



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam,
Chennai - 600 034. ★ Phone : 044 - 28288800 ★ Email : support@starhealth.in
Website : www.starhealth.in ★ CIN : U66010TN2005PLC056649 ★ IRDAI Regn. No. : 129

Kind Attention : Policyholder

Please check whether the details given by you about the insured persons in the proposal form (a copy of which was provided at the time of issuance of cover for the first time) 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 date of receipt of this 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 COMPREHENSIVE INSURANCE POLICY

Unique Identification No. : IRDA/NL-HLT/SHAI/P-H/V.III/398/14-15

TITLE	DESCRIPTION	CLAUSE No. OF THE POLICY
What am I covered for	A. In-patient Treatment : covers hospitalisation expenses for period more than 24 hrs.	Section-1
	B. Emergency Ambulance- Minimum Rs. 2,000/- per policy period, Maximum Rs. 5,000/- based on the sum insured opted. In case of Air Ambulance, the per policy limit is up to 10% of the Sum Insured opted. Note : Air Ambulance is available for the Sum Insured of Rupees 7.50 lakhs and above only	1(D)
	C. Pre-Hospitalisation : Medical Expenses incurred up to 30 days prior to the hospitalisation	1(E)
	D. Post-Hospitalisation : Medical Expenses incurred up to 60 days after discharge from the hospital	1(F)
	E. Outpatient consultation (other than Dental and Ophthalmic treatment) Minimum Rs. 1,200/- Maximum Rs.3,300/- based on the sum insured	1-G
	F. Domiciliary Hospitalisation treatment for a period exceeding three days	1-H
	G. Coverage for Delivery Minimum Rs.10,000/- Maximum Rs.40,000/- based on the sum insured New Born Baby cover Minimum Rs.50,000/- maximum Rs.1,00,000/- based on the sum insured	Section-2
	H. Outpatient Dental and Ophthalmic treatment Minimum Rs. 5,000/- Maximum Rs.10,000/- based on the sum insured	Section-3
	I. Cash benefit for each completed day of hospitalization .	Section-4
	J. Health Check up : Expenses incurred for health check up minimum Rs. 5,000/- maximum Rs. 12,000/- based on the sum insured	Section-5
	K. Bariatric Surgery	Section-6
	L. Accidental Death and Permanent Total Disablement	Section 7
	M. Second Medical Opinion	Section 8
	N. Day Care Procedure	List Attached
	O. Restoration of Sum Insured : Automatic restoration of basic sum insured once during the currency of the policy period on exhaustion of the basic sum insured and accrued cumulative bonus, if any	Condition 11
What are the major Exclusions Applicable for Sections 1 to 6	1. Any hospital admission primarily for investigation/diagnostic purposes	Exclusion-11
	2. Pregnancy (other than ectopic pregnancy) (except to the extend covered under section 2) infertility, congenital external (other than for new born)	Exclusion-13
	3. Non Allopathic Treatment	Exclusion-18
	4. Treatment outside India	Condition-15

TITLE	DESCRIPTION	CLAUSE No. OF THE POLICY
What are the major Exclusions Applicable for Sections 1 to 6	5. Circumcision, Sex change surgery, cosmetic surgery and plastic surgery (other than for accidents or covered disease)	Exclusion-6
	6. Refractive error correction/ hearing impairment correction, corrective and cosmetic dental surgery, weight control services including cosmetic procedures for treatment of obesity, medical treatment for weight control/loss programs except to the extent provided under Section-6	Exclusion-16 and 17
	7. Intentional self injury and use of intoxicating drugs/alcohol/HIV or AIDS	Exclusion-9 and 10
	8. War, terrorism and nuclear perils	Exclusion-4 and 5
	9. Naturopathy Treatment	Exclusion-14
	10. Enhanced External Counter Pulsation therapy and related therapies and Rotational Field Quantum Magnetic Resonance Therapy	Exclusion-19
	11. Hospital registration charges, admission charges, record charges, telephone charges and such other charges	Exclusion-15
	The exclusions given above are only a partial list. Please refer the policy clause for the complete list	
What are the major Exclusions Applicable for Section 7	1. All Pre-existing Conditions	Exclusion - 23
	2. Intentional Self injury and use of intoxicating drugs /alcohol/ HIV or AIDS	Exclusion – 24 and 25
	3. War (nuclear, chemical and biological terrorism and nuclear perils)	Exclusion – 27 and 29
	4. Engaging in Hazardous sports/ activities	Exclusion - 31
Waiting period for section 1 to section 6	A. Pre existing disease will be covered after a waiting period of 48 months	Exclusion-1
	B. Disease contracted during the first 30 days from the commencement date of the policy (not applicable for subsequent renewals)	Exclusion-2
	C. 24 months for specific illness (not applicable for subsequent renewals)	Exclusion-3
	D. 36 months for benefit under section-2	Section - 2
	E. 36 months for benefit under section-6(bariatric surgery)	Section - 6
Payout	Cashless of reimbursement of covered expenses up to the specified limit	Section 1 to Section 6
Cost Sharing	Copayment: 10% of each and every claim for persons 60 years at entry level and their subsequent renewals.	Condition-6
Renewal Condition	Life long renewal subject to payment of applicable renewal premium in full before the due date	Condition-8
	Grace period of 30days for renewing the policy	
	Enhancement of sum insured at the time of renewal	
Renewal Benefit	Cost of Health Checkup: 1% of the average sum insured for every block of 3 claim free years.	Section -5
	Cumulative Bonus: Eligible for claim free year	Condition-10
Cancellation	Policy can be cancelled on grounds of misrepresentation, fraud, non disclosure of material fact as declared in proposal form/at the time of claim, or non co-operation by the insured person, by sending the insured 30 days notice without refund of premium	Condition-14
Claim under two policy periods	If the claim event falls between two policy period, the renewal policy sum insured also shall been taken into amount for claims settlement	Condition-7

(LEGAL DISCLAIMER) NOTE : The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the KFD (also known as Customer Information Sheet) and the policy document the terms and conditions mentioned in the policy document shall prevail.



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Unique Identification No. : IRDA/NL-HLT/SHAI/P-H/V.III/398/14-15

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 that if during the period stated in the Schedule of Benefits the insured person shall contract any disease or suffer from any illness or sustain bodily injury through accident and if such disease or injury shall require the insured Person, 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** the amount of such expenses as are reasonably and necessarily incurred up-to the limits indicated but not exceeding the sum insured in any one period stated in the Schedule hereto.

1. COVERAGE

Section 1 : Hospitalization

- A) Room (Single Standard A/C room), Boarding and Nursing Expenses as provided by the Hospital / Nursing Home
- 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, Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker and similar expenses.
- D) Emergency ambulance charges up-to the limit stated in the schedule of Benefits 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.

