



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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PROSPECTUS - STAR WOMEN CARE INSURANCE POLICY

Unique Identification No.: SHAHLIP23132V022223

The product is specially designed for Women and her family, it provides regular hospitalization and comprehensive maternity related benefits.

Who can take this insurance?

Individual Sum Insured: Only females aged between 18 years to 75 years.

Floater Sum Insured: Adult 18 years to 75 years (at least one female (adult) should be there in the family)

Dependent Children: 91 days to 25 years. Daughter can Continue as a dependent child if Un-married and/or Un-employed beyond 25 yrs and max up to 30 yrs, and beyond 30 yrs she will be treated as an Adult.

Surrogate Mother: 25 years to 35 years (Proposer has to be one of the intending couple)

Oocyte Donor: 25 years to 35 years (Proposer has to be one of the intending couple)

For Females, the continuity benefits accrued under this policy before marriage will also be considered for claims under the Maternity Section.

Family means Self, Spouse and 3 dependent children (2A+ 3C).

Pregnant women can also buy this policy by submitting the scan reports taken at star health specified scan centres during their 12th and 20th Week of their pregnancy period. The cost of such scan will be borne by the insured.

In case if we accepted this proposal and issued the policy, the new born will be covered immediately after its birth till the end of the policy period (including for congenital defects) up to the new born sub limits mentioned in the Delivery section

After renewal new born will be covered up to the sum insured (including the congenital defects), if the premium is paid for the new born

Eligibility for Surrogacy Cover and / or Oocyte Donor Cover

1. Intending couple/ Intending woman will be the proposer. Surrogate Mother and / or Oocyte donor will be the Insured.

2. The Proposal for insurance has to be made 30 days before the embryo transfer for the surrogate mother and /or 30 days before ovarian stimulation for oocyte donor.

3. Proposer has to be one of the intending couple.

4. Intending Couple can purchase separate policy for Surrogate Mother and / or Oocyte Donor

5. **For Surrogate Mother:** After completion of 36 months period, all other coverages will continue except Surrogacy Cover

6. **For Oocyte Donor:** After completion of 12 months period, all other coverages will continue except Oocyte Donor Cover.

On completion of the policy term, the Insured can renew their Star Women care Insurance policy, continuity benefits will be applicable for all coverages except the respective Surrogacy cover or Oocyte donor cover or both covers.

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

Note: Where the policy is issued for more than 1 year, the Sum Insured including sublimits, automatic restoration benefit (if applicable), is for each of the year, without any carry over benefit thereof. The said benefits / covers available for the 2nd year or 3 year cannot be utilized in the 1st year itself

a. Where the policy is issued for more than 1 year, the Sum Insured including sublimits, automatic restoration benefit (if applicable), is for each of the year, without any carry over benefit thereof. The said benefits / covers available for the 2nd year or 3 year cannot be utilized in the 1st year itself.

b. If the Insured is a Surrogate Mother: The policy term will be given for three years only.

c. If the Insured is a Oocyte Donor: The policy term will be given for one year. They can also opt for two or three years cover. However, post 12 months, all other coverages will continue except Oocyte Donor Cover.

d. If the Insured is both Surrogate Mother and Oocyte Donor: The policy term will be given for three years. However, Oocyte Donor cover will be restricted to one year.

Long term discount: 10% discount on 2nd year premium and 11.25% on 2nd and 3rd year premium.

Type of Policy: Individual (available only for Females) and Floater (At-least one female (adult) should be there in the family along with the spouse and dependent children)

Sum Insured Options: Rs.5,00,000/-, Rs.10,00,000/-, Rs.15,00,000/-, Rs.20,00,000/-, Rs.25,00,000/-, Rs.50,00,000/- and Rs.1,00,00,000/-

Pre-acceptance medical screening: There is no Pre-acceptance medical screening. Pregnant women has to submit the scan reports taken at Star Health specified scan centres during their 12th and 20th week of their pregnancy period. The cost of such scan will be borne by the insured.

Instalment Facility available: Premium can be paid Quarterly and Half-yearly

Premium can also be paid Annual, Biennial and Triennial

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

- ◆ Quarterly: 3%
- ◆ Half Yearly: 2%

Midterm Inclusion: Permissible on payment of proportionate premium subject to the following;

a. **Newly Married / Wedded spouse and/or legally adopted child:** Intimation about the marriage/adoption should be given within 45 days from the date of marriage or date of adoption.

b. **New born baby:** Intimation about the new born baby should be given within 90 days from the date of birth. The cover for new born commences from 91st day of its birth

Special conditions:

- a. Waiting periods as stated in the policy will be applicable from the date of inclusion of such newly married/wedded spouse, new born baby, legally adopted child.
- b. Such midterm inclusion will be subject to underwriter's approval

What are the benefits available under the insurance?

1. Room, Boarding, Nursing Expenses all inclusive as provided by the Hospital / Nursing Home as per the limits given below

Note: Expenses relating to Associated Medical Expenses will be considered in proportion to the eligible room rent/room category stated in the policy schedule or actuals whichever is less. Proportionate deductions are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category

Sum Insured (Rs.)	Limit
5,00,000/-	Upto 1% of Sum Insured per day
10,00,000/-, 15,00,000/-, 20,00,000/- and 25,00,000/-	Any Room (except suite or above category)
50,00,000/- and 1,00,00,000/-	Any Room

2. Star Mother Cover

a. Where the insured person is a child age less than 12 years, the Company will provide for expenses up to **Single Private A/c room** for stay of the mother in the hospital provided,

- 1. Insured child is under treatment in ICU
- 2. There is an admissible claim for hospitalization

- b. This benefit is available only for the period the insured person was under treatment in ICU.
- c. If the room is not available in the same hospital, the Company will reimburse Rs.2,500/- per day subject to maximum of 7 days per hospitalization towards stay of the mother in the Hotel room if the hotel room is within 2 kms from the hospital.
3. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.
4. 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 similar expenses. With regard to coronary stenting, medicines, implants and such other similar items the Company will pay cost of stent as per the Drug Price Control Order (DPCO) / National Pharmaceuticals Pricing Authority (NPPA) Capping.
5. All day care procedures are covered.
Expenses on Hospitalization for a minimum period of 24 hours only are admissible. However this time limit will not apply for the day care treatments / procedures, where treatment is taken in the Hospital / Nursing Home and the Insured is discharged on the same day.
6. **Coverage for Non-medical Items:** If there is an admissible claim under the policy, then Items as per List I will become payable
7. **Road ambulance expenses:** Subject to an admissible hospitalization claim, road ambulance expenses incurred for the following are payable :-
- for transportation of the insured person by private ambulance service to go to hospital when this is needed for medical reasons
or
 - for transportation of the insured person by private ambulance service from one hospital to another hospital for better medical treatment
or
 - 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.
8. **Air Ambulance** charges up to 10% of the Sum Insured per year is payable, provided that
- It is for life threatening emergency health condition/s of the insured person which requires immediate and rapid ambulance transportation to the hospital/medical centre that ground transportation cannot provide.
 - Necessary medical treatment not being available at the location where the Insured Person is situated at the time of Emergency
 - It is prescribed by a Medical Practitioner and is Medically Necessary;
 - The insured person is in India and the treatment is in India only
 - Such Air ambulance should have been duly licensed to operate as such by Competent Authorities of the Government/s
- Note:** This benefit is available for sum insured options of Rs. 10,00,000/- and above only.
9. **Pre-hospitalization Expenses:** Medical expenses incurred up to 60 days immediately before the insured person is hospitalized.
10. **Post Hospitalization Expenses:** Medical expenses incurred up to 90 days immediately after the insured person is discharged from the hospital.
11. **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 Sum Insured. **This additional Sum Insured can be utilized by the Donor and not by the Insured.**
12. **AYUSH Treatment:** In patient Hospitalization Expenses incurred for treatment of diseases / illness / accidental injuries by system of medicines other than allopathic up to the Sum Insured per year.
Note: Yoga and Naturopathy systems of treatments are excluded from the scope of coverage under AYUSH treatment.
13. **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.

