STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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PROSPECTUS - STAR CANCER CARE PLATINUM INSURANCE POLICY

Unique Identification No.: SHAHLIP22031V022122

Star Cancer Care Platinum Insurance Policy provides cover for persons diagnosed with Cancer (any stage). Also provides indemnity coverage for medical expenses incurred for Cancer and Non cancer ailments.

- **Policy Term:** 1 year
- **Type of Policy:** Individual
- **Who can buy this insurance?**
  Persons who have been diagnosed Cancer, aged between 5 months and 65 years can avail this Insurance. Proposer should be aged 18 years and above.
- **Sum Insured Options**
  Section I: Rs.5,00,000/-, Rs.7,50,000/- and Rs.10,00,000/-
  Section II: 50% of Section I sum insured.(Sum Insured under Section II cannot vary)
- **Is there any pre medical tests involved?**
  No. There is no pre medical tests irrespective of age. The previous medical records including details of treatment to be submitted along with proposal.
- **Instalment Facility available :** Premium can be paid Quarterly, Half-yearly. Premium can also be paid Annually.
  For instalment mode of payment, there will be loading as given below:
  - Quarterly: 3%
  - Half Yearly: 2%
- **What are the benefits available under the insurance?**

Section I Indemnity Cover (Applicable for treatment of Cancer and Non Cancer)

If during the period stated in the Policy Schedule the **insured person** sustains bodily **injury** or contracts any **disease** or suffer from any **illness** requiring **Hospitalization** and incurs expenses at any **Nursing Home / Hospital** in India as an **In-patient** (either for treatment of Cancer or for treatment of Non Cancer), the **Company** will indemnify the **Insured Person** such expenses as are **reasonably and necessarily** incurred under the heads given below but not exceeding the Limit of Coverage stated in the policy schedule.

a) Room (Single Standard A/c), Boarding, Nursing expenses as provided by the Hospital / Nursing Home.
Note: Hospitalisation expenses which vary based on the room occupied by the insured person will be considered in proportion to the room category stated in the policy schedule or actuals whichever is less. Proportionate deductions are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category.

b) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.

c) Anesthesia, Blood, Oxygen, Operation Theatre Charges, ICU charges, Surgical appliances, Medicines and Drugs, Diagnostic materials and X-ray, Diagnostic imaging modalities, cost of pacemaker, stent, 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.

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

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

f) **Post Hospitalization Expenses:** Medical expenses incurred up to 60 days immediately after the insured person is discharged from the hospital. The amount payable shall be up to 2% of the basic sum insured per hospitalization

g) All day care procedures are covered.

h) **Cataract treatment:** The company will pay the expenses incurred for treatment of cataract up to the limits mentioned below;

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

i) **Cost of Health Checkup:** Expenses incurred towards Cost of Health check-up up to Rs.2,500/- for every claim free year.
Note:
1. This benefit is payable on renewal and when the renewed policy is in force
2. Payment under this benefit does not form part of the sum insured and will not impact the Bonus.

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.

j) The Insured Person is given the facility of obtaining a **Medical Second Opinion** from a Doctor in the Company's network of Medical Practitioners. All the medical records provided by the Insured Person will be submitted to the Doctor either online: e_medicalopinion@starhealth.in or through post/courier
Subject to the following conditions;
- This should be specifically requested for by the Insured Person
- This opinion is given without examining the patient, based only on the medical records submitted.
- The second opinion should be only for medical reasons and not for medico-legal purposes.
- Any liability due to any errors or omission or consequences of any action taken in reliance of the second opinion provided by the Medical Practitioner is outside the scope of this policy.
- Utilizing this facility alone will not be considered as a claim.

k) **Wellness Service:** This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities. The Insured Person can avail the following services: (i) Diet and Nutrition Program: To strengthen/restore the immune system. (ii) Weight Management Program – To maintain healthy weight (iii) Specialist Consultation –Available through Star Tele-health app.
Note: 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 under this are subject to guidelines issued by IRDAI from time to time

l) **Rehabilitation and Pain Management:** The company will pay the medical expenses for Rehabilitation and Pain Management up to the sub-limit (or) maximum up to 10% of the basic sum insured whichever is less, per policy year.
Note: Company's liability under this benefit shall not exceed 10% of Basic Sum insured

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;
1. Poly Trauma
2. Head injury
3. Diseases of the spine
4. Stroke

