

PROSPECTUS
STAR COMPREHENSIVE INSURANCE POLICY
IRDA/NL-HLT/SHAI/P-H/V.III/398/14-15

The special feature of this policy is it offers Health Cover, Delivery and New Born Cover, Dental and Ophthalmological Treatment, Hospital Cash Benefit- all under a single roof. Also cover is extended for Bariatric surgery where it is performed for medical reasons*

*Please see the terms applicable for this benefit.

What are the benefits available under the insurance?

Section 1 Hospitalization

- A) Room (Single Standard A/C room), Boarding and Nursing Expenses as provided by the Hospital / Nursing Home
- B) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.
- C) Anesthesia, Blood, Oxygen, Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker and similar expenses.
- D) Emergency ambulance charges up-to the limit stated in the table of Benefits given below 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 such Hospitalization claim is admissible as per the Policy.

Subject to the above terms, the Insured Person/s is/are eligible for reimbursement, expenses incurred towards the cost of air ambulance as per the table below, if availed on the advice of the treating Medical Practitioner / Hospital. Air ambulance is payable for only from the place of first occurrence of the illness / accident to the nearest appropriate hospital. Such Air ambulance should have been duly licensed to operate as such by Competent Authorities of the Government/s.

Table of Benefit

Sum Insured (Rs)	Limit per policy period by road ambulance (Up-to) (Rs)
500000/-	2,000/-
750000/-	3,000/-
1000000/-	3,500/-
1500000/-	4,000/-
2000000/-	4,500/-
2500000/-	5,000/-
In case of Air Ambulance, the limit per policy period is up to 10% of the Sum Insured . However, this is not available for Sum Insured option of Rupees Five Lakhs.	

- E) Relevant **Pre-Hospitalization** medical expenses incurred for a period up-to 30 days immediately prior to the date of Hospitalization on the disease / illness sustained following an admissible claim under the policy.
- F) Post Hospitalization expenses incurred under the policy towards Consultant fees, Diagnostic charges, Medicines and Drugs wherever recommended by the Hospital / Medical Practitioner, where the treatment was taken, for 60 days after discharge from the hospital following an admissible claim. Provided however such expenses so incurred are in respect of ailment for which the insured person was hospitalized.

- G) Expenses of **Medical Consultations as an Out Patient** incurred in a Network Hospital for other than Dental and Ophthal, up to the limits mentioned in the table of benefits given below with a limit of Rs.300/- per consultation. This benefit does not form part of the sum insured, and payable while the policy is in force.

Sum Insured Rs	Limit for Out Patient consultation per policy period (up to Rs.)
500000/-	1200/-
750000/-	1500/-
1000000/-	2100/-
1500000/-	2400/-
2000000/-	3000/-
2500000/-	3300/-

- H) **Coverage for Domiciliary hospitalization treatments for a period exceeding three days.**

Coverage for medical treatment for a period exceeding three days, for an illness/disease/injury, which in the normal course, would require care and treatment at a Hospital but, on the advice of the attending Medical Practitioner, is taken whilst confined at home under any of the following circumstances:

- * The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
- * The patient takes treatment at home on account of non-availability of room in a hospital.

However, this benefit shall not cover Asthma, Bronchitis, Chronic Nephritis and Nephritic Syndrome, Diarrhoea and all types of Dysenteries including Gastro-enteritis, Diabetes Mellitus and Insipidus, Epilepsy, Hypertension, Influenza, Cough and Cold, all Psychiatric or Psychosomatic Disorders, Pyrexia of unknown origin for less than 10 days, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Arthritis, Gout and Rheumatism. Also Pre-hospitalisation, Post-hospitalisation expenses are not applicable for this cover

Note: Expenses on Hospitalization are payable provided the hospitalization is an in-patient for minimum period of 24 hours. However this time limit will not apply for *Day Care treatments /procedures, taken in the Hospital / Nursing Home and the Insured is discharged on the same day.

