



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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Website : www.starhealth.in ★ CIN : L66010TN2005PLC056649 ★ IRDAI Regn. No. : 129

PROSPECTUS - STAR CARDIAC CARE INSURANCE POLICY

Unique Identification No.: SHAHLIP22032V052122

❖ Eligibility

This policy is for persons between the age of 10 yrs and 65 yrs who have undergone

1. Percutaneous Transluminal Coronary Angioplasty (PTCA) / Coronary Artery Bypass Graft (CABG) within 7 years period prior to the commencement of the first policy under this insurance or
2. Atrial Septal Defect (ASD) or Ventricular Septal Defect (VSD) that has been corrected
3. Patent Ductus Arteriosus (PDA) that has been treated
4. RF Ablation or RF Ablation done to correct the underlying cardiac condition
5. Had an Angiogram done but no intervention was medically found necessary

❖ What are the sum insured available?

The sum insured available are Rs.3,00,000/- and Rs.4,00,000/- only

❖ Pre-acceptance medical screening

No pre-acceptance medical screening. However the proposer has to submit all the past medical records of the person proposed for insurance.

❖ No. of Plans : 2

Gold Plan

- Section 1 : Accident and Non-cardiac ailments
- Section 2 : Cardiac Ailments (Surgical /Interventional Management, Medical Management)
- Section 3 : Out Patient Benefits
- Section 4 : Personal Accident Benefit for death

Silver Plan

- Section 1 : Accident and Non-cardiac ailments
- Section 2 : Cardiac Ailments (Only Surgical /Interventional Management)
- Section 3 : Out Patient Benefits
- Section 4 : Personal Accident Benefit for death

- ### ❖ Policy Term: 1 year / 2 years / 3 years:
- For policies more than one year, the Sum Insured is for each year, without any carry over benefit thereof

- ### ❖ Instalment Facility available:
- Premium can be paid Quarterly and Half-yearly. Premium can also be paid Annually, Biennial (Once in 2 years) and Triennial (Once in 3 years)

❖ What are the benefits available under the insurance?

Under both the plans, coverage is offered under two sections. One section provides for regular health cover and the other section provides cover for cardiac related complications.

SECTION 1 (Applicable for Accident and Non-cardiac ailments) – under Silver Plan and Gold Plan

- A. Room, boarding, nursing expenses as provided by the Hospital / Nursing Home at 2% of the sum insured, subject to a maximum of Rs.5,000/- per day
- B. Surgeon, anesthetist, medical practitioner, consultants, specialist fees.
- C. Anesthesia, blood, oxygen, operation theatre charges, ICU Charges, surgical appliances, medicines and drugs, diagnostic materials and X-ray, diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy and similar expenses
- D. Emergency ambulance charges actual subject to a maximum of Rs. 750/- per hospitalization and overall limit of Rs. 1,500/- per policy period for transportation of the Insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment, provided however there is an admissible claim under the policy.
- E. Relevant 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 under the policy.
- F. Post-Hospitalization expenses incurred up to 60 days after discharge from the hospital. The amount payable shall not exceed the sum equivalent to 7% of the hospitalization expenses subject to a maximum of Rs.5,000/- per hospitalization provided such expenses so incurred are in respect of ailment for which the insured person was hospitalized. For the purpose of calculation of the 7%, only nursing expenses, surgeon's / consultants fees, diagnostic charges and cost of drugs and medicines will be taken.
- G. **Coverage for Modern Treatments:** The expenses payable during the entire policy period for the following treatment/procedure (either as a day care or as an in-patient exceeding 24hrs of admission in the hospital) is limited to the amount mentioned in table below;

Sum Insured	Rs.3,00,000/-	Rs.4,00,000/-
Treatment / procedure	Limit per person, per policy period for each treatment / procedure Rs.	
Uterine artery Embolization and HIFU	37,500/-	1,00,000/-
Balloon Sinuplasty	15,000/-	40,000/-
Deep Brain Stimulation	75,000/-	2,00,000/-
Oral Chemotherapy*	37,500/-	1,00,000/-
Immunotherapy-Monoclonal Antibody to be given as injection	75,000/-	2,00,000/-
Intra Vitreal injections	15,000/-	40,000/-
Robotic surgeries	75,000/-	2,00,000/-
Stereotactic radio surgeries	75,000/-	1,75,000/-
Bronchial Thermoplast	Up to Sum Insured	
Vaporisation of the prostate (Green laser treatment or holmium laser treatment)	Up to Sum Insured	
IONM-(Intra Operative Neuro Monitoring)	Up to Sum Insured	
Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions	75,000/-	2,00,000/-

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

Note:

1. The expenses on treatment of cardiac ailment are payable under section 2 only.

SECTION 2 (Applicable for Cardiac Ailments)

The Company will pay

Under Silver Plan: Expenses as listed under A to G above incurred as an inpatient for treatment in respect of all cardiac related complications that necessitate surgery/intervention.

