



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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PROSPECTUS - STAR COMPREHENSIVE INSURANCE POLICY

Unique Identification No.: SHAHLIP2077V041920

The Specific 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

❖ Eligibility

- For Adults – 18yrs – 65 yrs
- For Dependent Child - 91 days – 25 yrs

❖ **Midterm inclusion** of newly married / wedded spouse and New Born Baby is permissible on paying additional premium. The intimation about the marriage / new born should be given within 60 days from the date of marriage or new born

❖ Policy Term

1 Year and 2 Years

❖ Sum Insured Options

Rs.5,00,000 ; Rs.7,50,000 ; Rs.10,00,000 ; Rs.15,00,000 ; Rs.20,00,000 ; Rs.25,00,000; Rs.50,00,000; Rs.75,00,000; Rs.1,00,00,000

❖ What are the benefits available?

Section 1 Hospitalization

- A. Room (Private Single 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, ICU charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, diagnostic imaging modalities, Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker, stent and such other similar expenses. With regard to coronary stenting, the Company will pay such amount up to the extent of cost of bare metal stent/drug eluting cobalt-chromium stent/drug eluting stainless steel stent.
- D. **Road ambulance expenses:** Subject to an admissible hospitalization claim, road ambulance expenses incurred for the following are payable :-
 - i. for transportation of the insured person by private ambulance service to go to hospital when this is needed for medical reasons or
 - ii. for transportation of the insured person by private ambulance service from one hospital to another hospital for better medical treatment or
 - iii. for transportation of the insured person from the hospital where treatment is taken to their place of residence provided the requirement of an ambulance to the residence is certified by the medical practitioner.
- E. **Air Ambulance expenses** Subject to an admissible hospitalization claim, the Insured Person(s) is/are eligible for reimbursement of expenses incurred towards the cost of air ambulance service up to Rs.2,50,000/- per hospitalization, not exceeding Rs.5,00,000/- per policy period, if the said service was availed on the advice of the treating Medical Practitioner / Hospital. Expenses towards Air ambulance service is payable for only from the place of first occurrence of the illness / accident to the nearest hospital. Such Air ambulance should have been duly licensed to operate as such by Competent Authorities of the Government/s.
- F. Relevant **Pre-Hospitalization** medical expenses incurred for a period not exceeding 60 days prior to the date of hospitalization are payable subject to an admissible hospitalization claim
- G. **Post Hospitalization:** Medical expenses incurred for a period up to 90 days from the date of discharge from the hospital wherever recommended by the Medical Practitioner / Hospital, where the treatment was taken are payable, provided
 - i. such expenses so incurred are following an admissible claim for hospitalization and
 - ii. such expenses so incurred are in respect of ailment for which the insured person was hospitalized.
- H. Expenses of **Medical Consultations as an Out Patient** incurred in a Networked Facility for other than Dental and Ophthalmic treatments, up to the limits mentioned in the table below are payable. Payment under this benefit H does not form part of Sum Insured, and is payable while the policy is in force.

Out-Patient Consultation Section 1-H	
Sum Insured Rs.	Limit for Out Patient consultation per policy period for other than Dental and Ophthalmic Treatments (up to Rs.)
5,00,000/-	1,200/-
7,50,000/-	1,500/-
10,00,000/-	2,100/-
15,00,000/-	2,400/-
20,00,000/-	3,000/-
25,00,000/-	3,300/-
50,00,000/-, 75,00,000/- and 1,00,00,000/-	5,000/-
Limit of per consultation is Rs. 300/-	

I. **Domiciliary hospitalization:** 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 Inspidus, 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. Pre-hospitalisation and Post-hospitalization expenses are not payable for this cover

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 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 below, incurred in a hospital/ nursing home on treatment of the New-born for any disease, illness (including any congenital disorders) or accidental injuries are payable provided there is an admissible claim under A of Section-2 above and while the policy is in force.

Section 2 Delivery and New Born			
Sum Insured Rs.	Limit for Delivery		Limit of Company's liability for New Born Cover Rs.
	Normal Delivery Rs.	Delivery by Caesarean Section Rs.	
5,00,000/-	15,000/-	20,000/-	1,00,000/-
7,50,000/-	25,000/-	40,000/-	1,00,000/-
10,00,000/- to 25,00,0000/-	30,000/-	50,000/-	1,00,000/-
50,00,000/- to 10,00,0000/-	50,000/-	1,00,000/-	2,00,000/-

- C) Vaccination expenses for the new born baby are payable up to the limits mentioned in the table below, until the new born baby completes one year of age 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*.

Limits of Vaccination	
Sum Insured Rs.	Limit per policy period (Rs.)
5,00,000/- to 25,00,0000/-	5,000/-
Above 25,00,0000/-	10,000/-

Special Conditions applicable for this Section

1. Benefit under this section is subject to a waiting period of 24months from the date of first commencement of Star Comprehensive Insurance Policy and its 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-hospitalisation and Post Hospitalization expenses and Hospital Cash Benefit are not applicable for this section.
3. This cover is available only when
 - i. both Self and Spouse are covered under this policy either on floater basis or on individual basis and both Self and Spouse should have been covered for a continuous period of 24 months under Star Comprehensive Insurance Policy,
 - ii. the policy covering the self and spouse are in force when the benefit under this Section becomes payable.
4. Claims under this section will not reduce the Sum Insured and will not impact the benefit under Section 6.

Section 3 Out-patient Dental and Ophthalmic Treatment

Expenses 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 table below 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 mentioned in the table below are payable.

The insured persons become eligible for this benefit after continuous coverage under Star Comprehensive Insurance Policy with the Company, after every block of 3 years and payable while the policy is in force.

Claims under this section will not reduce the Sum Insured and will not impact the benefit under Section 6.

Section 3 Out-patient Dental and Ophthalmic Treatment	
Sum Insured Rs.	Limit for Out Patient Dental and Ophthalmic Treatments for each block of 3 continuous years (up to Rs.)
5,00,000/- and 7,50,000/-	5,000/-
10,00,000/- to 25,00,000/-	10,000/-
Above 25,00,000/-	15,000/-

Section 4 Organ Donor Expenses In patient hospitalization expenses incurred for organ transplantation from the Donor to the Recipient Insured Person are payable provided the claim for transplantation is payable. In addition, the expenses incurred by the Donor, (if any) for the complications that necessitate a Redo Surgery / ICU admission will be covered. The coverage limit under this section is over and above the Limit of Coverage and upto the Basic Sum Insured. **This additional Sum Insured can be utilized by the Donor and not by the Insured.**

Section 5 Hospital Cash Benefit: Subject to an admissible Hospitalization claim, Cash Benefit up to the limits mentioned in the table below for each completed day of Hospitalization for a maximum of 7 days per occurrence is payable. 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.

Section 5 Hospital Cash	
Sum Insured Rs.	Hospital Cash Benefit - Limit of Company's liability per day (Rs.)
5,00,000/-	500/-
7,50,000/- and 10,00,000/-	750/-
15,00,000/- and 20,00,000/-	1,000/-
25,00,000/-	1,500/-
50,00,000/-, 75,00,000/-, and 10,00,000/-	2,500/-

Section 6 Health Check Up Expenses incurred towards cost of health check-up up to the limits mentioned in the table given below for every claim free year are payable provided

- i. the health checkup is done at networked facility and
- ii. the policy is in force.

Payment under this benefit does not form part of the sum insured and will not impact the Bonus.

