STAR Personal & Caring | Health Insurance

Star Health Assure Insurance Policy

SHAHLIP26048V032526

Prospectus

Star Health Assure Insurance Policy

Unique Identification No: SHAHLIP26048V032526

Star Health Assure Insurance Policy is an unique indemnity health insurance product which covers expenses incurred on hospitalization due to Illness or Accident.

Some of the benefits offered are:

i. Automatic Restoration of Sum Insured for an unlimited number of times in a Policy Year

ii. Home Care Treatment for the specified conditions

iii. Ayush Treatment covered up to the Sum Insured

iv. Non Medical items (Consumables) like gloves, food charges etc are covered up to the Sum Insured

v. Modern Treatments are covered up to the Sum Insured

vi. Delivery Expenses, Assisted Reproduction Treatment (For Sub-fertility), Treatment of New Born Baby are covered with sublimits

vii. In Utero Fetal Surgery / Intervention is covered up to the Sum Insured

viii. Wellness discount is available up to 20% on the renewal premium

ix. Preventive Health Check-up, Unlimited Tele-Consultation and AI driven Face Scan

x. Rehabilitation and Pain management is covered

xi. Option is available to choose Deductible

❖ **Entry Age:**

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 up to 75 years.
b. 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) and 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 year / Three year.** 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.
- **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.
- **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: Rs.75,00,000/- Rs.1,00,00,000/- and Rs.2,00,00,000/- Sum Insured will be available for persons aged up to 65 years only. This is applicable only at the time of inception of this policy.
- **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:

  i. Monthly: 4% ii. Quarterly: 3% iii. 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

❖ **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.

❖ **Health Questionnaire Discount:** The Company will provide discount up to 10% (5% + 5%) on the applicable premium during inception or upon each renewal if the following health questionnaires related to lifestyle and habits are answered by the insured at the time of purchase/renewal of this policy.

Note: The discount will be given only if all the Adult Members proposed for Insurance answered the questions at the time of purchase/renewal of this policy.

	Health Questionnaire - 1
	Activity Related Questions
1.	How many days in a week you do physical exercise for at least 20 minutes? a. Never or Rarely b. 1 – 2 times a week c. More than 3 times a week
2.	How many hours do you sleep at night on daily basis? a. Less than 6 hours a day b. 6 – 7 hours a day c. More than 8 hours a day
3.	Do you walk at least half an hour daily? a. Yes b. No
	Life Style related Questions
4.	Are you able to spend quality time with your family on daily basis? a. Yes b. No
5.	How often do you feel stressed out due to work pressure? a. Rarely b. Frequently
	Nutrition related Questions
6.	How many glasses of water do you drink on daily basis? a. Less than 6 glasses b. 6 – 7 glasses c. More than 7 glasses
7.	Do you eat protein (Green vegetable (or) Dairy Products, Chicken, Pulses, Eggs) two or more times a week? a. Yes b. No

	Health Questionnaire - 2
	Activity Related Questions
1.	At what intensity (how hard) do you usually exercise? a. Light (casual walk) b. Moderate (brisk walk) c. Vigorous (jog/run)

2.	How would you rate the quality of your sleep? a. Average b. Good c. Excellent
3.	How many total hours sitting do you have each day (including at work and school)? a. Less than 6 hours a day b. 6 – 7 hours a day c. More than 8 hours a day
	Life Style related Questions
4.	Do you regularly engage in activities that help you relax (e.g., hobbies, reading, and meditation)? a. Yes b. No
5.	Do you engage in regular preventive health check-ups or screenings? a. Regularly b. Rarely c. Never
	Nutrition related Questions
6.	Do you regularly include healthy fats in your diet (e.g., nuts, seeds, olive oil, and avocado)? a. Regularly b. Rarely c. Never
7.	How often do you consume processed or high-sugar foods? a. Regularly b. Rarely c. Never

❖ What are the benefits available under the insurance?

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 Hospitalizations incurred on treatment under Ayurveda, Unani, Siddha 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:** The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to Sum Insured (including Pre and Post hospitalization expenses) during the Policy Period;

   i. Uterine artery Embolization and HIFU

   ii. Balloon Sinuplasty

   iii. Deep Brain Stimulation

   iv. Oral Chemotherapy

   v. Immunotherapy-Monoclonal Antibody to be given as injection

   vi. Intra Vitreal injections

   vii. Robotic surgeries

   viii. Stereotactic radio surgeries

   ix. Bronchical Thermoplasty

   x. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)

   xi. IONM-(Intra Operative Neuro Monitoring)

   xii. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions

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, provided that
   i. It is for emergency care of the Insured Person which requires immediate and rapid ambulance transportation to the hospital/medical centre that ground transportation cannot be provided.
   ii. Necessary medical treatment not being available at the location where the Insured Person is situated at the time of Emergency
   iii. It is prescribed by a Medical Practitioner and is Medically Necessary;
   iv. The Insured Person is in India and the treatment is in India only
   v. Such Air ambulance should have been duly licensed to operate as such by Competent Authorities of the Government/s.
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 mentioned below, which in normal course would require care and treatment at a hospital but is actually taken at home provided that:

    i. The Medical practitioner advises the Insured Person to undergo treatment at home.

    ii. There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the Home Care Treatment.

    iii. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.

    iv. Insured can avail "Home Care Treatment" service on cashless basis from the list of our Network service providers given in our website "www.starhealth.in".

    v. Claim under this benefit forms part of Sum Insured.

    List of Conditions covered under Home Care Treatment:

    a. Fever and Infectious diseases which can be managed as Inpatient
    b. Uncomplicated Urinary tract infections but needing Parenteral Antibiotics
    c. Asthma and COPD -Mild Exacerbations needing Home Nebulization
    d. Acute Gastritis/Gastroenteritis
    e. I.V. Chemotherapy [Where advised by the doctor]
    f. Palliative Cancer care requiring medical assistance
    g. Acute Vertigo
    h. Diabetic foot and Cellulitis
    i. IVDP [Cervical and Lumbar disc diseases]
    j. Major Surgeries/Arthroplasties needing IV Antibiotics Post Discharge
    k. Care for Brain and Spinal Injury Cases Post Discharge
    l. Post CVA Care at Home after Discharge
    m. Chronic Severe Refractory Asthma (by Advanced Medicine)

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.