**For details refer policy clause*

Section 2 Delivery and New Born

- A) Expenses for a Delivery including Delivery by Caesarean section (including pre-natal and post natal expenses) up-to the limits mentioned in the Table of Benefits given below per Delivery, subject to a maximum of 2 deliveries in the entire life time of the insured person are payable while the policy is in force
- B) Expenses up-to the limits mentioned in the Table of Benefits, incurred in a hospital/ nursing home on treatment of the New-born for any disease, illness (including any congenital disorders) or accidental injuries provided there is an admissible claim under A of Section-2 above and while the policy is in force.
- C) Vaccination expenses up to Rs.1000/, for the new born baby until the new born baby completes one year and is added in the policy on renewal. Claim under this is admissible only if claim under A of Section-2 above has been admitted and while the policy is in force.

Special Conditions applicable for this Section

- 1) Benefit under this section is subject to a waiting period of 36 months from the date of first commencement of this policy and continuous renewal thereof with the company. A waiting period of 24 months will apply afresh following a claim under "A" of Section-2 above.
- 2) Pre-hospitalization and Post Hospitalization expenses and Hospital Cash Benefit are not applicable for this section.

- 3) This cover is available only when both Self and Spouse are Covered under this policy until the period when the benefit under this Section becomes payable. Claims under this section will not reduce the Sum Insured under Section 1 and will not impact the benefit under Section 5.

Table of Benefit

Delivery and New Born Cover			
Sum Insured Rs.	Limit for Delivery		Limit of Company's liability for New Born Cover Rs.
	Normal Delivery Rs.	Delivery by Caesarean Section Rs.	
500000/-	10000/-	15000/-	50000/-
750000/-	20000/-	40000/-	100000/-
1000000/-	25000/-	40000/-	100000/-
1500000/-	25000/-	40000/-	100000/-
2000000/-	25000/-	40000/-	100000/-
2500000/-	25000/-	40000/-	100000/-

Section 3 Out-patient Dental and Ophthalmic Treatment

Expense incurred on acute treatment to a natural tooth or teeth or the services and supplies provided by a licensed dentist, up to limits mentioned in the schedule of Benefits are payable.

Expenses incurred for the treatment of the eye or the services or supplies provided by a licensed ophthalmologist, hospital or other provider that are medically necessary to treat eye problem including cost of spectacles / contact lenses, not exceeding the limit for the coverage as mentioned in the Schedule of Benefits are payable

The insured persons become eligible for this benefit after continuous coverage under this policy after every block of 3 years with the company and payable while the policy is in force

Claims under this section will not reduce the Sum Insured under Section 1 *and will not impact the benefit under Section 5.*

Table of Benefit

Sum Insured Rs	Limit for Out Patient Dental and Ophthalmic Treatments for each block of 3 continuous years (up to Rs.)
500000/-	5000/-
750000/-	5000/-
1000000/-	10000/-
1500000/-	10000/-
2000000/-	10000/-
2500000/-	10000/-

Section 4 Hospital Cash

Cash Benefit up to the limits mentioned in the Table of Benefits given below for each completed day of Hospitalization subject to a maximum of 7 days per occurrence is payable. Provided however there is an admissible claim under Section I of the policy.

This Benefit is available for a maximum of 120 days during the entire policy period.

This benefit is subject to an excess of first 24 hours of Hospitalization for each and every claim.

Claims under this section will not reduce the Sum Insured under section 1 A to 1 H

Table of Benefit

Sum Insured Rs	Hospital Cash Benefit – Limit of Company's liability per day (Rs)
500000/-	500/-
750000/-	750/-
1000000/-	750/-
1500000/-	1000/-
2000000/-	1000/-
2500000/-	1500/-

Section 5 Health Check Up

Expenses incurred towards Cost of Medical Check-up up to the Limits indicated in the Table of Benefits given below is payable. The insured persons become eligible for these benefits after continuous coverage under this policy after every block of 3 claim-free years with the Company and payable on renewal.

Where the policy is on a floater basis, if a claim is made under Section 1 (other than Section 1G) or under section 6 by any of the insured persons the health check up benefits will not be available under the policy. However where the policy is on individual sum insured basis a claim made by one insured person will not affect the Health Check-up benefit to other insured persons covered.