Subject to the above terms, the Insured Person/s is/are eligible for reimbursement, expenses incurred towards the cost of air ambulance as per the schedule of Benefits, if availed on the advice of the treating Medical Practitioner / Hospital. Air ambulance is payable for only from the place of first occurrence of the illness / accident to the nearest appropriate hospital. Such Air ambulance should have been duly licensed to operate as such by Competent Authorities of the Government/s.

Schedule of Benefits - Section 1 D	
Sum Insured (Rs)	Limit per policy period by road ambulance (Up-to) (Rs)
500000/-	2,000/-
750000/-	3,000/-
1000000/-	3,500/-
1500000/-	4,000/-
2000000/-	4,500/-
2500000/-	5,000/-
In case of Air Ambulance, the limit per policy period is up to 10% of the Sum Insured. However, this is not available for Sum Insured option of Rupees Five Lakhs.	

- E) Relevant **Pre-Hospitalization** medical expenses incurred for a period up-to 30 days immediately prior to the date of Hospitalization on the disease / illness 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 60 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) Expenses of Medical Consultations as an Out Patient incurred in a Network Hospital for other than Dental and Ophthalmic treatments, up to the limits mentioned in the schedule of benefits with a limit of Rs.300/- per consultation. Payment under this benefit G does not form part of Sum Insured, and payable while the policy is in force.

Out-Patient Consultation Section 1-G	
Sum Insured Rs	Limit for Out Patient consultation per policy period for other than Dental and Ophthalmic Treatments (up to Rs.)
5,00,000/-	1200/-
7,50,000/-	1500/-
10,00,000/-	2100/-
15,00,000/-	2400/-
20,00,000/-	3000/-
25,00,000/-	3300/-
Limit of per consultation is Rs.300/-	

- H) 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

- 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. 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

Note: Expenses on Hospitalization are payable provided the hospitalization is for minimum period of 24 hours. However this time limit will not apply for the treatments / procedures mentioned in the list of Day Care treatments, taken in the Hospital / Nursing Home and the Insured are discharged on the same day.

Section 2 : Delivery and New Born

- A) Expenses for a Delivery including Delivery by Caesarean section (including pre-natal and post natal expenses) up-to the limits mentioned in the schedule per Delivery, subject to a maximum of 2 deliveries in the entire life time of the insured person are payable while the policy is in force.
- B) Expenses up-to the limits mentioned in the Schedule of Benefits, incurred in a hospital/ nursing home on treatment of the New-born for any disease, illness (including any congenital disorders) or accidental injuries provided there is an admissible claim under A of Section-2 above and while the policy is in force.
- C) Vaccination expenses up to Rs.1000/-, for the new born baby until the new born baby completes one year and is added in the policy on renewal. Claim under this is admissible only if claim under A of Section-2 above has been admitted and while the policy is in force.

Section 2 Delivery and New Born			
Sum Insured Rs.	Limit for Delivery		Limit of Company's liability or New Born Cover Rs.
	Normal Delivery Rs.	Delivery by Caesarean Section Rs.	
5,00,000/-	10000/-	15000/-	50000/-
7,50,000/-	20000/-	40000/-	100000/-
10,00,000/-	25000/-	40000/-	100000/-
15,00,000/-	25000/-	40000/-	100000/-
20,00,000/-	25000/-	40000/-	100000/-
25,00,000/-	25000/-	40000/-	100000/-

Special Conditions applicable for this Section

- Benefit under this section 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. A waiting period of 24 months will apply afresh following a claim under "A" of Section-2 above.
- Pre-hospitalisation and Post Hospitalization expenses and Hospital Cash Benefit are

not applicable for this section.

- 3) This cover is available only when both Self and Spouse are Covered under this policy until the period when the benefit under this Section becomes payable. Claims under this section will not reduce the Sum Insured and will not impact the benefit under Section 5.

Section 3 : Out-patient Dental and Ophthalmic Treatment

Expenses incurred on acute treatment to a natural tooth or teeth or the services and supplies provided by a licensed dentist, up to limits mentioned in the schedule of Benefits are payable.

Expenses incurred for the treatment of the eye or the services or supplies provided by a licensed ophthalmologist, hospital or other provider that are medically necessary to treat eye problem including cost of spectacles / contact lenses, not exceeding the limit for the coverage as mentioned in the Schedule of Benefits are payable.

The insured persons become eligible for this benefit after continuous coverage under this policy after every block of 3 years with the company and payable while the policy is in force.

Claims under this section will not reduce the Sum Insured and will not impact the benefit under Section 5

Section 3 Out-patient Dental and Ophthalmic Treatment	
Sum Insured Rs.	Limit for Out Patient Dental and Ophthalmic Treatments for each block of 3 continuous years (up to Rs.)
5,00,000/-	5000/-
7,50,000/-	5000/-
10,00,000/-	10000/-
15,00,000/-	10000/-
20,00,000/-	10000/-
25,00,000/-	10000/-

Section 4 : Hospital Cash

Cash Benefit up to the limits mentioned in the Schedule of Benefits for each completed day of Hospitalization subject to a maximum of 7 days per occurrence is payable. Provided however there is an admissible claim under Section 1 of the policy.

This Benefit is available for a maximum of 120 days during the entire policy period.

This benefit is subject to an excess of first 24 hours of Hospitalization for each and every claim. Claims under this section will not reduce the Sum Insured.

Section 4 Hospital Cash	
Sum Insured Rs.	Limit of Company's liability per day (Rs)
5,00,000/-	500/-
7,50,000/-	750/-
10,00,000/-	750/-
15,00,000/-	1000/-
20,00,000/-	1000/-
25,00,000/-	1500/-

Section 5 : Health Check Up

Expenses incurred towards Cost of Medical Check-up up to the Limits indicated in the Schedule of Benefits is payable. The insured persons become eligible for these benefits after continuous coverage under this policy after every block of 3 claim-free years with the Company and payable while the policy is in force.

Where the policy is on a floater basis, if a claim is made under Section 1 (other than Section 1G) or under Section 6 by any of the insured persons the health check up benefits will not be available under the policy. However where the policy is on individual sum insured basis a claim made by one insured person will not affect the Health Check-up benefit to other insured persons covered.

Section 5 Health Check Up	
Sum Insured Rs	Limit (Up to Rs)
5,00,000/-	5000/-
7,50,000/-	7500/-
10,00,000/-	7500/-
15,00,000/-	12000/-
20,00,000/-	12000/-
25,00,000/-	12000/-

Section 6 : Bariatric Surgery

Expenses incurred on hospitalization for bariatric surgical procedure and its complications thereof are payable subject to a maximum of Rs.2,50,000/- during the policy period. This maximum limit of Rs.2,50,000/- is inclusive of pre-hospitalisation and post hospitalization expenses.

