STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

STAR Health Insurance Personal & Caring
The Health Insurance Specialist

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STAR SUPER SURPLUS (FLOATER) INSURANCE POLICY

Unique Identification No.: SHAHLIP22034V062122

PREAMBLE

The proposal, declaration and other documents if any given by the proposer form the basis of this policy of insurance

I. DEFINITIONS (Applicable for Both Silver Plan and Gold Plan)

STANDARD DEFINITIONS

Accident: An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

Any one illness: Any one illness means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

AYUSH Day Care Centre: AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

AYUSH Hospital: An AYUSH Hospital is a healthcare facility wherein medical/surgical/ para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

a. Central or State Government AYUSH Hospital; or
b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
   i. Having at least 5 in-patient beds;
   ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
   iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
   iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

AYUSH Treatment: AYUSH Treatment refers to the medical and / or hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems'

Break in policy: "Break in policy" means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.

Cashless Facility: Cashless Facility means a facility extended by the insurer to the insured where the payments, of the costs 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 is approved.

Condition Precedent: Condition Precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Congenital Anomaly: Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

a) **Internal Congenital Anomaly:** Congenital anomaly which is not in the visible and accessible parts of the body
b) **External Congenital Anomaly:** Congenital anomaly which is in the visible and accessible parts of the body

Day Care Centre: A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under –

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

Day Care Treatment: Day care treatment means medical treatment, and/or *surgical procedure* which is:

i. Undertaken under General or Local Anesthesia in a *hospital/day care centre* in less than 24 hrs because of technological advancement, and
ii. which would have otherwise required hospitalization of more than 24 hours

Treatment normally taken on an out-patient basis is not included in the scope of this definition

Deductible: Deductible means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

Dental Treatment: Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

Disclosure to information norm: The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

Grace Period: "Grace period" means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.

Hospital: A hospital 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 Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said act **Or** complies with all minimum criteria as under:

i) has qualified nursing staff under its employment round the clock;
ii) 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;
iii) has qualified medical practitioner(s) in charge round the clock;
iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

Hospitalization: Hospitalization means admission in a Hospital for a minimum period of 24 consecutive *'In-patient Care'* hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

Illness: Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment;

(a) **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
(b) **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics;
   1. It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
   2. it needs ongoing or long-term control or relief of symptoms
   3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
   4. it continues indefinitely
   5. it recurs or is likely to recur

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

Intensive Care Unit: 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.

ICU Charges: ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

Maternity expenses: Maternity expenses means;

a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
b) expenses towards lawful medical termination of pregnancy during the policy period.

Medical Advice: Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

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

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

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

Migration: "Migration" means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.

Network Provider: Network Provider means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

Non-Network Provider: Non-Network means any hospital, day care centre or other provider that is not part of the network.

Notification of Claim: Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

Pre-Existing Disease: "Pre-existing disease (PED)" means any condition, ailment, injury or disease:

a) that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer;
or
b) for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

Pre-hospitalization Medical Expenses: Pre-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, 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

Portability: "Portability" means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.

Post-hospitalization Medical Expenses: Post-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:

i. Such Medical Expenses are 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.

Qualified Nurse: Qualified nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state In India.

Reasonable and Customary Charges: 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: Renewal means 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 gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

Room Rent: Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

Surgery or Surgical Procedure: Surgery or Surgical Procedure 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 from suffering and prolongation of life, performed in a hospital or day care centre by a *medical practitioner.*

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

SPECIFIC DEFINITIONS

Associated Medical Expenses: Associated medical expenses means medical expenses such as Professional fees, OT charges, Procedure charges, etc., which vary based on the room category occupied by the insured person whilst undergoing treatment in some of the hospitals. If Policy Holder chooses a higher room category above the eligibility defined in policy, then proportionate deduction will apply on the Associated Medical Expenses in addition to the difference in room rent. Such associated medical expenses do not include Cost of pharmacy and consumables, Cost of implants and medical devices and Cost of diagnostics

Company: Company means Star Health and Allied Insurance Company Limited

Defined Limit: Defined Limit means the limit of admissible hospitalization expenses as per the terms of the policy, opted for and mentioned in the Schedule of the policy, up to which the Company will not be liable during the policy period.

Diagnosis: 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.

Family: Family means Self, Spouse and dependent children

Insured Person: Insured Person means the name/s of person/s shown in the schedule of the Policy.

In-Patient: 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.

Instalment: Instalment means Premium amount paid through Quarterly / Half-yearly mode by the Policy Holder / Insured

Single Private A/C room: Single Private A/C room means a single occupancy air-conditioned room with attached wash room and a couch for the attendant. The room may have a television and/or a telephone. Such room must be the most economical of all accommodations available in that hospital as single occupancy. This does not include deluxe room or a suite

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

II. COVERAGE - SILVER PLAN

In consideration of the premium paid and subject to the terms and conditions as set out in the Schedule with all its Parts, the Company by this Policy agrees as under:

That if during the period stated in the Schedule the insured person shall contract any disease or suffer from any illness or sustain bodily injury through accident and if such disease, illness or injury shall require the insured Person/s, upon the advice of a Physician/Medical Specialist / **Medical Practitioner** or of duly **Qualified Surgeon** to incur Hospitalization expenses for medical/surgical treatment at any **Nursing Home / Hospital** in India as an **in-patient**, the Company will pay to the **Insured Person/s** the amount of such expenses in excess of the **Deductible** per hospitalization indicated in the schedule as are reasonably and necessarily incurred under the following heads but not exceeding the sum insured in aggregate in any one period stated in the schedule hereto

A) Room, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home subject to a maximum of Rs.4,000/- per day.
Note: Hospitalisation expenses which vary based on the room rent occupied by the insured person will be considered in proportion to the room rent limit stated in the policy or actuals whichever is less. Proportionate deductions are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category

B) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees, Anesthesia, Blood, Oxygen, Operation Theatre charges, ICU Charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, cost of Pacemaker and similar expenses. With regard to coronary stenting, medicines, Implants and such other similar items the Company will pay cost of stent as per the Drug Price Control Order (DPCO) / National Pharmaceuticals Pricing Authority (NPPA) Capping.

