



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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PROSPECTUS - SMART HEALTH PRO

Unique Identification No.: SHAHLIP23172V012223

Smart Health Pro is a unique indemnity health insurance product **only available online**, which covers expenses incurred on hospitalization due to Illness or Accident and offers five different optional covers which helps the insured to customize the policy as per his/her choice.

❖ Entry Age

a. Floater Sum Insured

- For Adults – Minimum - 18 years & Maximum - Up to 50 years
- For Dependent Children - Minimum – 91 days & Maximum - Up to 25 years

b. Individual Sum Insured

- Minimum – 18 years and Maximum upto 50 years.

❖ Under Floater Sum Insured, Family means Self + Spouse/ Live-in Partner/ Same Sex Partner + Dependent Children

❖ Maximum Family Size Covered under Floater Sum Insured: 2 Adults + 3 Children

❖ 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 sub-limits are 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

❖ Long term discount: If the policy term opted is 2 years, 10% discount is available on 2nd year premium and if policy term opted is 3 years, 12.5% discount is available on 3rd year premium

❖ Type of Policy: Individual sum insured and Floater sum insured

❖ Sum Insured Options: Rs.5,00,000/-, Rs.10,00,000/-, Rs.15,00,000/-, Rs.20,00,000/-, Rs.25,00,000/-, Rs.50,00,000/-, Rs.75,00,000/- and Rs.1,00,00,000/-

❖ Pre-Policy Medical check-up – Not required: Based on declared medical history, company may subject the applicant/s to undergo pre-policy medical check-up. 100% cost of such medical examination is borne by the company.

❖ Co-Pay – Not Applicable under this policy

❖ Midterm Inclusion Facility: Is available on payment of proportionate premium for Newly Wedded spouse, New born baby and Legally adopted child subject to the following Intimation about the new born baby should be given within 45 days from the date of birth.

Conditions

- a. Midterm Inclusion of New born baby and Legally adopted child is available only under Floater Policies.
- b. Waiting periods as stated in the policy will be applicable from the date of inclusion of such newly wedded spouse, new born baby, legally adopted child.
- c. Such midterm inclusion will be subject to underwriter's approval.

❖ Upfront Discount: We will provide upfront discount of 5% on the premium if the following additional questions related to lifestyle and habits are answered by the insured at the time of purchasing this policy.

Note

- This discount will be available only on the base policy premium not on Optional/Add-on covers.
- This discount will be available only once, that is at the time of first purchase of this policy
- The discount will be given only if all the Adult Members proposed for Insurance answered the questions.

Health Details

Activity Related Questions

1	How many days in a week you do physical exercise for at least 20 minutes? a) Never or Rarely b) 1 - 2 times a week c) More than 3 times a week
2	How many hours do you sleep at night on daily basis? a) Less than 6 hours a day b) 6 - 7 hours a day c) More than 8 hours a day
3	Do you walk at least half an hour daily? a) Yes b) No

Life Style related Questions

4	Are you able to spend quality time with your family on daily basis? a) Yes b) No
5	How often do you feel stressed out due to work pressure? a) Rarely b) Frequently

Nutrition related Questions

6	How many glasses of water do you drink on daily basis? a) Less than 6 glasses b) 6 - 7 glasses b) More than 7 glasses
7	Do you eat protein (Green vegetable (or) Dairy Products, Chicken, Pulses, Eggs) two or more times a week? a) Yes b) No