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

- This benefit is subject to a waiting period of 24 months from the date of first commencement of this policy and continuous renewal thereof with the Company.
 - The minimum age of the insured at the time of surgery should be above 18 years.
 - This benefit shall not apply where the surgery is performed for
 - Reversible endocrine or other disorders that can cause obesity
 - Current drug or alcohol abuse
 - Uncontrolled, severe psychiatric illness
 - Lack of comprehension of risks, benefits, expected outcome, alternatives and lifestyle changes required with bariatric surgery.
 - Bariatric surgery performed for Cosmetic reasons
 - 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.
 - To make a claim, the insured person should satisfy the following criteria as devised by NIH (National Institute of Health)
 - The BMI should be greater than 40 or greater than 35 with co-morbidities (like Diabetes, High Blood Pressure etc.)
 - The insured person is unable to lose weight through traditional methods like diet and exercise.
- Note:** Claims under this benefit shall be processed only on cashless basis.
14. **Coverage for Modern Treatment:** The following expenses are payable during the policy period for treatment/procedures (either as a day care or as an in-patient) is limited to the amount mentioned in table below

Sum Insured (Rs.)	5 lacs	10 lacs	15 lacs	20 lacs	25 lacs	50 lacs	100 lacs
	Limit per person, per policy period for each treatment / Procedure (Rs.)						
Uterine artery Embolization and HIFU	Up to 50% of sum insured	Up to 40% of sum insured	Up to 30% of sum insured				
Balloon Sinuplasty							
Deep Brain Stimulation							
Oral Chemotherapy*							
Immunotherapy- Monoclonal Antibody to be given as injection							
Intra Vitreal injections							
Robotic surgeries							
Stereotactic radio surgeries							
Bronchical Thermoplasty							
Vaporisation of the prostate (Green laser treatment or holmium laser treatment)							
IONM-(Intra Operative Neuro Monitoring)							
Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions							

*Sublimits all inclusive with or without hospitalization where ever hospitalization includes pre and post hospitalizations

- 15. Automatic Restoration of Sum Insured:** There shall be automatic restoration of the Sum Insured once by 100% subject to the following:
- The automatic restoration shall be immediately upon partial / full utilization of the limit of coverage.
 - Such Restored Sum Insured can be utilized for all claims for subsequent hospitalisation during the policy period.
 - The maximum liability of the Company in a Single claim under a policy year shall not exceed the limit of coverage.
 - The unutilized restored sum insured cannot be carried forward
- 16. Cumulative Bonus:** In respect of a claim free year of Insurance, the insured would be entitled to benefit of bonus of 20% of the expiring Sum Insured from the second year onwards. The maximum allowable bonus shall not exceed 100% of the Sum Insured.

Special Conditions

- The Cumulative bonus will be calculated on the expiring Sum Insured
 - If the insured opts to reduce the Sum Insured at the subsequent renewal, the limit of indemnity by way of such Cumulative bonus shall not exceed such reduced sum insured
 - In the event of a claim resulting in:
 - Partial utilization of Sum Insured, such cumulative bonus so granted will not be reduced
 - Full utilization of Sum Insured and nil utilization of cumulative bonus accrued, such cumulative bonus so granted will not be reduced
 - Full utilization of Sum Insured and partial utilization of cumulative bonus accrued, the cumulative bonus granted on renewal will be the balance cumulative bonus available and will be reduced at the same rate at which it has accrued
 - Full utilization of Sum Insured and full utilization of cumulative bonus accrued, the cumulative bonus on renewal will be "nil"
- 17. Shared accommodation:** If the Insured person occupies, a shared accommodation during in-patient hospitalization, then sum of Rs.2,000/- per day subject to a maximum of 7 days(per hospitalization) will be payable for each continuous and completed period of 24 hours of stay in such shared accommodation.

Note

- This benefit is payable only if there is an admissible claim for hospitalization under the policy
 - This benefit will not be applicable where the sanction is on package rates
 - Insured stay in Intensive Care Unit or High Dependency Units / wards will not be counted for this purpose
- 18. Rehabilitation and Pain Management:** The company will pay the medical expenses for Rehabilitation and Pain Management up to the sub-limit (or) maximum up to 10% of the sum insured whichever is less, per policy year.

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

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

Pain Management treatment: The Company will pay the expenses for the following, if availed at authorized centres as an In-patient/ Day Care treatment

	Subject - Pain Management Cover	Sub-limits (Per Policy Period) (Rs.)		
		Rs. 5 Lakhs SI	Rs. 10/15/20 lakhs SI	Rs. 25 Lakhs and above SI
1	Lumbar and cervical medial branch block with RF ablation for lumbar and cervical facet joint arthritis	50,000/-	65,000/-	75,000/-
2	Caudal epidural injection for Discogenic pain	30,000/-	40,000/-	50,000/-
3	Lumbar and cervical selective nerve root block for Lumbar and Cervical radicular pain	40,000/-	50,000/-	60,000/-
4	Caudal Neuroplasty for Failed back spine surgery	50,000/-	85,000/-	1,00,000/-
5	Stellate ganglion ablation for upper limb CRPS	50,000/-	65,000/-	75,000/-
6	Occipital nerve Pulsed RF lesioning for Migraines, Cluster headache and cervicogenic headaches	50,000/-	65,000/-	75,000/-
7	Lumbar sympathetic chain RF ablation for lower limb CRPS,diabetic periphery painful neuropathy and Ischaemic limb pain	50,000/-	65,000/-	75,000/-
8	Gasserian ganglion ablation for Trigeminal neuralgia	50,000/-	65,000/-	75,000/-
9	Intercostal nerve Ablation for post thoracotomy pain and Thoracic malignancy pain	40,000/-	65,000/-	75,000/-
10	Coeliac plexus ablation for upper gastrointestinal malignancies pain	40,000/-	65,000/-	75,000/-
11	Superior hypogastric plexus ablation for lower Gastro intestinal malignancies pain	40,000/-	65,000/-	75,000/-
12	Ganglion impar ablation for perineal cancer pain and coccydynia	50,000/-	65,000/-	75,000/-
13	Cooled RF ablation of genicular nerve for grade 1 and 2 osteoarthritis knee and hip	50,000/-	1,00,000/-	1,25,000/-
14	Suprascapular nerve RF ablation for rotator cuff partial tear and peri arthritis shoulder pain	40,000/-	65,000/-	75,000/-

Important Note: Rehabilitation and/or Pain management treatment can be taken only at the Authorized centres mentioned in the website – www.starhealth.in

- 19. Assisted Reproduction Treatment:** The Company will reimburse medical expenses incurred on Assisted Reproduction Treatment, where indicated, for sub-fertility subject to:
- A waiting period of 36 months from the date of first inception of this policy with the Company for the insured person
 - Company will pay one Assisted Reproduction Treatment cycle for each policy year
 - For the purpose of claiming under this benefit, in-patient treatment is not mandatory

Sum Insured (Rs.)	Limit of Liability of the Company for each policy year (Rs.)
5,00,000	50,000
10,00,000	1,00,000
15,00,000	1,50,000
20,00,000 and 25,00,000	2,00,000
50,00,000	2,50,000
1,00,00,000	3,00,000

- (a) **Surrogacy Cover:** The company will indemnify the inpatient hospitalization expenses covering post-partum delivery complications for a period of 36 months incurred for the Surrogate mother up to the sub-limits specified under "Assisted Reproduction Treatment". The cover will commence from the date of initiation of treatment / procedure. The company will pay lump sum amount in case of "Miscarriage due to Accident" for surrogate mother as specified under Coverage 23 and waiting period mentioned under this cover is not applicable.