Under Gold Plan: Expenses as listed under A to G above incurred as an inpatient for treatment in respect of all cardiac related complications that necessitates in-patient hospitalization.

Note: Applicable for Section 2 under both the plans: In so far as stenting is concerned, under both the plans, the company will pay such amount up to the extent of the cost of bare metal stent / drug eluting cobalt chromium stent /drug eluting stainless steel stent. In respect of medicines, Implants and such other similar items, the Company will pay up to the cost of alternate indigenous make.

Waiting Period Applicable for Section 2 under both The plans: A waiting period of 90 days from the first commencement of this policy will apply.

Note: Applicable For Section 1 And Section 2: (Applicable for Silver Plan and Gold Plan)

Expenses relating to the hospitalization will be considered in proportion to the eligible room rent stated in the policy or actual whichever is less

SECTION 3 - OUT-PATIENT EXPENSES

Expenses reasonably and necessarily incurred at any **Networked Facility** in India herein defined as an Out-patient Treatment, provided policy is in force

The limit of benefit under this Section is Rs.500/- per event subject to a maximum of Rs.1500/- per policy period. This benefit forms part of the Sum Insured.

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

SECTION 4 - PERSONAL ACCIDENT

If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury resulting solely and directly from an Accident caused by external, violent and visible means and if such accident causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as compensation the Sum Insured mentioned in the Schedule.

Note:

1. Geographical Scope: The insurance cover under Section 4 applies Worldwide
2. The sum insured for this Section is equal to the sum insured opted for Section 1 / 2
3. Any claim under Section 1 / 2 / 3 will not affect the Sum Insured under this section

- ❖ **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: (Applicable for Section 1 for both plans)**
 - A. 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
 - 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 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: (Applicable for Section 1 for both plans)**
 - A. Expenses related to the treatment of the following listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident
 - 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
 - i. Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Prolapse of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers, all Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies, all types of Hernia, Epididymal Cyst, Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele, Fistula / Fissure in ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence. and Congenital Internal disease / defect
 - ii. Desmoid tumour of anterior abdominal wall, Gall bladder and Pancreatic diseases and 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
 - iii. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Uterus, Fallopian tubes, Cervix and Ovaries, Uterine bleeding, Pelvic Inflammatory Diseases, Benign breast diseases, Umbilical sinus, Umbilical fistula
 - iv. Conservative, operative treatment and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty [other than caused by accident]
 - v. Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system
 - vi. Subcutaneous Benign lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal tunnel syndrome, Trigger finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology
 - vii. Any transplant and related surgery
 3. **30-day waiting period - Code Excl 03 (Applicable for Section 1 for both plans)**
 - A. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered
 - B. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months
 - C. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently
 4. **Investigation & Evaluation - Code Excl 04**
 - A. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded
 - B. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded
 5. **Rest Cure, rehabilitation and respite care - Code Excl 05:** Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes;
 1. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons
 2. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs
 6. **Obesity/ Weight Control - Code Excl 06:** Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions;
 - A. Surgery to be conducted is upon the advice of the Doctor
 - B. The surgery/Procedure conducted should be supported by clinical protocols
 - C. The member has to be 18 years of age or older and
 - D. Body Mass Index (BMI);
 1. greater than or equal to 40 or
 2. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss;
 - a. Obesity-related cardiomyopathy
 - b. Coronary heart disease
 - c. Severe Sleep Apnea
 - d. Uncontrolled Type2 Diabetes
 7. **Change-of-Gender treatments - Code Excl 07:** Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex
 8. **Cosmetic or plastic Surgery - Code Excl 08** Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner
 9. **Hazardous or Adventure sports - Code Excl 09:** Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving
 10. **Breach of law - Code Excl 10:** Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent
 11. **Excluded Providers - Code Excl 11:** Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim
 12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof - **Code Excl 12**
 13. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons - **Code Excl 13**
 14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. - **Code Excl 14**
 15. **Refractive Error - Code Excl 15:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres
 16. **Unproven Treatments - Code Excl 16:** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
 17. **Sterility and Infertility - Code Excl 17:** Expenses related to sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization
 18. **Maternity - Code Excl 18**
 - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period
 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. Venereal Disease and Sexually Transmitted Diseases (Other than HIV) - **Code Excl 23**
 24. Injury/disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not) - **Code Excl 24**
 25. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/material - **Code Excl 25**