Hospitalization due to continuous period of illness including its relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken will be considered as same hospitalization as per "Any one Illness" definition. Any claim payable under this benefit shall be subject to the definition as provided under "Any one Illness".

Unlimited Restoration – illustration

If there are 2 insured members with Sum Insured of 10 Lacs each, lets understand how restoration benefit will apply to each under different circumstances.

		Insured 1	Insured 2
Sum Insured		**Rs. 10,00,000**	**Rs. 10,00,000**
	No Claim Bonus (NCB)	0	Rs. 5,00,000
	Total Available amount	Rs. 10,00,000	Rs. 15,00,000 **(Sum Insured 10 Lac + NCB 5 Lac)**
1st Claim	1st Claim	Rs. 5,00,000	Rs. 5,00,000
	Claim paid amount	Rs. 5,00,000	Rs. 5,00,000
	Will the restoration kick in? Yes, Why – Since there is partial utilization of Sum Insured.	Rs. 5,00,000 **(Restored Sum Insured)**	Rs. 5,00,000 **(Restored Sum Insured)**
Available amount for next claim		Rs. 10,00,000 **(Restored SI 5 Lac + Balance SI 5 Lac)**	Rs. 15,00,000 **(Restored SI 5 Lac + Balance SI 5 Lac+ NCB 5 Lac)**
2nd Claim	2nd Claim **(For Same / different illness)**	Rs. 15,00,000	Rs. 15,00,000
	Claim paid amount	Rs. 10,00,000	Rs. 15,00,000
	Will the restoration kick in? **Yes, Why – Since there is full utilization of Sum Insured.**	Rs. 10,00,000 **(Restored Sum Insured)**	Rs. 10,00,000 **(Restored Sum Insured)**
Available amount for next claim		Rs. 10,00,000 **(SI is Restored up to 100%)**	Rs. 10,00,000 **(SI is Restored up to 100%)**
3rd Claim	3rd Claim **(For Same / different illness)**	Rs. 11,00,000	Rs. 11,00,000
	Claim paid amount	Rs. 10,00,000	Rs. 10,00,000
	Will the restoration kick in? **Yes, Why – Since there is full utilization of Sum Insured.**	Rs. 10,00,000 **(Restored Sum Insured)**	Rs. 10,00,000 **(Restored 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.

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 In Utero Fetal Surgeries and Procedures mentioned below 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.

Types of in utero-surgeries covered:

i. Open Fetal Surgery
ii. Fetendo Fetal Surgery
iii. Fetal Image-Guided Surgery (FIGS-IT)
iv. 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	Fetoscopic 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:

i. Amniotic band syndrome
ii. Bronchopulmonary sequestration of the lung
iii. Congenital cystic adenomatoid malformation (CCAM) of the lung
iv. Congenital diaphragmatic hernia (CDH)
v. Congenital high airway obstruction syndrome (CHAOS)
vi. Fetal anemia
vii. Lower urinary tract obstruction (LUTO)
viii. Mediastinal teratoma
ix. Neck mass
x. Sacrococcygeal teratoma (SCT)
xi. Spina bifida (myelomeningocele)
xii Twin reversed arterial perfusion (TRAP) sequence
xiii. Twin-twin transfusion syndrome (TTTS)

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

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:

i. Pre and Post treatment expenses.

ii. Sub-fertility services that are deemed to be unproven, experimental or investigational.

iii. 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.

iv. Reversal of voluntary sterilization.

v. 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.

vi. Payment for services rendered to a surrogate.

vii. Costs associated with cryopreservation and storage of sperm, eggs and embryos.

viii. Selective termination of an embryo.

ix. Services done at unrecognized centre.

x. Surgery / procedures that enhances fertility like Tubal Occlusion, Bariatric Surgery, Diagnostic Laparoscopy with Ovarian Drilling and such other similar surgery / procedures.

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.

Special Conditions applicable for this section:

i. 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.

ii. Intimation about the birth of the New Born should be given to the company and the coverage will be given to the New Born from the first day of its birth.

iii. Exclusion no.1 (Code-Excl 01), Exclusion no.2 (Code-Excl 02), Exclusion no.3 (Code-Excl 03) and Exclusion no.20 (Code-Excl 20) as stated under this policy shall not apply for the New Born baby cover.

iv. In the subsequent years, the New Born Baby will be covered up to the Sum Insured (without any underwriting and the entry age criteria), if the policy holder opts the coverage for New Born and pays the premium.

v. Enhancement of Sum Insured is subject to Underwriter's approval.

Sum Insured in lakhs (Rs.)	Limit Per Policy Period (Rs.)
5/ 7.5/ 10/ 15/ 20/ 25	2,00,000
50/ 75/ 100/ 200	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.

Note:

i. This benefit is payable only if there is an admissible claim for hospitalization under the policy

ii. This benefit will not be applicable where the sanction is on package rates

iii. Insured stay in Intensive Care Unit or High Dependency Units / wards will not be counted for this purpose

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	1,500	2,500
7,50,000	1,500	2,500
10,00,000	2,000	5,000
15,00,000	4,000	8,000
20,00,000	5,000	10,000
25,00,000	5,000	10,000
50,00,000	5,000	10,000
75,00,000	8,000	15,000
1,00,00,000	8,000	15,000
2,00,00,000	8,000	15,000

i. An initial waiting period of 30 days shall apply from the first inception of Policy. This waiting period shall not be applicable during subsequent renewals.

ii. Health Check-up can be availed once per Policy Year per Insured Person who is covered as Adult in the Policy and all the tests must have been done on the same date.

iii. This cover can be availed through Star health mobile application, other digital platforms, or by calling at our Toll free number: 1800 425 2255.

iv. The Network Provider/Health Service Provider shall be assigned by Us upon receiving the Insured Person's request to avail a Health Check-up under this cover.

v. Utilization of this Health Check-up shall not impact the Sum Insured.

vi. In case of long term policies, Insured Person(s) are eligible for a Health Check-up once every Policy Year.

Note: Payment of any claim under this benefit 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.

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.

    Special Conditions:

    i. This should be specifically requested for by the Insured Person.

    ii. This opinion is given based only on the medical records submitted without examining the patient.

    iii. The second opinion should be only for medical reasons and not for medico-legal purposes.

    iv. 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.

    v. Utilizing this facility alone will not amount to making a claim.

