



# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam,

Chennai - 600 034. ★ Phone : 044 - 28288800 ★ Email : support@starhealth.in

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

## PROSPECTUS - STAR CARDIAC CARE INSURANCE POLICY-PLATINUM

Unique Identification No.: SHAHLIP22033V022122

❖ **Eligibility:** This policy is for persons between the age of 7 yrs and 70 yrs who have been diagnosed with a Cardiac ailment/disorder in the past and undergone a Cardiac Surgical intervention or procedure for the same.

❖ **What are the sum insured options available?**

Rs.5,00,000/-; Rs.7,50,000/-; Rs.10,00,000/-; Rs.15,00,000/-.

❖ **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.

❖ **Coverage**

- Section 1: Accident and Non-cardiac ailments
- Section 2: Cardiac Ailments
- Section 3: Out Patient Benefits (including vaccination)

❖ **Policy term: One year / Two years / Three years** for policies more than one year, the Basic Sum Insured is for each year, without any carry over benefit thereof.

**Note:** Where the policy is issued for more than 1 year, the Basic Sum Insured including sublimits, cumulative bonus (if applicable), 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.

❖ **Long Term Discount:** If the policy term opted is 2 years, discount available is 5% and if policy term opted is 3 years, discount available is 7.5%.

❖ **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).

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

- Quarterly: 3%
- Half Yearly: 2%

**Note: If premium is paid on instalment basis, long term discount is not available.**

❖ **Day Care Procedures:** All Day Care Procedures are covered.

❖ **Benefits available under the insurance:**

### Section 1 (Applicable for Accident and Non-cardiac ailments)

A. Room (Single Private A/c Room), Boarding and Nursing Expenses as provided by the Hospital / Nursing Home.

**Note: Hospitalisation expenses which vary based on the room rent occupied by the insured person will be considered in proportion to the room category stated in the policy 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. 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, implants and similar expenses.

D. Emergency ambulance charges for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment, provided if there is an admissible claim under the policy.

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

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

G. The expenses incurred on treatment of cataract are payable upto the limits mentioned hereunder;

Basic Sum Insured (Rs.)	Limit for Cataract Surgery (Rs.)
5,00,000/-	30,000/- per eye and not exceeding 40,000/- per policy period
7,50,000/-, 10,00,000/- and 15,00,000/-	40,000/- per eye and not exceeding 60,000/- per policy period

H. **E-Medical Opinion:** The Insured Person is given the facility of obtaining "E Medical Opinion" from the Company's expert panel Subject to the following conditions;

- This should be specifically requested by the Insured Person
- This opinion is given without examining the patient, based only on the medical records submitted

- The opinion should be only for medical reasons and not for medico-legal purposes
- Any liability due to any errors or omission or consequences of any action taken in reliance of the opinion provided by the Medical Practitioner is outside the scope of this policy
- Utilizing this facility alone will not be considered as a claim

### I. Coverage for Modern Treatments (Applicable for both Section 1 and Section 2):

The following expenses are payable during the policy period for the treatment/procedure (wherever medically indicated) either as an in-patient or as day care treatment in a hospital is limited to the amount mentioned in table below. This benefit forms part of sum insured.

Sum Insured (Rs.)	5,00,000/-	7,50,000/-	10,00,000/-	15,00,000/-
Limit per person, per policy period for each treatment / procedure Rs.				
Uterine artery Embolization and HIFU	1,25,000	1,50,000	1,50,000	1,75,000
Balloon Sinuplasty	50,000	75,000	1,00,000	1,25,000
Deep Brain Stimulation	2,50,000	2,75,000	3,00,000	4,00,000
Oral Chemotherapy*	1,25,000	1,75,000	2,00,000	2,50,000
Immunotherapy-Monoclonal Antibody to be given as injection	2,50,000	3,00,000	4,00,000	5,00,000
Intra Vitreal injections	50,000	60,000	75,000	1,00,000
Robotic surgeries	2,50,000	2,75,000	3,00,000	4,00,000
Stereotactic radio surgeries	2,00,000	2,15,000	2,25,000	2,50,000
Bronchical Thermoplast	Covered up to Sum Insured			
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	2,50,000	2,75,000	3,00,000	4,00,000

\*Submits all inclusive with or without hospitalization where ever hospitalization includes pre and post hospitalizations.

