

★ **Renewal and Grace Period**

The policy will be renewed except on grounds of misrepresentation / Non-disclosure, fraud committed. A grace period of 30 days from the date of expiry of the policy is available for renewal. If renewal is made within this 30 days period the continuity of benefits will be allowed. However the actual period of cover will start only from the date of payment of premium. In other words no protection is available between the policy expiry date and the date of payment of premium for renewal.

If the policy is to be renewed or ported from other Indian Insurance Company for enhanced sum insured then the waiting period as applicable to a fresh policy will apply to additional sum insured as if a separate policy has been issued for the difference. In other words the enhanced sum insured will not be available for an illness, disease, injury already contracted under the preceding policy periods

However in respect of disease / sickness / illness for which the claim/s has/have been made, the sum insured will be restricted to sum insured under the policy when the signs or symptoms was/were first diagnosed / received medical advice / treatment.

In the event of this policy being withdrawn / modified with revised terms and/or premium with the prior approval of the Competent Authority, the insured will be intimated three months in advance and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

Renewal premium is subject to change with prior approval from IRDAI.

★ **Cancellation**

The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, 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 by registered letter at the insured person's last known address. The insured may at any time cancel this policy and in such event the Company shall allow refund after retaining premium at Company's short period rate only (table given below) provided no claim has occurred up to the date of cancellation.

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

INDIVIDUAL								
Age in years / Sum Insured in Rs.	PLAN A				PLAN B			
	300000	400000	500000	1000000	300000	400000	500000	1000000
Premium in Rs.								
18-30	8270	10340	11895	15465	10195	12745	14660	19060
31-35	8910	11140	12815	16660	11315	14145	16270	21155
36-40	9765	12210	14045	18260	13190	16490	18965	24655
41-45	11590	14490	16665	21665	15790	19740	22705	29520
46-50	15385	19235	22125	28765	18905	23635	27185	35345
51-55	19415	24270	27915	36290	24050	30065	34575	44950
56-60	24155	30195	34725	45145	30250	37815	43490	56540
61-65	31365	39210	45095	58625	42345	52935	60880	79145
66-70	41960	52450	60320	78420	55955	69945	80440	104575
71-75	53935	67420	77535	100800	68055	85070	97835	127190
76-80	67375	84220	96855	125915	87715	109645	126095	163925
Above 80	82335	102920	118360	153870	105860	132325	152175	197830
Service Tax Extra								



FLOATER (2A)								
Age in years / Sum Insured in Rs.	PLAN A				PLAN B			
	300000	400000	500000	1000000	300000	400000	500000	1000000
Premium in Rs.								
18-30	12070	15090	17355	22565	14565	18210	20945	27230
31-35	12985	16235	18675	24280	16160	20200	23230	30200
36-40	14200	17750	20415	26540	18840	23550	27085	35215
41-45	16810	21015	24170	31425	22555	28195	32425	42155
46-50	22230	27790	31960	41550	27005	33760	38825	50475
51-55	27985	34985	40235	52310	34355	42945	49390	64210
56-60	34760	43450	49970	64965	43210	54015	62120	80760
61-65	45055	56320	64770	84205	60495	75620	86965	113055
66-70	60195	75245	86535	112500	79935	99920	114910	149385
71-75	77300	96625	111120	144460	97220	121525	139755	181685
76-80	96505	120635	138735	180360	125305	156635	180135	234180
Above 80	117875	147345	169450	220285	151230	189040	217400	282620
Service Tax Extra								



★ **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 the request of the Insured person, for a period not less than one month on pro rata premium. Such extended cover will be cancelled only on the written request by the Insured Person, subject to a minimum pro rata premium for one month. If the Insured Person requests in writing to continue the policy with the Company without porting, it will be allowed by charging the regular premium with the same terms as per the expiring policy. In case of a claim made by the Insured person and admitted by the Company during such extension, the policy will be extended for the remaining period by charging the regular premium. Portability is not possible during the policy period.

For details contact "portability@starhealth.in"

★ **Claims Procedure**

- Call the 24 hour help-line for assistance-1800 425 2255. Inform the ID/Policy number for easy reference.
- In case of planned hospitalization, inform 24 hours prior to admission in the hospital.
- In case of emergency hospitalization information to be given within 24 hours after hospitalization.
- In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of original documents.