    Note: Medical Records / Documents submitted for utilizing this facility will not prejudice the Company's right to reject a claim in terms of policy.

22. **Unlimited Tele-Consultation:** We will arrange Tele Consultations with qualified Medical Practitioner or Healthcare professional through various modes of communication like audio, video, online portal, chat through Star Health mobile application or digital platforms.

    The services provided under this cover will be made available subject to following conditions:

    i The Medical Practitioner may recommend over-the-counter medications based on the information provided.

    ii. Tele Consultations should not substitute in-person consultation with independent Medical Practitioner/ Healthcare professional.

    iii. The proposer should seek assistance from a health care professional when interpreting and applying them to the Insured Person's individual circumstances. If the Insured Person has any concerns about His/ her health, He/ She may consult His/ her general practitioner. We shall not hold any responsibility towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner/ Health care professional.

    iv. There shall be no maximum limit on the count of Tele-Consultations that can be availed in a Policy Year by each Insured Person.

v. We/Medical Practitioner/Health care professional may refer the Insured Person to another specialist or a general physician (outside of our empaneled network) if required, and the charges for such specialist or a general physician will have to be borne by the Insured Person.

vi. We shall not be liable for any discrepancy in the information provided under this cover.

vii. Availing services is at the sole discretion and risk of the Insured Person.

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.

    Note: The AI-driven face scan facility is a software / AI based assessment and should not be used as substitute for professional medical advice.

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:

S No	Name of the covered pain management treatment	Sub-limits (Per Policy Year) (Rs.)	
	Sum Insured (Rs in Lac)	5/7.5/10/15/20	25 & above
1	Lumbar and cervical medial branch block with RF ablation for lumbar and cervical facet joint arthritis	65,000/-	75,000/-
2	Caudal epidural injection for Discogenic pain	40,000/-	50,000/-
3	Lumbar and cervical selective nerve root block for Lumbar and Cervical radicular pain	50,000/-	60,000/-
4	Caudal Neuroplasty for Failed back spine surgery	85,000/-	1,00,000/-
5	Stellate ganglion ablation for upper limb CRPS	65,000/-	75,000/-
6	Occipital nerve Pulsed RF lesioning for migraines,cluster headache and cervicogenic headaches	65,000/-	75,000/-
7	Lumbar sympathetic chain RF ablation for lower limb CRPS,diabetic periphery painful neuropathy and Ischaemic limb pain	65,000/-	75,000/-
8	Gasserian ganglion ablation for Trigeminal neuralgia	65,000/-	75,000/-
9	Intercostal nerve ablation for post thoracotomy pain and Thoracic malignancy pain	65,000/-	75,000/-
10	Coeliac plexus ablation for upper gastrointestinal malignancies pain	65,000/-	75,000/-
11	Superior hypogastric plexus ablation for lower Gastro intestinal malignancies pain	65,000/-	75,000/-
12	Ganglion impar ablation for perineal cancer pain and coccydynia	65,000/-	75,000/-
13	Cooled RF ablation of genicular nerve for grade 1 and 2 osteoarthritis knee and hip	1,00,000/-	1,25,000/-
14	Suprascapular nerve RF ablation for rotator cuff partial tear and peri arthritis shoulder pain	65,000/-	75,000/-

Important Note:

i. 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):** If there is an admissible claim under inpatient / day care of the policy, then Items as per List I will become payable.

28. **Treatment in Valuable Service Providers Network:** In the event of hospitalization in Valuable Service Providers 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.

Note:

i. This benefit is payable only if there is an admissible claim for hospitalization under the policy.

ii. This benefit shall be paid if a hospital is a part of the Valuable Service Providers Network list as on date of admission.

iii. Payment under this benefit does not form part of the Sum Insured.

iv. The Company shall not be responsible for the quality of the treatment in the Valuable Service Providers Network.

v. For the list of Valuable Service Providers Network, please visit our company website www.starhealth.in

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 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 (from Serial Number 1 to 5) are applicable for the Insured Person(s) aged 18 years and above only. The following table shows the discount on premium available under the Wellness Program;

Wellness Points Earned	Discount in Premium
200 to 350	4%
351 to 600	10%
601 to 750	14%
751 to 1000	20%

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

Family Size	Weightage
Self, Spouse	1:1
Self, Spouse and Dependent Children (up to 17 years)	1:1:0:0:0
Self, Spouse and Dependent Children (18 years and above)	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.

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 "Star Health" 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.	Medical Concierge Services	
7.	Digital Health Vault	
8.	Wellness Content	
9.	Post-Operative Care	
10.	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:

List of Fitness Initiatives and Wellness points		
	Initiative	**Wellness Points**
a.	Participating in Walkathon, Marathon, Cyclothon and similar activities - On submission of BIB Number along with the details of the entry ticket taken to participate in the event.	100
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 Health" Mobile App as mentioned below:

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

Note:
- First month and last month in each Policy Year will not be taken into consideration for calculation of average number of steps per day under Stay Active.
- The "Star Health" 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 Health" Mobile App.

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. **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.
7. **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.
8. **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.
9. **Post Operative Care:** It is done through follow up phone calls (primarily for surgical cases) for resolving their medical queries.
10. **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

i. Any information provided by the Insured in this regard shall be kept confidential.

ii. There will not be any cash redemption against the wellness reward points.

iii. Insured should notify and submit relevant documents, reports, receipts etc for various wellness activities within 1 month of undertaking such activity/test.

iv. 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.

v. 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.

vi. We reserve the right to remove the wellness reward points if found to be achieved in unfair manner.

vii. Star Health, its group entities, or affiliates, their respective directors, officers, employees, agents, vendors, are not responsible or liable for, anyactions, claims, demands, losses, damages, costs, charges and expenses which a Member claims to have suffered, sustained or incurred, by way ofand / or on account of the Wellness Program.

viii. Services offered are subject to guidelines issued by IRDAI from time to time.