26. 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 - **Code Excl 26**
 27. Unconventional, Untested, Experimental therapies - **Code Excl 27**
 28. Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy - **Code Excl 28**
 29. Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted - **Code Excl 29**
 30. All treatment for Priapism and erectile dysfunctions - **Code Excl 30**
 31. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons) - **Code Excl 31**
 32. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable) - **Code Excl 32**
 33. Medical and / or surgical treatment of Sleep apnea, treatment for endocrine disorders - **Code Excl 33**
 34. Hospital registration charges, admission charges, telephone charges and such other charges - **Code Excl 34**
 35. Cost of spectacles and contact lens, hearing aids, walkers and crutches, wheel chairs, Cochlear implants and procedure related hospitalization expenses, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids - **Code Excl 35**
 36. Any hospitalizations which are not Medically Necessary - **Code Excl 36**
 37. Other Excluded Expenses as detailed in the website www.starhealth.in - **Code Excl.37**
 38. 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**
 39. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicine other than allopathy - **Code Excl 39**
- Note: Exclusion nos. 15, 17, 18, 31, 32,33,35 and 39 are not applicable for Section 3**
- ❖ **EXCLUSIONS APPLICABLE FOR SECTION 4 - PERSONAL ACCIDENT**
1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance - **Code-Sec4Excl 01**
 2. **Code-Sec4Excl 02** Any claim arising out of Accident of the Insured Person from;
 - a. Intentional self injury / suicide or attempted suicide or
 - b. Whilst under the influence of intoxicating liquor or drugs or
 - c. Self endangerment unless in self defense or to save human life
 3. Any claim arising out of suicide or attempted suicide self inflicted injuries, or sexually transmitted conditions, anxiety, stress, depression, venereal disease (Other than HIV) - **Code-Sec4Excl 03**
 4. Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from - **Code-Sec4Excl 04**
 5. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detentions of all kings princes and people of whatever nation, condition or quality whatsoever - **Code-Sec4Excl 05**
 6. Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority - **Code-Sec4Excl 06**
 7. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from - **Code-Sec4Excl 07**
 - a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel
 - b. Nuclear weapons material
 - c. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof
 - d. Nuclear, chemical and biological terrorism
 8. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons - **Code-Sec4Excl 08**
 9. Participation in Hazardous Sport / Hazardous Activities - **Code-Sec4Excl 09**
 10. Persons who are physically challenged, unless specifically agreed and endorsed in the policy - **Code-Sec4Excl 10**
 11. Any loss arising out of the Insured Person's actual or attempted commission of or willful, participation in an illegal act or any violation or attempted violation of the law - **Code-Sec4Excl 11**
 12. Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly - **Code-Sec4Excl 12**
- ❖ **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