Important note applicable for Surrogacy Cover

- Coverage 20 - Ante-Natal Care and Coverage 24 - Delivery Expenses for Surrogate Mother are not payable
- Intending couple, the Surrogate mother and the Surrogacy clinic has to comply with Surrogacy Act and ART Act
- Surrogacy and Oocyte donation should be carried out in recognised centres registered with the National ART and Surrogacy Registry at <https://registry.artsurrogacy.gov.in/>.
- Treatment under Day Care and OPD are not covered

- v. Waiting periods mentioned under Standard Exclusions (1) and (2) are not applicable under Surrogacy Cover.
- vi. For all treatments other than Surrogacy Cover, all waiting periods are applicable.

- (b) **Oocyte Donor cover:** The company will indemnify the inpatient hospitalization expenses for the complications arising out of Assisted Reproductive Treatment Procedures, for the Oocyte donor up to the sub-limits specified under "Assisted Reproduction Treatment" for a period of 12 months. The cover will commence from the date of initiation of treatment / procedure.

Important note applicable for Oocyte Cover

- i. Intending couple, the Oocyte donor and the ART Clinic have to comply with Surrogacy Act and ART Act
- ii. Surrogacy and Oocyte donation should be carried out in recognised centres registered with the National ART and Surrogacy Registry at <https://registry.artsurrogacy.gov.in/>.
- iii. Waiting periods mentioned under Standard Exclusions (1) and (2) are not applicable under Oocyte Donor Cover.
- iv. For all treatments other than Oocyte Donor Cover all waiting periods are applicable.

Conditions applicable for Surrogacy Cover and Oocyte Donor Cover

- i. The Proposal for insurance has to be made 30 days before the embryo transfer for the surrogate mother and /or 30 days before ovarian stimulation for oocyte donor.
- ii. Proposer has to be one of the intending couple.
- iii. For Surrogate Mother: After completion of 36 months period, all other coverages will continue except Surrogacy Cover.
- iv. For Oocyte Donor: After completion of 12 months period, all other coverages will continue except Oocyte Donor Cover.

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

1. Pre and Post treatment expenses
2. Sub-fertility services that are deemed to be unproven, experimental or investigational
3. Services not in accordance with standards of good medical practice and not uniformly recognized and professionally endorsed by the general medical community at the time it is to be provided.
4. Reversal of voluntary sterilization
5. Treatment undergone for second or subsequent pregnancies except where the child from the first delivery/ previous deliveries is/are not alive at the time of treatment
6. Payment for services rendered to a surrogate
7. Costs associated with cryopreservation and storage of sperm, eggs and embryos
8. Selective termination of an embryo
9. Services done at unrecognized centre
10. Surgery / procedures that enhances fertility like Tubal Occlusion, Bariatric Surgery, Diagnostic Laparoscopy with Ovarian Drilling and such other similar surgery / procedures

20. **Ante-Natal Care (Pregnancy Care):** Company pays the expenses for Ante-natal care after confirmation of Pregnancy, incurred as an Out-patient up to the limits given below after the waiting period.

Sum Insured (Rs.)	Limit per policy year
5,00,000/-, 10,00,000/-, 15,00,000/-	Rs. 2,500/-
20,00,000/-, 25,00,000/-, 50,00,000/-, 100,00,000/-	Rs. 5,000/-

Waiting period

- a. Where the sum insured is Rs.5 Lakh and Rs.10 Lakh, this cover is subject to a waiting period of 24 months from the inception of this policy
- b. Where the sum insured is Rs.15 Lakhs and above, this cover is subject to a waiting period of 12 months from the inception of this policy

21. **In Utero Fetal Surgery/Repair:** The Company will pay the expenses incurred for In Utero Fetal Surgeries and Procedures mentioned below after the waiting period Payment under this benefit forms part of the sum insured and will impact the Bonus

Waiting period

- a. Where the sum insured is Rs.5 Lakh and Rs.10 Lakh, this cover is subject to a waiting period of 24 months from the inception of this policy
- b. Where the sum insured is Rs.15 Lakhs and above, this cover is subject to a waiting period of 12 months from the inception of this policy

Note: The above mentioned waiting periods will not apply for treatment related to congenital Internal disease / defects for the Unborn.

Types of in utero-surgeries covered

- 1) Open Fetal Surgery
- 2) Fetendo Fetal Surgery
- 3) Fetal Image-Guided Surgery (FIGS-IT)
- 4) EXIT procedure

Types of in utero-surgeries/procedures covered

TYPE OF INTERVENTION	DESCRIPTION	SURGERIES
OPEN SURGERY	Hysterotomy	CPAM - Lobectomy SCT - Resection MMC - Repair Cervical Teratoma - Resection EXIT Tracheal occlusion Neck tumors CDH (EXIT to ECMO)
FETENDO	Fetoscopy Surgery	Balloon Occlusion of Trachea (for CDH) Laser Ablation of Vessels (for TTTS) Cord Ligation/Division Cystoscopic Ablation Valves (Urinary Obstruction) Amniotic Bands Release
FIGS	Fetal Image Guided Surgery	Amnioreduction/Infusion Fetal Blood Sampling RFA Anomalous Twins Vesico/Pleuro Amniotic Shunts Balloon Dilation Aortic Stenosis
EXIT procedure	Planned Specialized Delivery	CHAOS Removal of the CDH Tracheal Occlusion Balloon Pulmonary Sequestration CCAM

List of procedures covered under in utero-surgeries

- Amniotic band syndrome
- Bronchopulmonary sequestration of the lung
- Congenital cystic adenomatoid malformation (CCAM) of the lung
- Congenital diaphragmatic hernia (CDH)
- Congenital high airway obstruction syndrome (CHAOS)
- Fetal anemia

- Lower urinary tract obstruction (LUTO)
- Mediastinal teratoma
- Neck mass
- Sacrococcygeal teratoma (SCT)
- Spina bifida (myelomeningocele)
- Twin reversed arterial perfusion (TRAP) sequence
- Twin-twin transfusion syndrome (TTTS)

22. **Voluntary Sterilization Expenses:** The Company will pay the expenses incurred for Voluntary Sterilization (Tubectomy / Vasectomy), after a waiting period of 24 months from the date of first inception of this policy, provided if Insured is a Married Person and his/ her age is 22 years and above.

Note: Expenses incurred for Reversal of Sterilization are not payable.

23. **Miscarriage due to Accident:** The Company will pay the lumpsum amount as per the table given below towards miscarriage arising due to accident subject to a waiting period.

Sum Insured (Rs.)	Limit of liability (Rs.)
5,00,000/- to 15,00,000/-	25,000/-
20,00,000/- and 25,00,000/-	35,000/-
50,00,000/- and 1,00,00,000/-	40,000/-

Waiting period

- Where the sum insured is Rs.5 Lakh and Rs.10 Lakh, this cover is subject to a waiting period of 24 months from the inception of this policy
- Where the sum insured is Rs.15 Lakhs and above, this cover is subject to a waiting period of 12 months from the inception of this policy
- Waiting Period is not applicable for Coverage - 19 (a)

Note: This benefit is available only once in lifetime

24. **Delivery Expenses:** Expenses for a Delivery including Delivery by Caesarean section (including pre-natal and post natal expenses) up-to the limits given below is payable, subject to the following;

- This benefit is available only for a maximum of 2 deliveries in the life time under this policy.
- Pre-hospitalisation and Post Hospitalization expenses are not applicable for this section.

Sum Insured (Rs.)	Limit per delivery up to (Rs.)
5,00,000/-	25,000/-
10,00,000/-, 15,00,000/-, 20,00,000/-	50,000/-
25,00,000/- and 50,00,000/-	75,000/-
1,00,00,000/-	1,00,000/-

Waiting period

- Where the sum insured is Rs.5 Lakh and Rs.10 Lakh, this cover is subject to a waiting period of 24 months from the inception of this policy
- Where the sum insured is Rs.15 Lakhs and above, this cover is subject to a waiting period of 12 months from the inception of this policy

25. **Hospitalization expenses for treatment of New Born Baby**

A. Birth of New born baby during the policy year: In-patient hospitalization expenses (Including Congenital Internal and External defects/anomalies) are covered from day 1 subject to a maximum of 25% of the sum insured (including medical and surgical treatment expenses, neonatal and Postnatal surgery/repair).