★ **The Company**

Star Health and Allied Insurance Co. Ltd., is a joint venture between NRIs , Oman Insurance Company UAE and an Indian Company being a special purpose vehicle formed by a group of Indian Businessmen. **M/s. ICICI Ventures, M/s. Sequoia Capital & M/s. TATA Capital Growth Fund have also invested in the Company.** It has a capital base of INR 651 crores. As an exclusive Health Insurance Company and first of its kind in India, the Company is committed in setting international benchmarks in service and personal caring.

★ **Star Advantages**

- No third Party Administrator, direct in-house claim settlement.
- Faster & hassle-free claim settlement.
- Cashless hospitalization wherever possible.
- Network of more than 6000 hospitals across India.
- 24x7 Toll Free Helpline.
- Information on health through free health magazine.
- Facility for maintaining personal health records in electronic format

Diabetes Safe Insurance

★ **Statutory Warning**

Prohibition of rebates: Section 41 of Insurance Act 1938 (Prohibition of rebates): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

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

"IRDAI OR ITS OFFICIALS DO NOT INVOLVE IN ACTIVITIES LIKE SALE OF ANY KIND OF INSURANCE OR FINANCIAL PRODUCTS NOR INVEST PREMIUMS";

"IRDAI DOES NOT ANNOUNCE ANY BONUS" THOSE RECEIVING SUCH PHONE CALLS ARE REQUESTED TO LODGE A POLICE COMPLAINT ALONG WITH DETAILS OF PHONE CALL AND NUMBER

The information provided in this brochure is only indicative. Please visit our website www.starhealth.in for complete information.



For more details on the risk factors, terms and conditions, please read the brochure carefully before concluding sale
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DIABETES SAFE INSURANCE POLICY
 Unique ID: IRDA/NL-HLT/SHAI/P-HV.II/173/13-14



STAR HEALTH AND ALLIED INSURANCE CO LTD
 REGD & CORPORATE OFFICE: 1, New Tank Street,
 Valluvar Kottam High Road, Nungambakkam, Chennai 600 034.

First, diabetes affects your health. Then it affects your bank account.

Diabetes Safe Insurance

A first-of-its-kind diabetes insurance that also covers your regular hospitalization expenses.



Insurance is the subject matter of solicitation



DIABETES SAFE INSURANCE POLICY

Living with diabetes
need not be
difficult anymore

Unique ID: IRDA/NL-HLT/SHAI/P-H/V.II/173/13-14

Here is some sweet news for Diabetics! Star Health brings you Diabetes Safe Insurance Policy that covers not just complications of Diabetes (both Type I & Type II) but regular hospitalization as well!

★ Eligibility

- Any person between 18 years and 65 years of age who is a diabetic can take this insurance.
- Once you take this insurance before 65 years, your life long renewals are guaranteed.
- The policy is available on Individual Basis as well as on Floater Basis.
- Floater policy can be taken only for a family of 2. Family for the purpose of this policy would mean Self and Spouse only and both shall be Diabetic.

★ Coverage

- Section 1 :** Covers hospitalization for complications of Diabetes
- Section 2 :** Covers hospitalization for all other ailments including accidents

★ Room Rent Limit (including Boarding & Nursing expenses)

- Section 1: Standard Single AC Room
- Section 2: 1.5% of the sum insured subject to a maximum of Rs.8500/- per day

★ Special Features under Section 1

- Donor expenses for Kidney transplant surgery
- Dialysis expenses @ Rs.1000/- per sitting payable upto 24 months, provided policy is in force.
- Claims for complications relating to Diabetes are payable under Section 1 only.
- Claims directly or indirectly relating to any Cardio Vascular System, Renal system, Diseases of eye, Foot Ulcer and other complications of diabetes are eligible to be payable under Section 1 only, except where specifically provided for.

★ Common Benefit

- Surgeon's fees, Consultant's fees and /or Anesthetist's fees
- Cost of blood, Oxygen, diagnostic expenses
- Cost of medicines and drugs

★ Pre Hospitalization :

upto 30 days prior to the date of hospitalization

★ Post Hospitalization:

up to 60 days after discharge from the hospital not exceeding 7% of the hospitalization expenses or Rs 5000/- per hospitalization whichever is less

★ Special Features

- Automatic Restoration of Sum Insured by 100% upon exhaustion of Sum Insured
Note : This benefit is not available for Floater Policy.
- Cost of artificial limbs due to amputation up-to 10% of Sum Insured if a claim for such amputation is admissible under the policy.
- More than 400 Day Care Procedures

★ Plans Available

Plan A: Pre-acceptance medical examination is required

Plan B: No pre acceptance medical examination.

