STAR Personal & Caring | Health Insurance

Star Health Assure Insurance Policy

SHAHLIP26048V032526

Star Health Assure Insurance Policy

Unique Identification No: SHAHLIP26048V032526

Star Health Assure Insurance Policy is imbued with many new-age features and wider benefits which covers the expenses incurred on hospitalization due to Illness or Accident on individual and floater basis. Coverages like Automatic Restoration of Sum Insured for unlimited number of times in a policy year, wellness discount up to 20%, the inclusion of up to 9 members of a family under family floater and Sum Insured option up to Rs.2 Crore make this policy the need of the hour to overcome the medical contingencies of future.

- **Eligibility**

  i. **Floater Sum Insured**
     a. For Adults – Minimum - 18 years & Maximum - Up to 75 years.
     b. For Dependent Children - Minimum - 16 days & Maximum - Up to 25 years.
     c. In case of dependent children, at the time of renewal when they become 26 years of age, such children can continue under floater Sum Insured till he/she gets married.

  ii. **Individual Sum Insured**
     a. Minimum - 91 days and Maximum upto 75 years.
     b. For Children - Provided Good Health declaration, Pediatrician Opinion and the proposal should be routed through our Central Medical Underwriting Team.

- **Family Definition:** Self + Spouse + Children + Parents + Parents-in-law.
- **Maximum Family Size Covered under Floater Sum Insured:** 6 Adults + 3 Children (6 Adults = Self + Spouse + Parents + Parents-in-law) however the family size can be 9 Adults, if children covered under floater Sum Insured are above 25 years of age.
- **Policy Term:** One year / Two years / Three years: For policies more than one year, the 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 sub-limits are 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.

- **Discounts**

  i. **Floater discount**
     a. For Child - 40% discount is available from 1A premium when he/she becomes 18years in floater policy.
     b. For Parent/Parent in law - 10% discount is available from 1A premium for each parent when they come under floater policy.

  ii. **Long term discount:** In case 2 year policy term, 10% discount is available on 2nd year premium and In case 3 year policy term, 10% discount is available on 2nd and 3rd year premium.

iii. **Early Entry Discount:** A one-time discount of 5% of the premium is applicable for Insured Persons aged up to 45 years at the time of first purchase of this policy, Star Health Assure Insurance Policy. In case of floater policies, age of the eldest Insured Person will be taken into consideration for this discount. In case of long term policies, this discount is applicable only on the 1st year premium. In case of Parent/s are also covered in such floater policies along with Self and/or Spouse, and if the age of the eldest parent/s is above 45 years, then this early entry discount shall not be applicable only to the extent of Premiums applicable for Parent/s.

This discount is not applicable for Renewal, Migration and Portability policies.

- **Type of Policy:** Individual Sum Insured and Floater Sum Insured
- **Sum Insured Options:** Rs.5,00,000/-, Rs.7,50,000/-,Rs.10,00,000/-, Rs.15,00,000/-, Rs.20,00,000/-, Rs.25,00,000/-, Rs.50,00,000/-, Rs.75,00,000/-, Rs.1,00,00,000/- and Rs.2,00,00,000/-

  Note: Sum Insured upto Rs.2,00,00,000/- is available for the persons entering upto 65years and their renewals. For persons entering above 65years the Sum Insured is restricted to Rs.50,00,000/- even for renewals.
- **Medical Underwriting / Pre-Policy Medical Check-up:** The Company may ask the members to be proposed to undergo medical underwriting either through medical tests or any other medium viz tele underwriting etc. This will vary/depend upon the Sum Insured/ Medical History/ Zone and Age. If we accept the proposal, we will reimburse at least 50% of the costs incurred by the member undertaking such Pre-Policy medical check-up.
- **Instalment Facility:** Premium can be paid in Monthly, Quarterly and Half-yearly instalments. In case of Instalment mode of payment, there will be loading on annual premium as given below

  Monthly: 4% | **Quarterly:** 3% | **Half Yearly:** 2%

  Note: Instalment facility is not available for long term (2 year and 3 year) policies.
- **Midterm Inclusion Facility:** Is available on payment of proportionate premium for Newly Wedded spouse, New born baby and Legally adopted child.

