



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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PROSPECTUS - STAR HEALTH PREMIER INSURANCE POLICY

Unique Identification No.: SHAHLIP22226V012122

Star Health Premier Insurance Policy is a unique indemnity health insurance product which covers expenses incurred on hospitalisation due to Illness or Accident.

Some of the innovative benefits offered are:

- Home care treatment for the specified conditions upto 10% of the sum insured subject to a maximum of Rs.5 lakhs
- Ayush Treatment covers Inpatient Hospitalisation expenses and day care treatments upto the sum insured
- Covers Non Medical items (Consumables) like gloves, food charges and other consumables during hospitalisation.
- Modern Treatments covered upto 50% of sum insured either as an inpatient or as part of day care treatment in a hospital.

➤ Entry Age

- For Adults - Min - 50 years for primary member & Max - Up to Any Age
- For Dependent Children - Min - 91 days & Max - Up to 25 years
- In case of dependent children, when they complete 25 yrs of age, a separate policy has to be taken. In such an event, continuity of benefits in terms of waiting period will be provided.
- For Adults aged 50 years and above, if spouse is aged less than 50 years, a family floater cover can be offered by considering the premium of age 50 years discounted by 10% for the spouse.

➤ Policy Term: One year / Two year / Three year.

For policies more than one year, the Sum Insured is for each year, without any carry over benefit thereof. **Note:** Where the policy is issued for more than 1 year, the Sum Insured including sublimits, automatic restoration benefit (if applicable) is for each of the year, without any carry over benefit thereof. The said benefits / covers available for the 2nd year or 3 year cannot be utilized in the 1st year itself

➤ Long term discount:

If the policy term opted is 2 years, discount available is 10% on 2nd year premium and if policy term opted is 3 years, discount available is 11.25% on 2nd and 3rd year premium.

➤ Type of Policy: Individual and Floater (Maximum Family Size 2A+3C)

Note For Adults aged 50 years and above, if spouse is aged less than 50 years, a family floater cover can be offered by considering the premium of age 50 years discounted by 10% for the spouse

➤ Sum Insured Options: Rs.10,00,000/-, Rs.20,00,000/-, Rs.30,00,000/-, Rs.50,00,000/-, Rs75,00,000/- and Rs.1,00,00,000/-

Note: Rs.75,00,000/- and Rs.1,00,00,000/- Sum Insured will be available for persons aged up to 65 years only. This is applicable only at the time of inception of this policy.

➤ Pre-acceptance medical screening:

No pre-acceptance Medical Screening irrespective of the age of the person and the sum insured opted. However Insured has to disclose the pre-existing diseases, medical treatment details and disabilities in the proposal form. Medical examination may also be done by the company for those who declare adverse medical history. At present, 100% cost of such medical examination is borne by the company.

➤ Discount in premium for submitting health checkup reports:

If following medical records of the person proposed for insurance are submitted, Company may offer a discount of 10% on the applicable premium, **subject to the findings in the submitted reports.**

1. Stress ECHO Report/TMT (done under guidance)
2. BP Report (3 readings)
3. Fasting Blood Sugar (FBS) and HbA1C
4. Blood urea & creatinine
5. Complete Urine Examination (CUE)

The tests should have been taken within 45 days prior to the date of proposal. If the prospect submits these documents at the time of inception of this policy, this discount will be given for all subsequent renewals also, if the policy is renewed continuously without break.

➤ Instalment Facility available :

Premium can be paid in Quarterly and Half-yearly Instalments. Premium can also be paid Annual, Biennial and Triennial

For instalment mode of payment, there will be loading on annual premium as given below:

- Quarterly: 3%
- Half Yearly: 2%

Note: Instalment facility is not available for long term (2 year and 3 year) policies.

➤ Midterm Inclusion:

Permissible on payment of proportionate premium subject to the following; **Newly Married / Wedded spouse:** Intimation about the marriage should be given within 45 days from the date of marriage.

Special conditions

- Waiting periods as stated in the policy will be applicable from the date of inclusion of such newly married/wedded spouse.
- Such midterm inclusion will be subject to underwriter's approval

➤ What are the benefits available under the insurance?

1. Room, Boarding and Nursing Expenses up to 1% of sum insured or maximum up to Rs.20,000/- per day whichever is less as provided by the Hospital / Nursing Home
Note: Expenses relating to Associated Expenses will be considered in proportion to the eligible room rent/room category stated in the policy schedule 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.
2. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.
3. Anesthesia, Blood, Oxygen, Operation theatre charges, ICU charges, Surgical appliances, Medicines and Drugs, Diagnostic materials and X-ray, Diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy, cost of pacemaker, stent and similar expenses. With regard to coronary stent, 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.
4. All day care procedures are covered.
Expenses on Hospitalization for a 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.
5. Expenses incurred on treatment of **Cataract** is subject to the limit as per the following table

Sum Insured (Rs.)	10 / 20 / 30 Lakhs	50 lakhs and above
Limit Per Eye (Rs.)	50,000	60,000
Limit Per Policy year (Rs.)	80,000	1,00,000

6. **Coverage for Non-medical Items (Consumables):** If there is an admissible claim under the policy, then Items as per List I specified in this policy will become payable
7. **Road ambulance expenses:** Subject to an admissible hospitalization claim, road ambulance expenses incurred for the following are payable :-
- for transportation of the insured person by private ambulance service to go to hospital when this is needed for medical reasons
or
 - for transportation of the insured person by private ambulance service from one hospital to another hospital for better medical treatment
or
 - for transportation of the insured person from the hospital where treatment is taken to their place of residence provided the requirement of an ambulance to the residence is certified by the medical practitioner.
8. **Air Ambulance** Subject to an admissible hospitalization claim, the Insured Person(s) is/are eligible for reimbursement of expenses incurred towards the cost of air ambulance service up to Rs.2,50,000/- per hospitalization and maximum upto Rs.5,00,000/- per policy year is payable, provided that
- It is for life threatening emergency health condition/s of the insured person which requires immediate and rapid ambulance transportation to the hospital/medical centre that ground transportation cannot be provided.
 - Necessary medical treatment not being available at the location where the Insured Person is situated at the time of Emergency
 - It is prescribed by a Medical Practitioner and is Medically Necessary;
 - The insured person is in India and the treatment is in India only
 - Such Air ambulance should have been duly licensed to operate as such by Competent Authorities of the Government/s
9. **Pre-hospitalization Expenses:** Medical expenses incurred up to 60 days immediately before the insured person is hospitalized.
10. **Post Hospitalization Expenses:** Medical expenses incurred up to 90 days immediately after the insured person is discharged from the hospital.
11. **Organ Donor Expenses:** In patient hospitalization expenses incurred for organ transplantation from the Donor to the Recipient Insured Person are payable provided the claim for transplantation is payable. In addition, the expenses incurred by the Donor, (if any) for the complications that necessitate a Redo Surgery / ICU admission will be covered. The coverage limit under this benefit is over and above the Limit of Coverage and upto the Sum Insured. **This additional Sum Insured can be utilized by the Donor and not by the Insured.**
12. **AYUSH Treatment:** In patient Hospitalizations/day care treatment expenses incurred for treatment of diseases / illness / accidental injuries by AYUSH treatment (except Yoga and Naturopathy system of medicines) is covered up to the Sum Insured.
13. **Bariatric Surgery:** Hospitalisation Expenses incurred for bariatric surgical procedure and its complications thereof are payable subject to the limits mentioned in the table given below (inclusive of pre-hospitalization and post-hospitalization expenses) after a waiting period of 24 months.

Sum Insured (Rs.)	Limit per policy period (Rs.)
10 lakhs and 20 lakhs	2,50,000/-
Above 20 lakhs	5,00,000/-

Note: Claims under this benefit shall be processed only on cashless basis subject to the fulfillment of conditions in Exclusion **Obesity/ Weight Control: Code- Excl 06** specified in this policy.