ILLUSTRATION OF BENEFITS:

Let's look how the Insured can avail discount on premium through the "Star Wellness Program"

Scenario: A 50 year old Individual Suresh and his wife Lakshmi along with their two dependent children (aged below 18 yrs) buy a Star Health Assure Insurance Policy with Sum Insured 20 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

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/-

List of Benefits which are part of Sum Insured and in addition to Sum Insured		
Sr No	**Coverage**	**Forming Part of Sum Insured / In addition to Sum Insured**
1	Room Rent, 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.	Forming Part of Sum Insured
2	Day care treatment	Forming Part of Sum Insured
3	AYUSH Treatment	Forming Part of Sum Insured
4	Coverage for Modern Treatment	Forming Part of Sum Insured
5	Pre-Hospitalization Expenses	Forming Part of Sum Insured
6	Post-Hospitalization Expenses	Forming Part of Sum Insured
7	Road Ambulance	Forming Part of Sum Insured
8	Air Ambulance	Forming Part of Sum Insured
9	Organ Donor Expenses	Forming Part of Sum Insured
10	Complications necessitating Redo surgery or ICU admission for the Organ donor	In addition to Sum Insured
11	Home Care Treatment	Forming Part of Sum Insured
12	Domiciliary Hospitalization	Forming Part of Sum Insured

List of Benefits which are part of Sum Insured and in addition to Sum Insured		
Sr No	**Coverage**	**Forming Part of Sum Insured / In addition to Sum Insured**
13	Automatic Restoration of Sum Insured	In addition to Sum Insured
14	Treatment for Chronic Severe Refractory Asthma	Forming Part of Sum Insured
15	Delivery Expenses	Forming Part of Sum Insured
16	In Utero Fetal Surgery/Intervention	Forming Part of Sum Insured
17	Assisted Reproduction Treatment	Forming Part of Sum Insured
18	Hospitalization expenses for Treatment of New Born Baby	Forming Part of Sum Insured
19	Shared Accommodation	In addition to Sum Insured
20	Preventive Health Check-up	In addition to Sum Insured
21	Compassionate Travel	In addition to Sum Insured
22	Repatriation of Mortal Remains	In addition to Sum Insured
23	Rehabilitation and Pain Management	Forming Part of Sum Insured
24	Coverage for Non-medical items (Consumables)	Forming Part of Sum Insured
25	Treatment in Valuable Service Providers Network	In addition to Sum Insured

- **Add-on cover:** Star Flexi | UIN: SHAHLIA26040V012526 and its subsequent revisions.

  This Add on cover can be availed along with this Product. Please ask for the Prospectus and Proposal Form of the same at the time of purchase. All terms and conditions of the Add-on cover will apply.

- **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**

   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 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**

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. **Notification of Claim:** Upon the happening of any event giving rise or likely to give rise to a claim under the Policy, a Notification of Claim with full particulars must be sent to the Company within stipulated time limit as described below:

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

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

For the Notification of claim purpose,

Emergency Hospitalization shall mean a serious medical condition or symptom resulting from Injury or Illness which arises suddenly and unexpectedly, and requires immediate Emergency care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long term impairment of the Insured Person's health, until stabilization at which time this medical condition or symptom is not considered an Emergency anymore.

Planned Hospitalization shall refer to the hospitalization that is medically necessary and advised by a registered Medical Practitioner in advance, where the admission to the Hospital is scheduled at a later date rather than being required immediately on an Emergency basis.

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

C. Process for Cashless Treatment:

a. Intimate us as specified in section B above.

b. Inform the ID number for easy reference.

c. On admission in the hospital, produce the customer ID Card issued by the Company at the Hospital Helpdesk.

d. Obtain the Pre-authorization Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.

e. The Treating Doctor will complete the hospitalization/ 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. 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.

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

j. Submit 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.

D. Time limits and Documents for Reimbursement claims:

a. Intimate us as specified in section B above.

b. Submit the documents for the reimbursement claims within the time limits as prescribed below:

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 maximum number of Post hospitalization number of days applicable under the product.

c. Documents to be submitted for Reimbursement claims:

i. Duly completed claim form, and

ii. Pre Admission investigations and treatment papers in original

iii. Discharge Summary in original from the hospital

iv. Cash receipts in original from hospital, chemists

v. Cash receipts and reports for tests done in original

vi. Receipts from doctors, surgeons, anesthetist in original

vii. Certificate from the attending doctor regarding the diagnosis.

viii. Copy of PAN card

ix. Copy of Aadhaar Card

x. Any other document specific to the treatment / illness

xi. Prescriptions and receipt for Pre and Post-Hospitalization expenses

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

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

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

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

For the comprehensive list of documents to be submitted while filing a reimbursement claim, please refer our website under the link https://www.starhealth.in/claims/#claim-process.

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

❖ **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.

❖ **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

  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.

- **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.

- **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 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.
- **Medical Underwriting Loading:** Company may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance).
  i. The maximum risk loading applicable for an individual shall not exceed above 125% per diagnosis / medical condition and an overall risk loading up to 200% per Insured Person.
  ii. This loading is applied from the Commencement Date of the Policy including subsequent renewal(s) with the Company.
  iii. Company will inform about the applicable risk loading or exclusion or both as the case may be through a counter offer.
  iv. The Company will issue Policy only after getting the Proposer's consent and additional premium (if any).

- **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/

- **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

- **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.

- **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**

  i. 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.

  ii. Where the policy issued on floater basis, the Sum Insured, cumulative bonus and other related benefits floats amongst the insured members.

  iii. 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.

  iv. 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.

  v. 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).

❖ **Discounts:**

Sl.No	Inception	Renewal
Online discount	Yes	Yes
Wellness discount	No	Yes

❖ **Other Terms And Clauses:**

Medical protocols and Position statements:

We will periodically publish and refresh medical protocols and position statements on Our website https://www.starhealth.in. These protocols and position statements will be generally based on Textbooks and reputed Medical Journals, AIIMS (All India Institute of Medical Sciences), ICMR (Indian Council of Medical Research), Clinical Establishment Act, Department of health research under Ministry of Health, reputed International institutions and similar other organizations. These protocols and position statements will provide:

- Indication for hospitalization: The criteria for hospitalization including various category of rooms (ICU, Normal room or any other room)
- What is the right treatment (medicine, procedure) for the condition & severity, implants and medical devices
- Clarification about our position on coverage of various treatments.

We may fully pay, part pay, suggest alternatives, investigate, or may even deny certain medicines, procedures, investigations, therapies, prolong hospitalization stay basis the above guidelines.

Any treatment, medicine not approved by CDSCO (Central Drugs Standard Control Organization), FDA (Food and Drug Administration) and other appropriate authorities in India will not be covered. We will also use instructions on the drug, procedure published by manufacturers, approver of the drug, and procedure in different countries, especially the country of discovery or invention on indications, contraindications and usage. Extra / Off label usage (using a drug or procedure for conditions other than it was explicitly approved for) will not be covered under the Policy.