❖ **What are the benefits available under the insurance?**

1. Room (Private Single A/c Room), Boarding and Nursing Expenses as provided by the Hospital / Nursing Home
Note: Associated Medical expenses which vary based on the room occupied by the insured person will be considered in proportion to the room rent 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 rent.
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 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.
4. All day care procedures are covered.
5. **Road Ambulance:** Subject to an admissible hospitalization claim, road ambulance expenses incurred for the following are payable :-
 - i. for transportation of the insured person by private ambulance service to go to hospital when this is needed for medical reasons
or
 - ii. for transportation of the insured person by private ambulance service from one hospital to another hospital for better medical treatment
or
 - iii. for transportation of the insured person from the hospital where treatment is taken to their place of residence (if it is in same city), provided the requirement of an ambulance to the residence is certified by the medical practitioner.
6. **Air Ambulance:** Air ambulance expenses are payable 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 10% of sum insured per policy year, provided that
 - a) It is for emergency care of the insured person which requires immediate and rapid ambulance transportation to the hospital/medical centre that ground transportation cannot be provided.
 - b) Necessary medical treatment not being available at the location where the Insured Person is situated at the time of Emergency
 - c) It is prescribed by a Medical Practitioner and is Medically Necessary;
 - d) The insured person is in India and the treatment is in India only
 - e) Such Air ambulance should have been duly licensed to operate as such by Competent Authorities of the Government/s.
7. **Pre-hospitalization Expenses:** Medical expenses incurred up to 60 days immediately before the insured person is hospitalized.
8. **Post Hospitalization Expenses:** Medical expenses incurred up to 180 days immediately after the insured person is discharged from the hospital.
9. **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
 1. The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
 2. 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.
10. **Annual Health Checkup:** Expenses incurred towards cost of health check-up up to the limits mentioned in the table given below for each policy year (irrespective of claim) which can be availed at any time during the policy year.

Sum Insured (Rs.)	Limit Upto (Rs.)	
	Individual SI	Floater SI
500000	1500	2500
1000000	2000	5000
1500000	4000	8000
2000000	5000	10000
2500000	5000	10000
5000000	5000	10000
7500000	8000	15000
10000000	8000	15000

Note: Payment of any claim under this benefit 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.

11. **Home Care Treatment:** Payable up to 10% of 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:
 - a) The Medical practitioner advises the Insured person to undergo treatment at home
 - b) 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
 - c) Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained
 - d) 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:

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

- 12. Hospitalization expenses for treatment of New Born Baby:** Hospitalization Expenses incurred in a hospital / nursing home on treatment of the New born for any disease, illness (including any congenital disorders) or accidental injuries are payable from Day 1 of its birth till the expiry date of the policy, up to 10% of the sum insured and maximum upto Rs. 2 lakhs. This sub-limit will not apply for treatment related to congenital internal disease / defects for the new born.

Conditions applicable for this section

- This cover is available only if Mother is covered under this (Smart Health Pro) policy for a continuous period of 12 months without break
 - Intimation about the birth of the New Born should be given to the company and the coverage will be given to the New Born from the first day of its birth.
 - Exclusion no.1, (Code-Excl 01), Exclusion no.2 (Code-Excl 02), Exclusion no.3 (Code-Excl 03) and Exclusion no.20 (Code-Excl 20) as stated under this policy shall not apply for the New Born baby cover.
 - In the subsequent year if the policy holder opts the coverage for New Born and pays the premium, the New Born Baby will be covered up to the Sum Insured (without any underwriting and the entry age criteria)
 - Enhancement of sum insured is subject to underwriters approval
- 13. AYUSH Treatment:** Medical expenses for Inpatient Hospitalization incurred on treatment under Ayurveda, Unani, Siddha and Homeopathy systems of medicines in a AYUSH Hospital is payable up to the sum insured.
Note: Yoga and Naturopathy systems of treatments are excluded from the scope of coverage under AYUSH treatment
- 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 sum insured (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
 - Bronchical 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. Cumulative Bonus:** The insured person will be eligible for Cumulative bonus calculated at 50% of sum insured for each claim free year and maximum up to 100% of the sum insured

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
 - Cumulative Bonus will not be reduced unless the same is utilized in the event of claim
 - During Renewal, Cumulative Bonus will be reduced only to the extent of utilized portion and the unutilized Cumulative Bonus will be carried forward to the next policy year
- 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 be 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 in a Single claim under a policy year shall not exceed the limit of coverage.
 - The unutilized restored sum insured cannot be carried forward to the next policy year.

Illustration	An Insured Person with Smart Health Pro, Tenure 1 year, Third year in progress, Basic Sum Insured Rs.5,00,000/-					Utilization of Sum Insured
	Claim amount (Rs.)	Available Benefit Limit			Admissible claim amount (Rs.)	
Number of Claims		Basic Sum Insured (Rs.)	Bonus (Rs.)	Automatic Restoration of Sum Insured (Rs.)		
1st Claim	5,00,000	5,00,000	5,00,000	-	5,00,000	Basic SI (Full)
2nd Claim	7,00,000	-	5,00,000	5,00,000	7,00,000	Bonus (full) + Automatic Restore (Full)
Available balance for next claim = Rs.3,00,000/-						

- 17. 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 during the renewal.