Note: The above mentioned sub-limit will not apply for treatment related to congenital Internal disease / defects for the new born.

B. In the subsequent year (on payment of applicable premium for New born): In-patient hospitalization expenses (Including Congenital Internal and External defects/anomalies) are covered up to 100% of the sum insured.

C. Vaccination Expenses : Vaccination expenses for the new born baby are payable up to the 12 months from the birth of the new born. The Company's liability for vaccination is as per the limits mentioned in the table below;

Sum Insured (Rs.)	Limit (Rs.)
5,00,000/- and 10,00,000/-	2,500/-
15,00,000/- and above	3,500/-

D. Metabolic Screening: Test for New Born is payable once for each new born subject to a limit of Rs.3,500/-

E. Pediatrician Consultation up to 4 consultations per year are payable up to 12 year of age subject to policy is in force. The Company's liability for each consultation is up to Rs.500/-.

Note: Expenses for treatment of new born baby is covered subject to

- Admissible delivery claim
- At the time of inception of the policy, if the mother has submitted the Scan reports taken during 12th and 20th week of her pregnancy and the same has been accepted by the Company for issuance of the policy. In such case, the new born baby will be covered (Including Congenital Internal and External defects/anomalies) without any waiting period.

26. Expenses of **Medical Consultations as an Outpatient** up to the limits mentioned in the table below are payable.

Sum Insured (Rs.)	Limit per policy year up to (Rs.)
5,00,000/- to 15,00,000/-	2,500/-
20,00,000/- and 25,00,000/-	3,500/-
50,00,000/- and 1,00,00,000/-	5,000/-

Note

- This benefit is available only for female insured person
- Unlimited Gynecologist Consultation through Star tele health app is available

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

27. **Preventive Health Check Up:** Expenses incurred towards cost of preventive health check-up for the tests mentioned in the table up to the limits for each policy year is payable.

Gender	Benefit Description	Limit per policy year up to (Rs.)	Tests
Female	Adolescent Puberty Age: 13-19 yrs	1,000/-	USG Abdomen
Female	Adult Reproductive Age: 20-39 yrs	3,000/-	Thyroid profile, PAP, Vitamin D, USG Abdomen
Female	Middle Aged Menopausal Age: 40-59 yrs	5,000/-	Dexa Scan, Sonomamogram, PAP, USG Abdomen
Female	Sr Citizens Age: 60 yrs and above	4,000/-	Dexa Scan, PAP, USG Abdomen
Male	Any age	1,000/-	Any tests

The above limit is inclusive of cost of Vaccination

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

28. 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 Health" Mobile App.

Note: The Wellness Activities mentioned in the table below 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 Program

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

* 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)	1:1:0:0:0
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.

*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 activity 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.	Tele health services	
7.	Medical Concierge Services	
8.	Digital Health Vault	
9.	Wellness Content	
10.	Post-Operative Care	
11.	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 <ul style="list-style-type: none"> 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 be 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. **Telehealth Services:** Second medical opinion, medical guidance and wellness through its Tele-Health Service. This is delivered through chat, voice and video channels accessible through phone lines and Apps on mobiles. Our team of medical doctors and specialists share prescriptions through tele-consultations, with a facility for follow-up consultations as required.
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. **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.
9. **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.
10. **Post Operative Care:** It is done through follow up phone calls (primarily for surgical cases) for resolving their medical queries.
11. **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.
- For services that are provided through empanelled 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 empanelled 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 IRDAI from time to time.

ILLUSTRATION OF BENEFITS

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

Scenario - 1

A 42 year old Individual Suresh and his wife Lakshmi along with their two dependent children (aged below 18 yrs) buy a **Star Women Care Insurance Policy** (Floater Sum Insured) 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.	Participation 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

29. Optional Cover (Lump sum on diagnosis of Cancer): (Available on payment of additional premium and shown in the policy schedule)

If the insured person shall contract Cancer as a first incidence, then Company will pay the sum insured stated in the Schedule as lump-sum.

Note

- This benefit is available only for the insured persons named in the schedule.
- The available sum insured options under this benefit cover 5/10/15/20 and 25 lacs only
- This benefit is available on individual sum insured basis only.
- Available only once in lifetime.
- Once a claim has been paid under this optional cover, the optional cover cannot be renewed further.
- On payment of claim under the optional cover, the optional cover will cease and the policy will continue for the balance period without this optional cover. Subsequently on renewal, the policy will be renewed without the optional cover
- This cover should be opted only at the time of first inception of this policy and cannot be opted at the time of renewal.
- This optional cover is available only for female insured persons who is aged between 91 days to 65 years.
- Enhancement of sum insured under this benefit is subject to underwriting

Waiting Period: An initial waiting period of 180 days is applicable from the date of commencement of this policy. In case of enhancement of sum insured this waiting period shall apply afresh to the extent of sum insured increase

Applicable for all covers / benefits under this policy

Sl. No	Description Cover	Forming Part of Sum Insured / Not Forming Part of Sum Insured	Claim under this benefit will
1	Room, Boarding, Nursing Expenses, Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees, 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 similar expenses. With regard to coronary stenting, medicines, Implants and such other similar items the Company will pay cost of stent as per the Drug Price Control Order (DPCO) / National Pharmaceuticals Pricing Authority (NPPA) Capping.	Forming Part of Sum Insured	Impact Cumulative Bonus
2	Star Mother Cover	Forming Part of Sum Insured	Impact Cumulative Bonus
3	All day care procedures	Forming Part of Sum Insured	Impact Cumulative Bonus
4	Non-medical coverage	Forming Part of Sum Insured	Impact Cumulative Bonus
5	Road ambulance expenses	Forming Part of Sum Insured	Impact Cumulative Bonus
6	Air Ambulance	Forming Part of Sum Insured	Impact Cumulative Bonus
7	Pre-hospitalization Expenses	Forming Part of Sum Insured	Impact Cumulative Bonus
8	Post Hospitalization Expenses	Forming Part of Sum Insured	Impact Cumulative Bonus
9	Organ Donor Expenses	Forming Part of Sum Insured	Impact Cumulative Bonus
9a	Complications necessitating Redo surgery or ICU admission for the Organdonor	Not Forming Part of Sum Insured	Impact Cumulative Bonus
10	AYUSH Treatment	Forming Part of Sum Insured	Impact Cumulative Bonus
11	Bariatric Surgery	Forming Part of Sum Insured	Impact Cumulative Bonus
12	Coverage for Modern Treatment	Forming Part of Sum Insured	Impact Cumulative Bonus
13	Automatic Restoration of Sum Insured	Not Forming Part of Sum Insured	not impact Cumulative Bonus
14	Shared accommodation	Forming Part of Sum Insured	Impact Cumulative Bonus
15	Rehabilitation and Pain Management	Forming Part of Sum Insured	Impact Cumulative Bonus
16	Assisted Reproduction Treatment	Forming Part of Sum Insured	Impact Cumulative Bonus
17	Ante-Natal Care (Pregnancy Care)	Not Forming Part of Sum Insured	Not Impact Cumulative Bonus
18	In Utero Fetal Surgery/Repair	Forming Part of Sum Insured	Impact Cumulative Bonus
19	Voluntary Sterilization Expenses	Forming Part of Sum Insured	Impact Cumulative Bonus
20	Miscarriage due to Accident	Forming Part of Sum Insured	Impact Cumulative Bonus
21	Delivery Expenses	Not Forming Part of Sum Insured	Impact Cumulative Bonus

