STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Registered Office: No.1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai-600034.Phone:044- 28288800
Corporate Office: No. 148, Acropolis, Dr. Radha Krishnan Salai, Mylapore, Chennai - 600 004. Phone: 044 - 4788 6666
★ Email : support@starhealth.in ★ Website : www.starhealth.in ★ CIN : L66010TN2005PLC056649 ★ IRDAI Regn. No. : 129

PROSPECTUS - SPECIAL CARE GOLD, STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED
Unique Identification No.: SHAHLIP23182V012223

This policy is specially designed for Persons with Disability as per The Rights of Persons with Disabilities Act, 2016 Or / and Individuals with HIV/AIDS as defined under the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017.

- **Policy Term:** 1 Year
- **Type of Policy:** Individual
- **Entry Age**
  - For Adults – Minimum - 18 years & Maximum - Up to 65 years
  - For Dependent Children – Newborn to 17 years
- **Eligibility**

  A) **Disability Cover**: Covering Persons with Disability as per The Rights of Persons with Disabilities Act, 2016. The cover under this policy is available for persons with the following disability/disabilities as defined under the Act and any subsequent additions / modifications to the list in the Act.

  It is Condition Precedent that this cover can be availed only on mandatory submission of Disability certificate issued by the Certifying authority.

  Disability for the purpose of this policy means a person with 40% or more of a specified disability as per the Act, where, specified disability has not been defined in measurable terms and includes an Insured Person with disability where specified disability has been defined in measurable terms, as certified by the Certifying authority.

Blindness	Muscular Dystrophy	Low vision
Chronic Neurological conditions	Leprosy Cured persons	Specific Learning Disabilities
Hearing Impairment (deaf and hard of hearing)	Multiple Sclerosis	Locomotor Disability
Speech and Language disability	Dwarfism	Thalassemia
Intellectual Disability	Haemophilia	Mental Illness
Sickle Cell disease	Autism spectrum disorder	Multiple Disabilities including deaf/ blindness
Cerebral Palsy	Acid Attack victim	Parkinson's disease

  B) **HIV Cover**: Individuals with HIV/AIDS as defined under the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017. Individuals diagnosed as HIV/AIDs by a duly qualified Medical Practitioner with CD4 count above 350 will only be eligible for cover under this policy

- **Sum Insured Options:** Rs.4,00,000/- and Rs. 5,00,000/-
- **Pre-Policy Medical check-up:** There is no pre medical tests irrespective of age. The previous medical records including details of treatment to be submitted along with proposal.
- **Instalment Facility available:** Premium can be paid Quarterly or Half-yearly. Premium can also be paid Annually.

  For instalment mode of payment, there will be loading as given below:
  - Quarterly: 3%
  - Half Yearly: 2%
- **COVERAGE**

  Hospitalisation Care (Including Disability and HIV/AIDS Cover)

  A. Room, Boarding, Nursing Expenses all inclusive as provided by the Hospital / Nursing Home up to maximum of 1% of the sum insured per day.
  Note: Expenses relating to Associated medical expenses will be considered in proportion to the eligible 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 category.

  B. Intensive Care Unit (ICU) charges / Intensive Cardiac Care Unit (ICCU) charges all inclusive as provided by the Hospital/Nursing home upto maximum of 2% of the sum insured per day.

  C. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.

  D. Anesthesia, Blood, Oxygen, Operation theatre 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.

  E. All day care procedures are covered

  F. Expenses incurred on treatment of Cataract is covered up to Rs. 40,000/- per each eye in one policy year.

  G. **Emergency Road ambulance:** Expenses incurred on Road Ambulance subject to a maximum of Rs.2000/- per hospitalisation.

  H. **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 up to 50% of Sum Insured, specified in the policy schedule, during the policy period:
  a. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
  b. Balloon Sinuplasty
  c. Deep Brain stimulation
  d. Oral chemotherapy
  e. Immunotherapy- Monoclonal Antibody to be given as injection
  f. Intra vitreal injections
  g. Robotic surgeries
  h. Stereotactic radio surgeries
  I. BronchicalThermoplasty
  j. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)
  k. IONM - (Intra Operative Neuro Monitoring)
  l. Stern cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions

  I. **AYUSH Treatment:** The Company shall indemnify medical expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines covered up to 100% of sum insured, during each Policy Year as specified in the policy schedule

J. **Pre-Hospitalization medical expenses** incurred for a period not exceeding 30 days prior to the date of hospitalization, for the disease/illness, injury sustained following an admissible claim for hospitalization under the policy.