14. **Coverage for Modern Treatment:** The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital upto 50% of sum insured specified in the policy schedule (including Pre and Post hospitalization expenses) during the policy period;
- Uterine artery Embolization and HIFU
 - Balloon Sinuplasty
 - Deep Brain Stimulation
 - Oral Chemotherapy
 - Immunotherapy- Monoclonal Antibody to be given as injection
 - Intra Vitreal injections
 - Robotic surgeries
 - Stereotactic radio surgeries
 - Bronchial Thermoplasty
 - Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
 - IONM-(Intra Operative Neuro Monitoring)
 - Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions
15. **Domiciliary Hospitalization:** Coverage for medical treatment (Including AYUSH) for a period exceeding three days, for an illness/disease/injury, which in the normal course, would require care and treatment at a Hospital but, on the advice of the attending Medical Practitioner, is taken whilst confined at home under any of the following circumstances;
- The condition of the patient is such that he/she is not in a condition to be removed to a Hospital,
or
 - The patient takes treatment at home on account of non-availability of room in a hospital
- However, this benefit shall not cover Asthma, Bronchitis, Chronic Nephritis and Nephritic Syndrome, Diarrhoea and all types of Dysenteries including Gastro-enteritis, Diabetes Mellitus and Insipidus, Epilepsy, Hypertension, Influenza, Cough and Cold, all Psychiatric or Psychosomatic Disorders, Pyrexia of unknown origin for less than 10 days, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Arthritis, Gout and Rheumatism.
16. **Automatic Restoration of Sum Insured:** There shall be automatic restoration of the Sum Insured once by 100% subject to the following :-
- The automatic restoration shall trigger immediately upon partial / full utilization of the limit of coverage.
 - Such Restored Sum Insured can be utilized for all claims for subsequent hospitalization during the policy period.
 - The maximum liability of the Company for a Single claim shall not exceed the limit of coverage.
 - The unutilized restored sum insured cannot be carried forward
17. **Cumulative Bonus:** The insured person will be eligible for Cumulative bonus calculated at 20% of sum insured for each claim free year subject to a maximum of 100% of the sum insured
- Special Conditions**
- The Cumulative bonus will be calculated on the expiring Sum Insured
 - If the insured opts to reduce the Sum Insured at the subsequent renewal, the limit of indemnity by way of such Cumulative bonus shall not exceed such reduced sum insured
 - In the event of a claim resulting in;
 - Partial utilization of Sum Insured, such cumulative bonus so granted will not be reduced
 - Full utilization of Sum Insured and nil utilization of cumulative bonus accrued, such cumulative bonus so granted will not be reduced
 - Full utilization of Sum Insured and partial utilization of cumulative bonus accrued, the cumulative bonus granted on renewal will be the balance cumulative bonus available and will be reduced at the same rate at which it has accrued
 - Full utilization of Sum Insured and full utilization of cumulative bonus accrued, the cumulative bonus on renewal will be "nil"
- Note:** Claims under Outpatient Medical expenses and Health checkup will not impact Cumulative bonus.
18. **Rehabilitation and Pain Management:** The Company will pay the medical expenses for Rehabilitation and Pain Management up to the sub-limit (or) maximum up to 10% of the sum insured whichever is less, per policy year.
- Rehabilitation:** The Company will pay the expenses for rehabilitation, if availed at authorized centres as an In-patient/Out-patient, and if there is an admissible claim for In-patient hospitalization for an injury, disease or illness specified below.
- Poly Trauma
 - Head injury
 - Diseases of the spine
 - Stroke

Pain Management treatment: The Company will pay the expenses for the following, if availed at authorized centres as an In-patient/ Day Care treatment

	Subject - Pain Management Cover	Sub-limits (Per Policy Period) (RS.)	
		Rs. 10/20 lakhs SI	Rs. 30 Lakhs and above SI
1	Lumbar and cervical medial branch block with RF ablation for lumbar and cervical facet joint arthritis	65,000/-	75,000/-
2	Caudal epidural injection for Discogenic pain	40,000/-	50,000/-
3	Lumbar and cervical selective nerve root block for Lumbar and Cervical radicular pain	50,000/-	60,000/-
4	Caudal Neuroplasty for Failed back spine surgery	85,000/-	1,00,000/-
5	Stellate ganglion ablation for upper limb CRPS	65,000/-	75,000/-
6	Occipital nerve Pulsed RF lesioning for Migraines, Cluster headache and cervicogenic headaches	65,000/-	75,000/-
7	Lumbar sympathetic chain RF ablation for lower limb CRPS, diabetic periphery painful neuropathy and Ischaemic limb pain	65,000/-	75,000/-
8	Gasserian ganglion ablation for Trigeminal neuralgia	65,000/-	75,000/-
9	Intercostal nerve Ablation for post thoracotomy pain and Thoracic malignancy pain	65,000/-	75,000/-
10	Coeliac plexus ablation for upper gastrointestinal malignancies pain	65,000/-	75,000/-
11	Superior hypogastric plexus ablation for lower Gastro intestinal malignancies pain	65,000/-	75,000/-
12	Ganglion impar ablation for perineal cancer pain and coccydynia	65,000/-	75,000/-
13	Cooled RF ablation of genicular nerve for grade 1 and 2 osteoarthritis knee and hip	1,00,000/-	1,25,000/-
14	Suprascapular nerve RF ablation for rotator cuff partial tear and peri arthritis shoulder pain	65,000/-	75,000/-

Important. Note

- (i) The above mentioned sub-limits will apply, even if these treatments are taken as part of Hospice Care
(ii) Rehabilitation and/or Pain management treatment can be taken only at the Authorized centres mentioned in the website – www.starhealth.in

19. **Hospice Care:** Payable up to 10% of the sum insured subject to a maximum of Rs.5 lakhs, if availed at our Networked facility mentioned in our website www.starhealth.in, payable once in life time for each Insured person. Available after a waiting period of 24 months from the policy inception.

Note: With regard to admissibility of claim under Hospice Care, the decision of the medical panel will be final.

20. **Home care treatment:** Payable up to 10% of the for the sum insured subject to maximum of Rs.5 lakhs in a policy year, for treatment availed by the Insured Person at home, only for the specified conditions mentioned below, which in normal course would require care and treatment at a hospital but is actually taken at home provided that:

- The Medical practitioner advises the Insured person to undergo treatment at home
- There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment
- Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained
- Insured can avail "Home Care Treatment" service on cashless / reimbursement basis, if availed from the list of our Network service providers given in our website "www.starhealth.in"

List of Conditions covered under Home care treatment:

- Fever and Infectious diseases which can be managed as Inpatient
- Uncomplicated Urinary tract infections but needing Parenteral Antibiotics
- Asthma and COPD -Mild Exacerbations needing Home Nebulization
- Acute Gastritis/Gastroenteritis
- I.V. Chemotherapy [Where advised by the doctor]
- Palliative Cancer care requiring medical assistance
- Acute Vertigo
- Diabetic foot and Cellulitis
- IVDP [Cervical and Lumbar disc diseases]
- Major Surgeries/Arthroplasties needing IV Antibiotics Post Discharge
- Care for Brain and Spinal Injury Cases Post Discharge
- Post CVA Care at Home after Discharge

21. **Health Check-up benefit:** Expenses incurred towards health check-up up to the limits mentioned in the table given below for every claim free year are payable on renewal.

Sum Insured (Rs.)	Limit Upto (Rs.)	
	Individual SI	Floater SI
10,00,000/-	3,000/-	4,000/-
20,00,000/-	4,000/-	6,000/-
30,00,000/-	4,500/-	6,500/-
50,00,000/-	5,000/-	7,500/-
75,00,000/-	7,000/-	10,000/-
1,00,00,000/-		

Note: Payment of any claim under this section shall not be construed as a waiver of Company's right to repudiate any claim on grounds of non disclosure of material fact or pre-existing disease, for hospitalization expenses under hospitalization provisions of the policy contract

22. **Outpatient Medical Expenses:** Expenses incurred for an Outpatient treatment up to the limits mentioned in the table below are payable from day 1.