Change of Plan: Once a plan has been opted, the plan cannot be changed either during the currency of the policy or on renewal.

★ Pre Acceptance Medical Screening

- At present 100% of the cost of pre-acceptance medical screening is borne by the company. Where a proposal is rejected 50% of the cost of such screening would be borne by the Insured.

★ Waiting Period

Plan A - Section 1

- There is NO waiting period where hospitalization is for any complication of Diabetes.

Plan B - Section 1

- For all other hospitalization (except arising out of accidents) there is a waiting period of 30 days.
- 15 months waiting period applicable for hospitalization relating to treatment for Cardio-Vascular diseases, renal diseases, diseases of eye and foot ulcer.
- 24 months waiting period for any transplant and related surgery.

Plan A and Plan B - Section 2

- For all other hospitalization (except arising out of accidents) there is a waiting period of 30 days.
- 24 months waiting period for specified illness/diseases/treatment.

★ Sum Insured: Rs.3,00,000/-, Rs.4,00,000/-, Rs.5,00,000/- & Rs.10,00,000/-

★ Sub Limits

For Cataract (Payable under Section 2 only)

Sum Insured Rs.3,00,000/- to Rs.5,00,000/- : Rs.20,000/- per eye per person not exceeding Rs.30,000/- per policy period

Sum Insured Rs.10,00,000/- : Rs.30,000/- per eye per person not exceeding Rs.40,000/- per policy period

For diseases relating to Cardio Vascular System

Plan A : No Sublimits

Plan B :

Sum Insured	Maximum Liability of the Company
Rs.3,00,000/-	Rs.2,00,000/-
Rs.4,00,000/-	Rs.2,50,000/-
Rs.5,00,000/-	Rs.3,00,000/-
Rs.10,00,000/-	Rs.4,00,000/-

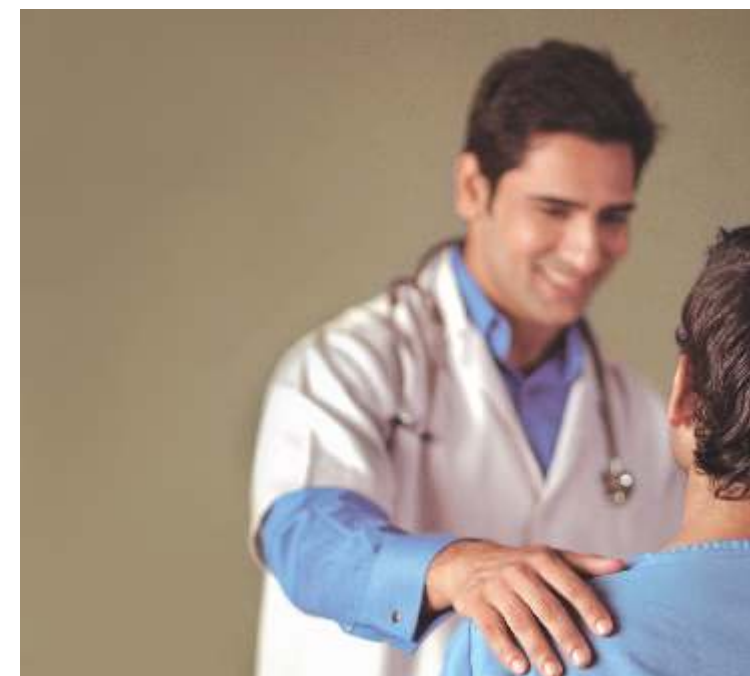
★ Exclusions

Applicable for Section 1 and Section 2 (Both Plan A & Plan B)

- Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control, treatment for metabolic, genetic and endocrine disorders.
- Convalescence, general debility, run-down condition or rest cure, nutritional deficiency states, psychiatric, mental and behavioral disorders, congenital external disease or defects or anomalies, venereal disease, intentional self injury and use of intoxicating drugs / alcohol, smoking and tobacco chewing.
- Expenses incurred on High Intensity Focused Ultra Sound, Baloon Sinoplasty, Enhanced External Counter Pulsation Therapy and related therapies, Deep Brain Stimulation, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy and such other similar therapies
- Expenses incurred on Lasik Laser or Refractive Error Correction, all treatment for eye disorders requiring intra-vitreous injections and related procedures.
- 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.

- Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
- Naturopathy Treatment, unconventional, untested/unproven, experimental therapies.
- Stem cell Therapy and related transplantation, Chondrocyte Implantation, Immunotherapy, Oral Chemo Therapy.
- Hospital registration charges, admission charges, record charges, telephone charges and such other charges.
- Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicines other than Allopathy.
- Change of sex or cosmetic or aesthetic treatment of any description, plastic surgery (other than as necessitated due to an accident or as a part of any illness).
- Cost of spectacles and contact lens, hearing aids, Cochlear implants, walkers and crutches, wheel chairs, CPAP, BIPAP, infusion pump and such other similar aids.

Note: Cost of artificial limbs following amputation is payable up-to 10% of Sum Insured provided the claim for such amputation is admissible under the policy.
- 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).



- Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials.
- 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 and sexually transmitted diseases.
- Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these (other than ruptured ectopic gestation), family planning treatment. All types of treatment for infertility and its complications thereof.
- Other expenses more specifically provided in the policy clause.

Additional Exclusions for Section 2 (Both Plan A and Plan B)

- Pre Existing Diseases as defined in the policy until 48 consecutive months of continuous coverage have elapsed, since inception of the first policy with any Indian Insurer. However the limit of the Company's liability in respect of claim for pre-existing diseases shall be limited to the sum insured under first policy with any Indian Insurance Company.
- 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.
 - Cataract, Retinal detachment, Glaucoma, Diseases of ENT, Diseases related to Thyroid, Prolapse of intervertebral disc (other than caused by accident), varicose veins and varicose ulcers, benign prostatic hypertrophy, Stapedectomy, all types of hernia, varicocele, hydrocele, fistula / fissure in ano, Hemorrhoids, stricture urethra and Congenital Internal disease / defect.
 - All treatments (conservative, interventional, laparoscopic and open) for Hepato-pancreato-biliary including gall bladder and pancreatic calculi. All types of management for kidney and genitourinary tract calculi.
 - All treatments (conservative, interventional, laparoscopic and open) for Uterine prolapse, Dysfunctional Uterine Bleeding, Fibroids, Pelvic Inflammatory Diseases, all diseases of fallopian tubes, cervix and ovaries.
 - Conservative, operative treatment and all types of intervention for diseases related to tendon, ligament, bones and joint [other than caused by accident].
- During the first two years of continuous operation of insurance cover any expenses on.
 - Cataract, Retinal detachment, Glaucoma, Diseases of ENT, Diseases related to Thyroid, Prolapse of intervertebral disc (other than caused by accident), varicose veins and varicose ulcers, benign prostatic hypertrophy, Stapedectomy, all types of hernia, varicocele, hydrocele, fistula / fissure in ano, Hemorrhoids, stricture urethra and Congenital Internal disease / defect.
 - All treatments (conservative, interventional, laparoscopic and open) for Hepato-pancreato-biliary including gall bladder and pancreatic calculi. All types of management for kidney and genitourinary tract calculi.
 - All treatments (conservative, interventional, laparoscopic and open) for Uterine prolapse, Dysfunctional Uterine Bleeding, Fibroids, Pelvic Inflammatory Diseases, all diseases of fallopian tubes, cervix and ovaries.
 - Conservative, operative treatment and all types of intervention for diseases related to tendon, ligament, bones and joint [other than caused by accident].

- Degenerative disc and vertebral diseases and degenerative diseases of the musculo-skeletal system.
- Subcutaneous benign lumps, sebaceous cyst, dermoid cyst, lipoma, neurofibroma, ganglion and similar pathology.
- Any transplant and related surgery.

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

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

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

- Circumcision, Inoculation or Vaccination (except for post-bite treatment and for medical treatment other than for prevention of diseases.)
- Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable).

★ Free Look

A free look period of 15 days from the date of receipt of the policy is available to the insured to review the terms and conditions of the policy. In case the insured is not satisfied with the terms and conditions, the insured may seek cancellation of the policy and in such an event the Company shall allow refund of premium paid after adjusting the cost of pre-acceptance medical screening, 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