  Note:

  i. Waiting periods as stated in the policy will be applicable from the date of inclusion of such newly wedded spouse, new born baby, legally adopted child.
  ii. Such midterm inclusion will be subject to underwriter's approval.
- **Zone Wise Premium - Applicable**

  Zone A: Delhi including Faridabad, Gurgaon, Ghaziabad, Noida, Mumbai MMR including Thane, Ahmedabad, Surat and Vadodara

  Zone B: Pune, Nashik, Trivandrum, Ernakulam, Chennai, Bengaluru, Hyderabad, Secunderabad and Rest of Gujarat

  Zone C: Aligarh, Mathura, Rest of Telangana, Indore, Gwalior, Kollam, Wayanad, Ahmed Nagar, Rest of NCR (including Meerut, Bulandshahar, Saharanpur, Muzaffar Nagar, Alwar, Panchsheel Nagar, Baghpat, Bharatpur, Panipat, Karnal, Hisar, Sonipat, Kurukshetra, Sirsa, Rohtak, Palwal, Kaithal, Fatehabad, Rewari, Bhiwani, Jhajjar, Jind, Mahendragarh, Mewat, Charkhi Dadri)

  Zone D: Rest of India

Coverage

1. **In-patient Treatment:** We will cover the following Medical Expenses incurred in respect of Hospitalization of the Insured Person during the Policy Period, up to the Sum Insured specified in the Policy Schedule against this In-Patient treatment:

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

Sum Insured in lakhs (Rs.)	5/7.5	10/15/20/25	50/75/100/200
Room Rent Criteria	Up to 1% of Sum Insured per day	Any Room (Except suite or above category)	Any room

   Note: Associated Medical expenses which vary based on the room occupied by the Insured Person will be considered in proportion to the room rent 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 rent.

   ii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.

   iii. 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 stent, 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.

2. **Day Care Treatment:** We will cover the Medical Expenses incurred in respect of All Day Care Treatments of the Insured Person during the Policy Period up to the Sum Insured as specified in the Policy Schedule if such Day Care treatment requires hospitalization as an in-patient for less than 24 hours.

3. **AYUSH Treatment:** Medical expenses for Inpatient Hospitalization incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines in a AYUSH Hospital is payable up to the Sum Insured.

   Note: Claims under Yoga and Naturopathy system of treatment will be payable subject to prior approval from the company.

4. **Coverage for Modern Treatment:** Covered up to Sum Insured (For details please refer website: www.starhealth.in).

5. **Pre-Hospitalization Expenses:** Medical expenses incurred up to 60 days immediately before the Insured Person is hospitalized.

6. **Post-Hospitalization Expenses:** Medical expenses incurred up to 180 days immediately after the Insured Person is discharged from the hospital.

7. **Road Ambulance:** Subject to an admissible hospitalization claim, road ambulance expenses incurred for the following are payable:

   i. for transportation of the Insured Person by private ambulance service to go to hospital when this is needed for medical reasons

   or

ii. for transportation of the Insured Person by private ambulance service from one hospital to another hospital for better medical treatment

or

iii. for transportation of the Insured Person from the hospital where treatment is taken to their place of residence (if it is in same city) provided the requirement of an ambulance to the residence is certified by the medical practitioner.

8. **Air Ambulance:** Air ambulance expenses are payable subject to an admissible hospitalization claim, the Insured Person(s) is/are eligible for reimbursement of expenses incurred towards the cost of air ambulance service up to 10% of Sum Insured per policy year.

9. **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 benefit is over and above the Limit of Coverage and up to the Sum Insured. This additional Sum Insured can be utilized by the Donor and not by the Insured.

10. **Home Care Treatment:** Payable up to 10% of the Sum Insured subject to maximum of Rs.5 lakhs in a policy year, for treatment availed by the Insured Person at home, only for the specified conditions, listed in the terms and conditions of the policy which in normal course would require care and treatment at a hospital but is actually taken at home.