This Wellness Program is enabled and administered online through Star Health Mobile Applications.

Note: The Wellness Activities mentioned in the table below (from Serial Number 1 to 6) 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	4%
351 to 600	10%
601 to 750	14%
751 and above	20%

*In case of floater policy 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
Self, Spouse** and Dependent Children (aged above 18 years)	2:2:1:1
**Spouse / Live-in Partner / Same Sex Partner	

Note: In case of two year and three year policies, total number of wellness points earned in the two year and three year period will be divided by two and three respectively.

Please refer the Illustrations to understand the calculation of discount in premium, weightage and the calculation.
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.	Sign up points for Enrolling to Wellness Program	100
2.	Manage and Track Health	
	a) Online Health Risk Assessment (HRA)	150
	b) Preventive Risk Assessment	200
3.	Affinity to Wellness	
	a) Participating in Walkathon, Marathon, Cyclothon and similar activities	200
	b) Membership in a health club	200
4.	Stay Active - If the Insured member achieves the step count target on mobile app	250
5.	Sharing 'Active Life Success Story' through adoption of Star Wellness Program	50
6.	Condition Management Program (CMP): Weight Management, Diabetes Management, Hypertension, De-Stress & Mind Body Healing Program.	150
7.	For Submission of Vaccination Certificate Eg: Vaccine for Covid, HPV, Pneumococcal, Swine Flu (H1N1), Hepatitis etc..	20
8.	For Submission of Preventive Eye Check-up report	20
9.	For Submission of Preventive Dental Check-up report	20
10.	For Submission of Mammography & PAP Test (for Women) report	20
11.	For Submission of Prostate specific antigen (PSA) test report (for Male persons aged > 50 yrs)	20
12.	Glaucoma Screening (for persons aged > 50 yrs)	20

1. **Sign up points for Enrolling to Wellness Program:** Insured person(s) can earn 100 reward points for enrolling in Star Wellness Program through Star Health Mobile application.

2. 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 150 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 four mandatory tests mentioned below. Insured can take these tests at any diagnostic centre at Insured's own expenses.

On submission of the test reports, Insured earns 200 reward points.

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

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

3. **Affinity towards wellness:** Insured earns wellness reward 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	200
	- On submission of BIB Number along with the details of the entry ticket taken to participate in the event and/or	
	- On Achieving 20,000 Step count on Star Health Mobile Application	
b.	Membership in a health club (50 points for each quarter) - In a Gym / Yoga Centre / Zumba Classes / Aerobic Exercise / Sports Club / Pilates Classes / Swimming / Tai Chi / Martial Arts / Gymnastics / Dance Classes	200

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.

4. **Stay Active:** Insured earns wellness reward points on achieving the step count target on 'Star Health Mobile application as mentioned below:

Criteria to get reward points

If the number of steps per day are minimum 8,000 or above for 16 days in a month, it will be considered as one **active month** and insured will get 20 reward points.

Note

- Incase if Insured achieves 10 active months in a policy year, he/ she will get 50 additional points as bonus.
- 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 Mobile Application'.

5. Condition Management Program

(i) 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.

- 150 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) Incase if the Insured is not Overweight / Obese, the Insured can submit his/her 'Active Life Success Story' through adoption of Star Wellness Activities with us. On submission of Active Life Success Story through adoption of Star Wellness Activities, Insured earns 50 wellness points.

(ii) 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.
- 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, 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 completion of De-stress & Mind Body Healing Program 150 wellness points will be awarded.

Note: This is a 10 weeks program which insured needs to complete without any break.

6. Reward points for Preventive Care: Insured can earn wellness reward points for submitting the following health check-up reports once in a policy year which he/ she had during the policy year.