Sum Insured Rs.	Limit (Up to Rs)
5,00,000/-	2,000/-
7,50,000/-	2,500/-
10,00,000/-	3,000/-
15,00,000/-	4,000/-
20,00,000/-	4,500/-
25,00,000/-	4,500/-
50,00,000/-, 75,00,000/- and 1,00,00,000/-	5,000/-

Where the policy is on a floater sum insured basis, if a claim is made either under Section 1 (other than Section 1H) or under Section 4 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.

Note: Payment of expenses towards cost of health check up will not prejudice the company's right to deal with a claim in case of non disclosure of material fact and / or Pre-Existing Diseases in terms of the policy

Section 7 Bariatric Surgery

Expenses incurred on hospitalization for bariatric surgical procedure and its complications thereof are payable subject to limits mentioned in the table given below, during the policy period. This maximum limit of Rs.2,50,000/- and Rs.5,00,000/- are inclusive of pre-hospitalization and post hospitalization expenses.

Limits of Vaccination	
Sum Insured Rs.	Limit per policy period (Rs.)
5,00,000/- to 15,00,000/-	2,50,000/-
Above 15,00,000/-	5,00,000/-

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) The Insured Person 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 and will impact Cumulative Bonus

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. 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.

Section 9 AYUSH Treatment: In patient Hospitalizations Expenses incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines in a Government Hospital or in any institute recognized by the government and/or accredited by the Quality Council of India/National Accreditation Board on Health as in patient is payable up to the limits given below:

Sum Insured Rs.	Limit per policy period (Rs.)
5,00,000/- to 15,00,000/-	15,000/-
20,00,000/- and 25,00,000/-	20,000/-
50,00,000/-, 75,00,000/- and 10,00,000/-	30,000/-

Note:

- 1) Payment under this benefit forms part of the sum insured and also will impact the Bonus
- 2) Yoga and Naturopathy systems of treatment are excluded from the scope of coverage under AYUSH treatment

Important Note: Applicable for Section 1 (A) to Section 1©, Section 2 (B), Section 4, Section 7 and Section 9

1. All Day Care Procedures are covered.
2. Expenses on Hospitalization are payable provided the hospitalization is for minimum period of 24 hours. However this time limit will not apply for treatments / Day Care procedures where taken in the Hospital / Nursing Home and the Insured are discharged on the same day.
3. Hospitalization Expenses which vary based on the room rent occupied by the insured person will be considered in proportion to the room rent limit / room category stated in the policy schedule or actuals whichever is less

Section 10 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 then the Company will pay as under:

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 Sum Insured mentioned in the Schedule
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 - B1", 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 function, which was already impaired prior to the accident, a deduction as per "Table - B2" 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.
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.

6. At any point of time only one person will be eligible to be covered under this Section. **Dependent Children and persons above 70 years can be covered under this section up to the Sum insured of Rs.10,00,000/-.**
7. Any claim under health portion will not affect the Sum Insured under this section.
8. Where there is an admissible claim for Accidental Death during the policy period, the health cover will continue for the remaining insured persons.
9. 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.
10. 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.
11. Geographical Scope : The cover under this section applies World Wide

Table of Benefits - B1	
Benefits	Percentage of the Basic 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%

Table - B2			
Physical function already impaired prior to accident			Percentage of Sum Insured Deducted
1	Loss of toes all	All	20
	Loss of Great toe	both phalanges	5
	Loss of Great toe	one phalanx	2
	Other than Great, if more than		
	One toe lost, for each toe	For each toe	1
2	Loss of hearing both ears	Both ears	75
	Loss of hearing one ear	One ear	30
3	Loss of four fingers and thumbs of One hand		40
4	Loss of four fingers		35
	Loss of thumb both phalanges	Both phalanges	25
		One phalanx	10
5	Loss of index finger three phalanges	Three phalanges	10
		Two phalanges	8
		One phalanx	4
6	Loss of middle finger	Three phalanges	6
		Two phalanges	4
		One phalanx	2
7	Loss of ring finger	Three phalanges	5
		Two phalanges	4
		One phalanx	2
8	Loss of little finger	Three phalanges	4
		Two phalanges	3
		One phalanx	2
9	Loss of metacarpals	First or second	3
		Additional (third fourth or fifth)	2
10	Any other Permanent partial disablement		Percentage as assessed by the Medical Board or by the government doctor

Section 11: Star Wellness Program: This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities. The wellness activities as mentioned below are designed to help the Insured person to earn wellness reward points which will be tracked and monitored by the Company. The wellness points earned by the Insured Person(s) under the wellness program, can be utilized to get discount in premium. This Wellness Program is enabled and administered online through Star Wellness Platform (digital platform)

Note: The Wellness Activities mentioned in the table below (from Serial Number 1 to 5) are applicable for the Insured person(s) aged 18 years and above only.

The following table shows the discount on premium available under the Wellness

Wellness Points Earned	Discount in Premium
200 to 350	2%
351 to 600	5%
601 to 750	7%
751 to 1000	10%

*In case of floater policy the weightage is given as per the following table :

Family Size	Weightage
Self, Spouse	1:1
Self, Spouse and Dependent Children (up to 18 years)	1:1:0:0
Self, Spouse and Dependent Children (aged above 18 years)	2:2:1:1:1

Note: In case of two year policy, total number of wellness points earned in two year period will be divided by two.

Each Insured Person will be given an Individual log-in facility, which will be linked to his/ her policy.

*Please refer the Illustrations to understand the calculation of discount in premium, weightage and the calculation in case of two year policy.

The wellness services and activities are categorized as below:

Sr. No.	Activity	Maximum number of Wellness Points that can be earned under each policy in a policy year
1.	Manage and Track Health	
	a) Online Health Risk Assessment (HRA)	50
	b) Preventive Risk Assessment	200
2.	Affinity to Wellness	
	a) Participating in Walkathon, Marathon, Cyclothon and similar activities	100
	b) Membership in a health club (for 1 year or more)	100
3.	Stay Active – If the Insured member achieves the step count target on mobile app	200
4.	a) Weight Management Program (for the Insured who is Overweight/ Obese)	100
	b) Sharing Insured Fitness Success Story through adoption of Star Wellness Program (for the Insured who is not Overweight/ Obese)	50
5.	a) Chronic Condition Management Program (for the Insured who is suffering from Chronic Condition/s - Diabetes, Hypertension, Cardiovascular Disease or Asthma)	250
	b) On Completion of De-Stress & Mind Body Healing Program (for the Insured who is not suffering from Chronic Condition/s - Diabetes, Hypertension, Cardiovascular Disease or Asthma)	125
Additional Wellness Services		
6.	Online Chat with Doctor	
7.	Medical Concierge Services	
8.	Period & Fertility Tracker	
9.	Digital Health Vault	
10.	Wellness Content	
11.	Health Quiz & Gamification	
12.	Post-Operative Care	
13.	Discounts from Network Providers	

1. Manage and Track Health:

a) Completion of Health Risk Assessment (HRA):

The Health Risk Assessment (HRA) questionnaire is an online tool for evaluation of health and quality of life of the Insured. It helps the Insured to introspect his/ her personal lifestyle. The Insured can log into his/her account on the website www.starhealth.in and complete the HRA questionnaire. The Insured can undertake this once per policy year.

On Completion of online HRA questionnaire, the Insured earns 50 wellness points.

Note: To get the wellness points mentioned under HRA, the Insured has to complete the entire HRA within one month from the time he/she started HRA Activity.

b) Preventive Risk Assessment:

The Insured can also earn wellness points by undergoing diagnostic / preventive tests during the policy year. These tests should include the four mandatory tests mentioned below. Insured can take these tests at any diagnostic centre at Insured's own expenses.

- If all the results of the submitted test reports are within the normal range, Insured earns 200 wellness points.
- If the result of any one test is not within the normal range as specified in the lab report, Insured earns 150 wellness points.
- If two or more test results are not within the normal range, Insured earns 100 wellness points only.