- ❖ **What are the Sub-limits under the policy? (Applicable for Section 1 only)**
Expenses for treatment of Cataract are payable up to Rs.20,000/- per hospitalization and Rs.30,000/- for the entire policy period.
- ❖ **What is the co-payment under the policy? (Applicable for Section 1 Only) :** 10% of each and every claim amount for insured persons whose age at the time of entry is 61 years and above and renewals thereafter.
- ❖ **What is renewal procedure?**
Renewal: The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.
1. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
 2. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
 3. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
 4. 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.
 5. Coverage is not available during the grace period.
 6. No loading shall apply on renewals based on individual claims experience
- ❖ **Can the sum insured under the policy be reduced or enhanced?**
Reduction or enhancement of sum insured is permissible only at the time of renewal. Enhancement of sum insured is subject to no claim being lodged or paid under this policy, Both the acceptance for enhancement and the amount of enhancement will be at the discretion of the Company. Where the sum insured is enhanced, the amount of such additional sum insured including the respective sublimits shall be subject to the following terms
- Exclusion as given below shall apply afresh from the date of such enhancement for the increase in the sum insured, that is, the difference between the expiring policy sum insured and the increased current sum insured.
- I. First 30 days as under Exclusion Excl 03
 - II. 24 months with continuous coverage without break (with grace period) in respect of diseases / treatments falling under Exclusion Excl 02
 - III. 48 months of continuous coverage without break (with grace period) in respect of Pre- Existing diseases as defined, under Exclusion Excl 01. **However in respect of Section 2 this exclusion will be 90 days**
 - IV. 48 months of continuous coverage without break (with grace period) for diseases / conditions diagnosed / treated irrespective of whether any claim is made or not in the immediately preceding three policy periods
- The above applies to each relevant insured person
- ❖ **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.
- ❖ **Disclosure to information norms:** The policy shall become void and all premium paid thereon shall be forfeited to the Company, in the event of mis-representation, mis description or non-disclosure of any material fact by the policy holder.
- ❖ **Withdrawal of the 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.
- ❖ **Instalment Premium Options:** If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly or Quarterly, as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)
- i. Grace Period of 7 days would be given to pay the instalment premium due for the policy.
 - ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
 - iii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
 - iv. No interest will be charged If the instalment premium is not paid on due date
 - v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
 - vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
 - vii. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

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

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

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

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

❖ **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 details contact "portability@starhealth.in" or call Telephone No +91-044-2828869

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

❖ **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

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

Cancellation table applicable for Policy Term 1 Year without instalment option	
Period on risk	Rate of premium to be retained
Up to one month	22.5% of the policy premium
Exceeding one month up to 3 months	37.5% of the policy premium
Exceeding 3 months up to 6 months	57.5% of the policy premium
Exceeding 6 months up to 9 months	80% of the policy premium
Exceeding 9 months	Full of the policy premium
Cancellation table applicable for Policy Term 1 Year with instalment option of Half-yearly premium payment frequency	
Period on risk	Rate of premium to be retained
Up to one month	45% of the total premium received
Exceeding one month up to 4 months	87.5% of the total premium received
Exceeding 4 months up to 6 months	100% of the total premium received
Exceeding 6 months up to 7 months	65% of the total premium received
Exceeding 7 months up to 10 months	85% of the total premium received
Exceeding 10 months	100% of the total premium received
Cancellation table applicable for Policy Term 1 Year with instalment option of Quarterly premium payment frequency	
Period on risk	Rate of premium to be retained
Up to one month	87.5% of the total premium received
Exceeding one month up to 3 months	100% of the total premium received
Exceeding 3 months up to 4 months	87.5% of the total premium received
Exceeding 4 months up to 6 months	100% of the total premium received
Exceeding 6 months up to 7 months	85% of the total premium received
Exceeding 7 months up to 9 months	100% of the total premium received
Exceeding 9 months up to 10 months	85% of the total premium received
Exceeding 10 months	100% of the total premium received