Table of Benefit

Sum insured (Rs)	Limit per policy for every block of 3 completed claim free years payable after renewal (Up to Rs)
500000/-	5000/-
750000/-	7500/-
1000000/-	7500/-
1500000/-	12000/-
2000000/-	12000/-
2500000/-	12000/-

What are the additional special features of this policy?**Section 6 Bariatric Surgery**

Expenses incurred on hospitalization for bariatric surgical procedure and its complications thereof are payable subject to a maximum of Rs.2,50,000/- during the policy period. This maximum limit of Rs.2,50,000/- is inclusive of pre-hospitalization and post hospitalization expenses.

Special conditions:

1. This benefit is subject to a waiting period of 36 months from the date of first commencement of this policy and continuous renewal thereof with the Company.
2. The minimum age of the insured at the time of surgery should be above 18 years.
3. This benefit shall not apply where the surgery is performed for
 - a) Reversible endocrine or other disorders that can cause obesity
 - b) Current drug or alcohol abuse
 - c) Uncontrolled, severe psychiatric illness
 - d) Lack of comprehension of risks, benefits, expected outcome, alternatives and lifestyle changes required with bariatric surgery.
 - e) Bariatric surgery performed for Cosmetic reasons

4. The indication for the procedure should be found appropriate by two qualified surgeons and the insured person shall obtain prior approval for cashless treatment from the Company.
5. To make a claim, the insured person should satisfy the following criteria as devised by NIH (National Institute of Health)
 - a) The BMI should be greater than 40 or greater than 35 with co-morbidities (like Diabetes, High Blood Pressure etc.)
 - b) Is unable to lose weight through traditional methods like diet and exercise.

Note: Claims under this section shall be processed only on cashless basis. The limit of cover provided under this Section forms part of the sum insured.

Section 7 Accidental Death and Permanent Total Disablement

If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury resulting solely and directly from Accident caused by external, violent and visible means and such accident causes Death or Permanent Total Disability as detailed in the Table, of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as compensation the Capital Sum Insured.

The person **chosen by the Proposer** at the time of payment of premium as mentioned in the schedule herein is covered for Personal Accident insurance against Accidental Death and Permanent Total Disability with a sum insured which is equal to the sum insured opted for under the Health insurance portion of this insurance.

1. **Accidental Death of Insured Person:** If following an Accident that 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 Capital Sum Insured.
2. **Permanent Total Disablement** of the Insured Person: If following an Accident which caused permanent impairment of the Insured's mental or physical capabilities, then the Company will pay the benefits as provided in the Table of Benefits given below, depending upon the degree of disablement provided that:
 - a) The disablement occurs within 12 Calendar months from the date of the Accident.
 - b) The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.

Special Conditions:

1. If the Accident affects any physical or mental function, which was already impaired prior to the accident, a deduction as recommended by any Government Doctor not below the rank of a Civil Surgeon will be made in respect of this prior disablement.
2. In the event of Permanent Total Disablement, the Insured Person will be under obligation:
 - a) To have himself/herself examined by doctors appointed by the Company / and the Company will pay the costs involved thereof.
 - b) To authorize doctors providing treatments or giving expert opinion and any other authority to supply the Company any information that may be required. If the obligations are not met with due to whatsoever reason, the Company may be relieved of its liability to pay.
 - c) This cover is not available for dependent children and for Insured Persons who have completed the age of 70 years at the time of renewal.
3. This Section is applicable for the person specifically mentioned in the Schedule.
4. The sum insured for this Section is equal to the sum insured opted for Health Section
5. Where a claim has been paid during the policy period the cover under this Section ceases until the expiry of the policy. Upon renewal the cover applies to the person specifically chosen again. However even if the sum insured under this section is exhausted by way of claim,

the coverage under health section will continue until expiry of the policy period.

At any point of time only one person will be eligible to be covered under this Section.

6. Any claim under health portion will not affect the Sum Insured under this section.
7. Where there is an admissible claim for Accidental Death during the policy period, the health cover will continue for the remaining insured persons.

Where there is an admissible claim for Permanent Total Disability during the policy period, the health cover would continue until the expiry of the policy for all the insured persons covered including the person who has made a claim for Permanent Total Disability and renewal thereof.

Where there is an admissible claim for Permanent Total Disability or Death during the policy period, the personal accident cover will be applicable for another person chosen at the time of renewal.