### Section 2 (Applicable for Cardiac Ailments)

Company will pay to the **Insured Person/s** the amount of such expenses as are **reasonably and necessarily** incurred under the following heads, as an inpatient under for treatment of all cardiac related complications, up-to the limits mentioned but not exceeding the **Limit of Coverage** as stated in the schedule in aggregate.

A. Room (Single Private A/c Room), Boarding and Nursing Expenses as provided by the Hospital / Nursing Home.

**Note: Hospitalisation expenses which vary based on the room rent occupied by the insured person will be considered in proportion to the room category stated in the policy 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. 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, Cost of pacemaker and similar expenses. With regard to coronary stenting, the Company will pay cost of stent as per the Drug Price Control Order (DPCO) / National Pharmaceuticals Pricing Authority (NPPA) Capping.

D. Emergency ambulance charges 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. Pre-hospitalization Expenses: Medical expenses incurred up to 30 days immediately before the insured person is hospitalized.

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

- G. **E-Medical Opinion:** The Insured Person is given the facility of obtaining "E Medical Opinion" from the Company's expert panel Subject to the following conditions;
- This should be specifically requested by the Insured Person
  - This opinion is given without examining the patient, based only on the medical records submitted
  - The opinion should be only for medical reasons and not for medico-legal purposes
  - Any liability due to any errors or omission or consequences of any action taken in reliance of the opinion provided by the Medical Practitioner is outside the scope of this policy
  - Utilizing this facility alone will not be considered as a claim

H. **For Cardiac devices up to 50% of the Sum Insured.**

- I. **Heart Transplantation :** Expenses incurred for harvesting and transportation of Heart by Air and/or Road is covered. This benefit forms part of sum insured.

Basic Sum insured (Rs.)	Limit (Rs.)
5,00,000/-	Up to 200% of Basic Sum insured
7,50,000/-	
10,00,000/-	
15,00,000/-	

- J. **Conventional Coronary Angiogram Test:** Expenses incurred upto the limits mentioned below is payable. This benefit forms part of the sum insured.

Basic Sum Insured (Rs.)	Limit per policy period (Rs.)
Upto 7,50,000	20,000
Above 7,50,000	25,000

**Note: Disease specific waiting period of 24 months is applicable for Heart Transplantation.**

**Waiting Period Applicable for Section 2:** A waiting period of 30 days from the first commencement of this policy will apply.

**Section 3 - Out-Patient Expenses (including vaccination)**

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

Basic Sum Insured (Rs.)	Limit (Rs.)
5,00,000/-	2,500
7,50,000/-	3,000
10,00,000/-	3,500
15,00,000/-	5,000

**Note:** Exclusion nos. 15, 17, 18, 30, 31, 32, 34 and 38 are not applicable for Section 3 Payment under this benefit does not form part of the sum insured and claim under this benefit will not impact the Bonus.

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

**Note: Expenses incurred for treatment of cardiac conditions shall be payable under Section 2.**

❖ **Additional Benefits under the policy:**

- a. **Automatic Restoration of Basic Sum Insured (Applicable for Section 1 Only):** There shall be automatic restoration of the Basic Sum Insured once by 100% upon exhaustion of the limit of coverage during the policy period.

It is made clear that such restored Sum Insured can be utilized only for illness / disease unrelated to the illness / diseases for which claim/s was / were made. The unutilized restored sum insured cannot be carried forward. This Benefit is not available for Modern Treatment and cardiac ailments.

- b. **Cumulative Bonus (Not Applicable for Section 3):** The insured person will be eligible for Cumulative bonus calculated at 10% of basic sum insured for each claim free year subject to a maximum of 100% of the basic sum insured.