Hospitalization expenses for treatment of New Born Baby			
22	A. Birth of New born baby during the policy year	Forming Part of Sum Insured	Impact Cumulative Bonus
	B. In the subsequent year (on payment of applicable premium for New born)	Forming Part of Sum Insured	Impact Cumulative Bonus
	C. Vaccination Expenses	Forming Part of Sum Insured	Not Impact Cumulative Bonus
	D. Metabolic Screening	Forming Part of Sum Insured	Not Impact Cumulative Bonus
	E. Pediatrician Consultation	Forming Part of Sum Insured	Not Impact Cumulative Bonus
23	Medical Consultations as an Outpatient	Not Forming Part of Sum Insured	Not Impact Cumulative Bonus
24	Preventive Health Check Up	Not Forming Part of Sum Insured	Not Impact Cumulative Bonus
25	Star Wellness Program	Not Forming Part of Sum Insured	Not Impact Cumulative Bonus
26	Optional Cover (Lump sum on diagnosis of Cancer)	Not Forming Part of Sum Insured	Impact Cumulative Bonus

- **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

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

2. Specified disease / procedure waiting period - Code Excl 02

- Expenses related to the treatment of the listed Conditions, surgeries/ treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
- In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
- The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- List of specific diseases/procedures
 - 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 calculi 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.
 - Congenital Internal disease / defect [except for Unborn in Coverage (21) and New Born in Coverage (25)]

Note: Waiting period for the following benefits are as follows:

- Bariatric Surgery:** A waiting period of 24 months from the date of first commencement of this policy and continuous renewal thereof.
- Assisted Reproduction Treatment:** A waiting period of 36 months from the date of first inception of this policy with the Company
- Voluntary Sterilization:** A waiting period of 24 months from the date of first inception of this policy
- Ante natal care:** For sum insured option of Rs.5 lakhs and Rs.10 lakhs – A waiting period of 24 months from the date of first inception of this policy. For sum insured option of Rs.15 lakhs and above – A waiting period of 12 months from the date of first inception of this policy.
- In Utero Fetal surgery / Repair:** For sum insured option of Rs.5 lakhs and Rs.10 lakhs – A waiting period of 24 months from the date of first inception of this policy. For sum insured option of Rs.15 lakhs and above – A waiting period of 12 months from the date of first inception of this policy.
Note: The above mentioned waiting period will not apply for treatment related to congenital Internal disease / defects for the Unborn.
- Delivery expenses:** For sum insured option of Rs.5 lakhs and Rs.10 lakhs – A waiting period of 24 months from the date of first inception of this policy. For sum insured option of Rs.15 lakhs and above – A waiting period of 12 months from the date of first inception of this policy.
- Miscarriage due to Accident:** For sum insured option of Rs.5 lakhs and Rs.10 lakhs – A waiting period of 24 months from the date of first inception of this policy. For sum insured option of Rs.15 lakhs and above – A waiting period of 12 months from the date of first inception of this policy.

3. 30-day waiting period - Code Excl 03 (Not Applicable for Accidents)

- 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
- This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months
- The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently

4. Investigation & Evaluation - Code Excl 04

- Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded
- Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded

5. Rest Cure, rehabilitation (except to the extent covered under Coverage-18) and respite care - Code Excl 05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- 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.
- Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

6. **Obesity / Weight Control - Code Excl 06 (except to the extent covered under Coverage-13):** Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions;
 1. Surgery to be conducted is upon the advice of the Doctor
 2. The surgery/Procedure conducted should be supported by clinical protocols
 3. The member has to be 18 years of age or older and
 4. Body Mass Index (BMI);
 - a. greater than or equal to 40 or
 - b. 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:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes
7. **Change-of-Gender treatments - Code Excl 07:** Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
8. **Cosmetic or plastic Surgery - Code Excl 08:** Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
9. **Hazardous or Adventure sports - Code Excl 09:** Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
10. **Breach of law - Code Excl 10:** Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
11. **Excluded Providers - Code Excl 11:** Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
12. **Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof - Code Excl 12**
13. **Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons - Code Excl 13**
14. **Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure - Code Excl 14**
15. **Refractive Error - Code Excl 15:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
16. **Unproven Treatments - Code Excl 16:** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
17. **Sterility and Infertility - Code Excl 17 (Except to the extent covered under Coverage -19 and 22):** Expenses related to sterility and infertility. This includes;
 - i. Any type of contraception, sterilization
 - ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - iii. Gestational Surrogacy
 - iv. Reversal of sterilization
18. **Maternity - Code Excl 18 (except to the extent covered under Coverage-24)**
 - i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

SPECIFIC EXCLUSIONS

19. Circumcision (unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident), Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA - **Code Excl 19**
 20. Congenital External Condition / Defects / Anomalies (except to the extent covered under Coverage-25) - **Code Excl 20**
 21. Convalescence, general debility, run-down condition, Nutritional deficiency states - **Code Excl 21**
 22. Intentional self-injury - **Code Excl 22**
 23. Injury/disease caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not) - **Code Excl 24**
 24. Injury or disease caused by or contributed to by nuclear weapons/ materials - **Code Excl 25**
 25. Expenses incurred on Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other therapies similar to those mentioned herein under this exclusion - **Code Excl 26**
 26. Unconventional, Untested, Experimental therapies - **Code Excl 27**
 27. Autologous derived Stromal vascular fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy - **Code Excl 28**
 28. Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted - **Code Excl 29**
 29. Inoculation or Vaccination (except to the extent covered under Coverage - 25C and for post-bite treatment and for medical treatment for therapeutic reasons) - **Code Excl 31**
 30. Hospital registration charges, admission charges, record charges, telephone charges and such other charges - **Code Excl 34**
 31. Cost of spectacles and contact lens, hearing aids, Cochlear implants and procedures, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids - **Code Excl 35**
 32. Any hospitalization which are not medically necessary / does not warrant hospitalization - **Code Excl 36**
 33. Existing disease/s, disclosed by the Insured and mentioned in the policy schedule under Permanent Exclusion (based on Insured's consent) - **Code Excl 38**
- **Moratorium Period:** After completion of sixty continuous months of coverage (including portability and migration) under the health insurance policy no look back to be applied. This period of sixty months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of sixty continuous months 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, nondisclosure, misrepresentation and 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 Settlement**
- A. **Condition Precedent to Admission of Liability:** The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy
 - B. **Documents for Cashless Treatment**
 - 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. Inform the ID number for easy reference
 - c. On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk
 - d. Obtain the Pre-authorisation 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.
- j. KYC (Identity proof with Address) of the proposer, as per AML Guidelines

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

Sl.No.	Type of Claim	Prescribed Time Limit
1	Reimbursement of hospitalization, day care and pre hospitalization expenses	Claim must be filed within 15 days from the date of discharge from the Hospital.
2	Reimbursement of Post hospitalization	within 15 days after completion of 90 days from the date of discharge from hospital

D. Notification of Claim: Upon the happening of the event, notice with full particulars shall be sent to the Company within 24 hours from the date of occurrence of the event irrespective of whether the event is likely to give rise to a claim under the policy or not.

Note: Conditions C and D are precedent to admission of liability under the policy. However the Company will examine and relax the time limit mentioned in these conditions depending upon the merits of the case.

E. 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. PreAdmission 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. KYC (Identity proof with Address) of the proposer, as per AML Guidelines
- i. NEFT documents viz., Customer name, Bank Account No., Name of the Bank, IFSC code
- j. CKYC No. of the proposer (if available)

Note: For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255, Senior Citizens may call at 044-40020888

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

○ **Cancellation**

- i. The Policyholder may cancel his policy any time during the term by giving 7 days written notice. In such an event, The Company shall
 - a. refund proportionate premium for unexpired policy period, if policy term is upto one year and there is no claim (s) made during the policy period.
 - b. refund premium for the unexpired policy period, in respect of policies with policy term more than 1 year and risk coverage for such policy years has not commenced.
- ii. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud

Note: In case of long term policies the refund will be given after adjusting the long term discount availed by the insured/ policyholder.

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

- ✓ Upon the death of the Insured Person this means that, the cover for the surviving members of the family will continue, subject to other terms of the policy.
- ✓ Upon exhaustion of the Sum Insured, Limit of Coverage, Limit of Coverage plus Restore Sum Insured.