Home Health Care

We seek your intimation to us and availing 'Home Health Care' facility before planning for admission to any Network or Non-Network Hospital, in case of below conditions/symptoms:

Fever, Infectious diseases, Respiratory infections, Urinary Tract Infections, Gastritis etc.

Call us on: 7676905905

- **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.

Premium Chart for 1 Year (in Rs.) (Excluding GST) | Zone A | A-Adult, C-Child											
Plan Type	Age Band / SI	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000	2,00,00,000
Individual	91days-17yrs	5,078	5,713	6,274	8,024	8,985	9,795	11,290	12,716	13,595	14,789
	18-35	7,731	8,697	10,396	13,133	14,697	16,218	18,946	21,206	22,985	25,529
	36-45	9,271	10,430	12,290	15,367	17,200	18,971	22,112	24,752	26,814	29,742
	46-50	12,132	13,649	15,380	18,891	21,151	23,247	26,895	30,152	32,536	35,829
	51-55	17,672	19,881	21,766	26,325	29,482	32,338	37,215	41,756	44,953	49,277
	56-59	22,860	25,718	28,147	33,854	37,915	41,614	47,883	53,704	57,857	63,471
	60	22,860	25,718	28,147	33,854	37,915	41,614	47,883	53,704	57,857	63,471
	61-65	28,480	32,040	35,060	42,011	47,051	51,664	59,440	66,647	71,836	78,848
	66-70	34,100	38,363	41,972	50,168	56,187	61,713	70,997	79,591	85,815	94,226
	71-75	38,147	42,915	46,950	56,041	62,765	68,949	79,318	88,911	95,881	1,05,297
	76-80	41,923	47,163	51,595	61,523	68,904	75,702	87,084	97,609	1,05,275	1,15,631
	Above 80	45,247	50,903	55,683	66,347	74,306	81,645	93,919	1,05,263	1,13,541	1,24,724
1A+1C	18-35	12,793	14,392	17,651	22,456	25,127	27,742	32,494	36,278	39,352	43,789
	36-45	14,333	16,125	19,545	24,690	27,630	30,494	35,660	39,824	43,182	48,001
	46-50	16,591	18,665	21,464	26,710	29,902	32,853	38,103	42,646	46,009	50,699
	51-55	21,655	24,362	26,840	32,847	36,785	40,279	46,375	51,998	55,879	61,133
	56-59	26,843	30,198	33,221	40,376	45,218	49,556	57,043	63,946	68,783	75,328
	60	26,843	30,198	33,221	40,376	45,218	49,556	57,043	63,946	68,783	75,328
	61-65	32,463	36,521	40,134	48,533	54,354	59,605	68,600	76,890	82,762	90,705
	66-70	38,084	42,845	47,047	56,690	63,490	69,655	80,157	89,834	96,742	1,06,082
	71-75	42,130	47,396	52,024	62,564	70,068	76,890	88,477	99,153	1,06,807	1,17,154
	76-80	45,907	51,645	56,669	68,045	76,207	83,644	96,244	1,07,852	1,16,201	1,27,487
	Above 80	49,230	55,384	60,757	72,869	81,610	89,587	1,03,078	1,15,506	1,24,468	1,36,581
1A+2C	18-35	16,326	18,367	21,997	27,583	30,870	34,059	39,759	44,415	48,140	53,455
	36-45	17,866	20,099	23,890	29,818	33,373	36,812	42,925	47,961	51,969	57,667
	46-50	20,124	22,640	25,809	31,837	35,645	39,171	45,368	50,783	54,796	60,365
	51-55	25,305	28,468	31,329	38,143	42,717	46,804	53,878	60,402	64,956	71,118
	56-59	30,492	34,304	37,710	45,673	51,150	56,081	64,546	72,351	77,860	85,312
	60	30,492	34,304	37,710	45,673	51,150	56,081	64,546	72,351	77,860	85,312
	61-65	36,112	40,626	44,622	53,830	60,286	66,130	76,103	85,294	91,839	1,00,689
	66-70	41,733	46,950	51,535	61,987	69,422	76,180	87,660	98,238	1,05,818	1,16,066
	71-75	45,779	51,501	56,512	67,860	75,999	83,415	95,981	1,07,558	1,15,883	1,27,138
	76-80	49,556	55,751	61,158	73,341	82,139	90,169	1,03,747	1,16,256	1,25,277	1,37,471
	Above 80	52,879	59,489	65,246	78,165	87,541	96,112	1,10,582	1,23,910	1,33,544	1,46,565