**Special Conditions**

- The Cumulative bonus will be calculated on the expiring Basic Sum Insured
- If the insured opts to reduce the Basic Sum Insured at the subsequent renewal, the limit of indemnity by way of such Cumulative bonus shall not exceed such reduced basic sum insured
- In the event of a claim resulting in;
  - Partial utilization of Basic Sum Insured, such cumulative bonus so granted will be reduced at the same rate at which it has accrued
  - Full utilization of Basic Sum Insured and nil utilization of cumulative bonus accrued, such cumulative bonus so granted will be reduced at the same rate at which it has accrued
  - Full utilization of Basic Sum Insured and partial utilization of cumulative bonus accrued, the cumulative bonus granted on renewal will be the balance cumulative bonus available and will be reduced at the same rate at which it has accrued
  - Full utilization of Basic Sum Insured and full utilization of cumulative bonus accrued, the cumulative bonus on renewal will be "nil"

- c. **Cost of Health Checkup:** Expenses incurred towards Cost of Health check-up up to the limits mentioned in the table below on completion of each policy year (irrespective of claim) is payable, provided health check up is done at a Networked facility. Payment under this benefit does not form part of the sum insured and will not impact the Bonus.

Basic Sum insured (Rs.)	Limit (Rs.)
5,00,000/- and 7,50,000/-	2,000/-
10,00,000/-	3,000/-
15,00,000/-	4,000/-

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

- d. **Wellness Service:** This program intends to promote, incentivize and to reward the Insured Persons' healthy life style.

The Insured Person can avail the following services

- (i) Nutrition & Diet Consultation (ii) Counseling (For Stress Management) (iii) Unlimited Tele-Consultation & E-pharmacy facility

**Wellness Reward Program:** To avail discount on renewal premium, insured should submit the following test reports at least 3 months before the policy renewal date.

Insured can avail **10%** discount on the renewal premium, if the following submitted reports are normal

- (i) ECHO (Echocardiogram)  
(ii) Lipid Profile  
(iii) HbA1c (Hemoglobin A1c)

**Note:** In case if any of the 2 tests, results are normal, Insured can avail 5% discount on renewal premium

**Note:** The above test reports should be submitted within one month from the date of testing.

- e. **Rehabilitation and Pain Management:** The company will pay the medical expenses for Rehabilitation and Pain Management up to the sub-limit (or) maximum up to 10% of the basic sum insured whichever is less, per policy year.

**Rehabilitation:** The Company will pay the expenses for rehabilitation, if availed at authorized centres as an In-patient/Out-patient, and if there is an admissible claim under Section 1 or 2 for In-patient hospitalization for an injury, disease or illness specified below;

- Poly Trauma
- Head injury
- Diseases of the spine
- Stroke

**Pain Management treatment**

Subject - Pain Management Cover	Sub-limits (Per Policy Period)		
	5 Lacs	7.5 and 10 Lacs	15 Lacs
Name of the covered pain management treatment	5 Lacs	7.5 and 10 Lacs	15 Lacs
1 Lumbar and cervical medial branch block with RF ablation for lumbar and cervical facet joint arthritis	50,000/-	65,000/-	75,000/-
2 Caudal epidural injection for Discogenic pain	30,000/-	40,000/-	50,000/-
3 Lumbar and cervical selective nerve root block for Lumbar and Cervical radicular pain	40,000/-	50,000/-	60,000/-
4 Caudal Neuroplasty for Failed back spine surgery	70,000/-	85,000/-	1,00,000/-
5 Stellate ganglion ablation for upper limb CRPS	50,000/-	65,000/-	75,000/-
6 Occipital nerve Pulsed RF lesioning for Migraines, Cluster headache and cervicogenic headaches	50,000/-	65,000/-	75,000/-
7 Lumbar sympathetic chain RF ablation for lower limb CRPS, diabetic periphery painful neuropathy and Ischaemic limb pain	50,000/-	65,000/-	75,000/-
8 Gasserian ganglion ablation for Trigeminal neuralgia	50,000/-	65,000/-	75,000/-
9 Intercostal nerve Ablation for post thoracotomy pain and Thoracic malignancy pain	30,000/-	65,000/-	75,000/-
10 Coeliac plexus ablation for upper gastrointestinal malignancies pain	40,000/-	65,000/-	75,000/-
11 Superior hypogastric plexus ablation for lower Gastro intestinal malignancies pain	40,000/-	65,000/-	75,000/-
12 Ganglion impar ablation for perineal cancer pain and coccydynia	50,000/-	65,000/-	75,000/-
13 Cooled RF ablation of genicular nerve for grade 1 and 2 osteoarthritis knee and hip	75,000/-	1,00,000/-	1,25,000/-
14 Suprascapular nerve RF ablation for rotator cuff partial tear and peri arthritis shoulder pain	40,000/-	65,000/-	75,000/-