Note: These tests reports should be submitted together and within 30 days from the date of undergoing such Health Check-Up.

List of mandatory tests under Preventive Risk Assessment	
1.	Complete Haemogram Test
2.	Blood Sugar (Fasting Blood Sugar (FBS) + Postprandial (PP) [or] HbA1c)
3.	Lipid profile (Total cholesterol, HDL, LDL, Triglycerides, Total Cholesterol / HDL Cholesterol Ratio)
4.	Serum Creatinine

2. Affinity towards wellness: Insured earns wellness points for undertaking any of the fitness and health related activities as given below. List of Fitness Initiatives and Wellness points:

	Initiative	Wellness Points
a.	Participating in Walkathon, Marathon, Cyclothon and similar activities	100
	On submission of BIB Number along with the details of the entry ticket taken to participate in the event.	
b.	Membership in a health club (for 1 year or more) - In a Gym / Yoga Centre / Zumba Classes / Aerobic Exercise/ Sports Club/ Pilates Classes/ Swimming / Tai Chi/ Martial Arts / Gymnastics/ Dance Classes	100

Note: In case if Insured is not a member of any health club, he/she should join into club within 3 months from the date of the policy risk commencement date. Insured person should submit the health club membership.

3. Stay Active: Insured earns wellness points on achieving the step count target on star mobile application as mentioned below:

Average number of steps per day in a policy year	Wellness Points
• If the average number of steps per day in a policy year are between - 5000 and 7999	100
• If the average number of steps per day in a policy year are between - 8000 and 9999	150
• If the average number of steps per day in a policy year are - 10000 and above	200

Note:

- First month and last month in each policy year will not be taken into consideration for calculation of average number of steps per day under Stay Active.
- The mobile app must be downloaded within 30 days of the policy risk start date to avail this benefit.
- The average step count completed by an Insured member would be tracked on star wellness mobile application.

4. Weight Management Program:

a) This Program will help the Insured persons with Over Weight and Obesity to manage their Body Mass Index (BMI) through the empanelled wellness experts who will guide the Insured in losing excess weight and maintain their BMI.

- On acceptance of the Weight Management Program, Insured earns 50 wellness points.
- An additional 50 wellness points will be awarded in case if the results are achieved and maintained as mentioned below.

Sr. No.	Name of the Ailment	Values to submitted	Criteria to get the Wellness points
1.	Obesity (If BMI is above 29)	Height & Weight (to calculate BMI)	Achieving and maintaining the BMI between 18 and 29
2.	Overweight (If BMI is between 25 and 29)	Height & Weight (to calculate BMI)	Reducing BMI by two points and maintaining the same BMI in the policy year

- Values (for BMI) shall be submitted for every 2 months (up to 5 times in each policy year)

b) In case if the Insured is not Overweight / Obese, the Insured can submit his/her Fitness Success Story through adoption of Star Wellness Activities with us. On submission of the Fitness Success Story through adoption of Star Wellness Activities, Insured earns 50 wellness points.

5. Chronic Condition Management Program:

a) This Program will help the Insured suffering from Diabetes, Hypertension, Cardiovascular Disease or Asthma to track their health through the empanelled wellness experts who will guide the insured in maintaining/ improving the health condition.

- On acceptance of the Chronic Condition Management Program, Insured earns 100 wellness points.
- The Insured has to submit the test result values for every 3 months maximum up to 3 times in a policy year.
- If the test result values are within +/- 10% range of the values given below, for at least 2 times in a policy year, an additional 150 wellness points will be awarded.
- These tests reports to be submitted within 1 month from the date of undergoing the Health Check-Up.

Sr. No.	Name of the Ailment	Test to be submitted	Values Criteria to get the additional Wellness points
1.	Diabetes(Insured can submit either HbA1c test value (or) Fasting Blood Sugar (FBS) Range and Postprandial test value)	HbA1c	≤ 6.5
		Fasting Blood Sugar (FBS) Range and Postprandial test value	100 to 125 mg/dl below 160 mg/dl
2.	Hypertension	Measured with - BP apparatus	Systolic Range - 110 to 140 mmHg Diastolic Range - 70 to 90 mmHg
3.	Cardiovascular Disease	LDL Cholesterol and Total Cholesterol / HDL Cholesterol Ratio	100 to 159 mg/dl ≤ 4.0
4.	Asthma	PFT (Pulmonary Function Test)	FEV1 (PFC) is 75% or more FEV1/ FVC is 70% or more

b) In case if the Insured is not suffering from Chronic Condition/s (Diabetes, Hypertension, Cardiovascular Disease or Asthma) he/she can opt for "De-Stress & Mind Body Healing Program". This program helps the Insured to reduce stress caused due to internal (self-generated) & external factors and increases the ability to handle stress.

- On acceptance of De-stress & Mind Body Healing Program Insured earns 50 wellness points.
- On completion of De-stress & Mind Body Healing Program Insured earns an additional 75 wellness points.

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

6. Online Chat with Doctor: Insured can consult qualified healthcare professionals at their convenience. The Doctor Chat feature allows Insured to "Chat" with qualified Doctors, available from Monday to Friday between 9.00 AM and 6.00 PM to help Insured with advice and quick consultations including on Diet & Nutrition and Second Medical Opinion. They do not prescribe any medications or diagnose any health issues.

7. Medical Concierge Services: The Insured can also contact Star Health to avail the following services: - Emergency assistance information such as nearest ambulance / hospital / blood bank etc.

8. Period & Fertility Tracker: The online easy tracking program helps every woman with their period health and fertility care. The program gives access to trackers for period and ovulation which maps out cycles for months. This helps in planning for conception prevention and tracks peak ovulation if planning pregnancy.

9. Digital Health Vault: A secured Personal Health records system for Insured to store/access and share health data with trusted recipients. Using this portal, Insured can store their health documents (prescriptions, lab reports, discharge summaries etc.), track health data add family members.

10. Wellness Content: The wellness portal provides rich collection of health articles, blogs, tips and other health and wellness content. The contents have been written by experts drawn from various fields. Insured will benefit from having one single and reliable source for learning about various health aspects and incorporating positive health changes.

11. Health Quiz & Gamification:

- The wellness portal provides a host of Health & Wellness Quizzes. The wellness quizzes are geared towards helping the Insured to be more aware of various health choices.
- Gamification helps in creating fun and engaging health & wellness experiences. It helps to create a sense of achievement in users and increases motivation levels.

12. Post Operative Care: It is done through follow up phone calls (primarily for surgical cases) for resolving their medical queries.

13. Discounts from Network Providers: The Insured can avail discounts on the services offered by our network providers which will be displayed in our website.

Terms and conditions under wellness activity

- Any information provided by the Insured in this regard shall be kept confidential.
- There will not be any cash redemption against the wellness reward points.
- Insured should notify and submit relevant documents, reports, receipts etc for various wellness activities within 1 month of undertaking such activity/test.
- No activity, report, document, receipt can be submitted in the last month of each policy year.
- For services that are provided through empaneled service provider, Star Health is only acting as a facilitator; hence would not be liable for any incremental costs or the services.
- All medical services are being provided by empaneled health care service provider. We ensure full due diligence before empanelment. However Insured should

consult his/her doctor before availing/taking the medical advices/services. The decision to utilize these advices/services is solely at Insured person's discretion.