C) **Pre-hospitalization Expenses:** Medical expenses incurred up to 30 days immediately before the insured person is hospitalized.

D) **Post Hospitalization Expenses:** Medical expenses incurred up to 60 days immediately after the insured person is discharged from the hospital

E) **Modern Treatments:** The expenses payable during the entire policy period for the following treatment/procedure (either as a day care or as in-patient exceeding 24hrs of admission in the hospital) is limited to the amount mentioned in table below;

Treatment / Procedure	Deductible Rs.	Limit per Policy Period for each treatment / procedure Rs.
Uterine artery Embolization and HIFU	3,00,000/-	75,000/-
	5,00,000/-	1,25,000/-
Balloon Sinuplasty	3,00,000/-	30,000/-
	5,00,000/-	50,000/-
Deep Brain Stimulation	3,00,000/-	1,50,000/-
	5,00,000/-	2,50,000/-
Oral Chemotheraphy*	3,00,000/-	75,000/-
	5,00,000/-	1,25,000/-
Immunotherapy-Monoclonal Antibody to be given as injection	3,00,000/-	1,50,000/-
	5,00,000/-	2,50,000/-
Intra Vitreal injections	3,00,000/-	30,000/-
	5,00,000/-	50,000/-
Robotic surgeries	3,00,000/-	1,50,000/-
	5,00,000/-	2,50,000/-
Stereotactic radio surgeries	3,00,000/-	1,50,000/-
	5,00,000/-	2,50,000/-
Bronchical Thermoplasty	3,00,000/-	3,00,000/-
	5,00,000/-	5,00,000/-
Vaporisation of the prostate (Green laser treatment or holmium laser treatment)	3,00,000/-	3,00,000/-
	5,00,000/-	5,00,000/-
IONM-(Intra Operative Neuro Monitoring)	3,00,000/-	3,00,000/-
	5,00,000/-	5,00,000/-
Stemcell Theraphy (Hematopoietic stem cells for bone marrow transplant for haematological) conditions	3,00,000/-	1,50,000/-
	5,00,000/-	2,50,000/-

*Sublimit all inclusive with or without hospitalization where ever hospitalization includes pre and post hospitalization

F) **AYUSH Treatment:** Medical expenses for Inpatient Hospitalization incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines in a AYUSH Hospital is payable up to the sum insured.
Note : Claims under Yoga and Naturopathy system of treatment will be payable subject to prior approval from the company.

Note

1. For the purpose of calculating the Deductible per hospitalization, pre hospitalization expenses and post hospitalization expenses will not be taken into account
2. All Day care procedures are covered.
3. Expenses on Hospitalization for minimum period of 24 hours only are admissible. However this time limit will not apply for the day care treatments / procedures, where treatment is taken in the Hospital / Nursing Home and the Insured is discharged on the same day
4. Where the policy is issued for more than 1 year, the Sum Insured including Deductibles is for each of the year, without any carry over benefit thereof. The said benefits / covers available for the 2nd year cannot be utilized in the 1st year itself.
5. The terms, conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract, must be complied with and applies to each policy year
6. The Sum Insured floats amongst the insured members.

III. COVERAGE - GOLD PLAN

In consideration of the premium paid and subject to the terms and conditions as set out in the Schedule with all its Parts, the Company by this Policy agrees as under:

That if during the period stated in the Schedule the insured person shall contract any disease or suffer from any illness or sustain bodily injury through accident and if such disease, illness or injury shall require the insured Person/s, upon the advice of a Physician/Medical Specialist / **Medical Practitioner** or of duly **Qualified Surgeon** to incur Hospitalization expenses for medical/surgical treatment at any **Nursing Home / Hospital** in India as an **in-patient**, the Company will pay to the **Insured Person/s** the amount of such expenses as are reasonably and necessarily incurred under the following heads, in excess of the defined limit but not exceeding the sum insured in aggregate in any one period stated in the schedule hereto.

A. Room (**Single Private A/C room**), Boarding and Nursing Expenses as provided by the Hospital.
Note: Hospitalisation expenses which vary based on the room rent occupied by the insured person will be considered in proportion to the room category stated in the policy or actuals whichever is less. Proportionate deductions are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category

B. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees, Anesthesia, Blood, Oxygen, Operation Theatre charges, ICU Charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, cost of Pacemaker and similar expenses. With regard to coronary stenting, medicines, Implants and such other similar items the Company will pay cost of stent as per the Drug Price Control Order (DPCO) / National Pharmaceuticals Pricing Authority (NPPA) Capping.

C. Emergency ambulance charges up-to a sum of Rs.3,000/- per hospitalization 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.

D. **Air Ambulance expenses** Subject to an admissible hospitalization claim, the insured person is eligible for reimbursement, expenses incurred towards cost of air ambulance up-to 10% of the sum insured, provided the same is availed on the advices of the treating medical practitioner / Hospital. Air ambulance is payable for only from the place of first occurrence of 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. This is applicable for sum insured of Rs.10 lacs and above.