Special conditions:

- 1. 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.
- 2. The minimum age of the insured at the time of surgery should be above 18 years.
- 3. This benefit shall not apply where the surgery is performed for
 - a) Reversible endocrine or other disorders that can cause obesity
 - b) Current drug or alcohol abuse

- c) Uncontrolled, severe psychiatric illness
 - d) Lack of comprehension of risks, benefits, expected outcome, alternatives and lifestyle changes required with bariatric surgery.
 - e) Bariatric surgery performed for Cosmetic reasons
- 4. 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.
 - 5. To make a claim, the insured person should satisfy the following criteria as devised by NIH (National Institute of Health)
 - a) The BMI should be greater than 40 or greater than 35 with co-morbidities (like Diabetes, High Blood Pressure etc.)
 - b) Is unable to lose weight through traditional methods like diet and exercise.

Note: Claims under this section shall be processed only on cashless basis. The limit of cover provided under this section forms part of the sum insured.

Section 7 : Accidental Death and Permanent Total Disablement

If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury resulting solely and directly from Accident caused by external, violent and visible means then the Company will pay as under:

- 1. **Accidental Death of Insured Person:** If following an Accident that causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as compensation the Sum Insured mentioned in the Schedule
- 2. **Permanent Total Disablement** of the Insured Person : If following an Accident which caused permanent impairment of the Insured's mental or physical capabilities, then the Company will pay the benefits as provided in the Table of Benefits, depending upon the degree of disablement provided that:
 - a) The disablement occurs within 12 Calendar months from the date of the Accident.
 - b) The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.

Special Conditions:

- 1. If the Accident affects any physical or mental function, which was already impaired prior to the accident, a deduction as recommended by any Government Doctor not below the rank of a Civil Surgeon will be made in respect of this prior disablement.
- 2. In the event of Permanent Total Disablement, the Insured Person will be under obligation:
 - a) To have himself/herself examined by doctors appointed by the Company / and the Company will pay the costs involved thereof.
 - b) To authorize doctors providing treatments or giving expert opinion and any other authority to supply the Company any information that may be required. If the obligations are not met with due to whatsoever reason, the Company may be relieved of its liability to pay.
- 3. This Section is applicable for the person specifically mentioned in the Schedule.
- 4. The sum insured for this Section is equal to the sum insured opted for Health Section
- 5. Where a claim has been paid during the policy period the cover under this Section ceases until the expiry of the policy. Upon renewal the cover applies to the person specifically chosen again. However even if the sum insured under this section is exhausted by way of claim, the coverage under health section will continue until expiry of the policy period.
At any point of time only one person will be eligible to be covered under this Section.
- 6. Any claim under health portion will not affect the Sum Insured under this section.
- 7. Where there is an admissible claim for Accidental Death during the policy period, the health cover will continue for the remaining insured persons.
Where there is an admissible claim for Permanent Total Disability during the policy period, the health cover would continue until the expiry of the policy for all the insured persons covered including the person who has made a claim for Permanent Total Disability and renewal thereof.
Where there is an admissible claim for Permanent Total Disability or Death during the policy period, the personal accident cover will be applicable for another person chosen at the time of renewal.
- 8. Geographical Scope : The cover under this section applies World Wide

Section 7 Accidental Death and Permanent Total Disablement	
Benefits	Percentage of the Sum Insured
1. Death	100%
2. Permanent Total Disablement Total and irrevocable loss* of	100%
(i) Sight of both eyes	100%
(ii) Physical separation of two entire hands	100%
(iii) Physical separation of two entire foot	100%
(iv) One entire hand and one entire foot	100%
(v) Sight of one eye and loss of one hand	100%
(vi) Sight of one eye and loss of one entire foot	100%
(vii) Use of two hands	100%
(viii) Use of two foot	100%
(ix) Use of one hand and one foot	100%
(x) Sight of one eye and use of one hand	100%
(xi) Sight of one eye and use of one foot	100%

Section 8 : Option for Second Medical Opinion

The Insured Person is given the facility of obtaining a Medical Second Opinion from a Doctor in the Company's network of Medical Practitioners. This is an optional benefit to the Insured Person. All the medical records provided by the Insured Person will be submitted to the Doctor chosen by him/her either online or through post/courier and the medical opinion will be made available directly to the Insured by the Doctor.

Subject to the following conditions :-

- This should be specifically requested for by the Insured Person
- This opinion is given without examining the patient, based only on the medical records submitted.
- The second opinion should be only for medical reasons and not for medico-legal purposes.
- Any liability due to any errors or omission or consequences of any action taken in reliance of the second opinion provided by the Medical Practitioner is outside the scope of this policy.
- Utilizing this facility alone will not amount to making a claim.

2. DEFINITIONS

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

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

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

Cashless Service means a facility extended by the insurer to the insured where the payments, of the cost of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved

Capital Sum Insured means the sum insured available under Section 7 (Personal Accident)

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 the visible and accessible parts of the body.

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

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

Cumulative Bonus shall mean any increase in the sum insured granted by the insurer without an associated increase in premium.

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

- has qualified nursing staff under its employment;
- has qualified medical practitioner/s in charge;
- has a fully equipped operation theatre of its own where surgical procedures are carried out.
- maintains daily records of patients and will make these accessible to the insurance company's authorized personal

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 hours 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.

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

Dependent Child means a child (natural or legally adopted) who is financially dependent and does not have his or her independent source of income and not over 25 years

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

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

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.

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.

Hazardous Sport / Hazardous Activities means engaging whether professionally or otherwise in any sport or activity, which is potentially dangerous to the Insured Person (whether trained, or not). Such Sport/Activity including but not limited to Winter sports, Ice hockey, Skiing, Skydiving, Parachuting, Ballooning, Scuba Diving, Bungee Jumping, Mountain Climbing, Riding or Driving in Races or Rallies, canoeing or pot holing, hunting or equestrian activities, diving or under-water activity, rafting or canoeing involving rapid waters, yachting or boating outside coastal waters, jockeys, horseback, Polo, Circus personnel, army/navy/air force personnel and policemen whilst on duty, persons working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high-tension supply, nuclear installations, handling hazardous chemicals.

Hospitalization means admission in a hospital for a minimum period of 24 in patient care consecutive hours except for specified procedures/treatment where such admission could be for a period of less than 24 consecutive hours.

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

- 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.

Illness means sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and requires medical treatment.

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

Insured Person means the name/s of persons shown 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.

Intensive Care Unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards

Note: Such facility must be separate and apart from surgical recovery room and from rooms' beds and wards customarily used for patient confinement.

Medical Advise Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

Medical expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

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

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

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

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

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

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 Company and subject to amendment from time to time.