- **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 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 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

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

- i. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years
- ii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period
- iii. 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.
- iv. Coverage is not available during the grace period.
- v. No loading shall apply on renewals based on individual claims experience

For Surrogate Mother: After completion of 36 months period, all other coverages will continue except Surrogacy Cover.

For Oocyte Donor: After completion of 12 months period, all other coverages will continue except Oocyte Donor Cover.

- **Possibility of Revision of Terms of the Policy Including the Premium Rates:** The Company, may revise or modify the terms of the policy including the premium rates as per the extant Guidelines. The insured person shall be notified thirty days before the changes are effected

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

- i. For monthly instalment option: Grace Period of 15 days would be given to pay the instalment premium due for the policy.
- ii. For Quarterly and Half yearly instalment option: Grace Period of 30 days would be given to pay the instalment premium due for the policy.
- iii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period
- iv. No interest will be charged If the instalment premium is not paid on due date
- v. In case of instalment premium due not received within the grace period, the policy will get cancelled

- vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable
- vii. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy
- viii. For premium paid in instalments during the policy period, coverage is available during the grace period also

- **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 thirty days from date of receipt of the policy document whether electronically or otherwise to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not incurred 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
- 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

- **Redressal of Grievance:** In case of any grievance the insured person may contact the Company through

Website : www.starhealth.in

E-mail : gro@starhealth.in, grievances@starhealth.in

Ph. No. : 044-69006900 | Toll Free No. 1800 425 2255

Senior Citizens may call at 044-69007500

Courier/Post : 4th Floor, Balaji Complex, No.15, Whites Lane, Whites Road, Royapettah, Chennai-600014

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at 044-43664600.

For updated details of grievance officer, kindly refer the link <https://www.starhealth.in/grievance-redressal>

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://bimabharosa.irdai.gov.in/>

- **Revision of Sum Insured:** Reduction or enhancement of 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 and subject to **Exclusion Code Excl 01, Exclusion Code Excl 02 and Exclusion Code Excl 03.**

- **Withdrawal of 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

- **Relief under Section 80-D:** 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**

- a) Where the policy is issued for more than 1 year, the Sum Insured including sublimits, automatic restoration benefit (if applicable), is for each of the year, without any carry over benefit thereof. The said benefits / covers available for the 2nd year or 3rd year cannot be utilized in the 1st year itself. The terms, conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract, must be complied with and applies to each policy year
- b) Where the policy is issued on floater basis, the Sum Insured floats amongst the insured members.
- c) The Policy Schedule and any Endorsement are to be read together and any word or such meaning wherever it appears shall have the meaning as stated in the Act / Indian Laws
- d) The terms, conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract, must be complied with and applies to each relevant insured person. Failure to comply with may result in the claim being denied.
- e) The attention of the policy holder is drawn to our website www.starhealth.in for anti fraud policy of the company for necessary compliance by all stake holders

- **Buy this insurance:** Please contact our nearest Branch Office /our Agent or visit our website www.starhealth.in for online purchase. 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).

- **Excluded Hospitals (providers):** Insured can refer the company website using the following link to get the list of excluded hospitals <https://www.starhealth.in/lookup/hospital/#excluded-hospital>

- **Important:** IRDAI or its officials do not involve in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

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

UTILIZATION OF SUM INSURED

The sequence of utilization of the Sum Insured in this Policy will be as follows

"Basic Sum Insured

"Cumulative Bonus (if applicable)

"Automatic Restoration of Sum Insured triggers on utilization of the Limit of Coverage in whole or in part.

Illustration for Utilization of Sum Insured

Illustration 1 An Insured Person with Star Women Care Insurance Policy, Tenure 1 year, Third year in progress, Basic Sum Insured Rs.5,00,000/-						
Number of Claims	Claim amount (Rs.)	Available Benefit Limit			Admissible claim amount (Rs.)	Utilization of Sum Insured
		Basic Sum Insured (Rs.)	Bonus (Rs.)	Automatic Restoration of Sum Insured (Rs.)		
1st Claim	5,00,000	5,00,000	2,00,000	-	5,00,000	Basic SI (Full)
2nd Claim	7,00,000	-	2,00,000	5,00,000	7,00,000	Bonus (full) + Automatic Restore (Full)
Illustration 2 An Insured Person with Star Women Care Insurance Policy, Tenure 1 year, Second year in progress, Basic Sum Insured Rs.5,00,000/-						
Number of Claims	Claim amount (Rs.)	Available Benefit Limit			Admissible claim amount (Rs.)	Utilization of Sum Insured
		Basic Sum Insured (Rs.)	Bonus (Rs.)	Automatic Restoration of Sum Insured (Rs.)		
1st Claim	3,00,000	5,00,000	1,00,000	-	3,00,000	Basic SI (partial)
2nd Claim	6,00,000	2,00,000	1,00,000	3,00,000	6,00,000	Basic (balance) + Bonus (full)+ Automatic Restoration (partial)
3rd Claim	2,00,000	-	-	2,00,000	2,00,000	Automatic Restoration (Balance)

1 Year - Premium Chart (Excluding GST)

A-Adult | C-Child

Premium in (Rs.) for 1A – Female only

Age-band (in yrs) / SI	500,000	1,000,000	1,500,000	2,000,000	2,500,000	5,000,000	10,000,000
18-35	7,965	10,300	12,740	13,955	15,970	18,645	22,680
36-40	9,160	11,860	14,530	15,960	18,175	21,405	25,990
41-45	11,400	14,720	17,800	19,600	22,165	26,345	31,890
46-50	12,825	16,540	19,395	21,575	23,995	29,370	35,565
51-55	14,180	18,330	20,995	23,575	25,880	32,510	39,430
56-60	18,150	23,490	26,930	30,220	33,190	41,645	50,395
61-65	23,230	30,115	34,560	38,780	42,610	53,440	64,565
66-70	29,935	38,835	44,585	50,010	54,960	68,880	83,095
71-75	38,655	50,170	57,620	64,605	71,020	88,955	1,07,180
Above 75	49,985	64,900	74,565	83,585	91,895	1,15,050	1,38,495

Premium in (Rs.) for 2A – Female & Male

Age-band (in yrs) / SI	500,000	1,000,000	1,500,000	2,000,000	2,500,000	5,000,000	10,000,000
18-35	11,735	15,265	18,460	20,400	23,070	27,660	33,855
36-40	14,015	18,230	21,870	24,220	27,275	32,915	40,160
41-45	18,135	23,535	27,945	31,005	34,725	42,185	51,250
46-50	22,320	28,905	33,605	37,515	41,530	51,390	62,325
51-55	26,440	34,285	39,335	44,140	48,500	60,890	73,820
56-60	33,995	44,115	50,635	56,795	62,420	78,290	94,700
61-65	43,740	56,805	65,245	73,170	80,440	1,00,835	1,21,770
66-70	56,515	73,410	84,340	94,555	1,03,965	1,30,245	1,57,060
71-75	73,125	95,000	1,09,170	1,22,365	1,34,555	1,68,475	2,02,940
Above 75	94,710	1,23,065	1,41,445	1,58,510	1,74,315	2,18,180	2,62,585

Premium in (Rs.) for child

Age upto 25yrs* / SI	500,000	1,000,000	1,500,000	2,000,000	2,500,000	5,000,000	10,000,000
1st C	3,590	4,150	4,465	4,760	5,010	5,755	6,645
2nd C	3,265	3,770	4,055	4,320	4,545	5,215	6,015
3rd C	2,975	3,430	3,685	3,925	4,130	4,730	5,450

*Female child can continue maximum up to 30 yrs if unmarried and unemployed

Premium Chart in (Rs.) for Optional Cover – Cancer

Age-band (in yrs) / SI	500,000	1,000,000	1,500,000	2,000,000	2,500,000
91days-35	895	1,795	2,690	3,590	4,485
36-45	4,110	8,220	12,325	16,435	20,545
46-55	9,810	19,620	29,430	39,240	49,050
56-65	14,305	28,615	42,920	57,225	71,535
Above 65	21,105	42,205	63,310	84,415	1,05,515