E. **E-Medical Opinion:** The Insured Person is given the facility of obtaining "E Medical Opinion" from the Company's expert panel.
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 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 opinion provided by the Medical Practitioner is outside the scope of this policy.

F. **Pre-hospitalization Expenses:** Medical expenses incurred up to 60 days immediately before the insured person is hospitalized.

G. **Post Hospitalization Expenses:** Medical expenses incurred up to 90 days immediately after the insured person is discharged from the hospital

H. **Delivery Expenses:** Expenses for a Delivery including Delivery by Caesarean section (including pre-natal, post-natal expenses and Lawful medical termination of Pregnancy) up-to Rs.50,000/- per policy period, subject to a maximum of 2 deliveries in the entire life time of the insured person are payable *while the policy is in force.*

Special Conditions

1. This Benefit is subject to a waiting period of 12 months from the date of first commencement of Star Super Surplus (Floater) Insurance policy and continuous renewal thereof with the company.
2. This cover is available only when both Self and Spouse are covered under this policy
3. The policy covering the self and spouse are in force when this benefit becomes payable.
4. Claims under this section will not reduce the Sum Insured

I. **Organ Donor Expenses** for organ transplantation where the insured person is the recipient are payable provided the claim for transplantation is payable and subject to the availability of the sum insured. Donor screening expenses and post-donation complications of the donor are not payable.

J. **Coverage for Modern Treatments**: The expenses payable during the entire policy period for the following treatment / procedure (either as a day care or as in-patient exceeding 24hrs of admission in the hospital) is limited to the amount mentioned in table below:-

Sum Insured Rs.	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
Treatment / Procedure	Limit per policy period for each treatment/procedure Rs.				
Uterine artery Embolization and HIFU	1,25,000	1,50,000	1,75,000	2,00,000	2,00,000
Balloon Sinoplasty	50,000	1,00,000	1,25,000	1,50,000	1,50,000
Deep Brain Stimulation	2,50,000	3,00,000	4,00,000	4,50,000	5,00,000
Oral Chemotheraphy*	1,25,000	2,00,000	2,50,000	2,75,000	3,00,000
Immunotheraphy-Monoclonal Antibody to be given as injection	2,50,000	4,00,000	5,00,000	5,50,000	6,00,000
Intra Vitreal injections	50,000	75,000	1,00,000	1,25,000	1,50,000
Robotic surgeries	2,50,000	3,00,000	4,00,000	4,50,000	5,00,000
Stereotactic radio surgeries	2,00,000	2,25,000	2,50,000	2,75,000	3,00,000
Bronchical Thermoplasty	Up to Sum Insured				
Vaporisation of the prostate (Green laser treatment or holmium laser treatment)					
IONM - (Intra Operative Neuro Monitoring)					
Stem cell theraphy: Hematopoietic stem cells for bone marrow transplant for haematological conditions	2,50,000	3,00,000	4,00,000	4,50,000	5,00,000

Sum Insured Rs.	50,00,000	75,00,000	1,00,00,000
Treatment / Procedure	Limit per policy period for each treatment/procedure Rs.		
Uterine artery Embolization and HIFU	2,25,000	2,50,000	3,00,000
Balloon Sinoplasty	1,75,000	2,00,000	2,00,000
Deep Brain Stimulation	6,00,000	7,00,000	7,50,000
Oral Chemotheraphy*	4,00,000	5,00,000	6,00,000
Immunotheraphy-Monoclonal Antibody to be given as injection	7,50,000	9,00,000	10,00,000
Intra Vitreal injections	1,75,000	2,00,000	2,00,000
Robotic surgeries	6,00,000	7,00,000	7,50,000
Stereotactic radio surgeries	3,50,000	3,75,000	4,00,000
Bronchical Thermoplasty	Up to Sum Insured		
Vaporisation of the prostate (Green laser treatment or holmium laser treatment)			
IONM - (Intra Operative Neuro Monitoring)			
Stem cell theraphy: Hematopoietic stem cells for bone marrow transplant for haematological conditions	7,50,000	9,00,000	10,00,000

*Sublimit all inclusive with or without hospitalization where ever hospitalization includes pre and post hospitalization

K. **AYUSH Treatment:** Medical expenses for Inpatient Hospitalization incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines in a AYUSH Hospital is payable up to the sum insured.

Note : Claims under Yoga and Naturopathy system of treatment will be payable subject to prior approval from the company.

L. **Recharge Benefit**: If the sum insured under the policy is exhausted/ exceeded during the policy period, additional indemnity up to the limits stated in the table given below would be provided once for the remaining policy period. Such additional indemnity can be utilized even for the same hospitalization or for the treatment of diseases / illness / injury / for which claim was paid / payable under the policy. The unutilized Recharge amount cannot be carried forward. This benefit is not available for Modern Treatments

Defined Limit Rs.	Recharge Limit Rs.
3,00,000/-	50,000/-
5,00,000/-	75,000/-
10,00,000/-	1,00,000/-
15,00,000/- and above	2,50,000/-

Note (Applicable for Benefits A to K)

1. All Day care procedures are covered
2. Expenses on Hospitalization for minimum period of 24 hours only are admissible. However this time limit will not apply for the day care treatments / procedures, where treatment is taken in the Hospital / Nursing Home and the Insured is discharged on the same day
3. The Company's liability will begin only when the aggregate of the hospitalization expenses admissible under this policy during this policy period exceed the Defined limit. The amount payable shall be the amount in excess of the defined limit, however not exceeding the Sum Insured for the policy period.
4. For the purpose of calculating the Defined limit the pre-hospitalization and post-hospitalization expenses will not be taken into account
5. Where the policy is issued for more than 1 year, the Sum Insured including Defined limit is for each of the year, without any carry over benefit thereof. The said benefits / covers available for the 2nd year cannot be utilized in the 1st year itself.
6. The terms, conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract, must be complied with and applies to each policy year
7. The Sum Insured floats amongst the insured members.