**Important Note:** Rehabilitation and/or Pain management treatment can be taken only at the Authorized centres mentioned in our website – [www.starhealth.in](http://www.starhealth.in).

❖ **Exclusions:** The Company shall not be liable to make any payments under this policy in respect of any expenses incurred in connection with or in respect of;

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

A. **Applicable for Section 1:** 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.

**Applicable for Section 2 (Applicable for Cardiac Ailments):** Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 30 days of continuous coverage after the date of inception of the first policy with insurer.

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

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

D. **Applicable for Section 1:** 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)**

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)**

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

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

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

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

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

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

**5. Rest Cure, rehabilitation (except to the extent covered under additional benefits(e)) 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 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**

- 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. Injury/disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not) - **Code Excl 24**
  24. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/material - **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 - **Code Excl 26**
  26. Unconventional, Untested, Experimental therapies - **Code Excl 27**
  27. Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy - **Code Excl 28**
  28. Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted - **Code Excl 29**
  29. All treatment for Priapism and erectile dysfunctions - **Code Excl 30**
  30. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons) - **Code Excl 31**
  31. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable) - **Code Excl 32**
  32. Medical and / or surgical treatment of Sleep apnea, treatment for endocrine disorders - **Code Excl 33**
  33. Hospital registration charges, admission charges, telephone charges and such other charges - **Code Excl 34**
  34. 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**
  35. Any hospitalizations which are not Medically Necessary - **Code Excl 36**
  36. Other Excluded Expenses as detailed in the website [www.starhealth.in](http://www.starhealth.in) - **Code Excl 37**
  37. 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**
  38. 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, 30, 31, 32, 34 and 38 are not applicable for Section 3

❖ **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.

❖ **Claims Procedure**

- A. **Condition Precedent to Admission of Liability:** The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.
- B. **Documents for Cashless Treatment (Section 1 and Section 2)**
  - a. Call the 24 hour help-line for assistance - 1800 425 2255/1800 102 4477
  - b. Inform the ID number for easy reference
  - c. On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk
  - d. Obtain the Pre-authorization Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk
  - e. The Treating Doctor will complete the hospitalization / treatment information and the hospital will fill up expected cost of treatment
  - f. This form should be submitted to the Company
  - g. The Company will process the request and call for additional documents/clarifications if the information furnished is inadequate
  - h. 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
  - i. In case of emergency hospitalization information to be given within 24 hours after hospitalization

- j. Cashless facility can be availed only in networked Hospitals. For details of Networked Hospitals, the insured may visit [www.starhealth.in](http://www.starhealth.in) or contact the nearest branch or refer to the list of Networked Hospitals provided with the policy document

In non-network hospitals payment must be made up-front 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.

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 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.**

E. **For Reimbursement Claims**

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

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

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

G. **Provision for Penal Interest**

- a) 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
- b) 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
- c) 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
- d) 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
- e) "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.

❖ **Renewal of Policy:** 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

❖ **Revision of Sum Insured:** Reduction or enhancement of sum insured is permissible only at the time of renewal. Enhancement of sum insured is subject to no claim being lodged or paid under this policy.

