



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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PROSPECTUS - STAR OUT PATIENT CARE INSURANCE POLICY

Unique Identification No.: SHAHLIP22231V012122

- ◆ **Plans:** Silver Plan / Gold Plan / Platinum Plan
- ◆ **Eligibility (Applicable for all the plans)**
 - ◆ For Adults - from 18yrs to 50 yrs
 - ◆ For Dependent Children - from 31st day (Children can continue up to 25 yrs under Floater policy)

Note: Dependent Children means a child (natural or legally adopted) aged between 31 days and 25 years, who is financially dependent and does not have his or her independent source of income
- ◆ **Policy Term (Applicable for all the plans):** One Year
- ◆ **Sum Insured Basis (Applicable for all the plans):** Individual and Floater Basis
- ◆ **Sum Insured Options (Applicable for all the plans):** Rs.25,000; Rs.50,000; Rs.75,000; Rs.1,00,000
- ◆ **What are the benefits available (Applicable for all the plans)?**
 - a. **Outpatient Consultation expenses incurred at any Networked Facility** in India
 - b. **Non Allopathic treatment Expenses:** Outpatient medical consultation and treatment expenses incurred under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines in any institute recognized by the Government of India and/or accredited by the Quality Council of India/National Accreditation Board on Health.
 - c. **Diagnostics, Physiotherapy and Pharmacy Expenses** incurred at any Networked Facility in India for treatment as an Outpatient.
 - d. **Dental treatment expenses** to a natural tooth or teeth arising out of accidents incurred at any Networked Facility in India as an Outpatient
 - e. **Ophthalmic Treatment expenses** arising out of accident incurred at any Networked Facility in India as an Outpatient

Note: Payment of any claim under this policy shall not be construed as a waiver of Company's right to repudiate any claim on grounds of non disclosure of material fact or pre-existing disease for hospitalization expenses under hospitalization provisions of the policy contract.
- ◆ **Exclusions:** The Company shall not be liable to make any payments under this policy in respect of any expenses what so ever incurred by the insured person in connection with or in respect of;

Standard Exclusions

1. **Pre-Existing Diseases - Code Excl 01**
 - A. **Applicable for Silver Plan:** Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer
Applicable for Gold Plan: Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with insurer
Applicable for Platinum Plan: Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first policy with insurer
 - B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase
 - C. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage
 - D. **Applicable for Silver Plan:** Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer
Applicable for Gold Plan: Coverage under the policy after the expiry of 24 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer
Applicable for Platinum Plan: Coverage under the policy after the expiry of 12 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer
2. **30-day waiting period - Code Excl 03**
 - A. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered
 - B. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months
 - C. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently
3. **Rest Cure, rehabilitation and respite care - Code Excl 05:** Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs
4. **Obesity/Weight Control - Code Excl 06:** Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions;
 - A. Surgery to be conducted is upon the advice of the Doctor
 - B. The surgery/Procedure conducted should be supported by clinical protocols
 - C. The member has to be 18 years of age or older and
 - D. Body Mass Index (BMI);
 1. greater than or equal to 40 or
 2. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - a. Obesity-related cardiomyopathy
 - b. Coronary heart disease
 - c. Severe Sleep Apnea
 - d. Uncontrolled Type2 Diabetes
5. **Change-of-Gender treatments - Code Excl 07:** Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

6. **Cosmetic or plastic Surgery - Code Excl 08:** Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
7. **Hazardous or Adventure sports - Code Excl 09:** Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
8. **Breach of law - Code Excl 10:** Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
9. **Excluded Providers - Code Excl 11:** Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
10. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof - **Code Excl 12**
11. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons - **Code Excl 13**
12. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure – **Code Excl 14**
13. **Unproven Treatments - Code Excl 16:** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
14. **Sterility and Infertility - Code Excl 17:** Expenses related to sterility and infertility. This includes;
 - a. Any type of contraception, sterilization
 - b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization
15. **Maternity - Code Excl 18**
 - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period

Specific Exclusions

16. Congenital External condition / defects / anomalies - **Code Excl 20**
 17. Convalescence, general debility, run-down condition, Nutritional deficiency states - **Code Excl 21**
 18. Intentional self injury - **Code Excl 22**
 19. Injury/disease caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not) - **Code Excl 24**
 20. Injury or disease caused by or contributed to by nuclear weapons/materials - **Code Excl 25**
 21. Unconventional, Untested, Experimental therapies - **Code Excl 27**
 22. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons) - **Code Excl 31**
 23. Hospital registration charges, admission charges, hospital record charges, telephone charges and such other charges - **Code Excl 34**
 24. Hearing aids, walkers and crutches, wheel chairs, Nutritional Supplements, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis [CAPD], infusion pump and such other similar aids, Cochlear implants and procedure related expenses - **Code Excl 35**
 25. Existing disease/s, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), for specified ICD codes - **Code Excl 38**
- ◆ **Moratorium Period:** After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

◆ **Claim Procedure**

Claiming process and documents to be submitted in support of claim

A. For Cashless Procedure

- a. For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255, Senior Citizens may call at 044-40020888
- b. Produce the ID Card issued by the Company at the Network Facility Helpdesk
- c. For List of Network Hospitals please visit our website link <https://www.starhealth.in/network-hospitals>

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

B. Documents to be submitted for reimbursement: The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

- a. Duly completed claim form, and
- b. Certificate from the attending doctor regarding the diagnosis
- c. Prescription of the treating doctor
- d. Receipt from the treating doctor / hospital / Physiotherapist
- e. Receipt from Pharmacy / chemists
- f. Receipts and reports for tests done

In case of Accidents and emergency treatments, insured person can claim for Outpatient consultation expenses, Diagnostics and Pharmacy expenses in non network hospitals also.