- We reserve the right to remove the wellness reward points if found to be achieved in unfair manner.
- Star Health, its group entities, or affiliates, their respective directors, officers, employees, agents, vendors, are not responsible or liable for, any actions, claims, demands, losses, damages, costs, charges and expenses which a Member claims to have suffered, sustained or incurred, by way of and / or on account of the Wellness Program.
- Services offered are subject to guidelines issued by IRDA from time to time.
- In case of newly wedded / married spouse or new born baby included in midterm, the wellness benefit will be available only after completion of 1 year of insurance cover.

ILLUSTRATION OF BENEFITS:

Lets look how the Insured can avail discount on premium through the "Star Wellness Program"

Scenario – 1

A 40 year old Individual Ramesh buys Star Comprehensive Insurance Policy (Individual Sum Insured) on 15th March, 2019 on payment of Rs.17,615/- per year (excluding taxes), with Sum Insured 25 Lacs, let's understand how he can earn **Wellness Points** by doing different wellness activities. Ramesh has declared that his Body Mass Index (BMI) as 24 and he is a Diabetic. Ramesh enrolled under the Star Wellness Program and completed the following **wellness activities**

Sr. No	Name of the wellness activity taken up during the policy year	Wellness Points Earned
1.	Completed Online Health Risk Assessment (HRA)	50
2.	Submitted Health Check-Up Report (two test results are not within normal values)	100
3.	Participated in Walkathon	100
4.	Attended to Gym	100
5.	Achieved 10,000 average number of steps per day during the policy year	200
6.	Shared his fitness success story	50
7.	Managed Diabetes through Chronic Condition Management Program	250
Total Number of Wellness Points earned		850

Based on the number of Wellness Points earned Ramesh is eligible to get 10% discount on renewal premium.

ILLUSTRATION OF BENEFITS:

Lets look how the Insured can avail discount on premium through the "Star Wellness Program"

Scenario – 2

A 42 year old Individual Suresh and his wife Lakshmi along with their two dependent children (aged below 18 yrs) buy a Star Comprehensive Insurance Policy (Floater Sum Insured) on 20th, March, 2019 on payment of Rs.34,220/- per year (excluding taxes), with Sum Insured 25 Lacs, let's understand how they can earn **Wellness Points** under the Floater Policy. Suresh has declared that he is suffering from Diabetes & Hypertension. Suresh has declared his Body Mass Index (BMI) as 30 & Lakshmi has declared her BMI as 25 Suresh and Lakshmi enrolled under the Star wellness program and completed the following wellness activities.

Sr. No	Name of the wellness activity taken up during the policy year	Wellness Points Earned by Suresh	Wellness Points Earned by Lakshmi
1.	Completed Online Health Risk Assessment (HRA)	50	50
2.	Submitted Health Check-Up Report	200	200
3.	Participated in Marathon	100	0
4.	Attended to Gym	100	100
5.	Achieved 10,000 average number of steps per day during the policy year	200	200
6.	Suresh accepted the Weight management program and reached 27 BMI Lakshmi accepted the Weight management program and reached 23 BMI	100	100
7.	Suresh Managed Diabetes & Hypertension through Chronic Condition Management Program; Lakshmi has completed De-stress & Mind Body Healing Program	250	125
Total Number of Wellness Points earned		1000	775
No of wellness points based upon weightage - 1:1		500 (1000x1/2)	388 (775x1/2)

Total Number of Wellness Points earned by Suresh and Lakshmi = 888 (500+388)
Based on the no of Wellness Points earned, Suresh & Lakshmi are eligible to get 10% discount on renewal premium

ILLUSTRATION OF BENEFITS:

Lets look how the Insured can avail discount on premium through the "Star Wellness Program"

Scenario – 3

A 27 year old Individual Umesh buys Star Comprehensive Insurance Policy (Individual Sum Insured) for two year period, with Sum Insured 25 Lacs, let's understand how he can earn **Wellness Points** by doing different wellness activities. Umesh has declared that his Body Mass Index (BMI) is 24 and he is not suffering with any Chronic Condition. Umesh enrolled under the Star Wellness Program and completed the following **wellness activities**.

Sr. No	Name of the wellness activity taken up during the policy year	Wellness Points Earned in the First Year	Wellness Points Earned in the Second Year
1.	Completed Online Health Risk Assessment (HRA)	50	50
2.	Submitted Health Check-Up Report	200	200
3.	Participated in Walkathon	100	100
4.	Attended to Yoga Classes	100	100
5.	Achieved 10,000 average number of steps per day during the policy year	200	200
6.	Submitted his fitness success story	50	50
7.	Completed De-stress & Mind Body Healing Program	125	125
Total Number of Wellness Points earned		825	825

Total Number of Wellness Points earned by Umesh = 1650 (825+825)
Calculation of Wellness Points as per two year policy condition = 825 (1650/2)

Based on the number of Wellness Points earned, Umesh is eligible to get 10% discount on renewal premium.

What are the Waiting periods applicable under the policy ?

Applicable for Section 1, Section 4 and Section 9

The Company shall not be liable to make any payment under this policy if the hospitalization is directly or indirectly for

- Any disease contracted by the insured person during the first 30 days from the commencement date of this policy
- The following specified ailments / illness / diseases for 24 consecutive months from the inception date of this policy:-
 - Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Benign diseases of the breast.
 - Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology
 - All treatments (Conservative, Operative treatment) and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty / Joint Replacement [other than caused by accident].
 - All types of treatment for Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system, Prolapse of Intervertebral Disc (other than caused by accident),
 - All treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi. All types of management for Kidney and Genitourinary tract calculi.
 - All types of Hernia,
 - Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula,
 - All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases
 - All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies,
 - Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele,
 - Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence
 - Varicose veins and Varicose ulcers
 - All types of transplant and related surgeries (Other than Bone Marrow Transplant for acute hematological malignancies and acute medical emergencies when indicated)
 - Congenital Internal disease / defect

Note: Such of those Pre-Existing Diseases which fall under waiting period ii (A) to ii (N) above will be covered only after 36 consecutive months of continuous coverage from the inception of this policy.

III. A waiting period of 36 consecutive months of continuous coverage from the inception of this policy will apply in respect of Pre Existing Diseases as defined in the policy.

The waiting periods I,II and III above are subject to Portability Regulations.

What are the exclusions under this policy?

Applicable for Section 1 to 9

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

- Circumcision, Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA
- Congenital External Condition / Defects / Anomalies (except to the extent provided under Section 2 for New Born)

3. Convalescence, general debility, run-down condition or rest cure, Nutritional deficiency states.
4. Intentional self injury
5. Use of intoxicating substances, substance abuse, drugs / alcohol, smoking and tobacco chewing
6. Venereal Disease and Sexually Transmitted Diseases,
7. 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)
8. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
9. Expenses incurred on weight control services including surgical procedures such as Bariatric Surgery and /or medical treatment of obesity (except to the extent provided as per "Coverage" under Section 7).
10. Expenses incurred on High Intensity Focused Ultra Sound, Uterine Fibroid Embolisation, Balloon Sinoplasty, Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Deep Brain Stimulation, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other therapies similar to those mentioned under this exclusion .
11. Charges incurred on diagnostics that are not consistent with the treatment for which the insured is admitted in the hospital / nursing home. Admission primarily for diagnostic purpose with no positive existence of sickness / disease / ailment / injury and no further treatment is indicated.
12. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician of the hospital where the insured underwent treatment.
13. Unconventional, Untested, Unproven, Experimental therapies.
14. Stem cell Therapy, Autologous derived Stromal vascular fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy.
15. Oral Chemotherapy, Immuno therapy and Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted.
16. All types of Cosmetic, Aesthetic treatment of any description, all treatment for Priapism and erectile dysfunctions, Change of Sex.
17. Plastic surgery (other than as necessitated due to an accident or as a part of any illness),
18. Hospital record charges and such other charges
19. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons).
20. Dental treatment or surgery (in excess of what is specifically provided) unless necessitated due to accidental injuries and requiring hospitalization
21. Treatment arising from or traceable to pregnancy, childbirth, family planning, miscarriage, abortion and complications of any of these (other than ectopic pregnancy and to the extent covered under Section 2).
22. Treatment for Sub-Fertility, Assisted Conception and or other related complications of the same.
23. Medical and / or surgical treatment of Sleep apnea, treatment for genetic and endocrine disorders.
24. Expenses incurred on Lasik Laser or other procedures Refractive Error Correction and its complications, all treatment for disorders of eye requiring intra-vitreous injections.
25. Cochlear implants and procedure related hospitalization expenses
26. Cost of spectacles and contact lens (in excess of what is specifically provided), hearing aids, Cochlear implants and procedures, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids
27. Hospital registration charges, admission charges, telephone charges and such other charges
28. Any hospitalizations which are not Medically Necessary / does not warrant Hospitalization
29. Other Excluded Expenses as detailed in the website www.starhealth.in