- a. **Submission of Vaccination Certificate/s:** Insured can earn 20 wellness reward points by submitting the Vaccination certificate related to vaccine that he/she have had during the policy year. **Eg:** Vaccine for Covid, HPV, Swine Flu (H1N1), Hepatitis etc.
- b. **Submission of Preventive Eye Check-up report:** Insured can earn 20 wellness reward points for submitting Eye Check-up report which includes near and far vision (visual equity) and Colour vision test.
- c. **Submission of Preventive Dental Check-up:** Insured can earn 20 wellness reward points for submitting Dental Check-up report which includes screening of oral cavity done by a qualified Dentist.
- d. **Submission of Mammography & PAP Test report:** Insured can earn 20 wellness reward points for submitting x-ray Mammogramraphy or coloured doppler mammogram for preventive breast screening and PAP smear (biopsy) report.
- e. **Prostate specific antigen (PSA) test (applicable for Males aged > 50 yrs):** Insured can earn 20 wellness reward points for submitting Prostate specific antigen blood report.
- f. **Glaucoma Screening (for persons aged > 50 yrs):** Insured can earn 20 wellness reward points by submitting reports of Glucoma screening test of both eyes including tonometry. (slit lamp test), pachymeter test, visual field test, dilated eye test and gonioscopy examination.

Terms and conditions applicable for wellness services

- 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

A 51 year old Individual Gopal and his wife Ramya along with their two dependent children (aged below 18 yrs) buy a Smart Health Pro with Sum Insured 10 Lacs, let's understand how they can earn Wellness Points. Gopal has declared that he is suffering from Diabetes. Ramya has declared her BMI as 27. Gopal and Ramya enrolled under the Star wellness program and completed the following wellness activities.

Sr. No.	Activity	Wellness Points Earned by Gopal	Wellness Points Earned by Ramya
1.	Sign up points for Enrolling to Wellness Program	100	100
2.	Manage and Track Health		
	a) Online Health Risk Assessment (HRA)	150	150
3.	b) Preventive Risk Assessment	200	200
	Affinity to Wellness		
4.	c) Participating in Walkathon, Marathon, Cyclothon and similar activities	200	0
	d) Membership in a health club	100	150
5.	Stay Active (Wellness points based on Step Count)	250	120
6.	For Sharing 'Active Life Success Story'	50	0
7.	Condition Management Program (CMP)	150	150
8.	Submission of Vaccination Certificate	20	20
9.	For Submission of Preventive Eye Check-up report	20	0
10.	For Submission of Preventive Dental Check-up report	0	20
11.	For Submission of Mammography & PAP Test (for Women) report	0	20
12.	For Submission of Prostate specific antigen (PSA) test report (for Male persons aged > 50 yrs)	20	0
12.	Glaucoma Screening (for persons aged > 50 yrs)	20	0
Total Number of Wellness Points earned		1280	930
No of wellness points based upon weightage - 1:1:0:0		640 (1280X1/2)	465 (930X1/2)
Total Number of Wellness Points earned by Gopal and Ramya = 1105 (640+465)			
Based on the no of Wellness Points earned, Gopal & Ramya are eligible to get 20% discount on renewal premium			

18. Value Added Services

- 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 "Talk to Star" and for Consultation by Telephone (between 8.00 am to 10.00 pm) Insured can call to the phone number - 7676 905 905
- Medical Concierge Services:** The Insured can also contact Star Health to avail services like, Emergency assistance information such as nearest ambulance / hospital / blood bank etc.
- 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.
- 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.
- Post Operative Care:** It is done through follow up phone calls (primarily for surgical cases) for resolving their medical queries.
- 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 applicable for value added services

- 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.
- 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.

OPTIONAL COVERS

The following Optional Covers are available on payment of additional premium/reduction in premium as shown in the policy schedule

- Cumulative Bonus Booster:** The insured person will be eligible for additional Cumulative bonus calculated at 50% of sum insured for each claim free year and maximum up to 600% of the sum insured

Conditions applicable for Cumulative Bonus Booster

- 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 will be calculated as per the reduced sum insured
- Cumulative Bonus will not be reduced unless the same is utilized in the event of claim
- During Renewal, Cumulative Bonus will be reduced only to the extent of utilized portion and the unutilized Cumulative Bonus will be carried forward to the next policy year

Note

- This optional cover can be opted by insured having Sum Insured of Rs. 10 lakhs and above.
- During renewal, if insured reduces the Sum Insured to below Rs. 10 lakhs, this optional cover will not be available.

- Modification of Room Category:** Through this optional cover, Insured person can enhance/reduce the room category from **Private Single A/c Room** to **Any Room / Shared Accommodation**.

Note

- Enhancement of room category to **Any Room** can be opted by insured having Sum Insured of Rs. 10 lakhs and above only.
- During renewal, if insured reduces the Sum Insured to below Rs. 10 lakhs, this enhancement of room category will not be available.