C. Provision of Penal Interest

- a) The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- b) In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- c) However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- d) In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
- e) "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

◆ **What is the renewal procedure?**

Renewal: The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.

1. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
2. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
3. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
4. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy.
5. Coverage is not available during the grace period.
6. No loading shall apply on renewals based on individual claims experience

◆ **Is there any Renewal Discount?**

At the time of renewal, the insured person is eligible for a discount of 25% of the premium after every block of two continuous claim free years.

◆ **Possibility of Revision of Terms of the Policy Including the Premium Rates:** The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

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

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

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

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

◆ **Withdrawal of the policy**

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

◆ **Migration:** The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the Policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

◆ **Portability:** The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

◆ **Disclosure to information norms:** The policy shall become void and all premium paid thereon shall be forfeited to the Company, in the event of mis-representation, mis description or non-disclosure of any material fact by the policy holder.

◆ **Cancellation:**

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

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	37.5% of the policy premium
Exceeding 3 months up to 6 months	57.5% of the policy premium
Exceeding 6 months up to 9 months	80% of the policy premium
Exceeding 9 months	Full of the policy premium

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

2. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud

◆ **Automatic Expiry:** 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
- Upon exhaustion of the sum insured under the policy

◆ **Online Discount:** 5% discount for first purchased online and its renewals (If the policy is first purchased online and the same is renewed online, then 5% discount will be given for such renewals too). For Intermediary online sales this will be offset against their remuneration.

◆ **How to buy this insurance?**

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

Silver Plan		Premium in Rs.(Excluding Tax)			
Sum Insured in (Rs.)		25,000	50,000	75,000	1,00,000
Individual Basis	1 Member	4,070	6,665	8,885	10,365
	2 Members	5,370	9,045	11,580	12,800
Floater Basis	3 Members	6,665	11,425	14,280	15,230
	4 Members	7,330	12,565	15,705	16,755
	5 Members	7,990	13,695	17,120	18,260
	6 Members	8,630	14,790	18,490	19,725

Gold Plan		Premium in Rs.(Excluding Tax)			
Sum Insured in (Rs.)		25,000	50,000	75,000	1,00,000
Individual Basis	1 Member	4,685	7,660	10,215	11,920
	2 Members	6,325	10,660	13,640	15,060
Floater Basis	3 Members	7,965	13,655	17,070	18,205
	4 Members	8,760	15,020	18,775	20,025
	5 Members	9,550	16,370	20,465	21,830
	6 Members	10,315	17,680	22,100	23,575

Platinum Plan		Premium in Rs.(Excluding Tax)			
Sum Insured in (Rs.)		25,000	50,000	75,000	1,00,000
Individual Basis	1 Member	4,935	8,080	10,770	12,565
	2 Members	6,740	11,365	14,540	16,050
Floater Basis	3 Members	8,545	14,650	18,315	19,535
	4 Members	9,400	16,115	20,145	21,490
	5 Members	10,245	17,565	21,960	23,420
	6 Members	11,065	18,970	23,715	25,295

- ◆ **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 Note:** IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint
- ◆ **Prohibition of Rebates:** Section 41 of Insurance Act 1938 (Prohibition of rebates): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Benefit Illustration in respect of policies offered on individual and family floater basis

Age of the Members insured (in yrs)	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount, (if any)	Premium After Discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount, (if any)	Premium After Discount (Rs.)	Sum Insured (Rs.)
Illustration 1										
48	10,365	1,00,000	10,365	Nil	10,365	1,00,000	20,730	7,930	12,800	1,00,000
46	10,365	1,00,000	10,365		10,365	1,00,000				
Total Premium for all members of the family is Rs.20,730/-, when each member is covered separately. Sum insured available for each individual is Rs.1,00,000/-			Total Premium for all members of the family is Rs.20,730/-, when they are covered under a single policy. Sum insured available for each family member is Rs.1,00,000/-				Total Premium when policy is opted on floater basis is Rs.12,800/-, Sum insured of Rs.1,00,000/- is available for the entire family (2A)			
Illustration 2										
37	10,365	1,00,000	10,365	Nil	10,365	1,00,000	31,095	15,865	15,230	1,00,000
34	10,365	1,00,000	10,365		10,365	1,00,000				
9	10,365	1,00,000	10,365		10,365	1,00,000				
Total Premium for all members of the family is Rs.31,095/-, when each member is covered separately. Sum insured available for each individual is Rs.1,00,000/-			Total Premium for all members of the family is Rs.31,095/-, when they are covered under a single policy. Sum insured available for each family member is Rs.1,00,000/-				Total Premium when policy is opted on floater basis is Rs.15,230/-, Sum insured of Rs.1,00,000/- is available for the entire family (2A+1C)			

Note: Premium rates specified in the above illustration are standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable.