style-type: none"> any voluntarily assumed liability unless such liability would have attached to the Exclusion Insured in the absence of such agreement any liability arising out of a deliberate, wilful or intentional act, error, omission, or non-compliance with any statutory provision liability arising out of the ownership, possession or use by or on behalf of the Insured or his Family or Household Staff of any motor vehicle or trailer for which compulsory insurance is required, save that cover shall be provided for claims arising out of Bodily Injury or Property Damage caused by the loading or unloading of any motor vehicle or trailer beyond the limits of any carriageway or thoroughfare liability arising out of the ownership, possession or use by or on behalf of the Insured or his Family or Household Staff of any watercraft, hovercraft, air- or spacecraft any interest and/or penalty imposed on the Insured on account of his failure to comply with the requirements laid down under the Workmen's Compensation Act 1923 or any amendment thereto the transmission of any communicable disease or virus occupation or business, trade or employment 	Part A, Section 8 Exclusion
		<p>Exclusions applicable to all sections</p> <ul style="list-style-type: none"> war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection military or usurped power of civil commotion or loot or pillage in connection herewith. Loss or damage caused by depreciation or wear and tear. Consequential loss of any kind or description. Loss or damage directly or indirectly caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission). 	Part B Exclusion
4	Waiting periods	<p>Waiting Periods Applicable for Section 1 Hospital cash</p> <ol style="list-style-type: none"> 30 days waiting period is applicable from date of first policy inception for any illness/ disease except for Accidental Bodily Injury. 1 year waiting period applicable for below diseases: cataracts, benign prostatic hypertrophy, hysterectomy, menorrhagia, fibromyoma, D&C, endometriosis, hernia of all types, hydrocele, fistulae, haemorrhoids, fissure in ano, stones in the urinary and biliary systems, surgery on tonsils or sinuses, skin and all internal tumours/ cysts/nodules/polyps of any kind including breast lumps, gastric or duodenal ulcer, back ache, prolapsed intervertebral disc. If the above diseases are pre existing then those will be permanently excluded from the policy. <p>Waiting Periods Applicable for Section 2: Health Guard Silver and Gold Plans</p> <ol style="list-style-type: none"> Benefits will not be available for Any Pre-existing condition, ailment or injury, until 36 months of continuous coverage have elapsed, after the date of inception of the first Star Package policy covering Health Guard section, provided the preexisting disease / ailment / injury is disclosed on the proposal form. The above exclusion 1 shall cease to apply if You have maintained a Star Package policy covering Health Guard section with Us for a continuous period of a full 36 months without break from the date of Your first Star Package policy covering Health Guard section. In case of enhancement of Sum Insured, this exclusion shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced Sum Insured) and if the policy is a renewal of Star Package policy covering Health Guard section with Us without break in cover. 	Part A, Section 1 Exclusion Part A, Section 2 Exclusion

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		<p>2. We will also not pay for claims arising out of or howsoever connected to the following for the first 24 months of Star Package policy covering Health Guard section,</p> <table border="1" data-bbox="347 309 1278 694"> <tr> <td>1. Any types of gastric or duodenal ulcers,</td> <td>9. Cataracts,</td> </tr> <tr> <td>2. Benign prostatic hypertrophy</td> <td>10. Hernia of all types</td> </tr> <tr> <td>3. All types of sinuses</td> <td>11. Fistulae, Fissure in ano</td> </tr> <tr> <td>4. Haemorrhoids</td> <td>12. Hydrocele</td> </tr> <tr> <td>5. Dysfunctional uterine bleeding</td> <td>13. Fibromyoma</td> </tr> <tr> <td>6. Endometriosis</td> <td>14. Hysterectomy</td> </tr> <tr> <td>7. Stones in the urinary and biliary systems</td> <td>15. Surgery for any skin ailment</td> </tr> <tr> <td>8. Surgery on ears/tonsils/adenoids/paranasal sinuses</td> <td>16. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth.</td> </tr> </table> <p>This exclusion shall apply for a continuous period of 36 months from the date of Your Star Package policy covering Health Guard section, if the above referred illness were present at the time of commencement of the policy and if You had declared such illness at the time of proposing the policy for the first time. In case of enhancement of Sum Insured, the waiting periods shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced Sum Insured) and if the policy is a renewal of Star Package policy covering Health Guard section with Us without break in cover.