K. **Post Hospitalization medical expenses** incurred for a period of 60 days from the date of discharge from the hospital towards Consultant fees, Diagnostic charges, Medicines and Drugs wherever recommended by the Hospital / Medical Practitioner, where the treatment was taken, following an admissible claim for hospitalization provided however such expenses so incurred are in respect of ailment for which the insured person was hospitalized.

L. **Co-payment:** Each and every claim under the Policy shall be subject to a Co-payment of 20% applicable to claim amount admissible and payable as per the terms and conditions of the Policy.

M. **Waiver of Co-payment**: Is available on payment of additional premium as per terms & conditions.

N. **Lumpsum Coverage for HIV/AIDS**
For HIV/AIDS cover: In case the CD4 count of insured is/goes below 150, then the Company will pay 100% of Sum insured or the balance sum insured available under the policy, whichever is lower, as lumpsum amount to the insured. This payment will trigger after a waiting period of 90 days from commencement date of policy.
Note: The claim mentioned above shall be payable once in the lifetime of the Insured Person and shall not be necessarily linked to an Inpatient Hospitalisation claim made under the policy.

Specific Conditions applicable for persons with HIV/AIDS

a) On payment of such claim (lumpsum amount), the policy shall cease for the insured person if he is an HIV/AIDS insured person and will not be available for renewal in the subsequent year.
b) Any claims made under this benefit shall reduce the base Sum insured.
c) In case claims related to Disability and HIV/AIDS being applicable to any single individual then the coverage under HIV/AIDS will supersede and be applicable for the individual covered under the policy.
d) Our maximum liability for all claims made under the policy during the policy year shall be restricted to the sum insured amount as specified in the policy schedule.

- **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:-

1. Pre-Existing Diseases – Code Excl 01

a. 1. **Applicable for diseases other than Disability / HIV/AIDS:** Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.
2. **Applicable for HIV/AIDS:** Expenses related to the treatment of HIV/AIDS and its direct complications shall be excluded until the expiry of 90 days of continuous coverage after the date of inception of the first policy with insurer.
3. **Applicable for Disability Cover:** Expenses related to the treatment of a pre-existing disability 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.

b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
d. Coverage under the policy after the expiry of 36 months for any pre-existing disease other than for Disability or HIV/AIDS 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. Benign ENT disorders
2. Tonsillectomy
3. Adenoidectomy
4. Mastoidectomy
5. Tympanoplasty
6. Hysterectomy
7. All internal and external benign tumors, cysts, polyps of any kind, including benign breast lumps.
8. Benign prostate hypertrophy
9. Cataract and age-related eye ailments
10. Gastric/ Duodenal Ulcer
11. Gout and Rheumatism
12. Hernia of all types
13. Hydrocele
14. Non-Infective Arthritis
15. Piles, Fissures and Fistula in anus
16. Pilonidal sinus, Sinusitis and related disorders
17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident.
18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.
19. Varicose Veins and Varicose Ulcers
20. Internal Congenital Anomalies (Except for New Born)

3. 30-day waiting period – Code Excl 03

A. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
B. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.
C. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

4. Investigation & Evaluation – Code Excl 04

A. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded
B. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded

5. Rest Cure, rehabilitation and respite care – Code Excl 05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
1. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons
2. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs

6. **Obesity/ Weight Control – Code Excl 06:** Expenses related to the surgical treatment of obesity that does not 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 weight loss:
         a. Obesity-related cardiomyopathy
         b. Coronary heart disease
         c. Severe Sleep Apnea
         d. Uncontrolled Type2 Diabetes
7. **Change-of-Gender treatments – Code Excl 07:** Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
8. **Cosmetic or plastic Surgery – Code Excl 08:** Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
9. **Hazardous or Adventure sports – Code Excl 09:** Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
10. **Breach of law – Code Excl 10:** Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
11. **Excluded Providers – Code Excl 11:** Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations **or** following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof **– Code Excl 12**
13. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons **– Code Excl 13**
14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure **– Code Excl 14**
15. **Refractive Error – Code Excl 15:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
16. **Unproven Treatments – Code Excl 16:** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
17. **Sterility and Infertility – Code Excl 17:** Expenses related to sterility and infertility. This includes;
   a) Any type of contraception, sterilization
   b) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
   c) Gestational Surrogacy
   d) Reversal of sterilization
18. Maternity **– Code Excl 18**
   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.
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. Other Excluded Expenses as detailed in the website www.starhealth.in **– Code Excl 37**
34. Existing disease/s, disclosed by the Insured and mentioned in the policy schedule under Permanent Exclusion (based on Insured's consent) **– Code Excl 38**