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

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

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

12. **Cumulative Bonus:** The Insured Person will be eligible for Cumulative bonus calculated at 25% of Sum Insured for each claim free year and maximum up to 100% of the Sum Insured.

    Special Conditions:

    i. The Cumulative bonus will be calculated on the expiring Sum Insured.

    ii. 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.

    iii. In the event of a claim resulting in;
        a. Partial utilization of Sum Insured, such cumulative bonus so granted will not be reduced.
        b. Full utilization of Sum Insured and nil utilization of cumulative bonus accrued, such cumulative bonus so granted will not be reduced.

c. 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. At any point of time, the Cumulative Bonus will not be less than "zero".

d. Full utilization of Sum Insured and full utilization of cumulative bonus accrued, the cumulative bonus granted on renewal will be "nil" or "zero".

13. **Automatic Restoration of Sum Insured:** The policy provides automatic restoration of Sum Insured subject to the following condition;

    i. Sum Insured will be restored unlimited number of times and maximum up to 100% each time, which can be utilized for a subsequent hospitalization.

    ii. The restoration will trigger immediately upon partial/ full utilization of the Sum Insured, which can be utilized for a subsequent hospitalization.

    iii. On partial utilization of the Sum Insured, it will be restored up to extent of utilization.

    iv. On full utilization of the Sum Insured, it will be restored to 100%.

    v. The Restored Sum Insured can be used for all claims including for modern treatment, but for a subsequent hospitalization.

    vi. The maximum payable amount for a single claim under restoration benefit shall not be more than the Sum Insured.

14. **Treatment for Chronic Severe Refractory Asthma:** In-patient hospitalization/Day Care treatment/Home Care Treatment/Out-patient treatment expenses incurred for treatment of Chronic Severe Refractory Asthma by Advanced Medicine, if recommended by the treating Medical practitioner (Pulmonologist) is payable up to 10% of Sum Insured not exceeding Rs.5 lakhs per policy period per policy year.

15. **Delivery Expenses:** Expenses for a Delivery including Delivery by Caesarean section (including pre-natal and post natal expenses) up-to 10% of the Sum Insured is payable, subject to the following:-

    i. Benefit under this section is subject to a waiting period of 24 months from the date of first commencement of Star Health Assure Insurance policy and its continuous renewal thereof with the Company.

        a. This benefit is available only for a maximum of 2 deliveries in the life time under this Policy.

        b. There is no waiting period for subsequent deliveries

    ii. This cover is available only when

        a. Both self and spouse are covered under this policy for a continuous period of 24 months under Individual or floater Sum Insured.

    iii. Pre-Hospitalization and Post-Hospitalization expenses are not applicable for this section.

16. **In Utero Fetal Surgery/Intervention:** The Company will pay the expenses incurred for listed In Utero Fetal Surgeries and Procedures after the waiting period of 24 months from the date of inception of this policy.

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

17. **Assisted Reproduction Treatment:** The Company will reimburse medical expenses incurred on Assisted Reproduction Treatment as per the table mentioned below, for sub-fertility subject to:

i. A waiting period of 24 months from the date of first inception of this policy with the Company for the Insured Person.

ii. Company will pay for one Assisted Reproduction Treatment cycle in a policy year.

iii. For the purpose of claiming under this benefit, in-patient treatment is not mandatory.

Sum Insured (Rs.)	Limit of Liability in a policy year (Rs.)
5,00,000/-, 7,50,000/-	1,00,000/-
10,00,000/-, 15,00,000/-, 20,00,000/-, 25,00,000/-	2,00,000/-
50,00,000/-, 75,00,000/-, 1,00,00,000/-, 2,00,00,000/-	4,00,000/-

18. **Hospitalization expenses for treatment of New Born Baby:** Expenses up-to the limit mentioned in the below given table incurred in a hospital / nursing home on treatment of the New born for any disease, illness (including any congenital disorders) or accidental injuries are payable from Day 1 of its birth till the expiry date of the policy.