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

Notification of claim is the process of notifying a claim to the insurer by specifying the timelines as well as the address / telephone number to which it should be notified.

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

Pre-Existing Disease means any condition or ailment or injury or related condition(s) for which the insured person had signs or symptoms and/or were diagnosed and/or received medical advice

/treatment within 48 months prior to insured person's first policy with any Indian Insurance Company.

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

- I. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- II. 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:

- i. Such Medical Expenses are incurred for the same condition for which the insured person's hospitalization was required and
- ii. 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 is 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

Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

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, except otherwise expressed.

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:

Applicable for Sections 1 to 6

1. Pre Existing Diseases as defined in the policy until 48 consecutive months of continuous coverage has elapsed, since inception of the first policy with any Indian Insurer.
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,
 - a) The expenses for treatment of Cataract, Degenerative disc of Vertebral diseases and Prolapse of Intervertebral disc (other than caused by accident), Varicose Veins and Varicose Ulcers, Benign Prostatic Hypertrophy, Deviated Nasal Septum, Sinusitis, Tonsillitis, Nasal Polyps, Chronic Suppurative Otitis Media and related disorders, Hernia, Hydrocele, Fistula / Fissure in ano and Haemorrhoids, Congenital Internal disease/defect (except to the extent provided under Section 2 for New Born)
 - b) All treatments (conservative, interventional, open laparoscopic) for Hepatobiliary Gall Bladder and Pancreatic stones and Genito-urinary calculi.
 - c) All treatments (conservative, interventional, open, and laparoscopic) for Uterine prolapse, Dysfunctional Uterine Bleeding, Fibroids, Pelvic Inflammatory Diseases, all diseases of fallopian tubes and ovaries,
 - d) Arthroscopic repair and removal [other than caused by an accident]

If these are Pre-Existing at the time of proposal they will be covered subject to the waiting period mentioned in Exclusion 1 above

The exclusion 3 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
4. 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)
5. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons / materials.
6.
 - a) Circumcision unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident,
 - b) Vaccination. However this exclusion will not apply where such expenses are for post-bite treatment, for medical treatment other than preventive treatments and to the extent provided for under Section 2 for New Born Child
 - c) Inoculation or change of life 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).

7. Cost of spectacles and contact lens (in excess of what is specifically provided), hearing aids including cochlear implants, walkers, crutches wheel chairs and such other aids.
8. Dental treatment or surgery (in excess of what is specifically provided) unless necessitated due to accidental injuries and requiring hospitalization.
9. Convalescence, general debility, Run-down condition or rest cure, nutritional deficiency states, psychiatric, Psychosomatic disorders, Congenital external disease or defects or anomalies (except to the extent provided under Section 2 for New Born) sterility, venereal disease, intentional self injury and use of intoxicating drugs/alcohol.
10. All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympho Trophic 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.
11. 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.
12. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
13. Treatment arising from or traceable to pregnancy, miscarriage, abortion or complications of any of these (other than ectopic pregnancy and to the extent covered under Section 2)
14. Naturopathy Treatment.
15. Hospital registration charges, admission charges, record charges, telephone charges and such other charges.
16. Expenses incurred on Lasik Laser or Refractive Error Correction, treatment of Eye disorders requiring intra-vitreous injections.
17. Expenses incurred on weight control services including cosmetic procedures for treatment of obesity, medical treatment for weight control, treatment for metabolic, genetic and endocrine disorders except to the extent provided as per 'Coverage' under Section-6.
18. Expenses incurred on Non Allopathic treatment.
19. Expenses incurred on Enhanced External Counter Pulsation therapy and related therapies and Rotational Field Quantum Magnetic Resonance Therapy
20. Any specific time-bound or life time exclusions applied, specified and accepted by the insured

21. OTHER EXCLUDED EXPENSES AS DETAILED IN THE WEBSITE WWW.STARHEALTH.IN

Applicable for Section 7

22. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
23. Any injuries/conditions which are Pre-existing conditions
24. Any claim arising out of Accidents that the Insured Person has caused
 - a) intentionally or
 - b) by committing a crime / involved in it or
 - c) as a result of / in a state of drunkenness or addiction (drugs, alcohol).
25. Any claim arising out of mental disorder, suicide or attempted suicide self inflicted injuries, or sexually transmitted conditions, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immunodeficiency Virus) and / or any HIV related illness including AIDS (Acquired Immunodeficiency Syndrome), insanity and / or any mutant derivative or variations thereof howsoever caused.
26. Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from.
27. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detentions of all kings princes and people of whatever nation, condition or quality whatsoever.
28. Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
29. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
 - a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel.
 - b. Nuclear weapons material
 - c. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 - d. Nuclear, chemical and biological terrorism
30. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.
31. Participation in Hazardous Sport / Hazardous Activities
32. Persons who are physically and mentally challenged, unless specifically agreed and endorsed in the policy.

33. Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.
34. Any payment in case of more than one claim under the policy during the period of insurance by which the maximum liability of the Company in that period would exceed the amount specified in the Schedule
35. Any other claim after a claim has been admitted by the Company and becomes payable for Death or Permanent Total Disablement, as mentioned In Table.
36. Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly.
37. Any claim for Death or Permanent Total Disablement of the Insured Person from self-endangerment unless in self-defense or to save life.

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, in so far as they relate to anything to be done or complied with by the Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.
2. Upon the happening of any event, which may give rise to a claim under this policy, notice with full particulars shall be sent to the Company within 24 hours from the date of occurrence of the event.
3. Claim must be filed within 15 days from the date of discharge from the Hospital.
Note: Condition 2 and 3 are precedent to admission of liability under the policy. However the company may examine and relax the time limits mentioned in condition nos. 2 and 3 depending upon the merits of the Case.
Post hospitalization bills are to be submitted within 15 days after completion of 60 days from the date of discharge from hospital
4. The Insured Person shall obtain and furnish the Company with all original bills, receipts and other documents upon which a claim is based and shall also give the Company such additional information and assistance as the Company may require in dealing with the claim
Documents to be submitted in support of claim are –
For Reimbursement Claim
 - 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, anesthetist
 - g. Certificate from the attending doctor regarding the diagnosis.**Note:** Claim towards Bariatric Surgery under Section-6 will not be processed on Reimbursement Basis.
For Cashless Treatment:
 - a. Call the 24 hour help-line for assistance - 1800-425-2255 / 1800-102-4477
 - 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
 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 non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents
Prescriptions and receipts for Pre and Post-Hospitalization
Claims of Out Patient Consultations / treatments will be settled on a reimbursement basis on production of cash receipts.
For Accidental Death Claims:-
 - a. Death Certificate
 - b. Post-mortem Certificate, if conducted
 - c. FIR (wherever required)
 - d. Police Investigation report (wherever required)

- e. Viscera Sample Report (wherever required)
- f. Forensic Science Laboratory report (wherever required)
- g. Legal Heir Certificate
- h. Succession Certificate (wherever required)

For Permanent Total Disablement Claims:

Certificate from Government doctor confirming the disability and its percentage

Note: 1. The Company authorized doctor may examine the insured if required

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

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. Any medical practitioner authorized by the **Company** shall be allowed to examine the Insured Person 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.
6. **Co-payment:** This policy is subject to co-payment of 10% of each and every claim amount for fresh as well as renewal policies for insured persons whose age at the time of proposing this insurance policy is above 60 years. Co-payment is applicable only for Section 1A to F
7. 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. This is applicable for claims falling under Section 1 only.
8. **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.