Cancellation table applicable for Policy Term 2 Years without instalment option	
Period on risk	Rate of premium to be retained
Up to one month	17.5% of the policy premium
Exceeding one month up to 3 months	25% of the policy premium
Exceeding 3 months up to 6 months	37.5% of the policy premium
Exceeding 6 months up to 9 months	47.5% of the policy premium
Exceeding 9 months up to 12 months	57.5% of the policy premium
Exceeding 12 months up to 15 months	67.5% of the policy premium
Exceeding 15 months up to 18 months	80% of the policy premium
Exceeding 18 months up to 21 months	90% of the policy premium
Cancellation table applicable for Policy Term 2 Years with instalment option of Half-yearly premium payment frequency	
Period on risk	Rate of premium to be retained
Up to one month	45% of the total premium received
Exceeding one month up to 4 months	87.5% of the total premium received
Exceeding 4 months up to 6 months	100% of the total premium received
Exceeding 6 months up to 7 months	65% of the total premium received
Exceeding 7 months up to 10 months	85% of the total premium received
Exceeding 10 months up to 12 months	100% of the total premium received
Exceeding 12 months up to 15 months	90% of the total premium received
Exceeding 15 months up to 18 months	100% of the total premium received
Exceeding 18 months up to 21 months	90% of the total premium received
Cancellation table applicable for Policy Term 2 Years with instalment option of Quarterly premium payment frequency	
Period on risk	Rate of premium to be retained
Up to one month	87.5% of the total premium received
Exceeding one month up to 3 months	100% of the total premium received
Exceeding 3 months up to 4 months	87.5% of the total premium received
Exceeding 4 months up to 6 months	100% of the total premium received
Exceeding 6 months up to 7 months	85% of the total premium received
Exceeding 7 months up to 9 months	100% of the total premium received
Exceeding 9 months up to 10 months	85% of the total premium received
Exceeding 10 months up to 12 months	100% of the total premium received
Exceeding 12 months up to 13 months	97.5% of the total premium received
Exceeding 13 months up to 15 months	100% of the total premium received
Exceeding 15 months up to 16 months	95% of the total premium received
Exceeding 16 months up to 18 months	100% of the total premium received
Exceeding 18 months up to 19 months	95% of the total premium received
Exceeding 19 months up to 21 months	100% of the total premium received
Exceeding 21 months up to 22 months	92.5% of the total premium received
Exceeding 22 months	100% of the total premium received
Cancellation table applicable for Policy Term 3 Years without instalment option	
Period on risk	Rate of premium to be retained
Up to one month	17.5% of the policy premium
Exceeding one month up to 3 months	22.5% of the policy premium
Exceeding 3 months up to 6 months	30% of the policy premium
Exceeding 6 months up to 9 months	37.5% of the policy premium
Exceeding 9 months up to 12 months	42.5% of the policy premium
Exceeding 12 months up to 15 months	50% of the policy premium
Exceeding 15 months up to 18 months	57.5% of the policy premium
Exceeding 18 months up to 21 months	65% of the policy premium
Exceeding 21 months up to 24 months	72.5% of the policy premium
Exceeding 24 months up to 27 months	80% of the policy premium
Exceeding 27 months up to 30 months	85% of the policy premium
Exceeding 30 months up to 33 months	92.5% of the policy premium
Exceeding 33 months	Full of the policy premium

Cancellation table applicable for Policy Term 3 Years with instalment option of Half-yearly premium payment frequency

Period on risk	Rate of premium to be retained
Up to one month	45% of the total premium received
Exceeding one month up to 4 months	87.5% of the total premium received
Exceeding 4 months up to 6 months	100% of the total premium received
Exceeding 6 months up to 7 months	65% of the total premium received
Exceeding 7 months up to 10 months	85% of the total premium received
Exceeding 10 months up to 12 months	100% of the total premium received
Exceeding 12 months up to 15 months	90% of the total premium received
Exceeding 15 months up to 18 months	100% of the total premium received
Exceeding 18 months up to 21 months	90% of the total premium received
Exceeding 21 months up to 24 months	100% of the total premium received
Exceeding 24 months up to 27 months	95% of the total premium received
Exceeding 27 months up to 30 months	100% of the total premium received
Exceeding 30 months up to 33 months	92.5% of the total premium received
Exceeding 33 months	100% of the total premium received

Cancellation table applicable for Policy Term 3 Years with instalment option of Quarterly premium payment frequency

Period on risk	Rate of premium to be retained
Up to one month	87.5% of the total premium received
Exceeding one month up to 3 months	100% of the total premium received
Exceeding 3 months up to 4 months	87.5% of the total premium received
Exceeding 4 months up to 6 months	100% of the total premium received
Exceeding 6 months up to 7 months	85% of the total premium received
Exceeding 7 months up to 9 months	100% of the total premium received
Exceeding 9 months up to 10 months	85% of the total premium received
Exceeding 10 months up to 12 months	100% of the total premium received
Exceeding 12 months up to 13 months	97.5% of the total premium received
Exceeding 13 months up to 15 months	100% of the total premium received
Exceeding 15 months up to 16 months	95% of the total premium received
Exceeding 16 months up to 18 months	100% of the total premium received
Exceeding 18 months up to 19 months	95% of the total premium received
Exceeding 19 months up to 21 months	100% of the total premium received
Exceeding 21 months up to 22 months	92.5% of the total premium received
Exceeding 22 months up to 24 months	100% of the total premium received
Exceeding 24 months up to 25 months	97.5% of the total premium received
Exceeding 25 months up to 27 months	100% of the total premium received
Exceeding 27 months up to 28 months	97.5% of the total premium received
Exceeding 28 months up to 30 months	100% of the total premium received
Exceeding 30 months up to 31 months	95% of the total premium received
Exceeding 31 months up to 33 months	100% of the total premium received
Exceeding 33 months up to 34 months	95% of the total premium received
Exceeding 34 months	100% of the total premium received

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 Expiry of the policy.** The insurance under this policy with respect to each relevant insured person shall expire immediately upon death of the insured person or on expiry of the sum insured whichever shall first occur

❖ **How much does it cost to take this insurance?**

The premium sheet is attached

❖ **Is there any Income Tax Benefit?**

Insured Person is eligible for relief under Section 80-D of the Income Tax Act in respect of the amount paid by any mode other than cash.