8. Geographical Scope : The cover under this section applies World Wide

Table of Benefit	
Benefits	Percentage of the Sum Insured
1. Death	100%
2. Permanent Total Disablement	100%
Total and irrevocable loss* of	
(i) Sight of both eyes	100%
(ii) Physical separation of two entire hands	100%
(iii) Physical separation of two entire foot	100%
(iv) One entire hand and one entire foot	100%
(v) Sight of one eye and loss of one hand	100%
(vi) Sight of one eye and loss of one entire foot	100%
(vii) Use of two hands	100%
(viii) Use of two foot	100%
(ix) Use of one hand and one foot	100%
(x) Sight of one eye and use of one hand	100%
(xi) Sight of one eye and use of one foot	100%

Section 8 : Option for Second Medical Opinion

The Insured Person is given the facility of obtaining a Medical Second Opinion from a Doctor in the Company's network of Medical Practitioners. This is an optional benefit to the Insured Person. All the medical records provided by the Insured Person will be submitted to the Doctor chosen by him/her either online or through post/courier and the medical opinion will be made available directly to the Insured by the Doctor.

Subject to the following conditions :-

- ★ This should be specifically requested for by the Insured Person
- ★ This opinion is given without examining the patient, based only on the medical records submitted.
- ★ The second 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 second opinion provided by the Medical Practitioner is outside the scope of this policy.
- ★ Utilizing this facility alone will not amount to making a claim.

Automatic Restoration of Sum Insured (Applicable for Section 1 other than for section 1G)

There shall be automatic restoration of the Basic Sum Insured by 100% immediately upon exhaustion of the Basic Sum Insured and accrued Cumulative Bonus if any, once 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.

Such restoration will be available for section 1 other than Section 1G

Cumulative Bonus (Applicable for Section 1 other than 1G)

Where the sum insured under the policy is Rs.5,00,000/- , the insured person would be entitled to the benefit of bonus calculated at 50% of the basic sum insured under this policy following a claim free year up to a maximum of 100%. In case a claim is made during the policy period, the bonus will be reduced by 50% in the following year. If there is a claim in the succeeding year also the bonus will become zero. The basic sum insured will however not be reduced.

Where the sum insured under the policy is Rs.7,50,000/-, or Rs.10,00,000/- or Rs.15,00,000/- or Rs.20,00,000/- or Rs.25,00,000/-, the insured person would be entitled to the benefit of bonus calculated at 100% of the basic sum insured under this policy following a claim free year. In case a claim is made during the policy period, the bonus will become zero in the following year. The maximum allowable bonus is 100%.

Note: The bonus will be offered on that part of the sum insured that is continuously renewed. Such bonus will be available only upon timely renewal of the policy without break or upon renewal within the grace period allowed. If the Insured opts to reduce the basic Sum Insured at a subsequent renewal, the limit of indemnity by way of such Bonus shall not exceed such reduced sum insured.

Claim under Coverage 1(G) for Out Patient Consultations for other than Dental & Ophthalmic will not affect the Bonus.

Illustration: Where an insured is continuously insured for a period of 2 years for a sum insured of Rs 10 lacs without making any claim, he earns a total Bonus of 100% being Rs 10 lacs. If in the 3rd year he reduces the sum insured to Rs 5 lacs, then the bonus for the 3rd year will get reduced to Rs 5 lakhs (as the bonus cannot exceed the reduced sum insured). In this sense Bonus is not cumulative. Whatever has been earned is not stored perennially.

Who can take this insurance?

Persons above 3 months up to 65 years can take this Insurance. However, dependent children up to 25 years of age can be covered only along with parents. Beyond 65 years, only renewals can be made. There is no capping on exit age.

What are the Exclusions under the policy?