Enhancement of sum insured

The sum insured can be enhanced at the time of renewal or at the time of porting and the same may be allowed at the discretion of the Company. Where the sum insured is enhanced, the amount of such additional sum insured and the amount of cumulative bonus earned on such additional sum insured shall be subject to the following terms:

- a. Medical test will be done at the Company's cost
 - b. Waiting period as under shall apply afresh from the date of such enhancement:
 1. First 30 days as under Exclusion No. 2
 2. 24 months with continuous coverage without break (with grace period) in respect of diseases / treatments falling under exclusion No.3
 3. 48 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases as defined under Exclusion No.1
 4. 48 months of continuous coverage without break (with grace period) in respect of diseases / conditions for which the insured was diagnosed / hospitalized in the preceding 2 policy periods.
- 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.
- Following an admissible claim under Section-7 the coverage under Personal Accident insurance upon renewal will be applicable for the person to be chosen by the Proposer at the time of renewal, subject to other terms, conditions contained herein
9. 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.
 10. **Cumulative Bonus (Applicable for Section 1 other than 1G)** Where the sum insured under the policy is Rs.5,00,000/-, the insured person would be entitled to the benefit of bonus calculated at 50% of the basic sum insured under this policy following a claim free year up to a maximum of 100%. In case a claim is made during the policy period, the bonus will be reduced by 50% in the following year. If there is a claim in the succeeding year also the bonus will become zero. The basic sum insured will however not be reduced.

Where the sum insured under the policy is Rs. 7,50,000/- or Rs. 10,00,000/- or Rs. 15,00,000/- or Rs.20,00,000/- or Rs.25,00,000/-, the insured person would be entitled to the benefit of bonus calculated at 100% of the basic sum insured under this policy following a claim free year. In case a claim is made during the policy period, the bonus will become zero in the following year. The maximum allowable bonus is 100%.

Note: The bonus will be offered on that part of the sum insured that is continuously renewed. Such bonus will be available only upon timely renewal of the policy without break or upon renewal within the grace period allowed. 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.

Claim under Coverage 1(G) will not affect the No Claim Bonus.

11. Automatic Restoration of Sum Insured (Applicable for Section 1 Only)

There shall be automatic restoration of the Basic Sum Insured by 100% immediately upon exhaustion of the Basic Sum Insured and accrued Cumulative Bonus if any, once during the policy period 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.

Such restoration will be available for section 1 other than Section 1G.

12. 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-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

13. Automatic Termination:

The Health Insurance cover shall terminate immediately on the death of the Insured Person. This also means that in case of family floater policy, cover for the other surviving members of the family will continue, subject to other terms of the policy.

In case of a claim being paid under Section-7 of this policy, this Personal Accident cover ceases for the remaining period of the policy.

14. Cancellation: The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact or non-co-operation by 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 the annual premium
Up to three Months	½ of the annual premium
Up to six months	3/4th of the annual premium
Exceeding six months	full annual premium

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

16. Portability: This policy is portable. 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 therequest 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

17. Relief under Section 80-D: Insured Person is eligible for relief under Section 80-D of the Income Tax Act in respect of the amount paid by any mode other than cash.

18. In case the policy is issued on floater basis, the sum insured under the policy floats among the insured persons. The specified waiting periods shall be individually applicable to each

insured person from date of induction of such insured person into this contract of insurance for the first time for such floater benefits and not be construed in common from the date of commencement of the policy of insurance for the first time itself. This condition is not applicable for Section 7

19. 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.

20. Policy Dispute: 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.

21. Notice: 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, Vallurvar Kottam High Road Nungambakkam Chennai 600034 Toll Free Fax No.: 1800-425-5522, Toll Free No.:1800-425-2255 / 1800-102-4477, E-Mail : support@starhealth.in.

22. 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.

The attention of the policy holder is drawn to our website www.starhealth.in for anti fraud policy of the Company for necessary compliance by all stake holders.

23. 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.

24. 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, No1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai 600034, Phone: 044-28243921 during normal business hours. or Send e-mail to grievances@starhealth.in. Senior Citizens may Call 044-28243923.

In the event of the following grievances:

- any partial or total repudiation of claims by the Company
- any dispute in regard to premium paid or payable in terms of the policy;
- any dispute on the legal construction of the policies in so far as such disputes relate to claims;
- delay in settlement of claims;
- non-issuance of any insurance document to customer after receipt of the premium, the insured person may approach the Insurance Ombudsman at the address given below, within whose jurisdiction the branch or office of Star Health and Allied Insurance Company Limited or the residential address or place of the policy holder is located.