Applicable for Section 10

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
2. Any injuries/conditions which are Pre-existing conditions
3. 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).
4. Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from.
5. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detentions of all kings princes and people of whatever nation, condition or quality whatsoever.
6. Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
7. 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

8. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.
9. Participation in Hazardous Sport / Hazardous Activities
10. Persons who are physically and mentally challenged, unless specifically agreed and endorsed in the policy.
11. Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.
12. 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
13. 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.
14. Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly.
15. Any claim for Death or Permanent Total Disablement of the Insured Person from self-endangerment unless in self-defense or to save human life.

❖ Cumulative Bonus (Applicable for Section 1 other than 1H, Section 4, Section 7 and Section 9)

Where the sum insured under the policy is Rs.5,00,000/-, the insured person would be entitled to the benefit of Cumulative Bonus calculated at 50% of the basic sum insured under this policy following after every claim free year up to a maximum of 100%.

Where the sum insured under the policy is Rs.7,50,000/- or above, the insured person would be entitled to the benefit of Cumulative Bonus calculated at 100% of the basic sum insured under this policy following a claim free year. The maximum benefit of bonus is 100% of the basic sum insured.

Special Conditions

1. The Cumulative Bonus will be calculated on the expiring Basic Sum Insured or on the renewed Basic Sum Insured whichever is less.
2. 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.
3. **In the event of a claim resulting In :-**
 - a. Partial utilization of Basic Sum Insured, such cumulative bonus so granted will be reduced at the same rate at which it has accrued.
 - b. 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.
 - c. 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
 - d. Full utilization of Basic Sum Insured and full utilization of cumulative bonus accrued, the cumulative bonus granted on renewal will be "nil" or "zero"

❖ Automatic Restoration of Sum Insured (Applicable for Section 1 Only)

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 for illness /disease for which claim/s was / were already made.

Such restoration will be available for section 1 other than Section 1H.

- ❖ **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 entry is above 60 years. This co-payment will not apply for those insured persons who have entered the policy before attaining 60 years of age and renew the policy continuously without any break. This co-payment is applicable for Section 1 A to 1 G, 1 I, Section 4, Section 7 and Section 9

❖ What is the renewal procedure?

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 with reference to waiting periods 3 (I), 3 (II) and 3 (III) will be allowed.

- Note:** 1. The actual period of cover will start only from the date of payment of premium.
2. Renewal premium is subject to change with prior approval from Regulator

Following an admissible claim under Section-10 the coverage under Personal Accident insurance upon renewal will be applicable for the person to be chosen by the Proposer at the time of renewal, subject to other terms, conditions contained herein

❖ Revision of Sum Insured:

Reduction or enhancement of Basic Sum Insured is permissible only at the time of renewal. The acceptance for enhancement and the amount of enhancement will be at the discretion of the Company. Where the basic sum insured is enhanced, the amount of such additional basic sum insured including the respective sublimits shall be subject to the following terms

Waiting period as under shall apply afresh from the date of such enhancement for the increase in the Basic Sum Insured, that is, the difference between the expiring policy Basic Sum Insured and the increased current Basic Sum Insured.

- i) First 30 days as stated under "Waiting period (I)"
- ii) 24 months with continuous coverage without break (with grace period) in respect of diseases / treatments as stated under "Waiting period (II)"
- iii) 36 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases as stated under "Waiting period (III)".
- iv) 36 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

❖ **What are the optional covers available on payment of additional premium under the policy?**

The prospect has the option to opt for reduction of waiting period in respect of Pre-Existing Diseases from 36 months to 12 months on payment of additional premium. This option is available only for the first purchase of Star Comprehensive Insurance Policy and also only upto Sum Insured chosen at that time. This option is not available for renewal or policies ported from other Insurance Companies. The prospect has to undergo pre-acceptance medical screening at Company's nominated centre. At present 100% of cost of the pre-acceptance medical screening will be borne by the Company. The Company may require the prospect to share this cost (maximum 50%).

Where the prospect has opted for this benefit the Waiting Periods shall read as follows :-
The Company shall not be liable to make any payment under this policy if the hospitalization is directly or indirectly for

- I. Any disease contracted by the insured person during the first 30 days from the commencement date of this policy
- II. The following specified ailments / illness / diseases for 24 consecutive months from the inception date of this policy:-
 - A. Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Benign diseases of the breast.
 - B. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology
 - C. All treatments (Conservative, Operative treatment) and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty / Joint Replacement [other than caused by accident].
 - D. All types of treatment for Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system, Prolapse of Intervertebral Disc (other than caused by accident),
 - E. 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 and Genitourinary tract calculi.
 - F. All types of Hernia,
 - G. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula,
 - H. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases
 - I. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies,
 - J. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele,
 - K. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence
 - L. Varicose veins and Varicose ulcers
 - O. All types of transplant and related surgeries (Other than Bone Marrow Transplant for acute hematological malignancies and acute medical emergencies when indicated)
 - M. Congenital Internal disease / defect

Note: Such of those Pre-Existing Diseases which fall under waiting period ii (A) to ii (N) above will be covered only after 24 consecutive months of continuous coverage from the inception of this policy.

- III. A waiting period of 12 consecutive months of continuous coverage from the inception of this policy will apply in respect of Pre Existing Diseases as defined in the policy.

❖ **Modification of the terms of the policy**

The Company reserves the right to modify the policy terms and conditions or modify the premium of the policy with the prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance

❖ **Withdrawal of the policy**

The Company reserves the right to withdraw the product with prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance and the insured shall have the option to choose to be covered by an equivalent or similar policy offered by the Company.

❖ **Free Look Period**

At the time of inception of the policy, the Insured will be allowed a period of 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the policy if not acceptable. In such a case, the premium refund shall be as follows :
If the Insured has not made any claim during the free look period, the Insured shall be entitled to –

1. a refund of the premium paid less any expenses incurred by the Insurer on medical examination of the insured persons and the stamp duty charges or
2. where the risk has already commenced and the option of return of the policy is exercised by the policy holder, a deduction towards the proportionate risk premium for period on cover or
3. where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.
Free look period shall not be applicable at the time of renewal

❖ **Is this policy portable?**

Yes. This policy is portable. If the insured is desirous of porting this policy, application in the appropriate form should be made to the Company at least 45 days before but not earlier than 60 days from the date when the renewal is due. For details contact "portability@starhealth.in" or call Telephone No +91-044-28288869. The optional cover is not available for policies ported from other insurance companies.