Sum Insured (Rs.)	Limit Upto (Rs.)	
	Individual SI	Floater SI
10,00,000/-	3,000/-	4,000/-
20,00,000/-	4,000/-	6,000/-
30,00,000/-	4,500/-	6,500/-
50,00,000/-	5,000/-	7,500/-
75,00,000/-	7,000/-	10,000/-
1,00,00,000/-		

Payment of any claim under this section shall not be construed as a waiver of Company's right to repudiate any claim on grounds of non disclosure of material fact or pre-existing disease, for hospitalization expenses under hospitalization provisions of the policy contract

- 23. Star Wellness Program:** This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities. The wellness activities as mentioned below are designed to help the Insured person to earn wellness reward points which will be tracked and monitored by the Company. The wellness points earned by the Insured Person(s) under the wellness program, can be utilized to get discount in premium.

This Wellness Program is enabled and administered online through Star Wellness Platform through Star Health customer mobile app "Star Power" and through "Star Health Customer Portal (digital platform)

Note: The Wellness Activities mentioned in the table below are applicable for the Insured person(s) aged 18 years and above only.

The following table shows the discount on premium available under the Wellness Program

Wellness Points Earned	Discount in Premium
200 to 350	2%
351 to 600	5%
601 to 750	7%
751 to 1000	10%

* the weightage is given as per the following table:

Family Size	Weightage
Self, Spouse	1:1
Self, Spouse and Dependent Children (up to 18 years)	1:1:0:0:0
Self, Spouse and Dependent Children (aged above 18 years)	2:2:1:1:1

Note: In case of two year policy, total number of wellness points earned in two year period will be divided by two.

*Please refer the Illustrations to understand the calculation of discount in premium, weightage and the calculation in case of two year policy.

The wellness services and activities are categorized as below:

Sr.No.	Activity	Maximum number of Wellness Points that can be earned under each activity in a policy year
1.	Manage and Track Health	
	a) Online Health Risk Assessment (HRA)	50
	b) Preventive Risk Assessment	200
2.	Affinity to Wellness	
	a) Participating in Walkathon, Marathon, Cyclothon and similar activities	100
	b) Membership in a health club (for 1 year or more)	100
3.	Stay Active - If the Insured member achieves the step count target on mobile app	200
4.	a) Weight Management Program (for the Insured who is Overweight / Obese)	100
	b) Sharing Insured Fitness Success Story through adoption of Star Wellness Program (for the Insured who is not Overweight / Obese)	50
5.	a) Chronic Condition Management Program (for the Insured who is suffering from Chronic Condition/s - Diabetes, Hypertension, Cardiovascular Disease or Asthma)	250
	b) On Completion of De-Stress & Mind Body Healing Program (for the Insured who is not suffering from Chronic Condition/s - Diabetes, Hypertension, Cardiovascular Disease or Asthma)	125
Additional Wellness Services		
6.	Tele health services	
7.	Medical Concierge Services	
8.	Digital Health Vault	
9.	Wellness Content	
10.	Post-Operative Care	
11.	Discounts from Network Providers	

1. Manage and Track Health

- a) Completion of Health Risk Assessment (HRA):** The Health Risk Assessment (HRA) questionnaire is an online tool for evaluation of health and quality of life of the Insured. It helps the Insured to introspect his/ her personal lifestyle. The Insured can log into his/her account on the website www.starhealth.in and complete the HRA questionnaire. The Insured can undertake this once per policy year.

On Completion of online HRA questionnaire, the Insured earns 50 wellness points.

Note: To get the wellness points mentioned under HRA, the Insured has to complete the entire HRA within one month from the time he/she started HRA Activity.

- b) Preventive Risk Assessment:** The Insured can also earn wellness points by undergoing diagnostic / preventive tests during the policy year. These tests should include the five mandatory tests mentioned below. Insured can take these tests at any diagnostic centre at Insured's own expenses.

- If all the results of the submitted test reports are within the normal range, Insured earns 200 wellness points.
- If the result of any one test is not within the normal range as specified in the lab report, Insured earns 150 wellness points.
- If two or more test results are not within the normal range, Insured earns 100 wellness points only.

Note: These tests reports should be submitted together and within 30 days from the date of undergoing such Health Check-Up.

List of mandatory tests under Preventive Risk Assessment

1. Complete Haemogram Test
2. Blood Sugar (Fasting Blood Sugar (FBS) + Postprandial (PP) [or] HbA1c)
3. Lipid profile (Total cholesterol, HDL, LDL, Triglycerides, Total Cholesterol / HDL Cholesterol Ratio)
4. Serum Creatinine

2. Affinity towards wellness: Insured earns wellness points for undertaking any of the fitness and health related activities as given below

List of Fitness Initiatives and Wellness points

	Initiative	Wellness Points
a.	Participating in Walkathon, Marathon, Cyclothon and similar activities	100
	- On submission of BIB Number along with the details of the entry ticket taken to participate in the event.	
b.	Membership in a health club (for 1 year or more) - In a Gym / Yoga Centre / Zumba Classes / Aerobic Exercise/ Sports Club/ Pilates Classes/ Swimming / Tai Chi/ Martial Arts / Gymnastics/ Dance Classes	100

Note: In case if Insured is not a member of any health club, he/she should join into club within 3 months from the date of the policy risk commencement date. Insured person should submit the health club membership.

3. **StayActive:** Insured earns wellness points on achieving the step count target on star mobile application as mentioned below:

Average number of steps per day in a policy year	Wellness Points
· If the average number of steps per day in a policy year are between - 5000 and 7999	100
· If the average number of steps per day in a policy year are between - 8000 and 9999	150
· If the average number of steps per day in a policy year are - 10000 and above	200

Note

- First month and last month in each policy year will not be taken into consideration for calculation of average number of steps per day under Stay Active.
- The mobile app must be downloaded within 30 days of the policy risk start date to avail this benefit.
- The average step count completed by an Insured member would be tracked on star wellness mobile application.

4. **Weight Management Program**

- a) This Program will help the Insured persons with Over Weight and Obesity to manage their Body Mass Index (BMI) through the empanelled wellness experts who will guide the Insured in losing excess weight and maintain their BMI.
- On acceptance of the Weight Management Program, Insured earns 50 wellness points.
 - An additional 50 wellness points will be awarded in case if the results are achieved and maintained as mentioned below.

Sr.No.	Name of the Ailment	Values to be submitted	Criteria to get the Wellness points
1.	Obesity (If BMI is above 29)	Height & Weight (to calculate BMI)	Achieving and maintaining the BMI between 18 and 29
2.	Overweight (If BMI is between 25 and 29)	Height & Weight (to calculate BMI)	Reducing BMI by two points and maintaining the same BMI in the policy year

- Values (for BMI) shall be submitted for every 2 months (up to 5 times in each policy year)

- b) In case if the Insured is not Overweight / Obese, the Insured can submit his/her Fitness Success Story through adoption of Star Wellness Activities with us. On submission of the Fitness Success Story through adoption of Star Wellness Activities, Insured earns 50 wellness points.