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

- **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**

a. For assistance call 24 hour help-line 044-69006900 or Toll Free No. 1800 425 2255, Senior Citizens may call at 044-40020888
b. Inform the ID number for easy reference
c. On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk
d. Obtain the Pre-authorisation 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.
j. KYC (Identity proof with Address) of the proposer, as per AML guidelines.

In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents.
Note: The Company reserves the right to call for additional documents wherever required.

Denial of a Pre-authorization request is in no way to be construed as denial of treatment or denial of coverage. The Insured Person can go ahead with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.

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

Sl.No.	Type of Claim	Prescribed time limit
1.	Reimbursement of hospitalization, 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 60 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, as per AML guidelines.
I. NEFT documents viz., Customer name, Bank Account No., Name of the Bank, IFSC code
j. CKYC No. of the proposer (if available)

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

- **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**

I. The Policyholder may cancel his policy any time during the term by giving 7 days written notice. In such an event, The Company shall
a refund proportionate premium for unexpired policy period, if policy term is upto one year and there is no claim (s) made during the policy period.
b. refund premium for the unexpired policy period, in respect of policies with policy term more than 1 year and risk coverage for such policy years has not commenced.
ii. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud

- **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.
  - ✓ Upon exhaustion of the 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. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
ii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
iii. 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.
iv. Coverage is not available during the grace period.
v. 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, may revise or modify the terms of the policy including the premium rates as per the extant Guidelines. The insured person shall be notified thirty days before the changes are effected
- **Premium Payment in Instalmefnts:** I 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. For monthly instalment option: Grace Period of 15 days would be given to pay the instalment premium due for the policy.
ii. For Quarterly and Half yearly instalment option: Grace Period of 30 days would be given to pay the instalment premium due for the policy.
iii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.

iv. No interest will be charged If the instalment premium is not paid on due date.

v. In case of instalment premium due not received within the grace period, the policy will get cancelled.

vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.

vii. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

viii. For premium paid in instalments during the policy period, coverage is available during the grace period also

Note: In case of policy cancellation, due to non-payment of the instalment within grace period, Company will refund proportionate premium for unexpired policy period.

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

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

  If the insured has not incurred any claim during the Free Look Period, the insured shall be entitled to

  i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person 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

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

  Website : www.starhealth.in

  E-mail : gro@starhealth.in, grievances@starhealth.in

  Ph. No. : 044-69006900 | Toll Free No. 1800 425 2255

  Senior Citizens may call at 044-69007500

  Courier/Post : Star Health and Allied Insurance Company Limited,4th Floor, Balaji Complex, No.15, Whites Lane, Whites Road, Royapettah, Chennai-600014

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

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

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

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

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

- **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) 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

  b) 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.

  c) 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

  d) Only one Policy is allowed for one person.

- **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

- **Important:** IRDAI or its officials do not involve 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 (Excluding Tax)

Age in years / Sl Rs.	With 20% co-pay		Waiver of 20% co-pay	
	Rs.4 lakhs	Rs.5 lakhs	Rs.4 lakhs	Rs.5 lakhs
Up to 35	12,272	13,344	15,340	16,680
36-45	15,952	17,344	19,940	21,680
46-50	22,336	24,288	27,920	30,360
51-55	29,040	31,568	36,300	39,460
56-60	37,760	41,040	47,200	51,300
61-65	49,088	53,360	61,360	66,700
66-70	63,808	69,360	79,760	86,700
71-75	82,960	90,176	1,03,700	1,12,720
76-80	1,07,840	1,17,232	1,34,800	1,46,540
Above 80	1,40,208	1,52,384	1,75,260	1,90,480
Note: Premium for 66 years and above age are applicable only for Renewals				