LIST OF OMBUDSMAN OFFICE DETAILS

6th Floor, Jeevan Prakash Bldg., Tilak Marg, Relief Road, Ahmedabad - 380001. Phone: 079 - 25501201-02-05-06 Email ID : bimalokpal.ahmedabad@ecoi.co.in Website : www.ecoi.co.in JURISDICTION : Gujarat, Dadra & Nagar Haveli, Daman and Diu.	Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284, Fax: 044 - 24333664. Email:bimalokpal.chennai@ecoi.co.in JURISDICTION : Tamil Nadu, Pondicherry Town and Karaikal	Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462003. Fax: 0755 -2769203, Tel.: 0755 -2769201 / 2769202. Email: bimalokpal.bhopal@ecoi.co.in JURISDICTION : Madhya Pradesh, Chattisgarh.	6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226001. Tel.: 0522 - 2231330 / 2231331, Fax: 0522 -2231310 Email:bimalokpal.lucknow@ecoi.co.in JURISDICTION : Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Mirzapur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratappgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkar nagar, Sultanpur, Maharajganj, Santkabinagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg,Jaipur - 302 005. Tel.: 0141 - 2740363 Email:Bimalokpal.jaipur@ecoi.co.in JURISDICTION : Rajasthan.	1st Floor,Kalpna Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Tel.: 0612-2680952 Email:bimalokpal.patna@ecoi.co.in JURISDICTION : Bihar,Jharkhand.	62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455, Fax: 0674 -2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in JURISDICTION : Orissa.	2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road,Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338, Fax: 0484 - 2359336 Email:bimalokpal.ernakulam@ecoi.co.in JURISDICTION : Kerala, Lakshadweep, Mahe - a part of Pondicherry.
3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 -26106552 / 26106960, Fax: 022 - 26106052 Email:bimalokpal.mumbai@ecoi.co.in JURISDICTION : Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.	Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781 001 (ASSAM). Tel.: 0361 - 2132204 / 2132205, Fax: 0361 -2732937 Email:bimalokpal.guwahati@ecoi.co.in JURISDICTION : Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email:bimalokpal.pune@ecoi.co.in JURISDICTION : Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.	2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481 / 23213504 Email:bimalokpal.delhi@ecoi.co.in JURISDICTION : Delhi.
Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, I st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email : bimalokpal.bengaluru@ecoi.co.in JURISDICTION : Karnataka.	Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P.-201301. Tel.: 0120 - 2514250 / 2514252 / 2514253 Email:bimalokpal.noida@ecoi.co.in JURISDICTION : State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshihar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffar nagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodha nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kasganj, Sambhal, Amroha, Hathras, Kanshiram nagar, Saharanpur.	S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17-D, Chandigarh-160 017. Tel.: 0172 - 2706196 / 2706468, Fax: 0172 -2708274 Email: bimalokpal.chandigarh@ecoi.co.in JURISDICTION : Punjab, Haryana,Himachal Pradesh, Jammu & Kashmir, Chandigarh.	
6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122, Fax: 040 - 23376599 Email:bimalokpal.hyderabad@ecoi.co.in JURISDICTION : Andhra pradesh, Telangana, Yanam and part of Territory of Pondicherry.		Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340, Fax : 033 -22124341. Email:bimalokpal.kolkata@ecoi.co.in JURISDICTION : West Bengal,Sikkim, Andaman & Nicobar Islands.	 STAR Health Insurance Personal & Caring The Health Insurance Specialist

LIST OF DAY-CARE TREATMENTS

<p>ENT</p> <p>1 Stapedotomy</p> <p>2 Myringoplasty(Type I Tympanoplasty)</p> <p>3 Revision stapedectomy</p> <p>4 Labyrinthectomy for severe Vertigo</p> <p>5 Stapedectomy under GA</p> <p>6 Ossiculoplasty</p> <p>7 Myringotomy with Grommet Insertion</p> <p>8 Tympanoplasty (Type III)</p> <p>9 Stapedectomy under LA</p> <p>10 Revision of the fenestration of the inner ear.</p> <p>11 Tympanoplasty (Type IV)</p> <p>12 Endolymphatic Sac Surgery for Meniere's Disease</p> <p>13 Turbinectomy</p> <p>14 Removal of Tympanic Drain under LA</p> <p>15 Endoscopic Stapedectomy</p> <p>16 Fenestration of the inner ear</p> <p>17 Incision and drainage of perichondritis</p> <p>18 Septoplasty</p> <p>19 Vestibular Nerve section</p> <p>20 Thyroplasty Type I</p> <p>21 Pseudocyst of the Pinna - Excision</p> <p>22 Incision and drainage - Haematoma Auricle</p> <p>23 Tympanoplasty (Type II)</p> <p>24 Keratosis removal under GA</p> <p>25 Reduction of fracture of Nasal Bone</p> <p>26 Excision and destruction of lingual tonsils</p> <p>27 Conchoplasty</p> <p>28 Thyroplasty Type II</p> <p>29 Tracheostomy</p> <p>30 Excision of Angioma Septum</p> <p>31 Turbinoplasty</p> <p>32 Incision & Drainage of Retro Pharyngeal Abscess</p> <p>33 Uvulo Palato Pharyngo Plasty</p> <p>34 Palatoplasty</p> <p>35 Tonsillectomy without adenoidectomy</p> <p>36 Adenoidectomy with Grommet insertion</p> <p>37 Adenoidectomy without Grommet insertion</p> <p>38 Vocal Cord lateralisation Procedure</p> <p>39 Incision & Drainage of Para Pharyngeal Abscess</p>	<p>40 Transoral incision and drainage of a pharyngeal abscess</p> <p>41 Tonsillectomy with adenoidectomy</p> <p>42 Tracheoplasty</p> <p>Ophthalmology</p> <p>43 Incision of tear glands</p> <p>44 Other operation on the tear ducts</p> <p>45 Incision of diseased eyelids</p> <p>46 Excision and destruction of the diseased tissue of the eyelid</p> <p>47 Removal of foreign body from the lens of the eye.