Pain Management Treatment

	Subject - Pain Management Cover	Sub-limits (Per Policy Period)	
	Sum Insured (Rs.)	5 Lacs	7.5 and 10 Lacs
	Name of the covered pain management treatment		
1	Lumbar and cervical medial branch block with RF ablation for lumbar and cervical facet joint arthritis	50,000/-	65,000/-
2	Caudal epidural injection for Discogenic pain	30,000/-	40,000/-
3	Lumbar and cervical selective nerve root block for Lumbar and Cervical radicular pain	40,000/-	50,000/-
4	Caudal Neuroplasty for Failed back spine surgery	70,000/-	85,000/-
5	Stellate ganglion ablation for upper limb CRPS	50,000/-	65,000/-
6	Occipital nerve Pulsed RF lesioning for Migraines, Cluster headache and cervicogenic headaches	50,000/-	65,000/-
7	Lumbar sympathetic chain RF ablation for lower limb CRPS,diabetic periphery painful neuropathy and Ischaemic limb pain	50,000/-	65,000/-
8	Gasserian ganglion ablation for Trigeminal neuralgia	50,000/-	65,000/-
9	Intercostal nerve Ablation for post thoracotomy pain and Thoracic malignancy pain	30,000/-	65,000/-

	Subject - Pain Management Cover	Sub-limits (Per Policy Period)	
	Sum Insured (Rs.)	5 Lacs	7.5 and 10 Lacs
	Name of the covered pain management treatment		
10	Coeliac plexus ablation for upper gastrointestinal malignancies pain	40,000/-	65,000/-
11	Superior hypogastric plexus ablation for lower Gastro intestinal malignancies pain	40,000/-	65,000/-
12	Ganglion impar ablation for perineal cancer pain and coccydynia	50,000/-	65,000/-
13	Cooled RF ablation of genicular nerve for grade 1 and 2 osteoarthritis knee and hip	75,000/-	1,00,000/-
14	Suprascapular nerve RF ablation for rotator cuff partial tear and peri arthritis shoulder pain	40,000/-	65,000/-

Important Note:

(i) The above mentioned sub-limits will apply, even if these treatments are taken as part of Hospice Care.

(ii) Rehabilitation and/or Pain management treatment can be taken only at the Authorized centres mentioned in the website – www.starhealth.in

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

Sum Insured (Rs.)	5,00,000/-	7,50,000/-	10,00,000/-
Limit per policy period for each treatment / procedure Rs.			
Uterine artery Embolization and HIFU	1,25,000	1,35,000	1,50,000
Balloon Sinuplasty	50,000	75,000	1,00,000
Deep Brain Stimulation	2,50,000	2,75,000	3,00,000
Oral Chemotheraphy*	Up to 50% of the SI		
Immunotherapy-Monoclonal Antibody to be given as injection			
Intra Vitreal injections	50,000	65,000	75,000
Robotic surgeries	2,50,000	2,75,000	3,00,000
Stereotactic radio surgeries	2,00,000	2,15,000	2,25,000
Bronchical Thermoplast	Covered up to Sum Insured		
Vaporisation of the prostate (Green laser treatment or holmium laser treatment)			
IONM-(Intra Operative Neuro Monitoring)			
Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions	Up to 50% of the SI		

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

n) **Hospice Care**: Payable up to 20% of sum insured at network providers on indemnity basis, payable once in life time. Available after a waiting period of 12 months from the policy inception.

o) **Co-payment**: This policy is subject to co-payment of 10% of each and every claim amount for fresh as well as renewal policies for insured persons whose age at the time of entry is 61 years and above

Section II Lumpsum Cover for Cancer (Optional Cover Available only if specifically opted on payment of additional premium and shown in the policy schedule)

If during the period stated in the Schedule the insured person suffers a recurrence, metastasis, and / or a second malignancy unrelated to first cancer, then the Company will pay a lump sum amount stated in the policy schedule. This benefit is in addition to the sum insured of Indemnity cover under Section I.

Note

1. A waiting period of 30 months is applicable for this lump-sum benefit cover.
2. Claim under this benefit is admissible only if treatment for recurrence, metastasis and/or a second malignancy unrelated to first cancer commences after 30 months from first inception of Star Cancer Care Platinum Insurance Policy.
3. On an admissible claim for lump-sum, the coverage under Section II ceases and the policy will continue with Section I for the sum insured stated in the policy schedule for the remaining policy period.
4. On an admissible claim for lump-sum under Section II, the subsequent renewal, will be for Section I only.