❖ **Disclosure to information norms:** The policy shall become void and all premium paid hereon shall be forfeited to the Company, in the event of non disclosure of any material fact and/or mis-representation, fraud, moral hazard, mis description as declared in the proposal form and/or claim form at the time of claim.

❖ **Cancellation**

The Company may cancel this policy on grounds of non co-operation of the insured by sending the Insured 30 days notice by registered letter at the Insured person's last known address in which case the refund of premium will be on pro-rata basis. 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

Policy Term 1 Year	
Period on risk	Rate of premium to be retained
Up to one month	30% of the policy premium
Exceeding one month up to 3 months	40% of the policy premium
Exceeding 3 months up to 6 months	60% of the policy premium
Exceeding 6 months up to 9 months	80% of the policy premium
Exceeding 9 months	Full of the policy premium

Policy Term 2 Years	
Period on risk	Rate of premium to be retained
Up to one month	25% of the policy premium
Exceeding one month up to 3 months	30% of the policy premium
Exceeding 3 months up to 6 months	40% of the policy premium
Exceeding 6 months up to 9 months	50% of the policy premium
Exceeding 9 months up to 12 months	60% of the policy premium
Exceeding 12 months up to 15 months	70% 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 months	Full policy premium

❖ **Automatic Expiry:**

The insurance under this policy with respect to each relevant Insured Person shall expire immediately on the earlier of the following events:

- ✓ Upon the death of the Insured Person. This also means that in case of family floater policy, cover for the other surviving members of the family will continue, subject to other terms of the policy.
- ✓ Upon exhaustion of the Limit of Coverage Plus Restored Basic Sum Insured under the policy

❖ **Claim Procedure**

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

For Reimbursement claims:

- a. Duly completed claim form, and
- b. Pre Admission investigations and treatment papers.
- c. Discharge Summary from the hospital
- d. Cash receipts from hospital, chemists
- e. Cash receipts and reports for tests done
- f. Receipts from doctors, surgeons, anesthetist
- g. Certificate from the attending doctor regarding the diagnosis.
- h. Copy of PAN card

For Cashless Treatment:

- a. Call the 24 hour help-line for assistance - 1800 425 2255/1800 104 2277
- b. Inform the ID number for easy reference
- c. On admission in the hospital, produce the customer 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 hospitalisation/ treatment information and the hospital will fill up expected cost of treatment. This form is submitted to the Company
- f. The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate.
- g. Once all the details are furnished, the Company will process the request as per the terms and conditions as well as the exclusions therein and either approve or reject the request based on the merits.
- h. In case of emergency hospitalization information to be given within 24 hours after hospitalization
- i. Cashless facility can be availed only in networked Hospitals. For details of Networked Hospitals, the insured may visit www.starhealth.in or contact the nearest branch or refer to the list of Networked Hospitals provided with the policy document.
In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents

Note: The Company reserves the right to call for additional documents wherever required. Denial of a Pre-authorization request is in no way to be construed as denial of treatment or denial of coverage. The Insured Person can go ahead with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.

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

For Accidental Death Claims:-

- a. Death Certificate
- b. Post-mortem Certificate, if conducted
- c. FIR (wherever required)
- d. Police Investigation report (wherever required)
- e. Viscera Sample Report (wherever required)
- f. Forensic Science Laboratory report (wherever required)
- g. Legal Heir Certificate
- h. Succession Certificate (wherever required)

For Permanent Total Disablement Claims:

Certificate from Government doctor confirming the disability and its percentage

Note:

1. The Company authorized doctor may examine the insured if required
 2. The Company reserves the right to call for additional documents wherever required
- The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy

How to buy this insurance?

Please contact our nearest Branch Office /our Agent or visit our website www.starhealth.in for online purchase

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 premium paid by any mode other than cash.

IMPORTANT

IRDAI CLARIFIES TO PUBLIC THAT

- 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.
- PUBLIC RECEIVING SUCH PHONE CALLS ARE REQUESTED TO LODGE A POLICE COMPLAINT ALONG WITH DETAILS OF PHONE CALL, NUMBER.

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 lakh rupees.

Premium Chart for 1 year (Excluding Tax) (In Rs.)

Plan type	Age band	500000	750000	1000000	1500000	2000000	2500000	5000000	7500000	10000000
1A	3m-35	7,015	8,540	9,725	12,225	14,100	15,265	16,795	18,225	19,505
	36-45	8,075	10,125	11,775	14,275	16,150	17,615	19,380	21,030	22,505
	46-50	13,200	16,865	19,865	22,365	24,435	26,215	28,840	31,295	33,490
	51-55	16,100	19,635	22,395	26,410	29,875	32,140	35,355	38,365	41,055
	56-60	18,700	22,885	26,170	30,985	34,920	37,665	41,435	44,960	48,110
	61-65	25,750	30,625	34,295	40,610	44,780	47,555	52,315	56,765	60,740
	66-70	35,315	40,830	44,745	49,335	51,730	53,885	59,275	64,315	68,820
	71-75	41,410	49,255	55,170	61,935	64,940	67,655	74,425	80,755	86,410
>75	54,235	64,190	71,625	79,810	83,680	87,180	95,900	1,04,055	1,11,340	
1A+1C	3m-35	9,180	11,340	13,250	16,230	18,730	21,130	23,245	25,225	26,995
	36-45	10,120	12,340	14,670	18,400	20,900	23,900	26,290	28,525	30,525
	46-50	14,240	17,170	20,710	25,710	28,210	31,210	34,335	37,255	39,865
	51-55	16,190	20,600	24,590	29,590	32,590	35,590	39,150	42,480	45,455
	56-60	19,700	26,880	32,300	37,300	40,300	43,300	47,630	51,680	55,300
	61-65	31,420	37,660	44,972	51,472	58,431	73,931	81,325	88,240	94,420
	66-70	39,280	47,080	56,220	61,770	70,120	88,720	97,595	1,05,895	1,13,310
	71-75	51,070	61,210	73,090	80,310	91,160	1,15,340	1,26,875	1,37,660	1,47,300
>75	66,400	79,580	95,020	1,04,410	1,18,510	1,49,950	1,64,945	1,78,970	1,91,500	
1A+2C	3m-35	10,950	13,330	15,000	19,000	21,630	24,130	26,545	28,805	30,825
	36-45	12,020	14,490	16,540	21,540	24,810	27,810	30,595	33,200	35,525
	46-50	19,480	23,330	26,920	31,920	34,920	37,920	41,715	45,265	48,435
	51-55	20,510	24,600	29,040	34,040	37,040	40,040	44,045	47,790	51,140
	56-60	23,580	29,470	35,060	42,060	45,560	49,560	54,520	59,155	63,300
	61-65	36,990	44,059	47,226	53,726	76,588	94,088	1,03,500	1,12,300	1,20,165
	66-70	46,240	55,080	59,040	64,480	91,910	1,12,910	1,24,205	1,34,765	1,44,200
	71-75	60,120	71,610	76,760	83,830	1,19,490	1,46,790	1,61,470	1,75,195	1,87,460
>75	78,160	93,100	99,790	1,08,980	1,55,340	1,90,830	2,09,915	2,27,760	2,43,705	
1A+3C	3m-35	15,590	18,990	20,950	26,450	29,810	33,310	36,645	39,760	42,545
	36-45	17,060	20,620	23,030	29,530	33,640	37,340	41,075	44,570	47,690
	46-50	23,460	28,840	33,250	43,250	48,250	52,250	57,475	62,365	66,735
	51-55	26,900	33,550	39,250	50,250	55,250	59,250	65,175	70,715	75,670
	56-60	30,270	38,010	44,900	58,900	64,400	69,400	76,340	82,830	88,630
	61-65	41,360	49,066	60,670	73,170	94,745	1,12,245	1,23,470	1,33,965	1,43,345
	66-70	51,700	61,340	75,840	87,810	1,13,700	1,34,700	1,48,170	1,60,765	1,72,020
	71-75	67,210	79,750	98,600	1,14,160	1,47,810	1,75,110	1,92,625	2,09,000	2,23,630
>75	87,380	103,680	1,28,180	1,48,410	1,92,160	2,27,650	2,50,415	2,71,705	2,90,725	
2A	3m-35	10,420	13,310	15,560	19,560	22,560	25,060	27,570	29,915	32,010
	36-45	12,120	16,330	18,840	22,840	25,840	28,340	31,175	33,825	36,195
	46-50	22,400	28,020	33,860	37,860	40,860	43,360	47,700	51,755	55,380
	51-55	23,640	29,520	35,830	40,330	43,330	46,030	50,635	54,940	58,790
	56-60	28,560	35,670	43,470	47,970	50,970	53,670	59,040	64,060	68,545
	61-65	38,800	47,030	57,270	61,770	64,770	67,470	74,220	80,530	86,170
	66-70	48,500	58,790	71,590	74,130	77,730	80,970	89,070	96,645	1,03,415
	71-75	63,050	76,430	93,070	96,370	1,01,050	1,05,270	1,15,800	1,25,645	1,34,445
>75	81,970	99,360	1,21,000	1,25,290	1,31,370	1,36,860	1,50,550	1,63,350	1,74,785	
2A+1C	3m-35	13,170	16,660	19,110	23,760	26,760	29,260	32,190	34,930	37,380
	36-45	14,340	18,450	21,510	26,510	29,510	32,010	35,215	38,210	40,885
	46-50	23,540	29,320	34,910	39,910	42,910	45,410	49,955	54,205	58,000
	51-55	25,810	32,280	38,750	44,250	47,450	50,150	55,165	59,855	64,045
	56-60	31,070	38,310	45,540	51,040	54,540	57,240	62,965	68,320	73,105
	61-65	49,800	59,235	72,987	81,737	97,237	1,14,737	1,26,215	1,36,945	1,46,535
	66-70	62,250	74,050	91,240	98,090	1,16,690	1,37,690	1,51,460	1,64,335	1,75,840
	71-75	80,930	96,270	1,18,620	1,27,520	1,51,700	1,79,000	1,96,900	2,13,640	2,28,595
>75	1,05,210	1,25,160	1,54,210	1,65,780	1,97,210	2,32,700	2,55,970	2,77,730	2,97,175	