</p> <p>48 Corrective surgery of the entropion and ectropion</p> <p>49 Operations for pterygium</p> <p>50 Corrective surgery of blepharoptosis</p> <p>51 Removal of foreign body from conjunctiva</p> <p>52 Biopsy of tear gland</p> <p>53 Removal of Foreign body from cornea</p> <p>54 Incision of the cornea</p> <p>55 Other operations on the cornea</p> <p>56 Operation on the canthus and epicanthus</p> <p>57 Removal of foreign body from the orbit and the eye ball.</p> <p>58 Surgery for cataract</p> <p>59 Treatment of retinal lesion</p> <p>60 Removal of foreign body from the posterior chamber of the eye</p> <p>Oncology</p> <p>61 IV Push Chemotherapy</p> <p>62 HBI-Hemibody Radiotherapy</p> <p>63 Infusional Targeted therapy</p> <p>64 SRT-Stereotactic Arc Therapy</p> <p>65 SC administration of Growth Factors</p> <p>66 Continuous Infusional Chemotherapy</p> <p>67 Infusional Chemotherapy</p> <p>68 CCRT-Concurrent Chemo + RT</p> <p>69 2D Radiotherapy</p> <p>70 3D Conformal Radiotherapy</p> <p>71 IGRT- Image Guided Radiotherapy</p> <p>72 IMRT- Step & Shoot</p> <p>73 Infusional Bisphosphonates</p> <p>74 IMRT- DMLC</p> <p>75 Rotational Arc Therapy</p> <p>76 Tele gamma therapy</p>	<p>77 FSRT-Fractionated SRT</p> <p>78 VMAT-Volumetric Modulated Arc Therapy</p> <p>79 SBRT-Stereotactic Body Radiotherapy</p> <p>80 Helical Tomotherapy</p> <p>81 SRS-Stereotactic Radiosurgery</p> <p>82 X-Knife SRS</p> <p>83 Gammaknife SRS</p> <p>84 TBI- Total Body Radiotherapy</p> <p>85 intraluminal Brachytherapy</p> <p>86 Electron Therapy</p> <p>87 TSET-Total Electron Skin Therapy</p> <p>88 Extracorporeal Irradiation of Blood Products</p> <p>89 Telecobalt Therapy</p> <p>90 Telecesium Therapy</p> <p>91 External mould Brachytherapy</p> <p>92 Interstitial Brachytherapy</p> <p>93 Intracavity Brachytherapy</p> <p>94 3D Brachytherapy</p> <p>95 Implant Brachytherapy</p> <p>96 Intravesical Brachytherapy</p> <p>97 Adjuvant Radiotherapy</p> <p>98 Afterloading Catheter Brachytherapy</p> <p>99 Conditioning Radiotherapy for BMT</p> <p>100 Extracorporeal Irradiation to the Homologous Bone grafts</p> <p>101 Radical chemotherapy</p> <p>102 Neoadjuvant radiotherapy</p> <p>103 LDR Brachytherapy</p> <p>104 Palliative Radiotherapy</p> <p>105 Radical Radiotherapy</p> <p>106 Palliative chemotherapy</p> <p>107 Template Brachytherapy</p> <p>108 Neoadjuvant chemotherapy</p> <p>109 Adjuvant chemotherapy</p> <p>110 Induction chemotherapy</p> <p>111 Consolidation chemotherapy</p> <p>112 Maintenance chemotherapy</p> <p>113 HDR Brachytherapy</p> <p>Plastic Surgery</p> <p>114 Construction skin pedicle flap</p> <p>115 Gluteal pressure ulcer-Excision</p> <p>116 Muscle-skin graft, leg</p> <p>117 Removal of bone for graft</p> <p>118 Muscle-skin graft duct fistula</p> <p>119 Removal cartilage graft</p>	<p>120 Myocutaneous flap</p> <p>121 Fibro myocutaneous flap</p> <p>122 Breast reconstruction surgery after mastectomy</p> <p>123 Sling operation for facial palsy</p> <p>124 Split Skin Grafting under RA</p> <p>125 Wolfe skin graft</p> <p>126 Plastic surgery to the floor of the mouth under GA</p> <p>Urology</p> <p>127 AV fistula - wrist</p> <p>128 URSL with stenting</p> <p>129 URSL with lithotripsy</p> <p>130 Cystoscopic Litholapaxy</p> <p>131 ESWL</p> <p>132 Haemodialysis</p> <p>133 Bladder Neck Incision</p> <p>134 Cystoscopy & Biopsy</p> <p>135 Cystoscopy and removal of polyp</p> <p>136 Suprapubic cystostomy</p> <p>137 percutaneous nephrostomy</p> <p>139 Cystoscopy and "SLING" procedure.</p> <p>140 TUNA- prostate</p> <p>141 Excision of urethral diverticulum</p> <p>142 Removal of urethral Stone</p> <p>143 Excision of urethral prolapse</p> <p>144 Mega-ureter reconstruction</p> <p>145 Kidney renoscopy and biopsy</p> <p>146 Ureter endoscopy and treatment</p> <p>147 Vesico ureteric reflux correction</p> <p>148 Surgery for pelvi ureteric junction obstruction</p> <p>149 Anderson hynes operation</p> <p>150 Kidney endoscopy and biopsy</p> <p>151 Paraphimosis surgery</p> <p>152 injury prepuce- circumcision</p> <p>153 Frenular tear repair</p> <p>154 Meatotomy for meatal stenosis</p> <p>155 surgery for fourmier's gangrene scrotum</p> <p>156 surgery filarial scrotum</p> <p>157 surgery for watering can perineum</p> <p>158 Repair of penile torsion</p> <p>159 Drainage of prostate abscess</p> <p>160 Orchiectomy</p> <p>161 Cystoscopy and removal of FB</p> <p>Neurology</p> <p>162 Facial nerve physiotherapy</p>
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LIST OF DAY-CARE TREATMENTS

