



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office : 1, New Tank Street, Valluvar Kottam High Road,
Nungambakkam, Chennai - 600 034. Phone : 044 - 2828 8800

CIN : U66010TN2005PLC056649 Email : support@starhealth.in Website : www.starhealth.in IRDAI Regn. No : 129

AYUSHMAN BHARAT – PRADHAN MANTRI JAN AROGYA YOJANA (ABPM JAY)

UIN No. SHAHGSP20026V011920

Group Health Insurance Policy

Whereas the Insured designated in the Schedule hereto has entrusted to Star Health and Allied Insurance Co. Ltd. (hereinafter referred to as Company) by a Memorandum of Understanding (hereinafter referred to as MoU) dated 7th March 2019 executed on 8th May 2019, the Health insurance requirement in respect of persons named in the schedule hereto (referred as Beneficiaries) and has paid premium as consideration for such insurance.

The said MoU and the Tender dated 20th September 2018 shall be the basis of this contract and is deemed to be incorporated herein.

Now this policy witnesseseth that subject to the terms, conditions, exclusions and definitions contained in the above said MoU and Tender Document, the Company undertakes that if during the period stated in the schedule, any insured beneficiary shall require hospitalization treatment in respect of 1350 Packages pertaining to 23 specialty as detailed in MoU, the Company will arrange for cashless treatment for the beneficiaries up to the limits mentioned in the MoU but not exceeding the sum insured stated herein.

BENEFICIARIES: As stated in Part I (2) of the MoU

IDENTIFICATION OF BENEFICIARIES : As stated in Part I (4) of the MoU

SUM INSURED shall mean the sum of Rs.5,00,000/- per AB PM-JAY Beneficiary Family per annum against which the AB PM-JAY Beneficiary Family Unit may seek benefits as per the benefit package proposed under AB PM-JAY

PAYMENT OF INSURANCE PREMIUM:

It is agreed that Government of Union Territory of Puducherry shall pay to the Insurer an amount of Rs. 4,46,83,488/- (Rupees Four Crores Forty Six Lakhs Eighty Three Thousand Four Hundred and Forty Eight Only) towards the entire annual premium administer the scheme. The payment shall be made in 3 installments. The first installment will be paid before the within 21 days of signing of agreement. The second installment will be paid within 15 days of expiry of six months of the policy. The third installment will be paid within 15 days of expiry of the policy period



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PERIOD OF INSURANCE:

The insurance coverage under the scheme shall be in force for a period of one year from the date of commencement of the policy i.e. from 00:00 hours of _____ to midnight of _____.

CASHLESS FACILITY:

All claims shall be settled on cashless basis and the Company undertakes to settle the bills to the network hospital within 15 working days, when the bills are received in full form in all aspects after the medical treatment, as per the package rates and if other procedural aspects are in order.

PRE-EXISTING DISEASES:

This policy undertakes to cover pre-existing diseases as on the day of the commencement of the insurance policy or earlier, that may warrant any of the covered surgical procedure.

RISK BEARING:

It is hereby declared and agreed that no coinsurance arrangement has been entered into relating to the risk covered under this policy.

CLAIMS PROCEDURE:

Pre-authorization of procedures shall be as per Part I (11) of the MoU and Claims Management shall be as per Part I (13) of the MoU

EXCLUSIONS

The Company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Beneficiary in connection with or in respect of:

1. Condition that do not require hospitalization and can be treated under Out Patient Care. Out Patient Diagnostic, unless necessary for treatment of a disease covered under Medical and Surgical procedures or treatments or day care procedures (as applicable), will not be covered.
2. Except those expenses covered under pre and post hospitalisation expenses, further expenses incurred at Hospital or Nursing Home primarily for evaluation / diagnostic purposes only during the hospitalized period and expenses on vitamins and tonics etc unless forming part of treatment for injury or disease as certified by the attending physician.
3. Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc. unless arising from disease, illness or injury and which requires hospitalisation for treatment.
4. Congenital external diseases or defects or anomalies, Convalescence, general debility, "run down" condition or rest cure.



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5. Fertility related procedures: Hormone replacement therapy for Sex change or treatment which results from or is in any way related to sex change.
6. Drugs and Alcohol Induced illness: Diseases, illness or injury due to or arising from use, misuse or abuse of drugs or alcohol or use of intoxicating substances, or such abuse or addiction.
7. Vaccination: Vaccination, inoculation or change of life or cosmetic or of aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness. Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident),
8. Suicide: Intentional self-injury/suicide
9. Persistent Vegetative State

ARBITRATION:

In case of any dispute arising between the parties to this agreement on the issues covered under the MOU, the matter shall be referred to arbitration in accordance with the provisions of Arbitration and Conciliation Act.

For Star Health and Allied Insurance Co. Ltd.

Place : Puducherry

Date :

Authorised Signatory



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HEALTH INSURANCE (GROUP) POLICY SCHEDULE

Name of the Proposer	:	Government of Puducherry
Insured Persons	:	
/ Beneficiaries	:	As stated in Part I (2) of the MoU
Policy Period	:	_____ (00.00 hrs) to _____ (24.00 hrs)
Sum Insured	:	Sum of Rs. 5,00,000/- per AB PM-JAY Beneficiary Family per annum against which the AB PM-JAY Beneficiary Family Unit may seek benefits as per the benefit package proposed under AB PM-JAY
Annual	:	Rs. 4,46,83,488/-

INSTALLMENTS

Installment		Amount		Due Date
		In Rs.	In Words	
First Installment	Premium	2,01,07,570/-	Two Crores One Lakh Seven thousand Five Hundred and Seventy Only	Within 21 days of signing of the agreement
Second Installment	Premium	2,01,07,570/-	Two Crores One Lakh Seven thousand Five Hundred and Seventy Only	Within 15 days of expiry of six months of the policy
Third Installment	Premium	44,68,349/-	Forty Four Lakhs Sixty Eight Thousand Three Hundred and Forty Nine Only	Within 15 days of expiry of the policy period
Total	Premium	4,46,83,488/-	Four Crores Forty Six Lakhs Eighty Three Thousand Four Hundred and Eighty Eight Only	

For Star Health and Allied Insurance Co. Ltd.,

Place: Puducherry

Date :

Authorised Signatory