Premium Chart for 1 year (Excluding Tax) (in Rs.)										
Plan type	Age band	500000	750000	1000000	1500000	2000000	2500000	5000000	7500000	10000000
2A+2C	3m-35	14,800	18,480	20,920	25,560	28,560	31,260	34,390	37,315	39,930
	36-45	16,410	20,260	23,520	28,520	31,520	34,220	37,645	40,845	43,705
	46-50	25,390	31,500	37,090	37,090	45,090	47,790	52,570	57,040	61,035
	51-55	28,170	34,950	41,610	46,610	50,110	53,110	58,425	63,395	67,835
	56-60	33,330	41,350	49,570	55,070	58,570	61,570	67,730	73,490	78,635
	61-65	53,400	64,384	77,414	86,164	1,01,664	1,19,164	1,31,085	1,42,230	1,52,190
	66-70	66,750	80,480	96,770	1,03,400	1,22,000	1,43,000	1,57,300	1,70,675	1,82,625
	71-75	86,780	1,04,630	1,25,810	1,34,420	1,58,600	1,85,900	2,04,490	2,21,875	2,37,410
>75	1,12,820	1,36,020	1,63,560	1,74,750	2,06,180	2,41,670	2,65,840	2,88,440	3,08,635	
2A+3C	3m-35	17,000	21,020	23,630	30,630	35,090	39,110	43,025	46,685	49,955
	36-45	19,150	22,980	26,210	33,210	37,710	41,710	45,885	49,790	53,280
	46-50	28,510	34,470	39,480	46,480	50,980	54,980	60,480	65,625	70,220
	51-55	31,200	38,380	44,000	51,500	56,000	60,500	66,550	72,210	77,265
	56-60	36,430	45,430	54,150	65,150	70,650	76,150	83,765	90,890	97,255
	61-65	56,000	66,731	81,103	93,603	1,09,103	1,26,603	1,39,265	1,51,105	1,61,685
	66-70	70,000	83,420	1,01,380	1,12,330	1,30,930	1,51,930	1,67,125	1,81,335	1,94,030
	71-75	91,000	1,08,450	1,31,800	1,46,030	1,70,210	1,97,510	2,17,265	2,35,735	2,52,240
>75	1,18,300	1,40,990	1,71,340	1,89,840	2,21,280	2,56,770	2,82,450	3,06,460	3,27,915	

Premium for Optional Cover Premium Excluding Tax (in Rs)			Premium for midterm inclusion :- Policy Term 1 Year					
Age band in years	Additional premium to be paid		Risk period up to	1 mth	3 mths	6 mths	9 mths	> 9 mths
	1-year policies	2-year policies						
3m-35	20%	10%	Refund on existing plan's premium	74%	60%	40%	20%	NA
36-45	30%	15%						
46-50	35%	17.5%						
Above 50	50%	25%						
			% to be charged on proposed plan's premium	74%	60%	40%	20%	

Premium Chart for 2 years (Excluding Tax) (In Rs.)										
Plan type	Age band	500000	750000	1000000	1500000	2000000	2500000	5000000	7500000	10000000
1A	3m-35	13,545	16,495	18,785	23,625	27,250	29,505	32,465	35,230	37,705
	36-45	15,595	19,560	22,750	27,590	31,215	34,050	37,465	40,655	43,510
	46-50	25,510	32,600	38,405	43,240	47,245	50,685	55,765	60,515	64,760
	51-55	31,120	37,960	43,295	51,065	57,770	62,150	68,370	74,195	79,395
	56-60	36,150	44,245	50,600	59,915	67,530	72,840	80,130	86,950	93,045
	61-65	49,790	59,220	66,320	78,535	86,605	91,970	1,01,180	1,09,790	1,17,480
	66-70	68,290	78,960	86,535	95,415	1,00,050	1,04,215	1,14,645	1,24,395	1,33,110
	71-75	80,085	95,260	1,06,705	1,19,790	1,25,605	1,30,855	1,43,955	1,56,200	1,67,140
>75	1,04,895	1,24,155	1,38,535	1,54,370	1,61,860	1,68,630	1,85,500	2,01,275	2,15,370	
1A+1C	3m-35	17,730	21,910	25,605	31,370	36,205	40,850	44,940	48,770	52,195
	36-45	19,550	23,845	28,355	35,570	40,405	46,210	50,835	55,155	59,025
	46-50	27,520	33,190	40,040	49,710	54,545	60,350	66,395	72,045	77,095
	51-55	31,295	39,825	47,545	57,215	63,020	68,825	75,710	82,155	87,910
	56-60	38,085	51,975	62,460	72,130	77,935	83,740	92,115	99,950	1,06,955
	61-65	60,755	72,830	86,975	99,550	1,13,010	1,42,995	1,57,300	1,70,680	1,82,635
	66-70	75,965	91,050	1,08,735	1,19,470	1,35,625	1,71,610	1,88,780	2,04,835	2,19,180
	71-75	98,770	1,18,390	1,41,370	1,55,340	1,76,330	2,23,105	2,45,420	2,66,285	2,84,935
>75	1,28,430	1,53,925	1,83,795	2,01,960	2,29,240	2,90,065	3,19,070	3,46,205	3,70,445	
1A+2C	3m-35	21,155	25,760	28,990	36,730	41,815	46,655	51,325	55,700	59,605
	36-45	23,225	28,005	31,970	41,645	47,970	53,775	59,160	64,200	68,700
	46-50	37,660	45,105	52,050	61,725	67,530	73,330	80,675	87,540	93,675
	51-55	39,650	47,565	56,155	65,825	71,630	77,435	85,180	92,425	98,905
	56-60	45,590	56,985	67,800	81,340	88,110	95,850	1,05,445	1,14,415	1,22,430
	61-65	71,535	85,210	91,335	1,03,910	1,48,135	1,81,995	2,00,200	2,17,225	2,32,440
	66-70	89,425	1,06,530	1,14,190	1,24,715	1,77,780	2,18,405	2,40,255	2,60,685	2,78,940
	71-75	1,16,280	1,38,510	1,48,470	1,62,150	2,31,135	2,83,950	3,12,350	3,38,900	3,62,630
>75	1,51,180	1,80,080	1,93,025	2,10,805	3,00,490	3,69,150	4,06,070	4,40,590	4,71,440	