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

Applicable for Section 1 to Section 6

1. Pre Existing Diseases as defined in the policy until 48 consecutive months of continuous coverage has elapsed, since inception of the first policy with any Indian Insurer.
2. Any disease contracted by the insured person during the first 30 days from the commencement date of the policy. This exclusion shall not apply in case of the insured person having been covered under any health insurance policy (Individual or Group Insurance policy) with any of the Indian Insurance companies for a continuous period of preceding 12 months without a break.
3. During the First two Years of continuous operation of insurance cover,
 - a) The expenses for treatment of cataract, degenerative disc of vertebral diseases and prolapse of intervertebral disc (other than

caused by accident), varicose veins and varicose ulcers, benign prostatic hypertrophy, deviated nasal septum, sinusitis Tonsillitis, Nasal polyps, Chronic Suppurative Otitis Media and related disorders, hernia, hydrocele, fistula / fissure in ano and haemorrhoids congenital internal disease/defect (except to the extent provided under Section 2 for New Born)

- b) All treatments (conservative, interventional, open laparoscopic) for Hepatobiliary Gall Bladder and Pancreatic stones and Genito-urinary calculi.
- c.) All treatments (conservative, interventional, open, and laparoscopic) for Uterine prolapse, Dysfunctional Uterine Bleeding, Fibroids, Pelvic Inflammatory Diseases, all diseases of fallopian tubes and ovaries,
- d.) Arthroscopic repair and removal [other than caused by an accident]

If these are Pre-Existing at the time of proposal they will be covered subject to the waiting period mentioned in Exclusion 1 above

The exclusion 3 shall not however apply in the case of the Insured person/s having been covered under any Individual health insurance scheme with any of the Indian Insurer for a continuous period of preceding 24 months without any break.

- 4. 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)
- 5. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons /materials.
- 6. a) Circumcision unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident,
b) Vaccination. However this exclusion will not apply where such expenses are for post –bite treatment, for medical treatment other than preventive treatments and to the extent provided for under Section 2 for new born Child
c) Inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery (other than as necessitated due to an accident or as a part of any illness).
- 7. Cost of spectacles and contact lens (in excess of what is specifically provided), hearing aids including cochlear implants, walkers, crutches wheel chairs and such other aids.
- 8. Dental treatment or surgery (in excess of what is specifically provided) unless necessitated due to accidental injuries and requiring hospitalization.
- 9. Convalescence, general debility, Run-down condition or rest cure, nutritional deficiency states, psychiatric , Psychosomatic disorders, Congenital external disease or defects or anomalies (except to the extent provided under Section 2 for New Born) sterility, venereal disease, intentional self injury and use of intoxicating drugs/alcohol.
- 10. All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympho Tropic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS. It is however made clear that such of those who are positive for HIV (Human Immuno Deficiency Virus) would be entitled for expenses incurred for treatment Other than for opportunistic infections and for treatment of HIV /AIDS , provided at the time of first commencement of Insurance under this policy their CD4 count is not less than 350.
- 11. Charges incurred at Hospital or Nursing Home primarily for Diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at hospital/nursing home.
- 12. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
- 13. Treatment arising from or traceable to pregnancy, miscarriage, abortion or complications of any of these (other than ectopic pregnancy and to the extent covered under Section 2)

14. Naturopathy Treatment.
15. Hospital registration charges, admission charges, record charges telephone charges and such other charges.
16. Expenses incurred on Lasik Laser or Refractive Error Correction, treatment of Eye disorders requiring intra-vitreous injections.
17. Expenses incurred on weight control services including cosmetic procedures for treatment of obesity, medical treatment for weight control, treatment for metabolic, genetic and endocrine disorders except to the extent provided as per 'Coverage' under Section-6 .
18. Expenses incurred on Non Allopathic treatment.
19. Expenses incurred on Enhanced External Counter Pulsation therapy and related therapies and Rotational Field Quantum Magnetic Resonance Therapy
20. Any specific time-bound or life time exclusions applied, specified and accepted by the insured
21. Other expenses as detailed in the policy.