❖ **Cumulative Bonus (Applicable for Section I only):** The insured person will be eligible for Cumulative bonus calculated at 5% of basic sum insured for each claim free year subject to a maximum of 50% of the basic sum insured

Special Conditions

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

❖ **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-Existing Diseases - Code Excl 01

A. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry 30 months of continuous coverage after the date of inception of the first policy with insurer.

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

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

D. Coverage under the policy after the expiry of 30 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

A. 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.

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

C. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.

D. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

E. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

F. List of specific diseases/procedures

1. 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.
2. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology
3. 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].
4. 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),
5. 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.
6. All types of Hernia,
7. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula,
8. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases
9. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies,
10. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele,
11. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence
12. Varicose veins and Varicose ulcers
13. All types of transplant and related surgeries.
14. Congenital Internal disease / defect

3. 30-day waiting period - Code Excl 03

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

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

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

4. **Investigation & Evaluation - Code Excl 04**
   A. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
   B. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

5. **Rest Cure, rehabilitation (except to the extent covered under Section I (l)) and respite care - Code Excl 05:** Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
   1. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
   2. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

6. **Obesity/ Weight Control - Code Excl 06:** Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:
   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:** 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**
   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.

19. Circumcision(unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident), Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA **- Code Excl 19**

20. Congenital External Condition / Defects / Anomalies **- Code Excl 20**

21. Convalescence , general debility, run-down condition, Nutritional deficiency states **- Code Excl 21**

22. Intentional self injury **- Code Excl 22**

23. Injury/disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not) **- Code Excl 24**

24. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/material **- Code Excl 25**

25. Expenses incurred on Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other therapies **- Code Excl 26**

26. Unconventional, Untested, Experimental therapies **- Code Excl 27**

27. Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy **- Code Excl 28**

28. Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted **- Code Excl 29**

29. All treatment for Priapism and erectile dysfunctions **- Code Excl 30**

30. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons) **- Code Excl 31**

31. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable) **- Code Excl 32**

32. Medical and / or surgical treatment of Sleep apnea, treatment for endocrine disorders **- Code Excl 33**

33. Hospital registration charges, admission charges, telephone charges and such other charges **- Code Excl 34**

34. Cost of spectacles and contact lens, hearing aids, walkers and crutches, wheel chairs, Cochlear implants and procedure related hospitalization expenses, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids **- Code Excl 35**

35. Any hospitalizations which are not Medically Necessary **- Code Excl 36**

36. Other Excluded Expenses as detailed in the website www.starhealth.in **- Code Excl 37**

37. Existing disease/s, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), for specified ICD codes **- Code Excl 38**

38. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicine other than allopathy **- Code Excl 39**

39. Naturopathy **- Code Excl 40**

❖ **Moratorium Period:** After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

❖ **Claim 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(For Section I)**
   a. Call the 24 hour help-line for assistance - 1800 425 2255 / 1800 102 4477
   b. Inform the ID number for easy reference
   c. On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk
   d. Obtain the Pre-authorization Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
   e. The Treating Doctor will complete the hospitalization / treatment information and the hospital will fill up expected cost of treatment.

f. This form is submitted to the Company
g. The Company will process the request and call for additional documents/ clarifications if the information furnished is inadequate.
h. Once all the details are furnished, the Company will process the request as per the terms and conditions as well as the exclusions therein and either approve or reject the request based on the merits.
i. In case of emergency hospitalization information to be given within 24 hours after hospitalization

Denial of a Pre-authorization request is in no way to be construed as denial of treatment or denial of coverage. The Insured Person can go ahead with the treatment, settle the hospital bills and submit the claim for a permissible reimbursement.

In non-network hospitals payment must be made up-front by Insured /Insured Person and then reimbursement will be effected on submission of documents upon its admissibility.

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

C. **For Reimbursement claims**: Time limit for submission of

Sl.No.	Type of Claim	Prescribed time limit
1	Reimbursement of hospitalization, day care and pre hospitalization expenses	Claim must be filed within 15 days from the date of discharge from the Hospital.
2	Reimbursement of Post hospitalization	within 15 days after completion of 60 days from the date of discharge from hospital
3	For Section II	Within 15 days of diagnosis of Cancer

D. **Notification of Claim :** Upon hospitalization, notice with full particulars shall be sent to the Company within 24 hours from the time / date of occurrence of the event.