- Reduction of Pre-Existing Diseases Waiting Period:** The Insured Person can reduce the Pre-Existing Disease/s waiting period from 48 months to 36 /24/ 12 months. This option is available only for the first purchase of this Smart Health Pro and also only upto Sum Insured chosen at that time. This option is not available for renewal / ported / migrated policies. Offering reduction of Pre-Existing Diseases waiting period is subject to Underwriter's approval.

Note: If the Pre-Existing Disease/s falls under the list of specific disease waiting period (**Exclusion No. 2 - Code Excl 02**), the longer among the Pre-Existing Disease and specific disease waiting period shall apply.

- Coverage for Non-medical Items (Consumables):** Items as per List I will become payable if there is an admissible claim under the policy for inpatient / day care treatment. (**Exclusion No. 32 - Code Excl 37**) as stated under this policy shall not apply if insured opts this coverage.

- Unlimited Automatic Restoration of Sum Insured:** The policy provides automatic restoration of sum insured subject to the following condition;

- Sum Insured will be restored unlimited number of times and maximum up to 100% each time, which can be utilized for a subsequent hospitalization.
- The restoration will trigger immediately upon partial/ full utilization of the sum insured, which can be utilized for a subsequent hospitalization.
- On partial utilization of the Sum Insured, it will be restored up to extent of utilization.
- On full utilization of the Sum Insured, it will be restored to 100%.
- The Restored Sum Insured can be used for all claims including for modern treatment, but for a subsequent hospitalization.
- The maximum payable amount for a single claim under restoration benefit shall not be more than the Sum Insured.

Unlimited Restoration – Illustration

If there are 2 insured members with Sum Insured of 10 Lacs each, lets understand how restoration benefit will apply to each under different circumstances.

		Insured 1	Insured 2
	Sum Insured	Rs 10,00,000	Rs 10,00,000
	No Claim Bonus (NCB)	0	Rs 5,00,000
	Total Available amount	Rs 10,00,000	Rs 15,00,000 (Sum Insured 10 Lac + NCB 5Lac)
1st Claim	1st Claim	Rs 5,00,000	Rs 5,00,000
	Claim paid amount	Rs 5,00,000	Rs 5,00,000
	Will the restoration kick in? Yes, Why - Since there is partial utilization of Sum Insured.	Rs 5,00,000 (Restored Sum Insured)	Rs 5,00,000 (Restored Sum Insured)
Available amount for next claim		10,00,000 (Restored SI 5Lac + Balance SI 5Lac)	15,00,000 (Restored SI 5Lac + Balance SI 5Lac+ NCB 5L)
2nd Claim	2nd Claim (For Same / different illness)	Rs 15,00,000	Rs 15,00,000
	Claim paid amount	Rs 10,00,000	Rs 15,00,000
	Will the restoration kick in? Yes, Why - Since there is full utilization of Sum Insured.	Rs 10,00,000 (Restored Sum Insured)	Rs 10,00,000 (Restored Sum Insured)
Available amount for next claim		Rs 10,00,000 (SI is Restored up to 100%)	Rs 10,00,000 (SI is Restored up to 100%)
3rd Claim	3rd Claim (For Same / different illness)	Rs 11,00,000	Rs 11,00,000
	Claim paid amount	Rs 10,00,000	Rs 10,00,000
	Will the restoration kick in? Yes, Why - Since there is full utilization of Sum Insured.	Rs 10,00,000 (Restored Sum Insured)	Rs 10,00,000 (Restored Sum Insured)

Conditions applicable for Optional Covers:

- The above mentioned optional covers can be opted by the insured only at the time of inception
- Once opted, the insured cannot opt out of the optional covers during renewal.