M. **Wellness Services:** The following wellness services can be availed through "Star Health" Mobile App.

1. **Online Chat with Doctor:** Insured can consult qualified healthcare professionals at their convenience. The Doctor Chat feature allows Insured to "Chat" with qualified Doctors to help Insured with advice and quick consultations including on Diet & Nutrition and Second Medical Opinion. They do not prescribe any medications or diagnose any health issues.
2. **Medical Concierge Services:** The Insured can also contact Star Health to avail the following services: - Emergency assistance information such as nearest ambulance / hospital / blood bank etc.
3. **Period & Fertility Tracker:** The online easy tracking program helps every woman with their period health and fertility care. The program gives access to trackers for period and ovulation which maps out cycles for months. This helps in planning for conception prevention and tracks peak ovulation if planning pregnancy.
4. **Digital Health Vault:** A secured Personal Health records system for Insured to store/access and share health data with trusted recipients. Using this portal, Insured can store their health documents (prescriptions, lab reports, discharge summaries etc.), track health data add family members.
5. **Wellness Content:** The wellness portal provides rich collection of health articles, blogs, tips and other health and wellness content. The contents have been written by experts drawn from various fields. Insured will benefit from having one single and reliable source for learning about various health aspects and incorporating positive health changes.
6. **Health Quiz & Gamification**
   - The wellness portal provides a host of Health & Wellness Quizzes. The wellness quizzes are geared towards helping the Insured to be more aware of various health choices.
   - Gamification helps in creating fun and engaging health & wellness experiences. It helps to create a sense of achievement in users and increases motivation levels.
7. **Post Operative Care:** It is done through follow up phone calls (primarily for surgical cases) for resolving their medical queries.
8. **Discounts from Network Providers:** The Insured can avail discounts on the services offered by our network providers which will be displayed in our website.

Terms and conditions under wellness activity

- Any information provided by the Insured in this regard shall be kept confidential.
- Insured should notify and submit relevant documents, reports, receipts etc for various wellness activities within 1 month of undertaking such activity/test.
- No activity, report, document, receipt can be submitted in the last month of each policy year.
- For services that are provided through empaneled service provider, Star Health is only acting as a facilitator; hence would not be liable for any incremental costs or the services.
- All medical services are being provided by empaneled health care service provider. We ensure full due diligence before empanelment. However Insured should consult his/her doctor before availing/taking the medical advices/services. The decision to utilize these advices/services is solely at Insured person's discretion.
- Star Health, its group entities, or affiliates, their respective directors, officers, employees, agents, vendors, are not responsible or liable for, any actions, claims, demands, losses, damages, costs, charges and expenses which a Member claims to have suffered, sustained or incurred, by way of and / or on account of the Wellness Program.
- Services offered are subject to guidelines issued by IRDAI from time to time.
- In case of newly wedded / married spouse or new born baby included in midterm, the wellness benefit will be available only after completion of 1 year of insurance cover.

IV. Exclusions (Applicable for Both Silver and Gold Plan)

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;

STANDARD EXCLUSIONS

1. Pre-Existing Diseases - Code Excl 01

A. **Applicable for Silver Plan:** Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer

Applicable for Gold Plan: Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first policy with insurer

B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase

C. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage

D. **Applicable for Silver Plan:** Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer

Applicable for Gold Plan: Coverage under the policy after the expiry of 12 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer

2. Specified disease / procedure waiting period - Code Excl 02

A. **Applicable for Silver Plan:** Expenses related to the treatment of the following listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.

Applicable for Gold Plan: Expenses related to the treatment of the following

listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.

B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase

C. If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply

D. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion

E. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage

F. List of specific diseases/procedures;

1. Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Benign diseases of the breast
2. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology
3. All treatments (Conservative, Operative treatment) and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty / Joint Replacement [other than caused by accident]
4. All types of treatment for Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system, Prolapse of Intervertebral Disc (other than caused by accident)
5. All treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi. All types of management for Kidney and Genitourinary tract calculi
6. All types of Hernia
7. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula.
8. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases
9. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies
10. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele
11. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence
12. Varicose veins and Varicose ulcers
13. All types of transplant and related surgeries
14. Congenital Internal disease / defect

3. **30-day waiting period - Code Excl 03**

A. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered

B. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months

C. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently

4. **Investigation & Evaluation - Code Excl 04**

A. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded

B. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded

5. **Rest Cure, rehabilitation and respite care - Code Excl 05:** Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

1. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons
2. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs

6. **Obesity / Weight Control - Code Excl 06:** Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions;

A. Surgery to be conducted is upon the advice of the Doctor

B. The surgery/Procedure conducted should be supported by clinical protocols

C. The member has to be 18 years of age or older and

D. Body Mass Index (BMI);

1. greater than or equal to 40 or
2. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
   a. Obesity-related cardiomyopathy
   b. Coronary heart disease
   c. Severe Sleep Apnea
   d. Uncontrolled Type2 Diabetes

7. **Change-of-Gender treatments - Code Excl 07:** Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

8. **Cosmetic or plastic Surgery - Code Excl 08:** Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

9. **Hazardous or Adventure sports - Code Excl 09:** Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

10. **Breach of law - Code Excl 10:** Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

11. **Excluded Providers - Code Excl 11:** Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof **- Code Excl 12**

13. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons **- Code Excl 13**

14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure **- Code Excl 14**

15. **Refractive Error - Code Excl 15:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7. 5 dioptres.