Applicable for Section 7

22. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
23. Any injuries/conditions which are Pre-existing conditions
24. Any claim arising out of Accidents that the Insured Person has caused
 - a. intentionally or
 - b. by committing a crime / involved in it or
 - c. as a result of / in a state of drunkenness or addiction (drugs, alcohol).
25. Any claim arising out of mental disorder, suicide or attempted suicide self inflicted injuries, or sexually transmitted conditions, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immunodeficiency Virus) and / or any HIV related illness including AIDS (Acquired Immunodeficiency Syndrome), insanity and / or any mutant derivative or variations thereof howsoever caused.
26. 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.
27. 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 detainments of all kings princes and people of whatever nation, condition or quality whatsoever.
28. 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.
29. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
 - 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

30. 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.
31. Participation in Hazardous Sport / Hazardous Activities
32. Persons who are physically and mentally challenged, unless specifically agreed and endorsed in the policy.
33. 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.
34. Any payment in case of more than one claim under the policy during the period of insurance by which the maximum liability of the Company in that period would exceed the amount specified in the Schedule
35. Any other claim after a claim has been admitted by the Company and becomes payable for Death or Permanent Total Disablement, as mentioned in Table.
36. Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly.
37. Any claim for death or Permanent Total Disablement of the Insured Person from self-endangerment unless in self-defense or to save life.

For detailed list of exclusions, please refer policy clause.

Co-payment: This policy is subject to co-payment of 10% of each and every claim amount for fresh as well as renewal policies for insured persons whose age at the time of proposing this insurance policy is above 60 years. This copayment is applicable for section 1 A to 1F only.

Policy Term: One year

How much does it cost to take this insurance?

Rating Sheet attached.

Can this policy be renewed?

The policy will be renewed except on grounds of misrepresentation / Non-disclosure of material fact as declared in the proposal form and at the time of claim, fraud committed / moral hazard or non cooperation of the insured. A grace period of 30 days from the date of expiry of the policy is available for renewal. If renewal is made within this 30 days period the continuity of benefits will be allowed. However the actual period of cover will start only from the date of payment of premium. In other words no protection is available between the policy expiry date and the date of payment of premium for renewal.

In the event of this policy being withdrawn / modified with revised terms and/or premium with the prior approval of the Competent Authority, the insured will be intimated three months in advance and accommodated in any other equivalent health insurance policy offered by the Company, if requested for by the Insured Person, at the relevant point of time.

Following an admissible claim under Section-7 the coverage under Personal Accident insurance upon renewal will be applicable for the person to be chosen by the Proposer at the time of payment of renewal premium, subject to other terms, conditions contained herein.

Enhancement of sum insured at the time of renewal

The sum insured can be enhanced at the time of renewal or at the time of porting and the same may be allowed at the discretion of the Company.

Where the sum insured is enhanced, the amount of such additional sum insured and the amount of cumulative bonus earned on such additional sum insured shall be subject to the following terms:

- a. Medical test will be done at the Company's cost
- b. Waiting period as under shall apply afresh from the date of such enhancement:
 - i) First 30 days as under Exclusion No. 2
 - ii) 24 months with continuous coverage without break (with grace period) in respect of diseases / treatments falling under exclusion No.3
 - iii) 48 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases as defined under Exclusion No.1
 - iv) 48 months of continuous coverage without break (with grace period) in respect of diseases / conditions for which the insured was diagnosed / hospitalized in the preceding 2 policy periods.

Portability:

This policy is portable. If the insured is desirous of porting this policy to another Insurer towards renewal, application in the appropriate form should be made to the Company at least before 45 days from the date when the renewal is due.

Where the outcome of acceptance of portability is still waiting from the new insurer on the date of renewal, the existing policy will be extended on the request of the Insured person, for a period not less than one month on pro rata premium. Such extended cover will be cancelled only on the written request by the Insured Person, subject to a minimum pro rata premium for one month. If the Insured Person requests in writing to continue the policy with the Company without porting, it will be allowed by charging the regular premium with the same terms as per the expiring policy. In case of a claim made by the Insured person and admitted by the Company during such extension, the policy will be extended for the remaining period by charging the regular premium. Portability is not possible during the policy period. For details contact "portability@starhealth.in" or call Telephone No +91-044-28288869

Relief under Sec 80D of Income Tax Act.

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

Cancellation: The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact or non-co-operation by the insured person, by sending the Insured 30 days notice by registered letter at the Insured person's last known address and no refund of premium will be made.