    Note: This cover is available only If Delivery Expenses Claim is paid under this policy or if Mother is covered under this policy for a continuous period of 12 months without break.

Sum Insured in Lakhs (Rs.)	Limit Per Policy Period (Rs.)
5,00,000/-, 7,50,000/-, 15,00,000/-, 20,00,000/-, 25,00,000/-	2,00,000/-
50,00,000/-, 75,00,000/-, 1,00,00,000/-, 2,00,00,000/-	4,00,000/-
Note: The above mentioned sub-limits will not apply for treatment related to congenital Internal disease / defects for the new born	

19. **Shared accommodation:** If the Insured Person occupies, a shared accommodation during in-patient hospitalization, then amount of Rs.1,000/- per day will be payable for each continuous and completed period of 24 hours of stay in such shared accommodation.

20. **Preventive Health Check-up:** We will arrange for a Preventive Health Check-up at Our Network Providers for the applicable limits as specified below as per opted Sum Insured and subject to the conditions specified below:

Sum Insured (Rs.)	Limit Up to (Rs.)	
	Individual	Floater
5,00,000/- and 7,50,000/-	1,500/-	2,500/-
10,00,000/-	2,000/-	5,000/-
15,00,000/-	4,000/-	8,000/-
20,00,000/- to 50,00,000/-	5,000/-	10,000/-
75,00,000/- to 2,00,00,000/-	8,000/-	15,000/-

21. **E-Domestic Second Medical Opinion:** The Insured Person can obtain a Second Medical Opinion from a Doctor in the Company's network of Medical Practitioners practicing in India. All the medical records provided by the Insured Person will be submitted to the Doctor chosen by him / her online and the medical opinion will be made available directly to the Insured by the Doctor. The Insured Person can obtain an E-Domestic Second Medical Opinion via Star Health Mobile App, by booking an appointment with a Doctor.

22. **Unlimited Tele-Consultation:** The Insured Person can avail unlimited number of Tele-consultations on Star Health mobile application or digital platforms.

23. **AI driven Face Scan:** The Insured Person can avail, AI-driven face scan facility by using Star Health mobile app to know the vital parameters such as heart rate, oxygen saturation, respiration rate up to two times per month per Insured Person in a Policy Year.

24. **Compassionate travel:** In the event of the Insured Person being hospitalized for a life threatening emergency at a place away from his usual place of residence as recorded in the policy, the Company will reimburse the transportation expenses by air incurred up to Rs.10,000/- for one immediate family member(other than the travel companion) for travel towards the place where hospital is located, provided the claim for hospitalization is admissible under the policy.

25. **Repatriation of Mortal Remains:** Following an admissible claim for hospitalization under the policy, the Company shall reimburse up to Rs.15,000/- in a policy year towards the cost of repatriation of mortal remains of the Insured Person (including the cost of embalming and coffin charges) to the residence of the Insured as recorded in the policy.

26. **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 20% 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.

    i. Poly Trauma ii. Head injury iii. Diseases of the spine iv. Stroke

    Pain Management treatment: The Company will pay expenses for treatement of pain management subject to the limits.

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

27. **Coverage for Non-medical Items (Consumables):** Covered subject to an admissible claim under the policy. (For details please refer website: www.starhealth.in)

28. **Treatment in Valuable Service Providers Network:** In the event of hospitalization in Valuable Service Provider Network, an amount calculated at 1% of Sum Insured subject to a maximum of Rs.5,000/- per policy period is payable as lump sum.

29. **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 Person whose age at the time of entry is 61 years and above.