Premium Chart for 1 Year (in Rs.) (Excluding GST) | Zone A | A-Adult, C-Child											
Plan Type	Age Band / SI	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000	2,00,00,000
1A+3C	18-35	19,859	22,341	26,342	32,711	36,613	40,376	47,024	52,552	56,928	63,122
	36-45	21,399	24,074	28,236	34,946	39,116	43,129	50,190	56,098	60,757	67,334
	46-50	23,657	26,614	30,155	36,965	41,388	45,488	52,633	58,920	63,584	70,032
	51-55	28,954	32,573	35,817	43,439	48,648	53,329	61,382	68,807	74,032	81,102
	56-59	34,141	38,409	42,198	50,969	57,082	62,606	72,050	80,755	86,936	95,296
	60	34,141	38,409	42,198	50,969	57,082	62,606	72,050	80,755	86,936	95,296
	61-65	39,762	44,732	49,111	59,126	66,218	72,655	83,607	93,698	1,00,916	1,10,673
	66-70	45,382	51,055	56,024	67,283	75,353	82,705	95,164	1,06,642	1,14,895	1,26,050
	71-75	49,428	55,607	61,001	73,156	81,931	89,940	1,03,485	1,15,962	1,24,960	1,37,122
	76-80	53,205	59,856	65,646	78,638	88,071	96,694	1,11,251	1,24,660	1,34,354	1,47,455
	Above 80	56,528	63,594	69,734	83,461	93,473	1,02,637	1,18,086	1,32,314	1,42,621	1,56,549
2A	18-35	12,955	14,574	17,850	22,691	25,390	28,031	32,827	36,651	39,755	44,232
	36-45	15,418	17,345	20,880	26,266	29,395	32,436	37,892	42,325	45,882	50,971
	46-50	19,755	22,224	25,356	31,302	35,045	38,511	44,609	49,933	53,879	59,356
	51-55	28,382	31,930	35,114	42,610	47,719	52,307	60,207	67,490	72,611	79,538
	56-59	36,683	41,268	45,324	54,657	61,212	67,150	77,276	86,607	93,257	1,02,249
	60	36,683	41,268	45,324	54,657	61,212	67,150	77,276	86,607	93,257	1,02,249
	61-65	45,675	51,384	56,384	67,708	75,830	83,229	95,767	1,07,317	1,15,624	1,26,852
	66-70	54,667	61,500	67,444	80,760	90,447	99,308	1,14,258	1,28,027	1,37,990	1,51,456
	71-75	61,141	68,784	75,408	90,157	1,00,972	1,10,885	1,27,571	1,42,938	1,54,095	1,69,170
	76-80	67,184	75,582	82,841	98,927	1,10,795	1,21,690	1,39,997	1,56,855	1,69,125	1,85,704
	Above 80	72,502	81,565	89,381	1,06,645	1,19,439	1,31,199	1,50,932	1,69,103	1,82,352	2,00,253
2A+1C	18-35	16,488	18,549	22,196	27,818	31,133	34,349	40,092	44,788	48,543	53,898
	36-45	18,951	21,320	25,226	31,394	35,138	38,753	45,157	50,461	54,670	60,638
	46-50	23,288	26,199	29,701	36,430	40,788	44,829	51,874	58,070	62,667	69,022
	51-55	32,031	36,035	39,602	47,906	53,651	58,832	67,711	75,894	81,687	89,522
	56-59	40,332	45,374	49,812	59,953	67,144	73,675	84,779	95,011	1,02,333	1,12,233
	60	40,332	45,374	49,812	59,953	67,144	73,675	84,779	95,011	1,02,333	1,12,233
	61-65	49,324	55,490	60,872	73,005	81,762	89,754	1,03,270	1,15,721	1,24,700	1,36,836
	66-70	58,316	65,606	71,933	86,056	96,379	1,05,833	1,21,761	1,36,431	1,47,067	1,61,440
	71-75	64,790	72,889	79,896	95,453	1,06,904	1,17,410	1,35,075	1,51,343	1,63,171	1,79,154
	76-80	70,833	79,687	87,329	1,04,223	1,16,727	1,28,215	1,47,501	1,65,260	1,78,202	1,95,688
	Above 80	76,151	85,670	93,870	1,11,941	1,25,371	1,37,724	1,58,436	1,77,507	1,91,428	2,10,237

Premium Chart for 1 Year (in Rs.) (Excluding GST) | Zone A | A-Adult, C-Child											
Plan Type	Age Band / SI	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000	2,00,00,000
2A+2C	18-35	20,021	22,524	26,542	32,946	36,876	40,666	47,357	52,925	57,330	63,565
	36-45	22,484	25,295	29,571	36,521	40,881	45,071	52,422	58,598	63,457	70,304
	46-50	26,821	30,174	34,047	41,557	46,531	51,146	59,139	66,207	71,454	78,689
	51-55	35,680	40,140	44,091	53,202	59,583	65,357	75,214	84,299	90,764	99,506
	56-59	43,981	49,479	54,300	65,250	73,076	80,200	92,283	1,03,416	1,11,410	1,22,217
	60	43,981	49,479	54,300	65,250	73,076	80,200	92,283	1,03,416	1,11,410	1,22,217
	61-65	52,973	59,595	65,361	78,301	87,693	96,279	1,10,774	1,24,126	1,33,777	1,46,821
	66-70	61,965	69,711	76,421	91,352	1,02,311	1,12,358	1,29,265	1,44,836	1,56,144	1,71,424
	71-75	68,439	76,994	84,385	1,00,749	1,12,835	1,23,935	1,42,579	1,59,747	1,72,248	1,89,139
	76-80	74,482	83,792	91,817	1,09,520	1,22,658	1,34,740	1,55,005	1,73,664	1,87,278	2,05,672
	Above 80	79,800	89,775	98,358	1,17,238	1,31,303	1,44,249	1,65,940	1,85,911	2,00,505	2,20,222
2A+3C	18-35	23,554	26,498	30,887	38,074	42,620	46,983	54,622	61,062	66,118	73,231
	36-45	26,017	29,269	33,917	41,649	46,624	51,388	59,687	66,735	72,245	79,971
	46-50	30,354	34,148	38,392	46,685	52,274	57,463	66,404	74,344	80,242	88,355
	51-55	39,329	44,245	48,579	58,498	65,515	71,882	82,718	92,703	99,840	1,09,490
	56-59	47,630	53,584	58,789	70,546	79,008	86,725	99,787	1,11,820	1,20,486	1,32,201
	60	47,630	53,584	58,789	70,546	79,008	86,725	99,787	1,11,820	1,20,486	1,32,201
	61-65	56,622	63,700	69,849	83,597	93,625	1,02,804	1,18,278	1,32,530	1,42,853	1,56,805
	66-70	65,614	73,816	80,910	96,648	1,08,243	1,18,883	1,36,769	1,53,240	1,65,220	1,81,408
	71-75	72,089	81,100	88,873	1,06,045	1,18,767	1,30,460	1,50,083	1,68,151	1,81,324	1,99,123
	76-80	78,131	87,897	96,306	1,14,816	1,28,590	1,41,265	1,62,509	1,82,068	1,96,355	2,15,656
	Above 80	83,449	93,880	1,02,846	1,22,534	1,37,234	1,50,774	1,73,443	1,94,315	2,09,582	2,30,206