The insured may at any time cancel this policy and in such event the Company shall allow refund after retaining premium at Company's short Period rate only (table given below) provided no claim has occurred up to the date of cancellation

PERIOD ON RISK	RATE OF PREMIUM TO BE RETAINED
Up to one-month	1/3rd of the annual premium
Up to three Months	½ of the annual premium
Up to six months	3/4th of the annual premium
Exceeding six months	full annual premium

Free Look Period: A free look period of 15 days from the date of receipt of the policy is available to the insured to review the terms and conditions of the policy. In case the insured is not satisfied with the terms and conditions, the insured may seek cancellation of the policy and in such an event the Company shall allow refund of premium paid after adjusting the cost of pre-acceptance medical screening, stamp duty

charges and proportionate risk premium for the period concerned provided no claim has been made until such cancellation.

Free look cancellation is not applicable at the time of renewal of the policy

How to buy this insurance?

All that needs to be done is to call the nearest office For On-line purchase visit www.starhealth.in. A discount of 12.5% will be allowed on premium for those who purchase this insurance online.

Will there be a Pre Acceptance Health Screening?

All persons above 50 years of age and those who declare adverse medical history in the proposal form are required to undergo pre-acceptance medical screening at the Company designated Centers. At present 100% of cost of medical screening is borne by the Company. The age for Health screening may be scaled downwards or upwards subject to Regulator's approval. Due advance information will be given to the customer.

How to make a claim under the policy?

For claims under health insurance :

- * Call the 24 hour help-line for assistance - 1800 425 2255 / 1800 102 4477
- * Inform the ID number for easy reference
- * In case of planned hospitalization inform 24 hours prior to admission in the hospital
- * In case of emergency hospitalization information to be given within 24 hours after hospitalization
- * Cashless facility can be availed in all net-work hospitals
- * In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents

Claims of Out Patient Consultations / treatments will be settled on a reimbursement basis on production of cash receipts.

For Claims under Section 7

- * Call the 24 hour help-line for assistance - 1800 425 2255 / 1800 102 4477
- * Inform the ID number for easy reference

NOTE The benefits and exclusions mentioned herein is only an outline of the policy. For complete details please contact our offices.

Rating Sheet

Sum Insured Rs.5,00,000									
Plan Type	Age Band (Years)						RENEWALS ONLY		
	3months-35	36-45	46-50	51-55	56-60	61-65	66-70	71-75	Above 75
1A+1C	9180	10120	14240	16190	19700	31420	39280	51070	66400
1A+2C	10950	12020	19480	20510	23580	36990	46240	60120	78160
1A+3C	15590	17060	23460	26900	30270	41360	51700	67210	87380
2A	10420	12120	22400	23640	28560	38800	48500	63050	81970
2A+1C	13170	14340	23540	25810	31070	49800	62250	80930	105210
2A+2C	14800	16410	25390	28170	33330	53400	66750	86780	112820
2A+3C	17000	19150	28510	31200	36430	56000	70000	91000	118300
Tax Extra									

Sum Insured Rs.7,50,000									
Plan Type	Age Band (Years)						RENEWALS ONLY		
	3months-35	36-45	46-50	51-55	56-60	61-65	66-70	71-75	Above 75
1A+1C	11340	12340	17170	20600	26880	37660	47080	61210	79580
1A+2C	13330	14490	23330	24600	29470	44059	55080	71610	93100
1A+3C	18990	20620	28840	33550	38010	49066	61340	79750	103680
2A	13310	16330	28020	29520	35670	47030	58790	76430	99360
2A+1C	16660	18450	29320	32280	38310	59235	74050	96270	125160
2A+2C	18480	20260	31500	34950	41350	64384	80480	104630	136020
2A+3C	21020	22980	34470	38380	45430	66731	83420	108450	140990
Tax Extra									