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

S.No.	Coverage	Forming Part of Sum Insured / In addition to Sum Insured
1	Room Rent , 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.	Forming Part of Sum Insured
2	All day care treatments	Forming Part of Sum Insured
3	Coverage for Non-medical items (Consumables)	Forming Part of Sum Insured
4	Road ambulance	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	Domiciliary hospitalization	Forming Part of Sum Insured
9	Annual Health Check Up	In addition to Sum Insured
10	Home care treatment	Forming Part of Sum Insured
11	Hospitalization expenses for Treatment of New Born Baby	Forming Part of Sum Insured
12	AYUSH Treatment	Forming Part of Sum Insured
13	Coverage for Modern Treatment	Forming Part of Sum Insured

❖ **Exclusions****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 48 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 48 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

- 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.
- In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- 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.
- The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- 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.
- List of specific diseases/procedures
 - 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.
 - Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology.
 - 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].
 - 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).
 - 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.
 - All types of Hernia.
 - Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula.
 - All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases.
 - All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies.
 - Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele.
 - Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence.
 - Varicose veins and Varicose ulcers.
 - All types of transplant and related surgeries.
 - Congenital Internal disease / defect (except for New Born in Coverage - Hospitalization expenses for treatment of New Born Baby).

3. 30-day waiting period - Code Excl 03

- 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.
- This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- 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

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

- 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.
- 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 fulfil 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 weightloss:
 - 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 Excl09:** 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;
 - 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**
 - 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(except to the extent covered under Coverage - Hospitalization expenses for treatment of New Born Baby) - **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. 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.**
 31. Any hospitalization which are not medically necessary / does not warrant hospitalization - **Code Excl 36.**
 32. Other Excluded Expenses as detailed in List I (68 items) of this policy and in the website www.starhealth.in (except to those who opted for Optional Cover - **Coverage for Non-medical Items (Consumables)**) - **Code Excl 37.**
 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. For Cashless Treatment

- For assistance call 24 hour help-line 044-69006900 or Toll Free No. 1800 425 2255, Senior Citizens may call at 044-40020888.
- Inform the ID number for easy reference.
- On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk.
- Obtain the Pre-authorization Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
- 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.
- The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate.
- 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.
- In case of emergency hospitalization information to be given within 24 hours after hospitalization.
- 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.
- 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, 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 180 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.

- Duly completed claim form, and
- Pre Admission investigations and treatment papers.
- Discharge Summary from the hospital.
- Cash receipts from hospital, chemists.
- Cash receipts and reports for tests done.
- Receipts from doctors, surgeons, anesthetist.
- Certificate from the attending doctor regarding the diagnosis.
- KYC (Identity proof with Address) of the proposer, as per AML guidelines.
- NEFT documents viz., Customer name, Bank Account No., Name of the Bank, IFSC code
- CKYC No. of the proposer

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

❖ Provision for Penal Interest

- 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.
- 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.
- 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.
- 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.
- "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 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 by the Policy Holder.**❖ Cancellation:**

- 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

Period on risk	Rate of premium to be retained
Up to 1 mth	25% of the policy premium
Exceeding 1 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	100% of the policy premium

Cancellation table applicable for Policy Term 2 Year

Period on risk	Rate of premium to be retained
Up to 1 Mth	20% of the policy premium
Exceeding 1 mth up to 3 mths	27.5% 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	70% 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	100% 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	20% of the policy premium
Exceeding 1 mth up to 3 mths	25% 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	45% of the policy premium
Exceeding 12 mths up to 15 mths	52.5% 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	100% 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.

- ❖ **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/fmGuidelines_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/fmGuidelines_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.

- ❖ **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.

- ❖ **Medical Underwriting Loading:** Company may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance).

- The maximum risk loading applicable for an individual shall not exceed above 125% per diagnosis / medical condition and an overall risk loading upto 200% per insured person.
- This loading is applied from the Commencement Date of the Policy including subsequent renewal(s) with the Company.
- Company will inform about the applicable risk loading or exclusion or both as the case may be through a counter offer.
- The Insured need to revert to the Company with consent and additional premium (if any), within 7 days of the receipt of such counter offer.
- In case, the Insured neither accept the counter offer nor revert to the Company within 7 days, the Company shall cancel the Insured's proposal and refund the premium.
- The Company will issue Policy only after getting Insured's consent and additional premium (if any).

- ❖ **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) Where the policy issued on floater basis, 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.

- ❖ **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>
- ❖ **Buy this insurance:** Please contact our nearest Branch Office /our Agent or visit our website www.starhealth.in for online purchase. 10% discount on the applicable premium is available during inception and its renewals if purchased directly.
- ❖ **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.