30. **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 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 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	4%
351 to 600	10%
601 to 750	14%
751 to 1000	20%

Please refer website www.starhealth.in for more details

31. **Optional Cover to choose deductible:** If the Insured Person chooses any of the following deductible, the Company will provide a discount on premium as per the table given below;

Sum Insured	Aggregate Deductible Option	Discount offered
Up to Rs. 20 lakhs	Rs. 50,000/-	45%
	Rs. 1,00,000/-	55%
Above Rs. 20 lakhs	Rs. 50,000/-	35%
	Rs. 1,00,000/-	50%
Note: This deductible is applicable for every policy year (on Aggregate basis)		

Illustration of deductible	
If an Insured with 10 Lac Sum Insured opted for an aggregate deductible of Rs.50,000 in a year, lets understand how this deductible will be applied	
First Policy Year	
Sum Insured	Rs. 10,00,000/- (Opted Deductible is Rs. 50,000/-)
What does opting a deductible mean	Coverage will start once the Insured incurs single/ multiple claims that add up to the deductible amount in a policy year
1st Claim (Injury due to Accident)	Rs. 50,000/- (Not paid by us as it is within Deductible limit)
Balance Sum Insured	Rs. 10,00,000/-
2nd Claim (Dengue fever)	Rs. 65,000/- (Payable as the deductible limit of Rs. 50,000/- is already exhausted in the policy year)
Balance Sum Insured	Rs. 9,35,000/-
3rd Claim (bacterial gastroenteritis)	Rs. 55,000/- (Payable as the deductible limit of Rs. 50,000/- is already exhausted in the policy year)
Balance Sum Insured	Rs. 8,80,000/-

EXCLUSIONS

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

Standard Exclusions

1. **Pre-Existing Diseases - Code- Excl 01:**

   A. **Applicable for 3 year Policy Term:** Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 30 months of continuous coverage after the date of inception of the first policy with insurer.

   Applicable for 1 year and 2 year Policy Term: Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 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 applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

   D. **Applicable for 3 year Policy Term:** 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.

   Applicable for 1 year and 2 year Policy Term: Coverage under the policy after the expiry of 36 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 – {except for Unborn in Coverage (16) and New born in Coverage(18)}.

    Note: Waiting period for the following benefits are as follows

    a. **Delivery Expenses Cover:** Benefit under this section is subject to a waiting period of 24 months from the date of first commencement of Star Health Assure Insurance policy and its continuous renewal thereof with the Company.

    b. **In Utero Fetal Surgery / Intervention:** The Company will pay the expenses incurred for In Utero Fetal Surgeries and Procedures after the waiting period of 24 months from the date of inception of this policy.

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

    c. **Assisted Reproduction Treatment:** A waiting period of 24 months from the date of first inception of this policy with the Company for the Insured Person.

    d. **New Born Baby Cover:** This cover is available only if Delivery expenses claim is paid under this policy or if Mother is covered under this policy for a continuous period of 12 months without break.

3. **30-day waiting period – Code Excl 03**

   i. 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.

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

   iii. 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**

   i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.

   ii. 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 26) and respite care – Code Excl 05:**
   Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

   i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non–skilled persons.

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

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

   A. Surgery to be conducted is upon the advice of the Doctor

   B. The surgery/procedure conducted should be supported by clinical protocols

   C. The member has to be 18 years of age or older and

   D. Body Mass Index(BMI);

      1. greater than or equal to 40 or

      2. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:

         a. Obesity-related cardiomyopathy

         b. Coronary heart disease

         c. Severe Sleep Apnea

         d. Uncontrolled Type2 Diabetes

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 (Except to the extent covered under Coverage 17) – Code Excl 17:** Expenses related to sterility and infertility. This includes;

    a. Any type of contraception,sterilization

    b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

    c. Gestational Surrogacy

    d. Reversal of sterilization

18. **Maternity – Code Excl 18 (Except to the extent covered under Coverage 15)**

    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 18) **- 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 for post–bite treatment and for medical treatment for therapeutic reasons) **- Code - Excl 31**

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

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) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the Sum Insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

- **Claim Settlement:**

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

  ii. Emergency Hospitalization (Cashless/Reimbursement): Within 24 hours of date and time of Hospitalization if the Insured Person has been hospitalized in an Emergency.

  iii. Planned Hospitalization (Cashless/Reimbursement): At least 48 hours prior to the proposed treatment or date and time of Hospitalization whichever is earlier.