</p> <p>3. Any Medical Expenses incurred during the first 36 months during which You have the benefit of a HStar Package policy covering Health Guard section with Us in connection with:</p> <ul style="list-style-type: none"> • Joint replacement surgery, • Surgery for prolapsed inter vertebral disc (unless necessitated due to an accident) • Surgery to correct deviated nasal septum • Hypertrophied turbinate • Congenital internal diseases or anomalies • Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons. <p>4. Any disease contracted and /or medical expenses incurred in respect of any disease /illness by the insured during the first 30 days from the commencement of the policy, except for accidental injuries.</p>	1. Any types of gastric or duodenal ulcers,	9. Cataracts,	2. Benign prostatic hypertrophy	10. Hernia of all types	3. All types of sinuses	11. Fistulae, Fissure in ano	4. Haemorrhoids	12. Hydrocele	5. Dysfunctional uterine bleeding	13. Fibromyoma	6. Endometriosis	14. Hysterectomy	7. Stones in the urinary and biliary systems	15. Surgery for any skin ailment	8. Surgery on ears/tonsils/adenoids/paranasal sinuses	16. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth.	<p>Part A, Section 2 Exclusions</p>
1. Any types of gastric or duodenal ulcers,	9. Cataracts,																		
2. Benign prostatic hypertrophy	10. Hernia of all types																		
3. All types of sinuses	11. Fistulae, Fissure in ano																		
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8. Surgery on ears/tonsils/adenoids/paranasal sinuses	16. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth.																		
		<p>Waiting Periods Applicable for Section 2: Health Guard Gold Plan</p> <p>1. Any treatment arising from or traceable to pregnancy, child birth including cesarean section and/or any treatment related to pre and postnatal care and complications arising out of Pregnancy and Childbirth until 72 months continuous period has elapsed since the inception of the first Star Package policy covering Health Guard section with Us. However this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending medical practitioner.</p> <p>2. Any Medical Expenses incurred during the first 36 months during which You have the benefit of a Star Package policy covering Health Guard section with Us in connection with:</p> <ul style="list-style-type: none"> • Bariatric Surgery 	<p>Part A, Section 2 Exclusions</p>																
		<p>Waiting Periods Applicable for Section 3: Critical Illness</p> <p>Any Critical Illness diagnosed within the first 90 days of the date of commencement Exclusions of the Policy is excluded. This exclusion shall not apply to an Insured for whom coverage has been renewed by the Named Insured, without a break, for subsequent years.</p>	<p>Part A, Section 3 Exclusion</p>																
<p>5</p>	<p>Payout basis</p>	<p>Payout under Health Guard, Household contents, Travel baggage, Public Liability section is on Indemnity basis. Payout under sections Hospital Cash, Critical Illness, Personal Accident, Education Grant is on benefit basis.</p> <p>Health Guard Coverage on Indemnity Basis:</p> <ul style="list-style-type: none"> • In-patient Hospitalisation Treatment • Pre-Hospitalisation • Post-Hospitalisation • Road Ambulance • Day Care Procedures • Organ Donor Expenses: • Sum Insured Reinstatement Benefit: • Preventive Health Check Up • Ayurvedic / Homeopathic Hospitalisation Expenses • Maternity Expenses • New Born Baby Cover • Bariatric Surgery Cover <p>Health Guard Coverage on Benefit Basis:</p> <ul style="list-style-type: none"> • Convalescence Benefit: • Daily Cash Benefit for Accompanying an Insured Child 	<p>Part A, Section 2, 6, 7 and 8</p> <p>Part A, Section 1,3,4 and 5</p>																

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6	Cost sharing	In case of a claim, this policy requires you to share the following costs: i. 10% or 20% of each claim under Inpatient Hospitalisation Treatment as Co-payment if voluntarily opted by the Insured	Part D, II Point 5- Basis of claim Payment Section2- Health guard
7	Renewal Conditions	i. Under normal circumstances, renewal will not be refused except on the grounds of Your moral hazard, misrepresentation, non- cooperation or fraud. ii. In case of Our own renewal, a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of 12 month waiting period. However, any treatment availed for an Illness or Accident sustained or contracted during the break period will not be admissible under the Policy. iii. For renewals received after completion of 30 days grace period, a fresh application of health insurance should be submitted to Us, it would be processed as per a new business proposal. iv. Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAL. v. For dependent children, Policy is renewable up to 35 years. After the completion of maximum renewal age of dependent children, the policy would be renewed for lifetime, Subject to Separate proposal form to be submitted to us at the time of renewal with the insured member as proposer and subsequently the policy should be renewed with us annually and within the Grace period of 30 days from date of Expiry.	Part D, III Point 1, Terms of Renewal