16. **Unproven Treatments - Code Excl 16:** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

17. **Sterility and Infertility - Code Excl 17:** Expenses related to sterility and infertility. This includes;

a. Any type of contraception, sterilization

b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

c. Gestational Surrogacy

d. Reversal of sterilization

18. **Maternity - Code Excl 18** (except to the extent covered under "III Coverage H")

a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy

b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period

SPECIFIC EXCLUSIONS

19. Circumcision (unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident), Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA **- Code Excl 19**

20. Congenital External Condition / Defects / Anomalies **- Code Excl 20**

21. Convalescence, general debility, run-down condition, Nutritional deficiency states **- Code Excl 21**

22. Intentional self injury **- Code Excl 22**

23. 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) **- Code Excl 24**

24. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials **- Code Excl 25**

25. Expenses incurred on Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other similar therapies **- Code Excl 26**

26. Unconventional, Untested, Experimental therapies **- Code Excl 27**

27. Autologous derived Stromal vascular Fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy **- Code Excl 28**

28. Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted **- Code Excl 29**

29. All treatment for Priapism and erectile dysfunctions **- Code Excl 30**

30. Inoculation or Vaccination (except for post–bite treatment and for medical treatment

for therapeutic reasons) **- Code Excl 31**

31. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable) **- Code Excl 32**
32. Medical and / or surgical treatment of Sleep apnea, treatment for endocrine disorders **- Code Excl 33**
33. Hospital registration charges, admission charges, record charges, telephone charges and such other charges **- Code Excl 34**
34. Cochlear implants and procedure related hospitalization expenses **- Code Excl 35**
35. Expenses incurred for treatment of diseases/illness/accidental injuries which does not warrant hospitalization **- Code Excl 36**
36. Other Excluded Expenses as detailed in our website www.starhealth.in **- Code Excl 37**
37. Existing disease/s, disclosed by the Insured and mentioned in the policy schedule under Permanent Exclusion (based on Insured's consent) **- Code Excl 38**
38. Any medical expenses incurred towards treatment of New Born Baby **- Code Excl 44**

V. CONDITIONS (Applicable for both Silver and Gold Plan)

STANDARD CONDITIONS

1. **Disclosure of Information:** The policy shall be void and all premium paid thereon shall be forfeited to the Company, in the event of mis-representation, mis description or non-disclosure of any material fact by the policy holder.
2. **Claim Settlement**

A. **Condition Precedent to Admission of Liability**: The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy

B. **Documents for Cashless Treatment**

a. For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255, Senior Citizens may call at 044-40020888
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 hospitalization/ treatment information and the hospital will fill up expected cost of treatment. This form is submitted to the Company
f. The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate.
g. 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.
h. In case of emergency hospitalization information to be given within 24 hours after hospitalization
i. Cashless facility can be availed only in networked Hospitals. For details of Networked Hospitals, the insured may visit www.starhealth.in or contact the nearest branch
j. KYC (Identity proof with Address) of the proposer, as per AML Guidelines

In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents.

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

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.

C. **For Reimbursement claims:** Time limit for submission of

Sl.No.	Type of Claim	Prescribed time limit
1	Reimbursement of hospitalization and day care expenses	Claim must be filed within 15 days from the date of discharge from the Hospital.
2	Reimbursement of Post hospitalization	**Siler Plan:** within 15 days after completion of 60 days from the date of discharge from hospital **Gold Plan:** within 15 days after completion of 90 days from the date of discharge from hospital

D. **Notification of Claim:** Upon the happening of the event, notice with full particulars shall be sent to the Company within 24 hours from the date of occurrence of the event irrespective of whether the event is likely to give rise to a claim under the policy or not.

Note: Conditions C and D are precedent to admission of liability under the policy. However the Company will examine and relax the time limit mentioned in these conditions depending upon the merits of the case.

E. **Documents to be submitted:**

a. Duly completed claim form, and
b. Pre Admission investigations and treatment papers.
c. Discharge Summary from the hospital
d. Cash receipts from hospital, chemists
e. Cash receipts and reports for tests done
f. Receipts from doctors, surgeons, anaesthetist
g. Certificate from the attending doctor regarding the diagnosis.
h. Copy of PAN card
i. Address Proof
j. KYC (Identity proof with Address) of the proposer, as per AML Guidelines
k. NEFT documents viz., Customer name, Bank Account No., Name of the Bank, IFSC code
l. CKYC No. of the proposer (if available)

Note: For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255, Senior Citizens may call at 044-40020888

F. **For Obtaining E-Medical Opinion (Applicable for Gold Plan)**

a. Send mail to e_medicalopinion@starhealth.in attaching scanned copies of medical reports about which the insured seeks the second opinion
b. The response will be communicated by email

G. **Applicable for Gold Plan**

Intimation of all hospitalizations during the policy period irrespective of whether a claim is made or not must be given to the Company within 15 days of its occurrence

For both Reimbursement and Cashless claims: certified true copies of the bills, receipts, discharge summary and other medical documents will be accepted, provided

- such hospitalization is claimed from any other source, up to the 'defined limits' opted for and
- such documents are certified as true copies by the company / body, if any, from which claim was made up to the 'defined limits'.