2 Years - Premium Chart (Excluding GST)

A-Adult | C-Child

Premium after discount in (Rs.) for 1A – Female only

Age-band (in yrs) / SI	500,000	1,000,000	1,500,000	2,000,000	2,500,000	5,000,000	10,000,000
18-34	15,134	19,570	24,206	26,515	30,343	35,426	43,092
35	16,209	20,974	25,817	28,319	32,328	37,910	46,071
36-39	17,404	22,534	27,607	30,324	34,533	40,670	49,381
40	19,420	25,108	30,550	33,600	38,124	45,116	54,691
41-44	21,660	27,968	33,820	37,240	42,114	50,056	60,591
45	22,943	29,606	35,256	39,018	43,761	52,778	63,899
46-49	24,368	31,426	36,851	40,993	45,591	55,803	67,574
50	25,587	33,037	38,291	42,793	47,287	58,629	71,052
51-54	26,942	34,827	39,891	44,793	49,172	61,769	74,917
55	30,515	39,471	45,232	50,773	55,751	69,991	84,786
56-59	34,485	44,631	51,167	57,418	63,061	79,126	95,751
60	39,057	50,594	58,034	65,122	71,539	89,741	1,08,504
61-64	44,137	57,219	65,664	73,682	80,959	1,01,536	1,22,674
65	50,172	65,067	74,687	83,789	92,074	1,15,432	1,39,351
66-69	56,877	73,787	84,712	95,019	1,04,424	1,30,872	1,57,881
70	64,725	83,988	96,443	1,08,155	1,18,878	1,48,940	1,79,557
71-74	73,445	95,323	1,09,478	1,22,750	1,34,938	1,69,015	2,03,642
75	83,642	1,08,580	1,24,729	1,39,832	1,53,726	1,92,500	2,31,826
Above 75	94,972	1,23,310	1,41,674	1,58,812	1,74,601	2,18,595	2,63,141

Premium after discount in (Rs.) for 2A – Female & Male

Age-band (in yrs) / SI	500,000	1,000,000	1,500,000	2,000,000	2,500,000	5,000,000	10,000,000
18 -34	22,297	29,004	35,074	38,760	43,833	52,554	64,325
35	24,349	31,672	38,143	42,198	47,618	57,284	69,999
36-39	26,629	34,637	41,553	46,018	51,823	62,539	76,304
40	30,337	39,412	47,021	52,125	58,528	70,882	86,285
41-44	34,457	44,717	53,096	58,910	65,978	80,152	97,375
45	38,223	49,550	58,190	64,769	72,102	88,436	1,07,343
46-49	42,408	54,920	63,850	71,279	78,907	97,641	1,18,418
50	46,116	59,762	69,007	77,241	85,180	1,06,191	1,28,763
51-54	50,236	65,142	74,737	83,866	92,150	1,15,691	1,40,258
55	57,036	73,989	84,907	95,256	1,04,678	1,31,351	1,59,050
56-59	64,591	83,819	96,207	1,07,911	1,18,598	1,48,751	1,79,930
60	73,361	95,240	1,09,356	1,22,648	1,34,816	1,69,042	2,04,293
61-64	83,106	1,07,930	1,23,966	1,39,023	1,52,836	1,91,587	2,31,363
65	94,604	1,22,874	1,41,151	1,58,270	1,74,009	2,18,056	2,63,124
66-69	1,07,379	1,39,479	1,60,246	1,79,655	1,97,534	2,47,466	2,98,414
70	1,22,328	1,58,910	1,82,593	2,04,684	2,25,065	2,81,873	3,39,706
71-74	1,38,938	1,80,500	2,07,423	2,32,494	2,55,655	3,20,103	3,85,586
75	1,58,364	2,05,759	2,36,471	2,65,024	2,91,439	3,64,837	4,39,267
Above 75	1,79,949	2,33,824	2,68,746	3,01,169	3,31,199	4,14,542	4,98,912

Premium after discount in (Rs.) for child

Age upto 25yrs* / SI	500,000	1,000,000	1,500,000	2,000,000	2,500,000	5,000,000	10,000,000
1st C	6,821	7,885	8,484	9,044	9,519	10,935	12,626
2nd C	6,204	7,163	7,705	8,208	8,636	9,909	11,429
3rd C	5,653	6,517	7,002	7,458	7,847	8,987	10,355

*Female child can continue maximum up to 30 yrs if unmarried and unemployed

Premium after discount in (Rs.) for Optional Cover – Cancer

Age-band (in yrs) / SI	500,000	1,000,000	1,500,000	2,000,000	2,500,000
91days-34	1,701	3,411	5,111	6,821	8,522
35	4,594	9,193	13,783	18,382	22,976
36-44	7,809	15,618	23,418	31,227	39,036
45	12,939	25,878	38,812	51,751	64,690
46-54	18,639	37,278	55,917	74,556	93,195
55	22,685	45,374	68,058	90,743	1,13,432
56-64	27,180	54,369	81,548	1,08,728	1,35,917
65	33,300	66,600	99,899	1,33,199	1,66,499
Above 65	40,100	80,190	1,20,289	1,60,389	2,00,479

3 Years - Premium Chart (Excluding GST)

A-Adult | C-Child

Premium after discount in (Rs.) for 1A – Female only

Age-band (in yrs) / SI	500,000	1,000,000	1,500,000	2,000,000	2,500,000	5,000,000	10,000,000
18-33	22,103	28,583	35,354	38,725	44,317	51,740	62,937
34	23,163	29,967	36,942	40,505	46,274	54,189	65,875
35	24,224	31,352	38,531	42,284	48,231	56,639	68,812
36-38	25,419	32,912	40,321	44,289	50,436	59,399	72,122
39	27,407	35,450	43,223	47,520	53,977	63,783	77,359
40	29,395	37,988	46,125	50,750	57,518	68,167	82,595
41-43	31,635	40,848	49,395	54,390	61,508	73,107	88,495
44	32,900	42,463	50,811	56,143	63,132	75,792	91,756
45	34,164	44,079	52,226	57,896	64,756	78,477	95,018
46-48	35,589	45,899	53,821	59,871	66,586	81,502	98,693
49	36,792	47,487	55,241	61,646	68,259	84,289	1,02,123
50	37,995	49,076	56,661	63,421	69,932	87,075	1,05,553
51-53	39,350	50,866	58,261	65,421	71,817	90,215	1,09,418
54	42,873	55,445	63,528	71,318	78,305	98,323	1,19,150
55	46,396	60,025	68,796	77,216	84,792	1,06,430	1,28,881
56-58	50,366	65,185	74,731	83,861	92,102	1,15,565	1,39,846
59	54,875	71,064	81,502	91,458	1,00,463	1,26,033	1,52,422
60	59,383	76,944	88,274	99,055	1,08,823	1,36,501	1,64,998
61-63	64,463	83,569	95,904	1,07,615	1,18,243	1,48,296	1,79,168
64	70,414	91,308	1,04,801	1,17,581	1,29,203	1,61,999	1,95,613
65	76,365	99,047	1,13,698	1,27,548	1,40,164	1,75,702	2,12,059
66-68	83,070	1,07,767	1,23,723	1,38,778	1,52,514	1,91,142	2,30,589
69	90,809	1,17,827	1,35,292	1,51,731	1,66,767	2,08,959	2,51,964
70	98,548	1,27,887	1,46,861	1,64,684	1,81,021	2,26,775	2,73,340
71-73	1,07,268	1,39,222	1,59,896	1,79,279	1,97,081	2,46,850	2,97,425
74	1,17,323	1,52,295	1,74,934	1,96,124	2,15,607	2,70,009	3,25,217
75	1,27,378	1,65,368	1,89,973	2,12,968	2,34,134	2,93,169	3,53,009
Above 75	1,38,708	1,80,098	2,06,918	2,31,948	2,55,009	3,19,264	3,84,324