❖ **How to buy this insurance?**

All that needs to be done is to call the nearest office

❖ **Claims Procedure**

Claiming process and documents to be submitted in support of claim:

A. For Cashless Treatment (Section 1 and Section 2)

- Call the 24 hour help-line for assistance - 1800 425 2255 / 1800 102 4477
- 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 should be 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.

In non-network hospitals payment must be made up-front by Insured / Insured Person and then reimbursement will be effected on submission of documents upon its admissibility.

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 permissible reimbursement.

B. 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.

C. Notification of Claim: Upon the happening of any event, which may give rise to a claim under this policy, notice with full particulars shall be sent to the Company within 24 hours from the date of occurrence of the event.

Note: Conditions B&C 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.

D. For Reimbursement Claims:

- Duly completed claim form, and
- Pre Admission investigations and treatment papers.
- Discharge Summary from the hospital in original
- 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.
- First Information Report in-case of Road Traffic Accident
- Copy of PAN card.

E. Claims of Out Patient Consultations / treatments (Section 3) will be settled on a reimbursement basis on production of cash receipts

F. For Section 4 (Accidental Death Claims)

Documents to be submitted: Claim form

- Death Certificate
- Post mortem certificate, if conducted
- FIR (Wherever required)
- Police investigation report (wherever required)
- Viscera Sample Report (wherever required)
- Forensic Science Laboratory Report (wherever required)
- Legal Heir Certificate
- Succession Certificate (wherever required)

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

Provision of 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.

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

❖ **Prohibition of Rebates:** Section 41 of Insurance Act 1938 (Prohibition of rebates): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs rupees

Premium Chart Excluding Tax (in Rs.)

Premium Chart for One Year				
Sum Insured	3,00,000/-		4,00,000/-	
Plan/Age Band in Yrs	Silver Plan	Gold Plan	Silver Plan	Gold Plan
10-60 yrs	14,095	18,790	16,110	21,475
61-65 yrs	16,210	21,610	18,525	24,695
For Renewals only				
66-70 yrs	18,640	24,850	21,300	28,400
71-80 yrs	20,505	27,335	23,430	31,240
Above 80 yrs	22,555	30,070	25,775	34,365
Premium Chart for Two Years				
Sum Insured	3,00,000/-		4,00,000/-	
Plan/Age Band in Yrs	Silver Plan	Gold Plan	Silver Plan	Gold Plan
10-59 yrs	27,203	36,265	31,092	41,447
60 yrs	29,244	38,986	33,423	44,554
61-64 yrs	31,285	41,707	35,753	47,661
65 yrs	33,630	44,834	38,431	51,237
For Renewals only				
66-69 yrs	35,975	47,961	41,109	54,812
70 yrs	37,775	50,359	43,164	57,553
71-79 yrs	39,575	52,757	45,220	60,293
80 yrs	41,553	55,396	47,483	63,309
Above 80 yrs	43,531	58,035	49,746	66,324
Premium Chart for Three Years				
Sum Insured	3,00,000/-		4,00,000/-	
Plan/Age Band in Yrs	Silver Plan	Gold Plan	Silver Plan	Gold Plan
10-58 yrs	39,536	52,706	45,189	60,237
59 yrs	41,514	55,343	47,447	63,248
60 yrs	43,492	57,979	49,705	66,259
61-63 yrs	45,469	60,616	51,963	69,269
64 yrs	47,741	63,645	54,557	72,734
65 yrs	50,013	66,675	57,152	76,198
For Renewals only				
66-68 yrs	52,285	69,704	59,747	79,662
69 yrs	54,029	72,028	61,738	82,317
70 yrs	55,773	74,351	63,730	84,973
71-78 yrs	57,517	76,675	65,721	87,628
79 yrs	59,433	79,232	67,914	90,550
80 yrs	61,350	81,789	70,106	93,472
Above 80 yrs	63,267	84,346	72,299	96,394