163 Nerve biopsy	225 Fissure in ano sphincterotomy	280 Closed reduction of minor Fractures	pyloromyotomy
164 Muscle biopsy	226 UGI scopy and Polypectomy oesophagus	281 Arthroscopic repair of PCL tear knee	348 Excision of soft tissue rhabdomyosarcoma
165 Epidural steroid injection	227 Breast abscess I&D	282 Tendon shortening	349 Mediastinal lymph node biopsy
166 Glycerol rhizotomy	228 Feeding Gastrostomy	283 Arthroscopic Meniscectomy - Knee	350 High Orchiectomy for testis tumours
167 Spinal cord stimulation	229 Oesophagoscopy and biopsy of growth oesophagus	284 Treatment of clavicle dislocation	351 Excision of cervical teratoma
168 Motor cortex stimulation	230 UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers	285 Arthroscopic meniscus repair	352 Rectal-Myomectomy
169 Stereotactic Radiosurgery	231 ERCP - Bile duct stone removal	286 Haemarthrosis knee- lavage	353 Rectal prolapse (Delorme's procedure)
170 Percutaneous Cordotomy	232 Ileostomy closure	287 Abscess knee joint drainage	354 Orchidopexy for undescended testis
171 Intrathecal Baclofen therapy	233 Colonoscopy	288 Carpal tunnel release	355 Detorsion of torsion Testis
172 Entrapment neuropathy Release	234 Polypectomy colon	289 Closed reduction of minor dislocation	356 lap.Abdominal exploration in cryptorchidism
173 Diagnostic cerebral angiography	235 Splenic abscesses Laparoscopic Drainage	290 Repair of knee cap tendon	357 EUA + biopsy multiple fistula in ano
174 VP shunt	236 UGI SCOPY and Polypectomy stomach	291 ORIF with K wire fixation- small bones	358 Cystic hygroma - Injection treatment
175 Ventriculoatrial shunt	237 Rigid Oesophagoscopy for FB removal	292 Release of midfoot joint	359 Excision of fistula-in-ano
Thoracic surgery	238 Feeding Jejunostomy	293 ORIF with plating- Small long bones	Gynaecology
176 Thoracoscopy and Lung Biopsy	239 Colostomy	294 Implant removal minor	360 Hysteroscopic removal of myoma
177 Excision of cervical sympathetic Chain Thoracoscopic	240 Ileostomy	295 K wire removal	361 D&C
178 Laser Ablation of Barrett's oesophagus	241 colostomy closure	296 POP application	362 Hysteroscopic resection of septum
179 Pleurodesis	242 Submandibular salivary duct stone removal	297 Closed reduction and external fixation	363 thermal Cauterisation of Cervix
180 Thoracoscopy and pleural biopsy	243 Pneumatic reduction of intussusception	298 Arthrolysis Hip joint	364 MIRENA insertion
181 EBUS + Biopsy	244 Varicose veins legs - Injection sclerotherapy	299 Syme's amputation	365 Hysteroscopic adhesiolysis
182 Thoracoscopy ligation thoracic duct	245 Rigid Oesophagoscopy for Plummer vinson syndrome	300 Arthroplasty	366 LEEP
183 Thoracoscopy assisted empyaema drainage	246 Pancreatic Pseudocysts Endoscopic Drainage	301 Partial removal of rib	367 Cryocauterisation of Cervix
Gastroenterology	247 ZADEK's Nail bed excision	302 Treatment of sesamoid bone fracture	368 Polypectomy Endometrium
184 Pancreatic pseudocyst EUS & drainage	248 Subcutaneous mastectomy	303 Shoulder arthroscopy / surgery	369 Hysteroscopic resection of fibroid
185 RF ablation for barrett's Oesophagus	249 Excision of Ranula under GA	304 Elbow arthroscopy	370 LLETZ
186 ERCP and papillotomy	250 Rigid Oesophagoscopy for dilation of benign Strictures	305 Amputation of metacarpal bone	371 Conization
187 Esophagoscope and sclerosant injection	251 Eversion of Sac	306 Release of thumb contracture	372 polypectomy cervix
188 EUS + submucosal resection	a) Unilateral	307 Incision of foot fascia	373 Hysteroscopic resection of endometrial polyp
189 Construction of gastrostomy tube	b) Bilateral	308 calcaneum spur hydrocort injection	374 Vulval wart excision
190 EUS + aspiration pancreatic cyst	252 Lord's plication	309 Ganglion wrist hyalase injection	375 Laparoscopic paraovarian cyst excision
191 Small bowel endoscopy (therapeutic)	253 Jaboulay's Procedure	310 Partial removal of metatarsal	376 uterine artery embolization
192 Colonoscopy ,lesion removal	254 Scrotoplasty	311 Repair / graft of foot tendon	377 Bartholin Cyst excision
193 ERCP	255 Surgical treatment of varicocele	312 Revision/Removal of Knee cap	378 Laparoscopic cystectomy
194 Colonscopy stenting of stricture	256 Epididymectomy	313 Amputation follow-up surgery	379 Hymenectomy (imperforate Hymen)
195 Percutaneous Endoscopic Gastrostomy	257 Circumcision for Trauma	314 Exploration of ankle joint	380 Endometrial ablation
196 EUS and pancreatic pseudo cyst drainage	258 Meatoplasty	315 Remove/graft leg bone lesion	381 vaginal wall cyst excision
197 ERCP and choledochoscopy	259 Intersphincteric abscess incision and drainage	316 Repair/graft achilles tendon	382 Vulval cyst Excision
198 Proctosigmoidoscopy volvulus detorsion	260 Psoas Abscess Incision and Drainage	317 Remove of tissue expander	383 Laparoscopic paratubal cyst excision
199 ERCP and sphincterotomy	261 Thyroid abscess Incision and Drainage	318 Biopsy elbow joint lining	384 Repair of vagina (vaginal atresia)
200 Esophageal stent placement	262 TIPS procedure for portal hypertension	319 Removal of wrist prosthesis	385 Hysteroscopy, removal of myoma
201 ERCP + placement of biliary stents	263 Esophageal Growth stent	320 Biopsy finger joint lining	386 TURBT
202 Sigmoidoscopy w / stent	264 PAIR Procedure of Hydatid Cyst liver	321 Tendon lengthening	387 Ureterocolic repair - congenital internal
203 EUS + coeliac node biopsy	265 Tru cut liver biopsy	322 Treatment of shoulder dislocation	388 Vaginal mesh For POP
General Surgery	266 Photodynamic therapy or esophageal tumour and Lung tumour	323 Lengthening of hand tendon	389 Laparoscopic Myomectomy
204 infected keloid excision	267 Excision of Cervical RIB	324 Removal of elbow bursa	390 Surgery for SUI
205 Incision of a pilonidal sinus / abscess	268 laparoscopic reduction of intussusception	325 Fixation of knee joint	391 Repair recto- vagina fistula
206 Axillary lymphadenectomy	269 Microdochectomy breast	326 Treatment of foot dislocation	392 Pelvic floor repair(excluding Fistula repair)
207 Wound debridement and Cover	270 Surgery for fracture Penis	327 Surgery of bunion	393 URS + LL
208 Abscess-Decompression	271 Sentinel node biopsy	328 intra articular steroid injection	394 Laparoscopic oophorectomy
209 Cervical lymphadenectomy	272 Parastomal hernia	329 Tendon transfer procedure	Critical care
210 infected sebaceous cyst	273 Revision colostomy	330 Removal of knee cap bursa	395 Insert non- tunnel CV cath
211 Inguinal lymphadenectomy	274 Prolapsed colostomy- Correction	331 Treatment of fracture of ulna	396 Insert PICC cath (peripherally inserted central catheter)
212 Incision and drainage of Abscess	275 Testicular biopsy	332 Treatment of scapula fracture	397 Replace PICC cath (peripherally inserted central catheter)
213 Suturing of lacerations	276 laparoscopic cardiomyotomy(Hellers)	333 Removal of tumor of arm/ elbow under RA/GA	398 Insertion catheter, intra anterior
214 Scalp Suturing	277 Sentinel node biopsy malignant melanoma	334 Repair of ruptured tendon	399 Insertion of Portacath
215 infected lipoma excision	278 laparoscopic pyloromyotomy(Ramstedt)	335 Decompress forearm space	Dental
216 Maximal anal dilatation	Orthopedics	336 Revision of neck muscle (Torticollis release)	400 Splinting of avulsed teeth
217 Piles	279 Arthroscopic Repair of ACL tear knee	337 Lengthening of thigh tendons	401 Suturing lacerated lip
A) Injection Sclerotherapy		338 Treatment fracture of radius & ulna	402 Suturing oral mucosa
B) Piles banding		339 Repair of knee joint	403 Oral biopsy in case of abnormal tissue presentation
218 liver Abscess- catheter drainage		Paediatric surgery	404 FNAC
219 Fissure in Ano- fissurectomy		340 Excision Juvenile polyps rectum	405 Smear from oral cavity
220 Fibroadenoma breast excision		341 Vaginoplasty	Admissibility will be determined as per the policy terms , conditions and exclusions
221 Oesophageal varices Sclerotherapy		342 Dilatation of accidental caustic stricture oesophageal	
222 ERCP - pancreatic duct stone removal		343 Presacral Teratomas Excision	
223 Perianal abscess I&D		344 Removal of vesical stone	
224 Perianal hematoma Evacuation		345 Excision Sigmoid Polyp	
		346 Sternomastoid Tenotomy	
		347 Infantile Hypertrophic Pyloric Stenosis	