Premium after discount in (Rs.) for 2A – Female & Male

Age-band (in yrs) / SI	500,000	1,000,000	1,500,000	2,000,000	2,500,000	5,000,000	10,000,000
18-33	32,565	42,360	51,227	56,610	64,019	76,757	93,948
34	34,588	44,992	54,253	60,000	67,751	81,420	99,543
35	36,612	47,623	57,279	63,391	71,483	86,084	1,05,139
36-38	38,892	50,588	60,689	67,211	75,688	91,339	1,11,444
39	42,548	55,296	66,081	73,232	82,300	99,566	1,21,286
40	46,205	60,005	71,472	79,254	88,912	1,07,793	1,31,129
41-43	50,325	65,310	77,547	86,039	96,362	1,17,063	1,42,219
44	54,039	70,076	82,571	91,817	1,02,401	1,25,233	1,52,048
45	57,753	74,841	87,594	97,594	1,08,441	1,33,402	1,61,877
46-48	61,938	80,211	93,254	1,04,104	1,15,246	1,42,607	1,72,952
49	65,595	84,986	98,339	1,09,984	1,21,432	1,51,039	1,83,154
50	69,251	89,761	1,03,425	1,15,864	1,27,618	1,59,470	1,93,356
51-53	73,371	95,141	1,09,155	1,22,489	1,34,588	1,68,970	2,04,851
54	80,076	1,03,865	1,19,183	1,33,720	1,46,942	1,84,412	2,23,382
55	86,781	1,12,589	1,29,212	1,44,951	1,59,296	1,99,855	2,41,913
56-58	94,336	1,22,419	1,40,512	1,57,606	1,73,216	2,17,255	2,62,793
59	1,02,985	1,33,682	1,53,479	1,72,139	1,89,208	2,37,263	2,86,817
60	1,11,634	1,44,944	1,66,445	1,86,672	2,05,201	2,57,272	3,10,842
61-63	1,21,379	1,57,634	1,81,055	2,03,047	2,23,221	2,79,817	3,37,912
64	1,32,716	1,72,371	1,98,002	2,22,026	2,44,099	3,05,919	3,69,232
65	1,44,054	1,87,108	2,14,949	2,41,005	2,64,978	3,32,020	4,00,552
66-68	1,56,829	2,03,713	2,34,044	2,62,390	2,88,503	3,61,430	4,35,842
69	1,71,571	2,22,874	2,56,080	2,87,072	3,15,652	3,95,359	4,76,560
70	1,86,312	2,42,035	2,78,117	3,11,753	3,42,800	4,29,288	5,17,279
71-73	2,02,922	2,63,625	3,02,947	3,39,563	3,73,390	4,67,518	5,63,159
74	2,22,079	2,88,533	3,31,591	3,71,642	4,08,677	5,11,631	6,16,093
75	2,41,235	3,13,440	3,60,235	4,03,720	4,43,964	5,55,745	6,69,028
Above 75	2,62,820	3,41,505	3,92,510	4,39,865	4,83,724	6,05,450	7,28,673

Premium after discount in (Rs.) for child

Age upto 25yrs* / SI	500,000	1,000,000	1,500,000	2,000,000	2,500,000	5,000,000	10,000,000
1st C	9,962	11,516	12,390	13,209	13,903	15,970	18,440
2nd C	9,060	10,462	11,253	11,988	12,612	14,472	16,692
3rd C	8,256	9,518	10,226	10,892	11,461	13,126	15,124

*Female child can continue maximum up to 30 yrs if unmarried and unemployed

Premium after discount in (Rs.) for Optional Cover – Cancer

Age-band (in yrs) / SI	500,000	1,000,000	1,500,000	2,000,000	2,500,000
91days-33	2,484	4,981	7,465	9,962	12,446
34	5,337	10,683	16,016	21,362	26,699
35	8,190	16,386	24,567	32,762	40,952
36-43	11,405	22,811	34,202	45,607	57,012
44	16,464	32,928	49,383	65,847	82,311
45	21,523	43,046	64,563	86,086	1,07,609
46-53	27,223	54,446	81,668	1,08,891	1,36,114
54	31,212	62,429	93,641	1,24,853	1,56,069
55	35,201	70,412	1,05,613	1,40,814	1,76,025
56-63	39,696	79,407	1,19,103	1,58,799	1,98,510
64	45,731	91,468	1,37,199	1,82,931	2,28,667
65	51,766	1,03,529	1,55,295	2,07,062	2,58,824
Above 65	58,566	1,17,119	1,75,685	2,34,252	2,92,804

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										
45	11,400	5,00,000	11,400	Nil	11,400	5,00,000	19,365	4,375	14,990	5,00,000
20	7,965	5,00,000	7,965		7,965	5,00,000				
Total Premium for all members of the family is Rs.19,365/- , when each member is covered separately. Sum insured available for each individual is Rs.5,00,000/-			Total Premium for all members of the family is Rs.19,365/- , when they are covered under a single policy. Sum insured available for each family member is Rs.5,00,000/-				Total Premium when policy is opted on floater basis is Rs.14,990/- , Sum insured of Rs.5,00,000/- is available for the entire family (1A+1C)			
Illustration 2										
56	23,490	10,00,000	23,490	Nil	23,490	10,00,000	54,390	19,550	34,840	10,00,000
25	10,300	10,00,000	10,300		10,300	10,00,000				
23	10,300	10,00,000	10,300		10,300	10,00,000				
18	10,300	10,00,000	10,300		10,300	10,00,000				
Total Premium for all members of the family is Rs.54,390/- , when each member is covered separately. Sum insured available for each individual is Rs.10,00,000/-			Total Premium for all members of the family is Rs.54,390/- , when they are covered under a single policy. Sum insured available for each family member is Rs.10,00,000/-				Total Premium when policy is opted on floater basis is Rs.34,840/- , Sum insured of Rs.10,00,000/- is available for the entire family (1A+3C)			

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.

A-Adult | C-Child

LIST I — ITEMS FOR WHICH COVERAGE IS AVAILABLE IN THE POLICY

Sl.NO.	ITEM	Sl.NO.	ITEM
1	BABY FOOD	35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
2	BABY UTILITIES CHARGES	36	SPACER
3	BEAUTY SERVICES	37	SPIROMETRE
4	BELTS/ BRACES	38	NEBULIZER KIT
5	BUDS	39	STEAM INHALER
6	COLD PACK/HOT PACK	40	ARMSLING
7	CARRY BAGS	41	THERMOMETER
8	EMAIL / INTERNET CHARGES	42	CERVICAL COLLAR
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	43	SPLINT
10	LEGGINGS	44	DIABETIC FOOT WEAR
11	LAUNDRY CHARGES	45	KNEE BRACES (LONG/ SHORT/ HINGED)
12	MINERAL WATER	46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
13	SANITARY PAD	47	LUMBO SACRAL BELT
14	TELEPHONE CHARGES	48	NIMBUS BED OR WATER OR AIR BED CHARGES
15	GUEST SERVICES	49	AMBULANCE COLLAR
16	CREPE BANDAGE	50	AMBULANCE EQUIPMENT
17	DIAPER OF ANY TYPE	51	ABDOMINAL BINDER
18	EYELET COLLAR	52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
19	SLINGS	53	SUGAR FREE Tablets
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	55	ECG ELECTRODES
22	TELEVISION CHARGES	56	GLOVES
23	SURCHARGES	57	NEBULISATION KIT
24	ATTENDANT CHARGES	58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	59	KIDNEY TRAY
26	BIRTH CERTIFICATE	60	MASK
27	CERTIFICATE CHARGES	61	OUNCE GLASS
28	COURIER CHARGES	62	OXYGEN MASK
29	CONVEYANCE CHARGES	63	PELVIC TRACTION BELT
30	MEDICAL CERTIFICATE	64	PAN CAN
31	MEDICAL RECORDS	65	TROLLEY COVER
32	PHOTOCOPIES CHARGES	66	UROMETER, URINE JUG
33	MORTUARY CHARGES	67	AMBULANCE
34	WALKING AIDS CHARGES	68	VASOFIX SAFETY