5. **Chronic Condition Management Program**

- a) This Program will help the Insured suffering from Diabetes, Hypertension, Cardiovascular Disease or Asthma to track their health through the empanelled wellness experts who will guide the insured in maintaining/improving the health condition.
- On acceptance of the Chronic Condition Management Program, Insured earns 100 wellness points.
 - The Insured has to submit the test result values for every 3 months maximum up to 3 times in a policy year.
 - If the test result values are within +/- 10% range of the values given below, for at least 2 times in a policy year, an additional 150 wellness points will be awarded.
 - These tests reports to be submitted within 1 month from the date of undergoing the Health Check-Up

Sr.No.	Name of the Ailment	Test to be submitted	Values Criteria to get the additional Wellness points
1.	Diabetes(Insured can submit either HbA1c test value (or) Fasting Blood Sugar (FBS) Range and Postprandial test value)	HbA1c	£ 6.5
		Fasting Blood Sugar (FBS) Range and Postprandial test value	100 to 125 mg/dl below 160 mg/dl
2.	Hypertension	Measured with - BP apparatus	Systolic Range - 110 to 140 mmHg Diastolic Range - 70 to 90 mmHg
3.	Cardiovascular Disease	LDL Cholesterol and Total Cholesterol / HDL Cholesterol Ratio	100 to 159 mg/dl £ 4.0
4.	Asthma	PFT (Pulmonary Function Test)	FEV1 (PFC) is 75% or more FEV1/ FVC is 70% or more

- b) In case if the Insured is not suffering from Chronic Condition/s (Diabetes, Hypertension, Cardiovascular Disease or Asthma) he/she can opt for "De-Stress & Mind Body Healing Program". This program helps the Insured to reduce stress caused due to internal (self-generated) & external factors and increases the ability to handle stress.
- On acceptance of De-stress & Mind Body Healing Program Insured earns 50 wellness points.
 - On completion of De-stress & Mind Body Healing Program Insured earns an additional 75 wellness points.
- Note:** This is a 10 weeks program which insured needs to complete without any break.

6. **Star Tele-health Services:** Insured can consult with the In-house Medical Practitioners between 8.00 am and 10.00 pm, who can help the Insured by providing Medical advice, Second Medical Opinion and consultation on Diet & Nutrition through Voice Call, Video Call & Online Chat provided in our Mobile App.
7. **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.
8. **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.
9. **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.
10. **Post Operative Care:** It is done through follow up phone calls (primarily for surgical cases) for resolving their medical queries.
11. **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.
- There will not be any cash redemption against the wellness reward points.
- Insured should notify and submit relevant documents, reports, receipts etc for various wellness activities within 1 month of undertaking such activity/test.
- For services that are provided through empanelled 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 empanelled 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.
- We reserve the right to remove the wellness reward points if found to be achieved in unfair manner.
- 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.

ILLUSTRATION OF BENEFITS**Lets look how the Insured can avail discount on premium through the "Star Wellness Program"****Scenario -1**

A 50 year old Individual Suresh and his wife Lakshmi along with their two dependent children (aged below 18 yrs) buy a **Star Health Premier Insurance Policy** with Sum Insured 20 Lacs, let's understand how they can earn **Wellness Points** under the Floater Policy. Suresh has declared that he is suffering from Diabetes & Hypertension. Suresh has declared his Body Mass Index (BMI) as 30 & Lakshmi has declared her BMI as 25

Suresh and Lakshmi enrolled under the Star wellness program and completed the following **wellness activities**.

Sr. No	Name of the wellness activity taken up during the policy year	Wellness Points Earned by Suresh	Wellness Points Earned by Lakshmi
1.	Completed Online Health Risk Assessment (HRA)	50	50
2.	Submitted Health Check-Up Report	200	200
3.	Participation in Marathon	100	0
4.	Attended to Gym	100	100
5.	Achieved 10,000 average number of steps per day during the policy year	200	200
6.	Suresh accepted the Weight management program and reached 27 BMI Lakshmi accepted the Weight management program and reached 23 BMI	100	100
7.	Suresh Managed Diabetes & Hypertension through Chronic Condition Management Program; Lakshmi has completed De-stress & Mind Body Healing Program	250	125
	Total Number of Wellness Points earned	1000	775
	No of wellness points based upon weightage - 1:1	500 (1000X1/2)	388 (775X1/2)

Total Number of Wellness Points earned by Suresh and Lakshmi = 888 (500+388)

Based on the no of Wellness Points earned, Suresh & Lakshmi are eligible to get 10% discount on renewal premium

- 24. Co-payment:** (Applicable for Insured persons whose age at the time of entry is above 65 years) Each and every claim under the Policy shall be subject to a Copayment of 20% applicable to claim amount admissible and payable as per the terms and conditions of the Policy.

List of Benefits which are part of sum insured and in addition to sum insured

Sl.No.	Coverage	Forming Part of Sum Insured / In addition to Sum Insured
1	Room, Boarding, Nursing Expenses, 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, Diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy, cost of pacemaker, stent 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.	Forming Part of Sum Insured
2	All day care procedures	Forming Part of Sum Insured
3	Non-medical coverage	Forming Part of Sum Insured
4	Road ambulance expenses	Forming Part of Sum Insured
5	Air Ambulance	Forming Part of Sum Insured
6	Pre-hospitalization Expenses	Forming Part of Sum Insured
7	Post Hospitalization Expenses	Forming Part of Sum Insured
8	Organ Donor Expenses	Forming Part of Sum Insured
9	Cataract Treatment	Forming Part of Sum Insured
10	Complications necessitating Redo surgery or ICU admission for the Organ donor	In addition to Sum Insured
11	AYUSH Treatment	Forming Part of Sum Insured
12	Bariatric Surgery	Forming Part of Sum Insured
13	Coverage for Modern Treatment	Forming Part of Sum Insured
14	Automatic Restoration of Sum Insured	In addition to Sum Insured
15	Rehabilitation and Pain Management	Forming Part of Sum Insured
16	Outpatient Expenses	In addition to Sum Insured
17	Health Check Up	In addition to Sum Insured
18	Hospice Care	Forming Part of Sum Insured
19	Home care treatment	Forming Part of Sum Insured
20	Domiciliary Hospitalisation	Forming Part of Sum Insured

- **Exclusions:** The Company shall not be liable to make any payments under this policy in respect of any expenses what so ever incurred by the insured person in connection with or in respect of:-

Standard Exclusions**1. Pre-Existing Diseases - Code Excl 01**

- Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with insurer.
- In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- 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.
- Coverage under the policy after the expiry of 24 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) Expenses related to the treatment of the 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.
- 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 calculi 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

Note: Waiting period for the following benefit is as follows:

- a. **Bariatric Surgery:** A waiting period of 24 months from the date of first commencement of this policy and continuous renewal thereof.
 - b. **Hospice Care:** A waiting period of 24 months from the date of first commencement of this policy and continuous renewal thereof.
- 3. 30-day waiting period - Code Excl 03 (Not Applicable for Accidents)**
- 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 (except to the extent covered under Coverage -18) and respite care - Code Excl 05:** Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
- i. 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.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- 6. Obesity/ Weight Control - Code Excl 06 (Except to the extent covered under Coverage -13):** Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:
1. Surgery to be conducted is upon the advice of the Doctor
 2. The surgery/Procedure conducted should be supported by clinical protocols
 3. The member has to be 18 years of age or older and
 4. Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) 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:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. 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 dioptries.
- 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:
- i) Any type of contraception, sterilization
 - ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - iii) Gestational Surrogacy
 - iv) Reversal of sterilization

18. Maternity - Code Excl 18

- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- ii. 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 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 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 therapies similar to those mentioned herein under this exclusion - **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. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons) - **Code Excl 31**
30. Hospital registration charges, admission charges, record charges, telephone charges and such other charges - **Code Excl 34**
31. Cost of spectacles and contact lens, hearing aids, Cochlear implants and procedures, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids - **Code Excl 35**
32. Any hospitalization which are not medically necessary / does not warrant hospitalization - **Code Excl 36**
33. Existing disease/s, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), for specified ICD codes - **Code Excl 38**

- **Moratorium Period:** After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years 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 and permanent 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.

➤ **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. Call the 24 hour help-line for assistance **044-6900 6900**, 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 hospitalisation/ 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 or refer to the list of Networked Hospitals provided with the policy document.

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, day care and pre hospitalization expenses	Claim must be filed within 15 days from the date of discharge from the Hospital.
2	Reimbursement of Post hospitalization	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 for Reimbursement:** The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

- 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, anesthetist
- g. Certificate from the attending doctor regarding the diagnosis.
- h. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines

Note: Call the 24 hour help-line for assistance **044-6900 6900**, Senior Citizens may call at **044-40020888**

➤ **Provision of Penal Interest**

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
- v. "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

➤ **Disclosure of Information:** The policy shall become 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 by the policy holder

➤ **Cancellation**

- i. The policyholder may cancel this policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below;

Cancellation table applicable for Policy Term 1 Year without instalment option

Period on risk	Rate of premium to be retained
Up to one mth	22.5% of the policy premium
Exceeding one mth up to 3 mths	37.5% of the policy premium
Exceeding 3 mths up to 6 mths	57.5% of the policy premium
Exceeding 6 mths up to 9 mths	80% of the policy premium
Exceeding 9 mths	Full of the policy premium

Cancellation table applicable for Policy Term 1 Year with instalment option of Half-yearly premium payment frequency

Period on risk	Rate of premium to be retained
Up to 1 Mth	45% of the total premium received
Exceeding one mth up to 4 mths	87.5% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	65% of the total premium received
Exceeding 7 mths up to 10 mths	85% of the total premium received
Exceeding 10 mths	100% of the total premium received

Cancellation table applicable for Policy Term 1 Year with instalment option of Quarterly premium payment frequency

Period on risk	Rate of premium to be retained
Up to 1 Mth	87.5% of the total premium received
Exceeding one mth up to 3 mths	100% of the total premium received
Exceeding 3 mths up to 4 mths	87.5% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	85% of the total premium received
Exceeding 7 mths up to 9 mths	100% of the total premium received
Exceeding 9 mths up to 10 mths	85% of the total premium received
Exceeding 10 mths	100% of the total premium received

Cancellation table applicable for Policy Term 2 Year

Period on risk	Rate of premium to be retained
Up to 1 Mth	17.5% of the policy premium
Exceeding one mth up to 3 mths	25% of the policy premium
Exceeding 3 mths up to 6 mths	37.5% of the policy premium
Exceeding 6 mths up to 9 mths	47.5% of the policy premium
Exceeding 9 mths up to 12 mths	57.5% of the policy premium
Exceeding 12 mths up to 15 mths	67.5% of the policy premium
Exceeding 15 mths up to 18 mths	80% of the policy premium
Exceeding 18 mths up to 21 mths	90% of the policy premium
Exceeding 21 mths	Full of the policy premium

Cancellation table applicable for Policy Term 3 Year

Period on risk	Rate of premium to be retained
Up to 1 Mth	17.5% of the policy premium
Exceeding one mth up to 3 mths	22.5% of the policy premium
Exceeding 3 mths up to 6 mths	30% of the policy premium
Exceeding 6 mths up to 9 mths	37.5% of the policy premium
Exceeding 9 mths up to 12 mths	42.5% of the policy premium
Exceeding 12 mths up to 15 mths	50% of the policy premium
Exceeding 15 mths up to 18 mths	57.5% of the policy premium
Exceeding 18 mths up to 21 mths	65% of the policy premium
Exceeding 21 mths up to 24 mths	72.5% of the policy premium
Exceeding 24 mths up to 27 mths	80% of the policy premium
Exceeding 27 mths up to 30 mths	85% of the policy premium
Exceeding 30 mths up to 33 mths	92.5% of the policy premium
Exceeding 33 mths	Full of the policy premium

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

- 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

- **Automatic Termination:** The insurance under this policy with respect to each relevant Insured Person policy shall expire immediately on the earlier of the following events
- ✓ Upon the death of the Insured Person this 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, Limit of Coverage, Limit of Coverage plus Restore Sum Insured.
- **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
- **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
- **Renewal of Policy**
 The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.
- i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal
 - ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years
 - iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period
 - iv. 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.
 - v. Coverage is not available during the grace period.
 - vi. No loading shall apply on renewals based on individual claims experience
- **Possibility of Revision of Terms of the Policy Including the Premium Rates:** The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected
- **Premium Payment in Instalments:** If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly or Quarterly as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)
- i. Grace Period of 7 days would be given to pay the instalment premium due for the policy.
 - ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
 - 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
- **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 fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.
- If the insured has not made 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 and the stamp duty charges or
 - 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;
- **Revision of Sum Insured:** Reduction or enhancement of Sum Insured is permissible only at the time of renewal. The acceptance for enhancement and the amount of enhancement will be at the discretion of the Company and subject to **Exclusion Code Excl 01, Exclusion Code Excl 02 and Exclusion Code Excl 03.**
- **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
- **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
- **Important Note**
- a) Where the policy is issued for more than 1 year, the Sum Insured including sublimits, automatic restoration benefit (if applicable), is for each of the year, without any carry over benefit thereof. The said benefits / covers available for the 2nd year or 3rd 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, cumulative bonus and other related benefits 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
- **Buy this insurance:** Please contact our nearest Branch Office /our Agent or visit our website www.starhealth.in for online purchase. 5% discount for first purchased online and its renewals (If the policy is first purchased online and the same is renewed online, then 5% discount will be given for such renewals too).

➤ **Discounts**

Sl.No.	Inception	Renewal
Online discount	Yes	Yes
Wellness Discount	No	Yes
Health Check-up discount	Yes	Yes, provided the health check up reports are submitted at the inception of the policy

- **Important:** IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.
- **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 lakhs rupees.

Premium Chart for 1 Year (Excluding GST)