Both the acceptance for enhancement and the amount of enhancement will be at the discretion of the Company. Where the sum insured is enhanced, the amount of 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;

- First 30 days as under **Exclusion - Code Excl 03**
- 24 months with continuous coverage without break (with grace period) in respect of diseases / treatments falling under **Exclusion - Code Excl 02**
- 48 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases as defined, under **Exclusion - Code Excl 01** However in respect of Section 2 this exclusion will be 30 days
- 24 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

- ❖ **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](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](https://www.irdai.gov.in/ADMINCMS/cms/fmGuidelines_Layout.aspx?page=PageNo3987)

- ❖ **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.

- ❖ **Withdrawal of policy**

- 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
- 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

- ❖ **Premium Payment in Instalments:** If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly or Quarterly, as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy);

- Grace Period of 7 days would be given to pay the instalment premium due for the policy
- 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
- 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
- No interest will be charged If the instalment premium is not paid on due date
- In case of instalment premium due not received within the grace period, the policy will get cancelled
- In the event of a claim, all subsequent premium instalments shall immediately become due and payable
- 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;

- 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
- 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
- where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

- ❖ **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 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
Exceeding 21 mths	Full 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
Exceeding 21 mths	100% 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 shall terminate immediately on the earlier of the following events;
  - ✓ Upon the death of the Insured Person This means that, the cover for the surviving members of the family will continue, subject to other terms of the policy
  - ✓ Upon exhaustion of the Basic Sum Insured Plus Bonus, Basic Sum Insured Plus Bonus Plus Restore
- ❖ **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.
- ❖ **Important:** IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.
- ❖ **Prohibition of Rebates:** Section 41 of Insurance Act 1938 (Prohibition of rebates): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer: Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs rupees.



## Premium Chart Excluding Tax (in Rs.)

### PREMIUM CHART FOR ONE YEAR

Age in yrs	Premium after discount (Rs.)			
Sum insured Rs.	5,00,000	7,50,000	10,00,000	15,00,000
7-50	22,490	26,990	31,035	35,695
51-60	23,400	28,085	32,295	37,140
61-65	30,240	36,290	41,735	47,995
66-70	39,130	46,960	54,000	62,100
71-80	46,835	56,205	64,635	74,330
Above 80	51,460	61,750	71,015	81,665

### PREMIUM CHART FOR TWO YEARS

Age in yrs	Premium after discount (Rs.)			
Sum insured Rs.	5,00,000	7,50,000	10,00,000	15,00,000
7-49	42,731	51,281	58,967	67,821
50	43,596	52,321	60,164	69,193
51-59	44,460	53,362	61,361	70,566
60	50,958	61,156	70,329	80,878
61-64	57,456	68,951	79,297	91,191
65	65,902	79,088	90,948	1,04,590
66-69	74,347	89,224	1,02,600	1,17,990
70	81,667	98,007	1,12,703	1,29,609
71-79	88,987	1,06,790	1,22,807	1,41,227
80	93,380	1,12,057	1,28,868	1,48,195
Above 80	97,774	1,17,325	1,34,929	1,55,164

### PREMIUM CHART FOR THREE YEARS

Age in yrs	Premium after discount (Rs.)			
Sum insured Rs.	5,00,000	7,50,000	10,00,000	15,00,000
7-48	62,410	74,897	86,122	99,054
49	63,252	75,910	87,288	1,00,390
50	64,093	76,923	88,453	1,01,727
51-58	64,935	77,936	89,619	1,03,064
59	71,262	85,526	98,351	1,13,104
60	77,589	93,115	1,07,083	1,23,145
61-63	83,916	1,00,705	1,15,815	1,33,186
64	92,139	1,10,575	1,27,160	1,46,233
65	1,00,363	1,20,444	1,38,505	1,59,280
66-68	1,08,586	1,30,314	1,49,850	1,72,328
69	1,15,713	1,38,866	1,59,687	1,83,640
70	1,22,840	1,47,417	1,69,525	1,94,953
71-78	1,29,967	1,55,969	1,79,362	2,06,266
79	1,34,245	1,61,098	1,85,264	2,13,051
80	1,38,523	1,66,227	1,91,165	2,19,836
Above 80	1,42,802	1,71,356	1,97,067	2,26,620