3. **Complete Discharge:** Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim
4. **Multiple Policies**

i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy
ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy
iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount
iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy

5. **Fraud:** If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
b) the active concealment of a fact by the insured person having knowledge or belief of the fact;
c) any other act fitted to deceive; and
d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

6. **Cancellation**

i. The Policyholder may cancel his policy any time during the term by giving 7 days written notice. In such an event, The Company shall
a. refund proportionate premium for unexpired policy period, if policy term is upto one year and there is no claim (s) made during the policy period.
b. refund premium for the unexpired policy period, in respect of policies with policy term more than 1 year and risk coverage for such policy years has not commenced.
ii. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person

by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud

Note: Incase of long term policies the refund will be given after adjusting the long term discount availed by the insured/ policyholder.

7. **Migration:** The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the Policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

   For Detailed Guidelines on migration, kindly refer the link
   https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

8. **Portability:** The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

   For Detailed Guidelines on portability, kindly refer the link
   https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

9. **Renewal of policy:** The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.
   1. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
   2. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
   3. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy.
   4. Coverage is not available during the grace period.
   5. No loading shall apply on renewals based on individual claims experience

10. **Withdrawal of policy**
    i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy
    ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break

11. **Moratorium Period**: After completion of sixty continuous months of coverage (including portability and migration) under the health insurance policy no look back to be applied. This period of sixty months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of sixty continuous months would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud, nondisclosure, misrepresentation and exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

12. **Premium Payment in Instalments:** If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly or Quarterly or as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)
    i. For monthly instalment option: Grace Period of 15 days would be given to pay the instalment premium due for the policy.
    ii. For Quarterly and Half yearly instalment option: Grace Period of 30 days would be given to pay the instalment premium due for the policy.
    iii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
    iv. No interest will be charged If the instalment premium is not paid on due date.
    v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
    vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
    vii. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.
    viii. For premium paid in instalments during the policy period, coverage is available during the grace period also

13. **Possibility of Revision of Terms of the Policy Including the Premium Rates:** The Company, may revise or modify the terms of the policy including the premium rates as per the extant Guidelines. The insured person shall be notified thirty days before the changes are effected.

14. **Free Look Period:** The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

    The insured person shall be allowed free look period of thirty days from date of receipt of the policy document whether electronically or otherwise to review the terms and conditions of the policy, and to return the same if not acceptable.

    If the insured has not incurred any claim during the Free Look Period, the insured shall be entitled to
    i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person
    ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
    iii. where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

15. **Redressal of Grievance:** Incase of any grievance the insured person may contact the Company through

    Website : www.starhealth.in
    E-mail : gro@starhealth.in, grievances@starhealth.in
    Ph. No. : 044-69006900 | Toll Free No. 1800 425 2255
    Senior Citizens may call at 044-69007500
    Courier/ Post : Star Health and Allied Insurance Company Limited.,4th Floor, Balaji Complex, No.15, Whites Lane, Whites Road, Royapettah, Chennai- 600014

    Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

    If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at 044-43664600.

    For updated details of grievance officer, kindly refer the link
    https://www.starhealth.in/grievance-redressal

    If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

    Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://bimabharosa.irdai.gov.in/

16. **Nomination:** The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

SPECIFIC CONDITIONS

17. The Insured Person/s shall obtain and furnish the Company with all original bills, receipts and other documents upon which a claim is based and shall also give the Company such additional information and assistance as the Company may require in dealing with the claim.

18. All claims under this policy shall be payable in Indian currency.

19. The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance of fulfillment of the terms, provision, conditions and endorsements of this policy by the Insured Person/s, in so far as they relate to anything to be done or complied with by the Insured Person/s, shall be a condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions, and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.

20. 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.

21. **Notice and communication:** Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or email to Star Health and Allied Insurance Company Limited, No.1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai 600034. Customer Care No. 044-69006900 or Toll Free No. 1800 425 2255, e-mail: support@starhealth.in

    Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery or e-mail.

22. **Territorial Limit:** All medical/surgical treatments under this policy shall have to be taken in India.

23. **Automatic Expiry:** The insurance under this policy with respect to each relevant Insured Person shall expire immediately on the earlier of the following events:
    - ✓ Upon the death of the Insured Person. This also means that, the cover for the surviving members of the family will continue, subject to other terms of the policy.
    - ✓ Upon exhaustion of the sum insured under the policy

24. **Policy Disputes:** Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law.

25. **Excluded Hospitals (providers):**Insured can refer the company website using the following link to get the list of excluded hospitals.
https://www.starhealth.in/lookup/hospital/#excluded-hospital

26. **Revision of Sum Insured:** Reduction or enhancement of sum insured is permissible only at the time of renewal.

    Enhancement of sum insured is subject to no claim being lodged or paid under this policy, both the acceptance for enhancement and the amount of enhancement will be at the discretion of the Company. Where the sum insured is enhanced, the amount of additional sum insured by way of such enhancement shall be subject to the following terms

    1. **Exclusion Code- Excl 01, Exclusion Code- Excl 02 and Exclusion Code- Excl 03** shall apply afresh from the date of such enhancement for the increase in the sum insured, that is, the difference between the expiring policy sum insured and the increased current sum insured.
    2. Waiting Periods as under shall apply afresh from the date of such enhancement for the additional sum insured in respect of diseases / conditions diagnosed / treated irrespective of whether any claim is made or not in the immediately preceding three policy periods:-
       i) **For Silver Plan:** 36 months of continuous coverage without break
       ii) **For Gold Plan:** 12 months of continuous coverage without break
    3. The above applies to each relevant insured person

27. **Relief under Section 80-D:** Insured Person is eligible for relief under Section 80-D of the IT Act in respect of the premium paid by any mode other than cash.