Premium Chart for 1 Year (in Rs.) (Excluding GST) | Zone B | A-Adult, C-Child											
Plan Type	Age Band / SI	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000	2,00,00,000
Individual	91days-17yrs	4,464	5,022	5,518	7,132	7,986	8,696	10,026	11,301	12,067	13,108
	18-35	6,928	7,794	9,408	11,967	13,392	14,782	17,294	19,356	20,987	23,332
	36-45	8,267	9,300	11,055	13,910	15,568	17,175	20,047	22,439	24,317	26,995
	46-50	10,676	12,011	13,589	16,778	18,785	20,644	23,901	26,799	28,914	31,846
	51-55	15,417	17,344	18,992	23,051	25,815	28,305	32,577	36,561	39,343	43,105
	56-59	19,928	22,419	24,540	29,598	33,148	36,371	41,854	46,950	50,563	55,448
	60	19,928	22,419	24,540	29,598	33,148	36,371	41,854	46,950	50,563	55,448
	61-65	24,815	27,917	30,551	36,691	41,093	45,110	51,903	58,206	62,719	68,820
	66-70	29,702	33,415	36,562	43,784	49,037	53,849	61,953	69,461	74,875	82,191
	71-75	33,221	37,374	40,890	48,892	54,757	60,140	69,188	77,565	83,627	91,819
	76-80	36,505	41,068	44,930	53,658	60,095	66,013	75,942	85,129	91,796	1,00,804
	Above 80	39,395	44,319	48,485	57,853	64,793	71,181	81,884	91,785	98,985	1,08,712

Premium Chart for 1 Year (in Rs.) (Excluding GST) | Zone B | A-Adult, C-Child											
Plan Type	Age Band / SI	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000	2,00,00,000
1A+1C	18-35	11,529	12,970	16,097	20,621	23,072	25,481	29,895	33,367	36,208	40,330
	36-45	12,868	14,477	17,743	22,564	25,248	27,875	32,647	36,450	39,538	43,993
	46-50	14,674	16,508	19,106	23,928	26,786	29,426	34,162	38,232	41,241	45,454
	51-55	18,924	21,290	23,481	28,882	32,345	35,395	40,758	45,707	49,085	53,660
	56-59	23,435	26,364	29,029	35,430	39,678	43,461	50,034	56,097	60,306	66,003
	60	23,435	26,364	29,029	35,430	39,678	43,461	50,034	56,097	60,306	66,003
	61-65	28,322	31,862	35,040	42,523	47,622	52,200	60,084	67,352	72,462	79,374
	66-70	33,209	37,360	41,051	49,616	55,566	60,939	70,133	78,608	84,618	92,745
	71-75	36,728	41,319	45,379	54,723	61,286	67,231	77,369	86,712	93,370	1,02,373
	76-80	40,012	45,014	49,419	59,489	66,625	73,103	84,122	94,275	1,01,539	1,11,359
	Above 80	42,902	48,265	52,974	63,684	71,323	78,271	90,065	1,00,931	1,08,727	1,19,266
1A+2C	18-35	14,601	16,426	19,875	25,080	28,066	30,975	36,212	40,443	43,850	48,736
	36-45	15,940	17,933	21,522	27,023	30,242	33,368	38,965	43,526	47,179	52,399
	46-50	17,747	19,965	22,885	28,387	31,780	34,920	40,479	45,307	48,883	53,860
	51-55	22,097	24,859	27,383	33,488	37,503	41,069	47,283	53,015	56,978	62,342
	56-59	26,608	29,934	32,932	40,035	44,836	49,135	56,559	63,405	68,198	74,684
	60	26,608	29,934	32,932	40,035	44,836	49,135	56,559	63,405	68,198	74,684
	61-65	31,495	35,432	38,943	47,128	52,780	57,874	66,609	74,660	80,354	88,056
	66-70	36,382	40,930	44,954	54,221	60,724	66,613	76,658	85,916	92,510	1,01,427
	71-75	39,901	44,889	49,282	59,328	66,444	72,905	83,894	94,020	1,01,262	1,11,055
	76-80	43,185	48,583	53,322	64,095	71,783	78,777	90,647	1,01,583	1,09,431	1,20,040
	Above 80	46,075	51,834	56,877	68,289	76,481	83,945	96,590	1,08,239	1,16,620	1,27,948
1A+3C	18-35	17,674	19,883	23,654	29,539	33,060	36,468	42,529	47,518	51,491	57,141
	36-45	19,012	21,389	25,301	31,482	35,236	38,862	45,282	50,601	54,821	60,804
	46-50	20,819	23,421	26,664	32,846	36,774	40,413	46,796	52,383	56,524	62,266
	51-55	25,270	28,429	31,286	38,093	42,661	46,743	53,808	60,323	64,870	71,023
	56-59	29,781	33,504	36,835	44,641	49,994	54,809	63,084	70,713	76,091	83,366
	60	29,781	33,504	36,835	44,641	49,994	54,809	63,084	70,713	76,091	83,366
	61-65	34,668	39,002	42,846	51,734	57,938	63,548	73,134	81,968	88,247	96,738
	66-70	39,555	44,499	48,857	58,827	65,882	72,287	83,183	93,224	1,00,403	1,10,109
	71-75	43,074	48,458	53,185	63,934	71,602	78,579	90,419	1,01,328	1,09,155	1,19,737
	76-80	46,358	52,153	57,225	68,700	76,941	84,451	97,172	1,08,891	1,17,324	1,28,722
	Above 80	49,248	55,404	60,779	72,895	81,639	89,619	1,03,115	1,15,547	1,24,512	1,36,630