Non-Medical Items (Consumables) List I (68 items)

The following items are covered if the optional cover "Coverage for Non-Medical Items (Consumables)" is opted by the Insured

Sl.No.	ITEM	Sl.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	Trolley Cover
32	Photocopies Charges	66	Urometer, Urine Jug
33	Mortuary Charges	67	Ambulance
34	Walking Aids Charges	68	Vasofix Safety

Age / SI	1 Adult Premium Chart for 1 year policy term (Excluding GST) (in Rs.)							
	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000
18-25	5,098	6,284	7,661	8,655	9,439	10,733	12,386	13,275
26-30	5,634	6,944	8,439	9,527	10,398	11,836	13,621	14,609
31-35	6,247	7,698	9,329	10,524	11,495	13,097	15,033	16,135
36-40	6,984	8,604	10,398	11,721	12,812	14,612	16,730	17,967
41-45	8,631	10,631	12,790	14,400	15,758	18,000	20,525	22,066
46-50	11,685	14,387	17,221	19,363	21,218	24,279	27,557	29,661
51-55	14,241	17,531	20,931	23,519	25,789	29,535	33,444	36,019
56-60	18,133	22,318	26,580	29,846	32,748	37,539	42,408	45,700
61-65	24,749	30,455	36,182	40,600	44,578	51,142	57,645	62,156
66-70	28,420	34,971	41,511	46,569	51,143	58,692	66,101	71,289
71-75	31,798	39,126	46,414	52,060	57,183	65,638	73,880	79,691
76-80	34,951	43,004	50,990	57,184	62,820	72,121	81,141	87,532
Above 80	37,725	46,416	55,016	61,694	67,781	77,826	87,531	94,433
Child / SI	Child Premium (For Floater Sum Insured)							
	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000
First Child	2,631	3,236	3,818	4,277	4,704	5,410	6,059	6,544
Second Child	2,310	2,841	3,352	3,755	4,130	4,749	5,319	5,745
Third Child	2,236	2,751	3,246	3,635	3,999	4,598	5,150	5,562

Note

- Under Floater Cover, 20% floater discount is applicable on Individual premium for each adult and this Floater discount is not applicable on Child Premium
- Medical Underwriting Loading is applied separately for each individual (Adult or Child)

Premium loading and discount for choosing Optional Covers

Name of the Cover	% of Discount/Loading	
Cumulative Bonus Booster	5% Loading	
Modification of Room Category	Any Room	10% Loading
	Shared Accommodation	7.5% Discount
Reduction of Pre-Existing Diseases waiting period	Change in waiting period	Loading (applicable only one time)
	48 months to 36 months	15%
	48 months to 24 months	35%
	48 months to 12 months	50%
Coverage for Non-medical Items (Consumables)	7.5% Loading	
Unlimited Automatic Restoration of Sum Insured	5% Loading	

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										
41	10,631	10,00,000	10,631	Nil	10,631	10,00,000	19,235	3,847	15,388	10,00,000
37	8,604	10,00,000	8,604		8,604	10,00,000				
Total Premium for all members of the family is Rs.19,235/- 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.19,235/- 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.15,388/- . Sum Insured of Rs.10,00,000/- . Is available for the entire family (2A)			
Illustration 2										
49	14,387	10,00,000	14,387	Nil	14,387	10,00,000	43,870	15,028*	28,842	10,00,000
45	10,631	10,00,000	10,631		10,631	10,00,000				
23	6,284	10,00,000	6,284		6,284	10,00,000				
21	6,284	10,00,000	6,284		6,284	10,00,000				
19	6,284	10,00,000	6,284		6,284	10,00,000				
Total Premium for all members of the family is Rs.43,870/- 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.43,870/- 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.28,842/- . Sum Insured of Rs.10,00,000/- . Is available for the entire family (2A+3C)			

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.