28. **Important Note**
    a) Where the policy is issued for more than 1 year, the Sum Insured including Deductibles / Defined limit is for each of the year, without any carry over benefit thereof. The said benefits / covers available for the 2nd year cannot be utilized in the 1st year itself. The terms, conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract, must be complied with and applies to each policy year
    b) The Sum Insured floats amongst the insured members.
    c) The Policy Schedule and any Endorsement are to be read together and any word or such meaning wherever it appears shall have the meaning as stated in the Act / Indian Laws
    d) The terms, conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract, must be complied with and applies to each relevant insured person. Failure to comply with may result in the claim being denied.
    e) 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.

29. **Special conditions(Applicable for Gold Plan Only):** The Company's liability under the policy will begin when the aggregate of the admissible hospitalization expenses during the policy period exceed the Defined limit. The amount payable shall be the amount in excess of the Defined limit**,** however not exceeding the Sum Insured for the policy period.

    The Proposer can opt at the beginning of 6th year before renewal of this policy or later during any successive renewal, for an Indemnity Health Insurance policy without defined limit offered by the Company (subject to underwriting) with continuity of benefits for the average sum insured of immediately preceding 5 years period subject to the following;
    a) All Insured Persons are insured with the Company under this policy before the age of 50 years and have been continuously renewed without any break
    b) No claim has been made during the immediately preceding 5 years
    c) The proposer should exercise this option for all the insured persons.
    d) This policy shall not be further renewed if the option is exercised

30. **Customer Service:** If at any time the Insured Person requires any clarification or assistance, the insured may contact Star Health and Allied Insurance Company Limited, No.1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai 600034, during normal business hours.

STAR Personal & Caring | Health Insurance
The Health Insurance Specialist

List of Insurance Ombudsman

AHMEDABAD

Office of the Insurance Ombudsman,
Jeevan Prakash Building, 6th floor,
Tilak Marg, Relief Road,
Ahmedabad – 380 001.
Tel.: 079 - 25501201/02
Email: bimalokpal.ahmedabad@cioins.co.in

JURISDICTION: Gujarat, Dadra & Nagar Haveli, Daman and Diu.

BENGALURU

Office of the Insurance Ombudsman,
Jeevan Soudha Building,
PID No. 57-27-N-19 Ground Floor, 19/19,
24th Main Road, JP Nagar, Ist Phase,
Bengaluru – 560 078.
Tel.: 080 - 26652048 / 26652049
Email: bimalokpal.bengaluru@cioins.co.in

JURISDICTION: Karnataka.

BHOPAL

Office of the Insurance Ombudsman,
1st floor, "Jeevan Shikha",
60-B, Hoshangabad Road,
Opp. Gayatri Mandir, Bhopal – 462 011.
Tel.: 0755 - 2769201 / 2769202
Email: bimalokpal.bhopal@cioins.co.in

JURISDICTION: Madhya Pradesh Chattisgarh.

BHUBANESWAR

Office of the Insurance Ombudsman,
62, Forest park, Bhubaneswar – 751 009.
Tel.: 0674 - 2596461 /2596455
Email: bimalokpal.bhubaneswar@cioins.co.in

JURISDICTION: Odisha.

CHANDIGARH

Office of the Insurance Ombudsman,
Jeevan Deep Building S.C.O. 20-27,
Ground Floor Sector 17 – A,
Chandigarh – 160 017.
Tel.: 0172 - 2706468
Email: bimalokpal.chandigarh@cioins.co.in

JURISDICTION: Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh.

CHENNAI

Office of the Insurance Ombudsman,
Fatima Akhtar Court, 4th Floor, 453,
Anna Salai, Teynampet,
Chennai – 600 018.
Tel.: 044 - 24333668 / 24333678
Email: bimalokpal.chennai@cioins.co.in

JURISDICTION: Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).

DELHI

Office of the Insurance Ombudsman,
2/2 A, Universal Insurance Building,
Asaf Ali Road,
New Delhi – 110 002.
Tel.: 011 - 23237539
Email: bimalokpal.delhi@cioins.co.in

JURISDICTION: Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.

KOCHI

Office of the Insurance Ombudsman,
10th Floor, Jeevan Prakash, LIC Building,
Opp.to Maharaja's College, M. G. Road,
KOCHI - 682 011.
Tel.: 0484 - 2358759
Email: bimalokpal.ernakulam@cioins.co.in

JURISDICTION: Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.

GUWAHATI

Office of the Insurance Ombudsman,
Jeevan Nivesh, 5th Floor,
Nr. Panbazar over bridge, S.S. Road,
Guwahati – 781001(ASSAM).
Tel.: 0361 - 2632204 / 2602205
Email: bimalokpal.guwahati@cioins.co.in

JURISDICTION: Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.

HYDERABAD

Office of the Insurance Ombudsman,
6-2-46, 1st floor, "Moin Court",
Lane Opp. Saleem Function Palace,
A. C. Guards, Lakdi-Ka-Pool,
Hyderabad - 500 004.
Tel.: 040 - 23312122
Email: bimalokpal.hyderabad@cioins.co.in

JURISDICTION: Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.