Sum Insured Rs.10,00,000									
Plan Type	Age Band (Years)						RENEWALS ONLY		
	3months-35	36-45	46-50	51-55	56-60	61-65	66-70	71-75	Above 75
1A+1C	13250	14670	20710	24590	32300	44972	56220	73090	95020
1A+2C	15000	16540	26920	29040	35060	47226	59040	76760	99790
1A+3C	20950	23030	33250	39250	44900	60670	75840	98600	128180
2A	15560	18840	33860	35830	43470	57270	71590	93070	121000
2A+1C	19110	21510	34910	38750	45540	72987	91240	118620	154210
2A+2C	20920	23520	37090	41610	49570	77414	96770	125810	163560
2A+3C	23630	26210	39480	44000	54150	81103	101380	131800	171340
Tax Extra									
Sum Insured Rs.15,00,000									
Plan Type	Age Band (Years)						RENEWALS ONLY		
	3months-35	36-45	46-50	51-55	56-60	61-65	66-70	71-75	Above 75
1A+1C	16230	18400	25710	29590	37300	51472	61770	80310	104410
1A+2C	19000	21540	31920	34040	42060	53726	64480	83830	108980
1A+3C	26450	29530	43250	50250	58900	73170	87810	114160	148410
2A	19560	22840	37860	40330	47970	61770	74130	96370	125290
2A+1C	23760	26510	39910	44250	51040	81737	98090	127520	165780
2A+2C	25560	28520	42090	46610	55070	86164	103400	134420	174750
2A+3C	30630	33210	46480	51500	65150	93603	112330	146030	189840
Tax Extra									

Sum Insured Rs.20,00,000/-									
Plan Type	Age Band (Years)						RENEWALS ONLY		
	3months-35	36-45	46-50	51-55	56-60	61-65	66-70	71-75	Above 75
1A+1C	18730	20900	28210	32590	40300	58431	70120	91160	118510
1A+2C	21630	24810	34920	37040	45560	76588	91910	119490	155340
1A+3C	29810	33640	48250	55250	64400	94745	113700	147810	192160
2A	22560	25840	40860	43330	50970	64770	77730	101050	131370
2A+1C	26760	29510	42910	47450	54540	97237	116690	151700	197210
2A+2C	28560	31520	45090	50110	58570	101664	122000	158600	206180
2A+3C	35090	37710	50980	56000	70650	109103	130930	170210	221280
Tax Extra									
Sum Insured Rs.25,00,000/-									
Plan Type	Age Band (Years)						RENEWALS ONLY		
	3months-35	36-45	46-50	51-55	56-60	61-65	66-70	71-75	Above 75
1A+1C	21130	23900	31210	35590	43300	73931	88720	115340	149950
1A+2C	24130	27810	37920	40040	49560	94088	112910	146790	190830
1A+3C	33310	37340	52250	59250	69400	112245	134700	175110	227650
2A	25060	28340	43360	46030	53670	67470	80970	105270	136860
2A+1C	29260	32010	45410	50150	57240	114737	137690	179000	232700
2A+2C	31260	34220	47790	53110	61570	119164	143000	185900	241670
2A+3C	39110	41710	54980	60500	76150	126603	151930	197510	256770
Tax Extra									

Premium Chart for Individual Plan

Sum Insured (in Rs.)	Plan Type	Age Band (Years)								
		3months-35	36-45	46-50	51-55	56-60	61-65	66-70	71-75	Above 75
5,00,000	1A	7,015	8,075	13,200	16,100	18,700	25,750	35,315	41,410	54,235
7,50,000	1A	8,540	10,125	16,865	19,635	22,885	30,625	40,830	49,255	64,190
10,00,000	1A	9,725	11,775	19,865	22,395	26,170	34,295	44,745	55,170	71,625
15,00,000	1A	12,225	14,275	22,365	26,410	30,985	40,610	49,335	61,935	79,810
20,00,000	1A	14,100	16,150	24,435	29,875	34,920	44,780	51,730	64,940	83,680
25,00,000	1A	15,265	17,615	26,215	32,140	37,665	47,555	53,885	67,655	87,180
Tax Extra										

Prohibition of Rebates

Section 41 of Insurance Act 1938 : 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 lakh rupees.

IMPORTANT

“IRDAI OR ITS OFFICIALS DO NOT INVOLVE IN ACTIVITIES LIKE SALE OF ANY KIND OF INSURANCE OR FINANCIAL PRODUCTS NOR INVEST PREMIUMS. IRDAI DOES NOT ANNOUNCE ANY BONUS. THOSE RECEIVING SUCH PHONE CALLS ARE REQUESTED TO LODGE A POLICE COMPLAINT ALONG WITH DETAILS OF PHONE CALL AND NUMBER”



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