8	Special Condition	Employee Discount (Applicable to Section 2. Health Guard only) • 20% discount on published premium rates to employees of Bajaj Allianz & its group companies, this discount is applicable only if the policy is booked in direct office code Co-pay Discount (Applicable to Section 2. Health Guard only) • If opted voluntarily and mentioned on the Policy Schedule that a Co-payment is effective by the Insured then Insured will be eligible of additional 10% or 20% discount on the policy premium. • If a claim has been admitted under Section A 1) In-patient Hospitalization Treatment then, the insured person shall bear 10% or 20% respectively of the eligible claim amount payable under this section and Our liability, if any, shall only be in excess of that sum and would be subject to the Sum Insured. I. Section Discounts: a. 10% discount applicable if number of sections opted is 4 or 5 b. 15% discount applicable if number of sections opted is more than 5 II. Long Term Policy Discount: a. 10% discount is applicable if policy is opted for 2years b. 15% discount is applicable if policy is opted for 3years	Part D, IV, Point 9 Discounts
9	Renewal Benefits	1. Cumulative Bonus: If You renew Your " Star Package policy covering Health Guard section" with Us without any break and there has been no claim in the preceding year, We will increase the Limit of Indemnity by 10% of base sum insured per annum, but: i. The maximum cumulative increase in the Limit of Indemnity will be limited to 10 years and 100% of base sum insured of Your first "Star Package policy covering Health Guard section" with Us. ii. This clause does not alter the annual character of this insurance iii. If a claim is made in any year where a cumulative increase has been applied, then the increased Limit of Indemnity in the policy period of the subsequent "Star Package policy covering Health Guard section" shall be reduced by 10%, save that the limit of indemnity applicable to Your first " Star Package policy covering Health Guard section" with Us shall be preserved. 2. Preventive Health Check Up At the end of block of every continuous period of 3 policy years during which You have held Our Star Package policy covering Health Guard section, You are eligible for a free Preventive Health checkup. We will reimburse the amount equal to 1% of the sum insured max up to Rs. 2000/- for each member in Individual policy during the block of 3 years. This benefit can be availed by proposer & spouse only under Floater Sum Insured Policies. You may approach us for the arrangement of the Health Check up. For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance). 3. Preventive Health Check Up At the end of block of every continuous period of 3 policy years during which You have held Our Star Package policy covering Health Guard section, You are eligible for a free Preventive Health checkup. We will reimburse the amount equal to 1% of the sum insured max up to Rs. 5000/- for each member in Individual policy during the block of 3 years. This benefit can be availed by proposer & spouse only under Floater Sum Insured Policies. You may approach us for the arrangement of the Health Check up. For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance).	Part D, III Point 2, Cumulative Bonus Part A, Section 2, Point, Health Guard Silver Plan Point 10. Part A, Section 2, Point, Health Guard Gold Plan Point 10.

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10	Cancellation	<p>i. We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period. Under normal circumstances, Policy will not be cancelled except for reasons of mis-representation, fraud, non-disclosure of material facts or Your non-cooperation.</p> <p>ii. You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.</p>	Premium Refund			Part D, IV. Point 5
		Period in Risk	Policy Period 1 Year	Policy Period 2 Year	Policy Period 3 Year	
		Within 15 Days	Pro Rata Refund			
		Exceeding 15 days but less than 3 months	65.00%	75.00%	80.00%	
		Exceeding 3 months but less than 6 months	45.00%	65.00%	75.00%	
		Exceeding 6 months but less than 12 months	0.00%	45.00%	60.00%	
		Exceeding 12 months but less than 15 months		30.00%	50.00%	
		Exceeding 15 months but less than 18 months		20.00%	45.00%	
		Exceeding 18 months but less than 24 months		0.00%	30.00%	
		Exceeding 24 months but less than 27 months			20.00%	
		Exceeding 27 months but less than 30 months			15.00%	
		Exceeding 30 months but less than 36 months			0.00%	
		<p>Note:</p> <ul style="list-style-type: none"> The first slab of Number of days "within 15 days" in above table is applicable only in case of new business. In case of renewal policies, period is risk "Exceeding 15 days but less than 3 months" should be read as "within 3 months". 				
<p>(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the Policy Brochure/Prospectus and the policy document the terms and conditions mentioned in the policy document shall prevail.</p>						