Premium Chart for 2 years (Excluding Tax) (In Rs.)										
Plan type	Age band	500000	750000	1000000	1500000	2000000	2500000	5000000	7500000	10000000
1A+3C	3m-35	30,135	36,710	40,500	51,140	57,640	64,415	70,865	76,890	82,280
	36-45	32,975	39,865	44,525	57,100	65,050	72,210	79,435	86,195	92,235
	46-50	45,360	55,765	64,295	83,645	93,315	1,01,055	1,11,160	1,20,625	1,29,075
	51-55	52,015	64,880	75,905	97,185	1,06,860	1,14,595	1,26,060	1,36,775	1,46,360
	56-60	58,530	73,505	86,835	1,13,920	1,24,560	1,34,230	1,47,660	1,60,215	1,71,435
	61-65	79,985	94,895	1,17,345	1,41,525	1,83,265	2,17,120	2,38,835	2,59,140	2,77,285
	66-70	99,990	1,18,640	1,46,690	1,69,850	2,19,935	2,60,560	2,86,620	3,10,985	3,32,760
	71-75	1,29,995	1,54,255	1,90,720	2,20,825	2,85,925	3,38,735	3,72,620	4,04,300	4,32,600
>75	1,69,015	2,00,550	2,47,945	2,87,085	3,71,720	4,40,380	4,84,420	5,25,605	5,62,405	
2A	3m-35	20,130	25,720	30,075	37,815	43,615	48,455	53,310	57,845	61,900
	36-45	23,420	31,565	36,420	44,160	49,960	54,800	60,285	65,410	69,995
	46-50	43,305	54,180	65,475	73,215	79,020	83,855	92,250	1,00,095	1,07,110
	51-55	45,705	57,080	69,290	77,995	83,800	89,020	97,930	1,06,260	1,13,705
	56-60	55,225	68,980	84,070	92,775	98,580	1,03,800	1,14,190	1,23,900	1,32,580
	61-65	75,035	90,955	1,10,765	1,19,470	1,25,275	1,30,500	1,43,555	1,55,765	1,66,675
	66-70	93,800	1,13,705	1,38,470	1,43,385	1,50,345	1,56,615	1,72,285	1,86,940	2,00,035
	71-75	1,21,950	1,47,830	1,80,025	1,86,410	1,95,460	2,03,625	2,23,995	2,43,045	2,60,065
>75	1,58,550	1,92,190	2,34,055	2,42,355	2,54,120	2,64,740	2,91,225	3,15,985	3,38,110	
2A+1C	3m-35	25,450	32,205	36,940	45,940	51,740	56,580	62,245	67,545	72,285
	36-45	27,715	35,665	41,585	51,260	57,060	61,900	68,100	73,895	79,070
	46-50	45,510	56,695	67,510	77,180	82,985	87,820	96,615	1,04,835	1,12,180
	51-55	49,905	62,420	74,935	85,580	91,770	96,990	1,06,695	1,15,765	1,23,875
	56-60	60,080	74,085	88,075	98,715	1,05,485	1,10,710	1,21,785	1,32,145	1,41,400
	61-65	96,315	1,14,570	1,41,170	1,58,100	1,88,085	2,21,940	2,44,145	2,64,905	2,83,455
	66-70	1,20,400	1,43,230	1,76,485	1,89,735	2,25,720	2,66,345	2,92,985	3,17,890	3,40,150
	71-75	1,56,540	1,86,215	2,29,450	2,46,670	2,93,450	3,46,260	3,80,890	4,13,275	4,42,210
>75	2,03,510	2,42,105	2,98,305	3,20,685	3,81,490	4,50,150	4,95,165	5,37,265	5,74,880	
2A+2C	3m-35	28,605	35,725	40,445	49,420	55,225	60,445	66,505	72,160	77,220
	36-45	31,720	39,165	45,475	55,145	60,950	66,175	72,800	78,990	84,525
	46-50	49,090	60,910	71,725	81,400	87,205	92,425	1,01,675	1,10,320	1,18,050
	51-55	54,470	67,585	80,470	90,145	96,915	1,02,720	1,13,000	1,22,615	1,31,205
	56-60	64,450	79,965	95,870	1,06,510	1,13,280	1,19,085	1,31,000	1,42,145	1,52,100
	61-65	1,03,280	1,24,530	1,49,735	1,66,665	1,96,650	2,30,505	2,53,565	2,75,130	2,94,395
	66-70	1,29,105	1,55,665	1,87,180	2,00,010	2,35,990	2,76,615	3,04,280	3,30,155	3,53,275
	71-75	1,67,855	2,02,390	2,43,360	2,60,020	3,06,795	3,59,610	3,95,575	4,29,205	4,59,260
>75	2,18,230	2,63,115	3,16,390	3,38,040	3,98,845	4,67,500	5,14,260	5,57,985	5,97,050	
2A+3C	3m-35	32,860	40,635	45,685	59,230	67,855	75,635	83,210	90,290	96,615
	36-45	37,020	44,430	50,680	64,220	72,925	80,665	88,740	96,295	1,03,045
	46-50	55,125	66,655	76,350	89,890	98,595	1,06,335	1,16,975	1,26,930	1,35,820
	51-55	60,330	74,220	85,095	99,605	1,08,310	1,17,015	1,28,720	1,39,670	1,49,450
	56-60	70,450	87,860	1,04,730	1,26,010	1,36,650	1,47,290	1,62,025	1,75,805	1,88,120
	61-65	1,08,310	1,29,070	1,56,875	1,81,055	2,11,040	2,44,895	2,69,390	2,92,295	3,12,765
	66-70	1,35,395	1,61,355	1,96,100	2,17,285	2,53,265	2,93,895	3,23,290	3,50,780	3,75,340
	71-75	1,76,020	2,09,780	2,54,950	2,82,480	3,29,255	3,82,070	4,20,290	4,56,020	4,87,950
>75	2,28,835	2,72,730	3,31,445	3,67,235	4,28,055	4,96,715	5,46,395	5,92,845	6,34,350	

Premium for midterm inclusion :- Policy Term 2 Years										
Risk period up to	1 mth	3 mths	6 mths	9 mths	12 mths	15 mths	18 mths	21 mths	> 21 mths	
Retention on existing plan's premium	23%	30%	40%	50%	60%	70%	80%	90%	NA	
Refund on existing plan's premium	77%	70%	60%	50%	40%	30%	20%	10%		
% to be charged on proposed plan's premium	77%	70%	60%	50%	40%	30%	20%	10%		