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.

This is condition 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. Pre Admission investigations and treatment papers.
c. Discharge Summary from the hospital in original
d. Cash receipts from hospital, chemists
e. Cash receipts and reports for tests done
f. Receipts from Doctors, Surgeons, Anaesthetist
g. Certificate from the attending doctor regarding the diagnosis
h. Copy of PAN Card
i. NEFT details

F. **For Section II**
i. Certificate from the Treating Doctor confirming the Cancer diagnosis
ii. Clinical, Radiological, Histological, Pathological, Histopathological and laboratory reports in support

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

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

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

Cancellation table applicable without instalment option	
Period on risk	Rate of premium to be retained
Up to one mth	22.5% of the policy premium
Exceeding one mth up to 3 mths	37.5% of the policy premium
Exceeding 3 mths up to 6 mths	57.5% of the policy premium
Exceeding 6 mths up to 9 mths	80% of the policy premium
Exceeding 9 mths	Full of the policy premium
Cancellation table applicable with instalment option of Half-yearly premium payment frequency	
Period on risk	Rate of premium to be retained
Up to 1 Mth	45% of the total premium received
Exceeding one mth up to 4 mths	87.5% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	65% of the total premium received
Exceeding 7 mths up to 10 mths	85% of the total premium received
Exceeding 10 mths	100% of the total premium received
Cancellation table applicable with instalment option of Quarterly premium payment frequency	
Period on risk	Rate of premium to be retained
Up to 1 Mth	87.5% of the total premium received
Exceeding one mth up to 3 mths	100% of the total premium received
Exceeding 3 mths up to 4 mths	87.5% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	85% of the total premium received
Exceeding 7 mths up to 9 mths	100% of the total premium received
Exceeding 9 mths up to 10 mths	85% of the total premium received
Exceeding 10 mths	100% of the total premium received

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

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

❖ **Automatic Expiry:** The insurance under this policy with respect to each relevant Insured Person policy shall expire immediately on the earlier of the following events:
i. Upon the death of the Insured Person.
ii. Upon exhaustion of the Basic sum insured plus bonus under the policy.

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

For Detailed Guidelines on migration, kindly refer the link
https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

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

For Detailed Guidelines on portability, kindly refer the link
https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

❖ **Renewal of Policy:** The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person;
i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal
ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years
iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period
iv. 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. Coverage is not available during the grace period
v. No loading shall apply on renewals based on individual claims experience

- **Possibility of Revision of Terms of the Policy Including the Premium Rates:** The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.
- **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. Grace Period of 7 days would be given to pay the instalment premium due for the policy.
  ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
  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
- **Free Look Period:** The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

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

  If the insured has not made any claim during the Free Look Period, the insured shall be entitled to;
  i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
  ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
  iii. where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;
- **Enhancement of Sum insured:** Sum insured once opted cannot be enhanced even on renewal.
- **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.
- **Buy this insurance:** Please contact our nearest Branch Office /our Agent or visit our website www.starhealth.in for online purchase
- **Relief under Sec 80-D of Income Tax Act**: Insured Person is eligible for relief under Section 80-D of the IT Act in respect of the premium paid by any mode other than cash.
- **Important:** "IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint".
- **Prohibition of Rebates:** Section 41 of Insurance Act 1938 (Prohibition of rebates): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer: Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs rupees.

- **How much does it cost to take this insurance?**
  The premium sheet is attached

Premium Chart (Excluding GST)

Section I : Base Cover			
	Premium Per Year (in Rs.)		
Age Band / Sum Insured (Rs.)	5,00,000	7,50,000	10,00,000
5m-29	14,285	17,995	20,870
30-39	16,190	20,370	23,605
40-49	18,050	22,750	26,340
50-59	19,875	25,130	29,075
60-69	24,430	30,845	35,830
Above 69	28,990	36,540	42,385
Section II : Lump sum cover for Cancer (Optional Cover)			
	Premium Per Year (in Rs.)		
Age Band / Sum Insured (Rs.)	2,50,000	3,75,000	5,00,000
5m-29	10,135	15,200	20,265
30-39	10,135	15,200	20,265
40-49	10,135	15,200	20,265
50-59	10,135	15,200	20,265
60-69	10,135	15,200	20,265
Above 69	10,135	15,200	20,265