iv. Cashless facility wherever possible in network hospital

v. In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents subject to terms and conditions of the policy

vi. KYC (Identity proof with Address) of the proposer, as per AML Guidelines

vii. NEFT documents viz., Customer name, Bank Account No., Name of the Bank, IFSC code

viii. CKYC No. of the proposer (if available)

- **Renewal of policy:** The policy shall be renewable provided the product is not withdrawn, except in case of established fraud or non-disclosure or misrepresentation by the Policyholder. If the product is withdrawn, the policyholder shall be provided with suitable options to migrate as per the procedure stated under "withdrawal clause".

  i. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period of 30 days.

  ii. While coverage is not available during the Grace Period, if the policy is renewed during the Grace Period, all the credits (Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc.) accrued under the policy shall be protected.

- **Premium Payment in Instalments:** If the Policyholder has opted for Payment of Premium on an Instalment basis i.e. Half Yearly or Quarterly or Monthly 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 Policyholder will get the accrued continuity benefit in respect of the (Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc.) 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 instalments 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.

- **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 up to 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.

- **Disclosure of Information:** The policy shall be 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.
- **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

  i. 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.

  ii. Upon exhaustion of the Sum Insured, Limit of Coverage, Limit of Coverage plus Restore Sum Insured.

- **Migration:** In case of migration of one policy to another with the same insurer, the Policyholder (including all members under family cover and group insurance policies) can transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc. in the previous policy to the migrated policy.
- **Portability:**

  i. The Policyholder has the choice to port his / her policy from one Insurer to another by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability.

  ii. The Policyholder is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc. from the existing Insurer to the Acquiring Insurer in the previous 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 Policyholder 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. If the Policyholder is not satisfied with any of the terms and conditions and has not made any claim, the Policyholder has the option to cancel his/her policy. This option is available in case of policies with a term of one year or more.

  The Policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any incurred by the Insurer on medical examination of the proposer and stamp duty charges.

- **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 : Star Health and Allied Insurance Company Limited., 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, as amended from time to time

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

- **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.
- **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:** In the likelihood of this product being withdrawn in future, the Company will intimate the Policyholder about the same 90 days prior to expiry of the policy.
    i. A one-time option to renew the existing product, if renewal falls within the 90 days from the date of withdrawal of the product, or
    ii. Policyholder will have the option to migrate to similar health insurance product available with the Company at the time of renewal. Policyholder can transfer the credits gained (to the extent of Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc.) in the previous policy to the migrated policy, provided the policy has been maintained without a break.
- **The Company:** Star Health and Allied Insurance Co. Ltd., commenced its operations in 2006 as India's first Standalone Health Insurance provider. As an exclusive Health Insurer, the Company is providing sterling services in Health, Personal Accident & Overseas Travel Insurance and is committed to setting international benchmarks in service and personal caring.
- **Star Advantages**
    i. No Third Party Administrator, direct in-house claims settlement
    ii. Faster and hassle – free claim settlement
    iii. Cashless hospitalization
- **Tax Benefits:** Payment of premium by any mode other than cash for this insurance is eligible for relief under Section 80D of the Income Tax Act 1961.
- **TAXES ARE SUBJECT TO CHANGES IN TAX LAWS**
- **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.

The information provided in this brochure is only indicative. This is only a summary of selective SI and features of this Product. For more details on the risk factors, terms and conditions, please read the policy wordings before concluding sale Or visit our website www.starhealth.in

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Star Health and Allied Insurance Co. Ltd.

Registered Office: No: 1, New Tank Street, Valluvarkottam High Road, Nungambakkam, Chennai – 600 034 | Phone : 044 - 2828 8800

Corporate Office: No. 148, Acropolis, Dr. Radha Krishnan Salai, Mylapore, Chennai - 600 004 | Phone : 044 - 4788 6666

Email: support@starhealth.in | Website: www.starhealth.in
CIN: L66010TN2005PLC056649 | IRDAI Regn. No.: 129

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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.