JAIPUR

Office of the Insurance Ombudsman,
Jeevan Nidhi – II Bldg., Gr. Floor,
Bhawani Singh Marg,
Jaipur - 302 005.
Tel.: 0141 – 2740363/2740798
Email: bimalokpal.jaipur@cioins.co.in

JURISDICTION: Rajasthan.

KOLKATA

Office of the Insurance Ombudsman,
Hindustan Bldg. Annexe, 7th Floor,
4, C.R. Avenue, Kolkata - 700 072.
Tel.: 033 - 22124339 / 22124341
Email: bimalokpal.kolkata@cioins.co.in

JURISDICTION: West Bengal, Sikkim, Andaman & Nicobar Islands.

LUCKNOW

Office of the Insurance Ombudsman,
6th Floor, Jeevan Bhawan, Phase-II,
Nawal Kishore Road, Hazratganj,
Lucknow - 226 001.
Tel.: 0522 - 4002082 / 3500613
Email: bimalokpal.lucknow@cioins.co.in

JURISDICTION: Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.

MUMBAI

Office of the Insurance Ombudsman,
3rd Floor, Jeevan Seva Annexe,
S. V. Road, Santacruz (W),
Mumbai - 400 054.
Tel.: 022 - 69038800/27/29/31/32/33
Email: bimalokpal.mumbai@cioins.co.in

JURISDICTION: Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).

NOIDA

Office of the Insurance Ombudsman,
Bhagwan Sahai Palace
4th Floor, Main Road, Naya Bans, Sector 15,
Distt: Gautam Buddh Nagar, U.P-201301.
Tel.: 0120-2514252 / 2514253
Email: bimalokpal.noida@cioins.co.in

JURISDICTION: State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.

PATNA

Office of the Insurance Ombudsman,
2nd Floor, Lalit Bhawan,
Bailey Road, Patna 800 001.
Tel.: 0612-2547068
Email: bimalokpal.patna@cioins.co.in

JURISDICTION: Bihar, Jharkhand.

PUNE

Office of the Insurance Ombudsman,
Jeevan Darshan Bldg., 3rd Floor,
C.T.S. No.s. 195 to 198, N.C. Kelkar Road,
Narayan Peth, Pune – 411 030.
Tel.: 020 - 24471175
Email: bimalokpal.pune@cioins.co.in

JURISDICTION: Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).

Kindly refer our website, for future updates in Ombudsman address

ITEMS THAT ARE TO BE SUBSUMED INTO ROOM CHARGES			
SI.NO.	ITEM	SI.NO.	ITEM
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	20	LUXURY TAX
2	HAND WASH	21	HVAC
3	SHOE COVER	22	HOUSE KEEPING CHARGES
4	CAPS	23	AIR CONDITIONER CHARGES
5	CRADLE CHARGES	24	IM IV INJECTION CHARGES
6	COMB	25	CLEAN SHEET
7	EAU-DE-COLOGNE / ROOM FRESHNERS	26	BLANKET / WARMER BLANKET
8	FOOT COVER	27	ADMISSION KIT
9	GOWN	28	DIABETIC CHART CHARGES
10	SLIPPERS	29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
11	TISSUE PAPER	30	DISCHARGE PROCEDURE CHARGES
12	TOOTH PASTE	31	DAILY CHART CHARGES
13	TOOTH BRUSH	32	ENTRANCE PASS / VISITORS PASS CHARGES
14	BED PAN	33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
15	FACE MASK	34	FILE OPENING CHARGES
16	FLEXI MASK	35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
17	HAND HOLDER	36	PATIENT IDENTIFICATION BAND / NAME TAG
18	SPUTUM CUP	37	PULSEOXYMETER CHARGES
19	DISINFECTANT LOTIONS		

ITEMS THAT ARE TO BE SUBSUMED INTO PROCEDURE CHARGES			
SI.NO.	ITEM	SI.NO.	ITEM
1	HAIR REMOVAL CREAM	13	SURGICAL DRILL
2	DISPOSABLES RAZORS CHARGES (for site preparations)	14	EYE KIT
3	EYE PAD	15	EYE DRAPE
4	EYE SHEILD	16	X-RAY FILM
5	CAMERA COVER	17	BOYLES APPARATUS CHARGES
6	DVD, CD CHARGES	18	COTTON
7	GAUSE SOFT	19	COTTON BANDAGE
8	GAUZE	20	SURGICAL TAPE
9	WARD AND THEATRE BOOKING CHARGES	21	APRON
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS	22	TORNIQUET
11	MICROSCOPE COVER	23	ORTHOBUNDLE, GYNAEC BUNDLE
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER		

ITEMS THAT ARE TO BE SUBSUMED INTO COSTS OF TREATMENT			
SI.NO.	ITEM	SI.NO.	ITEM
1	ADMISSION / REGISTRATION CHARGES	10	HIV KIT
2	HOSPITALISATION FOR EVALUATION / DIAGNOSTIC PURPOSE	11	ANTISEPTIC MOUTHWASH
3	URINE CONTAINER	12	LOZENGES
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	13	MOUTH PAINT
5	BIPAP MACHINE	14	VACCINATION CHARGES
6	CPAP / CAPD EQUIPMENTS	15	ALCOHOL SWABS
7	INFUSION PUMP — COST	16	SCRUB SOLUTION / STERILLIUM
8	HYDROGEN PEROXIDE / SPIRIT / DISINFECTANTS ETC	17	GLUCOMETER & STRIPS
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES	18	URINE BAG