* Family discount shown here is difference between Premium applicable for Individual Sum Insured and Floater Sum Insured

A-Adult | C-Child

S.No	Sum Insured (INR)	5 lacs	10 lacs	15 lacs	20 lacs	25 lacs	50 lacs	75 lacs	1 Crore
1	Room, Boarding and Nursing charges	Private Single A/c Room	Private Single A/c Room	Private Single A/c Room	Private Single A/c Room	Private Single A/c Room	Private Single A/c Room	Private Single A/c Room	Private Single A/c Room
2	ICU/Operation Theatre Charges	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured
3	Road Ambulance Charges (per policy period)	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured
4	Air Ambulance (per policy year)	Up to 10% of sum insured	Up to 10% of sum insured	Up to 10% of sum insured	Up to 10% of sum insured	Up to 10% of sum insured	Up to 10% of sum insured	Up to 10% of sum insured	Up to 10% of sum insured
5	Pre hospitalization Expenses incurred	Up to 60 days	Up to 60 days	Up to 60 days	Up to 60 days	Up to 60 days	Up to 60 days	Up to 60 days	Up to 60 days
6	Post hospitalization Expenses incurred	Up to 180 days	Up to 180 days	Up to 180 days	Up to 180 days	Up to 180 days	Up to 180 days	Up to 180 days	Up to 180 days
7	Domiciliary Hospitalization	Coverage for medical treatment (Including AYUSH) (for a period exceeding three days)	Coverage for medical treatment (Including AYUSH) (for a period exceeding three days)	Coverage for medical treatment (Including AYUSH) (for a period exceeding three days)	Coverage for medical treatment (Including AYUSH) (for a period exceeding three days)	Coverage for medical treatment (Including AYUSH) (for a period exceeding three days)	Coverage for medical treatment (Including AYUSH) (for a period exceeding three days)	Coverage for medical treatment (Including AYUSH) (for a period exceeding three days)	Coverage for medical treatment (Including AYUSH) (for a period exceeding three days)
8	Annual Health Checkup Individual Sum Insured(up to)	1500/-	2000/-	4000/-	5000/-	5000/-	5000/-	8000/-	8000/-
9	Annual Health Checkup Floater Sum Insured (up to)	2500/-	5000/-	8000/-	10000/-	10000/-	10000/-	15000/-	15000/-
10	Home care treatment	Up to 10% of the sum insured subject to maximum of Rs.5 lakhs in a policy year	Up to 10% of the sum insured subject to maximum of Rs.5 lakhs in a policy year	Up to 10% of the sum insured subject to maximum of Rs.5 lakhs in a policy year	Up to 10% of the sum insured subject to maximum of Rs.5 lakhs in a policy year	Up to 10% of the sum insured subject to maximum of Rs.5 lakhs in a policy year	Up to 10% of the sum insured subject to maximum of Rs.5 lakhs in a policy year	Up to 10% of the sum insured subject to maximum of Rs.5 lakhs in a policy year	Up to 10% of the sum insured subject to maximum of Rs.5 lakhs in a policy year
11	Hospitalization expenses for treatment of New Born Baby (per policy period)	50,000/-	1,00,000/-	1,50,000/-	2,00,000/-	2,00,000/-	2,00,000/-	2,00,000/-	2,00,000/-
12	AYUSH Treatment	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured
13	Coverage for Modern Treatment	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured
14	Cumulative Bonus	50% of sum insured for each claim free year subject to a maximum upto 100% of the sum insured	50% of sum insured for each claim free year subject to a maximum upto 100% of the sum insured	50% of sum insured for each claim free year subject to a maximum upto 100% of the sum insured	50% of sum insured for each claim free year subject to a maximum upto 100% of the sum insured	50% of sum insured for each claim free year subject to a maximum upto 100% of the sum insured	50% of sum insured for each claim free year subject to a maximum upto 100% of the sum insured	50% of sum insured for each claim free year subject to a maximum upto 100% of the sum insured	50% of sum insured for each claim free year subject to a maximum upto 100% of the sum insured
15	Automatic Restoration of Sum Insured	Once by 100%	Once by 100%	Once by 100%	Once by 100%	Once by 100%	Once by 100%	Once by 100%	Once by 100%
16	Wellness Discount	Available	Available	Available	Available	Available	Available	Available	Available
17	Day Care Treatments	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured	Up to sum insured

Optional Covers

1	Cumulative Bonus Booster	Not Applicable	50% of sum insured for each claim free year subject to a maximum upto 600% of the sum insured						
2	Modification of Room Category	Shared Accommodation	From Private Single A/C Room to Any Room / Shared Accommodation						
3	Reduction of Pre-Existing Diseases waiting period	From 48 months to 36 / 24 / 12 months							
4	Coverage for Non-medical Items (Consumables)	Available							
5	Unlimited Automatic Restoration of Sum Insured	Each time up to 100% of sum insured and Unlimited number of times in a policy year							