Premium (in Rs.) for 1 Adult on Individual basis		Zone 1 - Delhi including Faridabad, Gurgaon, Ghaziabad and Noida, Mumbai including Thane, Ahmedabad, Surat and Baroda				
Age in years\SI in Rs.	10L	20L	30L	50L	75L	1Cr
50	21,250	27,735	32,020	37,130	41,620	45,785
51	22,470	29,315	33,840	39,225	43,965	48,365
52	23,755	30,990	35,770	41,440	46,445	51,095
53	25,120	32,765	37,805	43,785	49,075	53,985
54	26,565	34,645	39,965	46,270	51,855	57,045
55	28,095	36,630	42,250	48,900	54,800	60,280
56	29,710	38,735	44,670	51,680	57,915	63,710
57	31,425	40,960	47,230	54,625	61,210	67,335
58	33,235	43,315	49,940	57,740	64,700	71,175
59	35,155	45,810	52,810	61,040	68,395	75,240
60	37,185	48,450	55,845	64,530	72,305	79,540
61	39,335	51,245	59,060	68,225	76,445	84,095
62	41,610	54,200	62,460	72,135	80,825	88,910
63	44,020	57,335	66,060	76,275	85,465	94,010
64	46,570	60,645	69,870	80,660	90,370	99,410
65	49,265	64,155	73,905	85,295	95,565	1,05,125
66	52,120	67,865	78,170	90,205	1,01,065	1,11,175
67	55,145	71,795	82,690	95,405	1,06,885	1,17,575
68	58,345	75,955	87,475	1,00,905	1,13,045	1,24,350
69	61,730	80,355	92,535	1,06,725	1,19,565	1,31,525
70	65,410	85,140	98,035	1,13,050	1,26,650	1,39,315
71	69,305	90,210	1,03,865	1,19,755	1,34,155	1,47,575
72	73,440	95,580	1,10,045	1,26,860	1,42,115	1,56,330
73	77,845	1,00,800	1,16,050	1,33,765	1,49,850	1,64,840
74	81,695	1,06,310	1,22,385	1,41,050	1,58,010	1,73,810
75	86,165	1,12,120	1,29,065	1,48,735	1,66,615	1,83,280
76	90,450	1,17,695	1,35,475	1,56,105	1,74,870	1,92,360
77	94,955	1,23,545	1,42,205	1,63,845	1,83,540	2,01,895
78	99,680	1,29,690	1,49,270	1,71,970	1,92,640	2,11,910
79	1,04,645	1,36,145	1,56,690	1,80,505	2,02,200	2,22,420
80 and above	1,09,855	1,42,920	1,64,485	1,89,465	2,12,230	2,33,460
Premium (in Rs.) for Each Child		Zone 1 - Delhi including Faridabad, Gurgaon, Ghaziabad and Noida, Mumbai including Thane, Ahmedabad, Surat and Baroda				
Age in years\SI in Rs.	10L	20L	30L	50L	75L	1Cr
91days -15	2,825	3,670	4,220	4,855	5,440	5,980
16-20	4,655	6,055	6,965	8,005	8,970	9,865
Above 20	5,875	7,635	8,780	10,100	11,310	12,440
Premium (in Rs.) for 1 Adult on Individual basis		Zone 2 - Rest of India				
Age in years\SI in Rs.	10L	20L	30L	50L	75L	1Cr
50	15,895	20,770	24,015	27,925	31,310	34,445
51	16,800	21,950	25,370	29,480	33,050	36,360
52	17,760	23,195	26,800	31,130	34,895	38,390
53	18,770	24,510	28,315	32,870	36,850	40,535
54	19,845	25,905	29,920	34,715	38,915	42,810
55	20,980	27,385	31,615	36,670	41,100	45,215
56	22,180	28,945	33,415	38,735	43,415	47,760
57	23,455	30,600	35,315	40,920	45,865	50,455
58	24,800	32,350	37,330	43,235	48,460	53,310
59	26,225	34,205	39,460	45,690	51,205	56,325
60	27,735	36,165	41,715	48,280	54,110	59,520
61	29,330	38,240	44,105	51,030	57,185	62,905
62	31,025	40,440	46,630	53,935	60,440	66,485
63	32,810	42,765	49,305	57,010	63,885	70,275
64	34,705	45,225	52,135	60,265	67,530	74,285
65	36,710	47,830	55,135	63,710	71,390	78,530
66	38,830	50,590	58,305	67,360	75,475	83,025
67	41,075	53,510	61,660	71,220	79,800	87,780
68	43,455	56,600	65,215	75,305	84,375	92,815
69	45,970	59,870	68,975	79,630	89,220	98,145
70	48,705	63,425	73,065	84,330	94,485	1,03,935
71	51,600	67,190	77,395	89,310	1,00,060	1,10,070
72	54,670	71,180	81,985	94,590	1,05,975	1,16,575
73	57,655	75,060	86,445	99,720	1,11,720	1,22,895
74	60,805	79,155	91,150	1,05,135	1,17,785	1,29,565
75	64,125	83,470	96,120	1,10,845	1,24,180	1,36,600
76	67,310	87,610	1,00,880	1,16,320	1,30,310	1,43,345
77	70,655	91,960	1,05,880	1,22,070	1,36,750	1,50,430
78	74,165	96,525	1,11,130	1,28,110	1,43,515	1,57,870
79	77,855	1,01,320	1,16,645	1,34,450	1,50,615	1,65,680
80 and above	81,725	1,06,350	1,22,430	1,41,105	1,58,070	1,73,880
Premium (in Rs.) for Each Child		Zone 2 - Rest of India				
Age in years\SI in Rs.	10L	20L	30L	50L	75L	1Cr
91days -15	2,550	3,315	3,815	4,385	4,915	5,405
16-20	3,555	4,625	5,320	6,115	6,850	7,535
Above 20	4,500	5,855	6,730	7,740	8,670	9,535

Premium Chart for 2 Year (Excluding GST)

Premium (in Rs.) for 1 Adult on Individual basis | Zone 1 - Delhi including Faridabad, Gurgaon, Ghaziabad and Noida, Mumbai including Thane, Ahmedabad, Surat and Baroda

Age in years\SI in Rs.	10L	20L	30L	50L	75L	1Cr
50	41,473	54,119	62,476	72,433	81,189	89,314
51	43,850	57,206	66,033	76,521	85,766	94,351
52	46,363	60,479	69,795	80,847	90,613	99,682
53	49,029	63,946	73,774	85,428	95,745	1,05,326
54	51,851	67,612	77,990	90,280	1,01,175	1,11,297
55	54,834	71,492	82,453	95,412	1,06,924	1,17,619
56	57,993	75,599	87,177	1,00,843	1,13,004	1,24,312
57	61,337	79,944	92,176	1,06,591	1,19,440	1,31,393
58	64,875	84,544	97,469	1,12,676	1,26,256	1,38,891
59	68,622	89,415	1,03,071	1,19,117	1,33,470	1,46,826
60	72,587	94,571	1,08,999	1,25,933	1,41,106	1,55,226
61	76,784	1,00,025	1,15,274	1,33,147	1,49,188	1,64,114
62	81,228	1,05,802	1,21,914	1,40,783	1,57,744	1,73,519
63	85,933	1,11,916	1,28,943	1,48,869	1,66,798	1,83,479
64	90,909	1,18,385	1,36,385	1,57,426	1,76,379	1,94,023
65	96,173	1,25,234	1,44,258	1,66,480	1,86,524	2,05,183
66	1,01,751	1,32,481	1,52,591	1,76,070	1,97,262	2,16,993
67	1,07,656	1,40,155	1,61,418	1,86,220	2,08,626	2,29,490
68	1,13,902	1,48,275	1,70,757	1,96,958	2,20,654	2,42,723
69	1,20,599	1,56,981	1,80,767	2,08,470	2,33,550	2,56,909
70	1,27,785	1,66,329	1,91,514	2,20,830	2,47,390	2,72,133
71	1,35,401	1,76,232	2,02,906	2,33,929	2,62,059	2,88,272
72	1,43,150	1,86,300	2,14,490	2,47,249	2,76,980	3,04,686
73	1,50,981	1,96,479	2,26,197	2,60,710	2,92,059	3,21,269
74	1,59,244	2,07,218	2,38,544	2,74,912	3,07,964	3,38,762
75	1,67,570	2,18,046	2,50,993	2,89,230	3,23,998	3,56,404
76	1,75,910	2,28,886	2,63,460	3,03,566	3,40,056	3,74,066
77	1,84,667	2,40,266	2,76,548	3,18,618	3,56,916	3,92,614
78	1,93,861	2,52,221	2,90,291	3,34,425	3,74,620	4,12,088
79	2,03,515	2,64,773	3,04,727	3,51,024	3,93,207	4,32,534
80 and above	2,08,725	2,71,548	3,12,522	3,59,984	4,03,237	4,43,574

Premium (in Rs.) for Each Child | Zone 1 - Delhi including Faridabad, Gurgaon, Ghaziabad and Noida, Mumbai including Thane, Ahmedabad, Surat and Baroda

Age in years\SI in Rs.	10L	20L	30L	50L	75L	1Cr
91days -14	5,368	6,973	8,018	9,225	10,336	11,362
15	7,015	9,120	10,489	12,060	13,513	14,859
16-19	8,845	11,505	13,234	15,210	17,043	18,744
20	9,943	12,927	14,867	17,095	19,149	21,061
Above 20	11,163	14,507	16,682	19,190	21,489	23,636

Premium Chart for 2 Year (Excluding GST)

Premium (in Rs.) for 1 Adult on Individual basis | Zone 2 - Rest of India

Age in years\SI in Rs.	10L	20L	30L	50L	75L	1Cr
50	31,015	40,525	46,848	54,457	61,055	67,169
51	32,784	42,826	49,490	57,497	64,456	70,911
52	34,653	45,254	52,284	60,713	68,060	74,872
53	36,631	47,825	55,243	64,114	71,874	79,064
54	38,727	50,552	58,374	67,718	75,905	83,504
55	40,942	53,436	61,689	71,532	80,174	88,199
56	43,290	56,485	65,199	75,563	84,694	93,170
57	45,775	59,715	68,912	79,832	89,479	98,434
58	48,403	63,135	72,844	84,356	94,545	1,04,003
59	51,187	66,754	77,004	89,142	99,904	1,09,893
60	54,132	70,581	81,410	94,207	1,05,577	1,16,135
61	57,253	74,636	86,072	99,572	1,11,581	1,22,742
62	60,554	78,929	91,005	1,05,244	1,17,937	1,29,733
63	64,045	83,468	96,227	1,11,249	1,24,662	1,37,132
64	67,744	88,272	1,01,757	1,17,604	1,31,781	1,44,962
65	71,657	93,361	1,07,610	1,24,334	1,39,318	1,53,253
66	75,798	98,749	1,13,799	1,31,458	1,47,295	1,62,027
67	80,185	1,04,450	1,20,354	1,38,995	1,55,738	1,71,314
68	84,828	1,10,483	1,27,293	1,46,972	1,64,673	1,81,146
69	89,805	1,16,953	1,34,734	1,55,527	1,74,257	1,91,687
70	95,145	1,23,896	1,42,721	1,64,709	1,84,539	2,02,998
71	1,00,803	1,31,252	1,51,182	1,74,441	1,95,438	2,14,988
72	1,06,560	1,38,734	1,59,786	1,84,338	2,06,523	2,27,181
73	1,12,380	1,46,300	1,68,480	1,94,342	2,17,727	2,39,504
74	1,18,518	1,54,278	1,77,658	2,04,896	2,29,547	2,52,505
75	1,24,704	1,62,319	1,86,912	2,15,533	2,41,459	2,65,611
76	1,30,900	1,70,374	1,96,172	2,26,183	2,53,385	2,78,732
77	1,37,404	1,78,833	2,05,897	2,37,369	2,65,914	2,92,513
78	1,44,235	1,87,713	2,16,111	2,49,115	2,79,069	3,06,982
79	1,51,408	1,97,035	2,26,832	2,61,445	2,92,878	3,22,172
80 and above	1,55,278	2,02,065	2,32,617	2,68,100	3,00,333	3,30,372

Premium (in Rs.) for Each Child | Zone 2 - Rest of India

Age in years\SI in Rs.	10L	20L	30L	50L	75L	1Cr
91days -14	4,845	6,299	7,249	8,332	9,339	10,270
15	5,750	7,478	8,603	9,889	11,080	12,187
16-19	6,755	8,788	10,108	11,619	13,015	14,317
20	7,605	9,895	11,377	13,081	14,653	16,117
Above 20	8,550	11,125	12,787	14,706	16,473	18,117

Premium Chart for 3 Year (Excluding GST)

Premium (in Rs.) for 1 Adult on Individual basis | Zone 1 - Delhi including Faridabad, Gurgaon, Ghaziabad and Noida, Mumbai including Thane, Ahmedabad, Surat and Baroda

Age in years\SI in Rs.	10L	20L	30L	50L	75L	1Cr
50	62,275	81,256	93,799	1,08,720	1,21,859	1,34,056
51	65,847	85,898	99,138	1,14,862	1,28,739	1,41,624
52	69,625	90,816	1,04,791	1,21,364	1,36,020	1,49,634
53	73,631	96,022	1,10,771	1,28,248	1,43,731	1,58,111
54	77,867	1,01,531	1,17,107	1,35,535	1,51,890	1,67,086
55	82,352	1,07,359	1,23,811	1,43,246	1,60,523	1,76,582
56	87,096	1,13,529	1,30,908	1,51,404	1,69,660	1,86,638
57	92,121	1,20,058	1,38,421	1,60,042	1,79,332	1,97,278
58	97,437	1,26,971	1,46,371	1,69,183	1,89,571	2,08,542
59	1,03,067	1,34,289	1,54,788	1,78,860	2,00,411	2,20,466
60	1,09,024	1,42,032	1,63,694	1,89,100	2,11,882	2,33,082
61	1,15,332	1,50,232	1,73,122	1,99,939	2,24,027	2,46,437
62	1,22,009	1,58,907	1,83,098	2,11,415	2,36,879	2,60,570
63	1,29,074	1,68,095	1,93,660	2,23,560	2,50,482	2,75,535
64	1,36,549	1,77,813	2,04,837	2,36,416	2,64,879	2,91,376
65	1,44,463	1,88,103	2,16,668	2,50,024	2,80,121	3,08,141
66	1,52,842	1,98,993	2,29,191	2,64,430	2,96,253	3,25,883
67	1,61,712	2,10,520	2,42,449	2,79,677	3,13,326	3,44,664
68	1,71,182	2,22,832	2,56,606	2,95,955	3,31,561	3,64,721
69	1,81,290	2,35,978	2,71,721	3,13,339	3,51,029	3,86,140
70	1,92,096	2,50,029	2,87,880	3,31,921	3,71,840	4,09,031
71	2,03,224	2,64,497	3,04,524	3,51,060	3,93,274	4,32,613
72	2,14,686	2,79,390	3,21,656	3,70,758	4,15,341	4,56,882
73	2,26,431	2,94,657	3,39,212	3,90,949	4,37,955	4,81,757
74	2,38,441	3,10,271	3,57,164	4,11,596	4,61,078	5,07,191
75	2,50,712	3,26,221	3,75,506	4,32,691	4,84,704	5,33,181
76	2,63,189	3,42,441	3,94,159	4,54,141	5,08,730	5,59,612
77	2,76,293	3,59,474	4,13,745	4,76,667	5,33,961	5,87,363
78	2,90,049	3,77,360	4,34,313	5,00,318	5,60,447	6,16,504
79	2,99,638	3,89,828	4,48,651	5,16,805	5,78,908	6,36,812
80 and above	3,04,848	3,96,603	4,56,446	5,25,765	5,88,938	6,47,852

Premium (in Rs.) for Each Child | Zone 1 - Delhi including Faridabad, Gurgaon, Ghaziabad and Noida, Mumbai including Thane, Ahmedabad, Surat and Baroda

Age in years\SI in Rs.	10L	20L	30L	50L	75L	1Cr
91days -13	7,839	10,184	11,711	13,473	15,096	16,595
14	9,464	12,301	14,147	16,268	18,229	20,042
15	11,088	14,418	16,583	19,064	21,362	23,490
16-18	12,918	16,803	19,328	22,214	24,892	27,375
19	14,000	18,205	20,939	24,073	26,969	29,661
20	15,083	19,607	22,550	25,933	29,045	31,946
Above 20	16,303	21,187	24,365	28,028	31,385	34,521

Premium Chart for 3 Year (Excluding GST)

Premium (in Rs.) for 1 Adult on Individual basis | Zone 2 - Rest of India

Age in years\SI in Rs.	10L	20L	30L	50L	75L	1Cr
50	46,567	60,836	70,316	81,716	91,611	1,00,786
51	49,220	64,288	74,285	86,280	96,724	1,06,406
52	52,031	67,938	78,484	91,112	1,02,136	1,12,359
53	55,002	71,805	82,927	96,224	1,07,863	1,18,657
54	58,150	75,898	87,634	1,01,637	1,13,922	1,25,325
55	61,481	80,231	92,613	1,07,364	1,20,336	1,32,381
56	65,006	84,813	97,887	1,13,423	1,27,128	1,39,851
57	68,740	89,668	1,03,466	1,19,841	1,34,318	1,47,756
58	72,690	94,803	1,09,373	1,26,633	1,41,927	1,56,122
59	76,870	1,00,239	1,15,625	1,33,828	1,49,979	1,64,977
60	81,300	1,05,994	1,22,242	1,41,436	1,58,502	1,74,354
61	85,984	1,12,084	1,29,247	1,49,494	1,67,523	1,84,280
62	90,945	1,18,531	1,36,658	1,58,017	1,77,071	1,94,782
63	96,191	1,25,351	1,44,507	1,67,038	1,87,177	2,05,898
64	1,01,747	1,32,573	1,52,813	1,76,590	1,97,873	2,17,665
65	1,07,626	1,40,219	1,61,604	1,86,700	2,09,197	2,30,119
66	1,13,850	1,48,313	1,70,907	1,97,401	2,21,180	2,43,303
67	1,20,440	1,56,877	1,80,754	2,08,725	2,33,866	2,57,257
68	1,27,479	1,66,024	1,91,276	2,20,820	2,47,413	2,72,161
69	1,34,991	1,75,791	2,02,508	2,33,736	2,61,879	2,88,074
70	1,43,020	1,86,228	2,14,515	2,47,541	2,77,341	3,05,082
71	1,51,288	1,96,978	2,26,877	2,61,760	2,93,264	3,22,600
72	1,59,803	2,08,046	2,39,601	2,76,399	3,09,661	3,40,633
73	1,68,530	2,19,390	2,52,647	2,91,402	3,26,464	3,59,116
74	1,77,454	2,30,989	2,65,988	3,06,744	3,43,645	3,78,016
75	1,86,569	2,42,838	2,79,620	3,22,416	3,61,196	3,97,325
76	1,95,838	2,54,890	2,93,476	3,38,355	3,79,045	4,16,961
77	2,05,573	2,67,547	3,08,030	3,55,092	3,97,790	4,37,581
78	2,15,792	2,80,832	3,23,309	3,72,665	4,17,473	4,59,230
79	2,22,917	2,90,091	3,33,958	3,84,911	4,31,189	4,74,317
80 and above	2,26,787	2,95,121	3,39,743	3,91,566	4,38,644	4,82,517

Premium (in Rs.) for Each Child | Zone 2 - Rest of India

Age in years\SI in Rs.	10L	20L	30L	50L	75L	1Cr
91days -13	7,076	9,199	10,587	12,168	13,639	14,999
14	7,968	10,362	11,922	13,704	15,356	16,889
15	8,860	11,524	13,258	15,239	17,074	18,780
16-18	9,865	12,834	14,763	16,969	19,009	20,910
19	10,704	13,926	16,014	18,411	20,624	22,685
20	11,543	15,018	17,266	19,854	22,239	24,460
Above 20	12,488	16,248	18,676	21,479	24,059	26,460

- For Adults aged 50 years and above, if spouse is aged less than 50 years, a family floater cover can be offered by considering the premium of age 50 years discounted by 10% for the spouse
- A Floater discount of 40% is available on the premium for the younger member when 2 adults are covered under the same policy on Floater sum insured basis
- Dependent Children from age 91 days to 25 years are covered only on Floater basis. The premium has to be paid for each child based on the age of the child covered.

Star Health Premier Insurance Policy - Benefit Illustration in respect of policies offered on family floater basis

Illustration 1

Sum Insured: Rs.10,00,000/-

Policy Type: Family Floater

Family Size: 2 Adults

Zone: 1

Policy Term: 1 year

Relation	Age in years	Premium Excluding GST (Rs.)	Additional Discount in % for Spouse age (Less than 50 years)	Additional Discount in amount for Spouse age (Less than 50 years) (Rs.)	Premium Excluding GST (Rs.) - After Spouse age discount	Floater Discount in %	Floater discount in Amount (Rs.)	Total Premium Excl. GST (Rs.)
Self (Primary member)	55	28,095	0	0	28,095	0	0	28,095
Spouse	48	21,250	10%	2,125	19,125	40%	7,650	11,475
Final Premium								39,570

Illustration 2

Sum Insured: Rs.10,00,000/-

Policy Type: Family Floater

Family Size: 2 Adults

Zone: 1

Policy Term: 1 year

Relation	Age in years	Premium Excluding GST (Rs.)	Floater Discount in %	Floater discount in Amount (Rs.)	Total Premium Excl. GST (Rs.)
Self (Primary member)	55	28,095	0	0	28,095
Spouse	51	22,470	40%	8,988	13,482
Final Premium					41,577

Benefit Illustration in respect of policies offered on individual and family floater basis

Age of the Members insured (in yrs)	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount, (if any)	Premium After Discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount, (if any)	Premium After Discount (Rs.)	Sum Insured (Rs.)
Illustration 1										
63	44,020	10,00,000	44,020	Nil	44,020	10,00,000	77,255	13,294	63,961	10,00,000
58	33,235	10,00,000	33,235		33,235	10,00,000				
Total Premium for all members of the family is Rs.77,255/-, when each member is covered separately. Sum insured available for each individual is Rs.10,00,000/-			Total Premium for all members of the family is Rs.77,255/-, when they are covered under a single policy. Sum insured available for each family member is Rs.10,00,000/-				Total Premium when policy is opted on floater basis is Rs.63,961/-, Sum insured of Rs.10,00,000/- is available for the entire family (2A)			
Illustration 2										
54	NA	10,00,000	NA	Nil	NA	10,00,000	NA	NA	50,577	10,00,000
51	NA	10,00,000	NA		NA	10,00,000				
23	NA	10,00,000	NA		NA	10,00,000				
19	NA	10,00,000	NA		NA	10,00,000				
NA			NA				Total Premium when policy is opted on floater basis is Rs.50,577/- Sum insured of Rs.10,00,000/- is available for the entire family (2A+2C)			

Note: Premium rates specified in the above illustration are standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable.

NA - Not Applicable | A-Adult | C-Child

LIST I — ITEMS FOR WHICH COVERAGE IS AVAILABLE IN THE POLICY

SI.NO.	ITEM	SI.NO.	ITEM
1	BABY FOOD	35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
2	BABY UTILITIES CHARGES	36	SPACER
3	BEAUTY SERVICES	37	SPIROMETRE
4	BELTS/ BRACES	38	NEBULIZER KIT
5	BUDS	39	STEAM INHALER
6	COLD PACK/HOT PACK	40	ARMSLING
7	CARRY BAGS	41	THERMOMETER
8	EMAIL / INTERNET CHARGES	42	CERVICAL COLLAR
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	43	SPLINT
10	LEGGINGS	44	DIABETIC FOOT WEAR
11	LAUNDRY CHARGES	45	KNEE BRACES (LONG/ SHORT/ HINGED)
12	MINERAL WATER	46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
13	SANITARY PAD	47	LUMBO SACRAL BELT
14	TELEPHONE CHARGES	48	NIMBUS BED OR WATER OR AIR BED CHARGES
15	GUEST SERVICES	49	AMBULANCE COLLAR
16	CREPE BANDAGE	50	AMBULANCE EQUIPMENT
17	DIAPER OF ANY TYPE	51	ABDOMINAL BINDER
18	EYELET COLLAR	52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
19	SLINGS	53	SUGAR FREE Tablets
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	55	ECG ELECTRODES
22	TELEVISION CHARGES	56	GLOVES
23	SURCHARGES	57	NEBULISATION KIT
24	ATTENDANT CHARGES	58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	59	KIDNEY TRAY
26	BIRTH CERTIFICATE	60	MASK
27	CERTIFICATE CHARGES	61	OUNCE GLASS
28	COURIER CHARGES	62	OXYGEN MASK
29	CONVEYANCE CHARGES	63	PELVIC TRACTION BELT
30	MEDICAL CERTIFICATE	64	PAN CAN
31	MEDICAL RECORDS	65	TROLLY COVER
32	PHOTOCOPIES CHARGES	66	UROMETER, URINE JUG
33	MORTUARY CHARGES	67	AMBULANCE
34	WALKING AIDS CHARGES	68	VASOFIX SAFETY