Premium Chart for 1 Year (in Rs.) (Excluding GST) | Zone B | A-Adult, C-Child											
Plan Type	Age Band / SI	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000	2,00,00,000
2A	18-35	11,670	13,129	16,270	20,825	23,301	25,733	30,184	33,691	36,558	40,715
	36-45	13,812	15,539	18,904	23,934	26,783	29,563	34,589	38,625	41,886	46,576
	46-50	17,426	19,604	22,490	27,921	31,258	34,346	39,819	44,569	48,085	52,982
	51-55	24,773	27,870	30,675	37,372	41,853	45,854	52,786	59,178	63,634	69,664
	56-59	31,991	35,990	39,553	47,848	53,586	58,760	67,628	75,802	81,587	89,412
	60	31,991	35,990	39,553	47,848	53,586	58,760	67,628	75,802	81,587	89,412
	61-65	39,810	44,786	49,171	59,197	66,297	72,742	83,707	93,811	1,01,037	1,10,806
	66-70	47,630	53,584	58,788	70,546	79,007	86,724	99,786	1,11,819	1,20,486	1,32,201
	71-75	53,259	59,916	65,713	78,717	88,159	96,791	1,11,363	1,24,786	1,34,490	1,47,605
	76-80	58,514	65,828	72,176	86,343	96,701	1,06,187	1,22,169	1,36,887	1,47,560	1,61,982
	Above 80	63,138	71,030	77,864	93,055	1,04,218	1,14,455	1,31,677	1,47,537	1,59,061	1,74,633
2A+1C	18-35	14,742	16,585	20,048	25,284	28,295	31,226	36,502	40,767	44,200	49,121
	36-45	16,884	18,995	22,683	28,393	31,777	35,057	40,906	45,700	49,528	54,982
	46-50	20,498	23,060	26,269	32,380	36,252	39,839	46,137	51,644	55,726	61,388
	51-55	27,946	31,439	34,578	41,977	47,011	51,528	59,311	66,486	71,527	78,345
	56-59	35,164	39,560	43,456	52,453	58,744	64,434	74,153	83,110	89,480	98,094
	60	35,164	39,560	43,456	52,453	58,744	64,434	74,153	83,110	89,480	98,094
	61-65	42,983	48,356	53,074	63,802	71,455	78,416	90,232	1,01,119	1,08,929	1,19,488
	66-70	50,803	57,153	62,691	75,151	84,166	92,398	1,06,311	1,19,127	1,28,379	1,40,883
	71-75	56,433	63,487	69,616	83,322	93,317	1,02,465	1,17,888	1,32,094	1,42,382	1,56,287
	76-80	61,687	69,398	76,079	90,949	1,01,859	1,11,861	1,28,694	1,44,195	1,55,452	1,70,664
	Above 80	66,311	74,600	81,767	97,660	1,09,376	1,20,129	1,38,202	1,54,845	1,66,954	1,83,315
2A+2C	18-35	17,814	20,041	23,827	29,743	33,289	36,720	42,819	47,842	51,841	57,527
	36-45	19,956	22,451	26,462	32,852	36,771	40,550	47,224	52,776	57,169	63,387
	46-50	23,570	26,516	30,048	36,839	41,246	45,333	52,454	58,719	63,368	69,794
	51-55	31,119	35,009	38,481	46,583	52,169	57,202	65,836	73,794	79,419	87,027
	56-59	38,337	43,129	47,359	57,059	63,902	70,108	80,678	90,418	97,373	1,06,776
	60	38,337	43,129	47,359	57,059	63,902	70,108	80,678	90,418	97,373	1,06,776
	61-65	46,156	51,926	56,977	68,408	76,613	84,090	96,757	1,08,427	1,16,822	1,28,170
	66-70	53,976	60,723	66,594	79,756	89,324	98,072	1,12,836	1,26,435	1,36,271	1,49,565
	71-75	59,606	67,057	73,519	87,928	98,475	1,08,139	1,24,413	1,39,402	1,50,275	1,64,969
	76-80	64,860	72,968	79,982	95,554	1,07,017	1,17,535	1,35,219	1,51,503	1,63,345	1,79,346
	Above 80	69,484	78,170	85,670	1,02,266	1,14,534	1,25,803	1,44,727	1,62,153	1,74,846	1,91,997

Premium Chart for 1 Year (in Rs.) (Excluding GST) | Zone B | A-Adult, C-Child											
Plan Type	Age Band / SI	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000	2,00,00,000
2A+3C	18-35	20,886	23,497	27,606	34,202	38,283	42,213	49,136	54,918	59,483	65,932
	36-45	23,028	25,907	30,241	37,311	41,765	46,043	53,541	59,851	64,811	71,793
	46-50	26,642	29,972	33,827	41,298	46,240	50,826	58,771	65,795	71,009	78,199
	51-55	34,292	38,579	42,384	51,188	57,327	62,876	72,361	81,102	87,312	95,709
	56-59	41,510	46,699	51,262	61,664	69,060	75,782	87,203	97,726	1,05,265	1,15,458
	60	41,510	46,699	51,262	61,664	69,060	75,782	87,203	97,726	1,05,265	1,15,458
	61-65	49,330	55,496	60,880	73,013	81,771	89,764	1,03,282	1,15,735	1,24,715	1,36,852
	66-70	57,149	64,293	70,497	84,362	94,482	1,03,746	1,19,361	1,33,743	1,44,164	1,58,247
	71-75	62,779	70,626	77,422	92,533	1,03,634	1,13,813	1,30,938	1,46,710	1,58,168	1,73,650
	76-80	68,033	76,537	83,885	1,00,160	1,12,175	1,23,209	1,41,744	1,58,811	1,71,238	1,88,027
	Above 80	72,657	81,739	89,573	1,06,871	1,19,692	1,31,477	1,51,252	1,69,461	1,82,739	2,00,679

Premium Chart for 1 Year (in Rs.) (Excluding GST) | Zone C | A-Adult, C-Child											
Plan Type	Age Band / SI	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000	2,00,00,000
Individual	91days-17yrs	4,464	5,022	5,518	7,132	7,986	8,696	10,026	11,301	12,067	13,108
	18-35	6,928	7,794	9,408	11,967	13,392	14,782	17,294	19,356	20,987	23,332
	36-45	8,267	9,300	11,055	13,910	15,568	17,175	20,047	22,439	24,317	26,995
	46-50	10,676	12,011	13,589	16,778	18,785	20,644	23,901	26,799	28,914	31,846
	51-55	15,417	17,344	18,992	23,051	25,815	28,305	32,577	36,561	39,343	43,105
	56-59	19,928	22,419	24,540	29,598	33,148	36,371	41,854	46,950	50,563	55,448
	60	17,378	19,550	21,404	25,898	29,003	31,812	36,610	41,078	44,221	48,472
	61-65	21,628	24,332	26,631	32,065	35,912	39,411	45,349	50,865	54,792	60,099
	66-70	25,877	29,112	31,858	38,233	42,820	47,010	54,088	60,653	65,362	71,727
	71-75	28,937	32,554	35,622	42,674	47,793	52,481	60,380	67,700	72,973	80,098
	76-80	31,793	35,767	39,134	46,819	52,436	57,587	66,252	74,277	80,076	87,912
	Above 80	34,306	38,594	42,225	50,467	56,521	62,081	71,420	80,065	86,327	94,788
1A+1C	18-35	11,529	12,970	16,097	20,621	23,072	25,481	29,895	33,367	36,208	40,330
	36-45	12,868	14,477	17,743	22,564	25,248	27,875	32,647	36,450	39,538	43,993
	46-50	14,674	16,508	19,106	23,928	26,786	29,426	34,162	38,232	41,241	45,454
	51-55	18,924	21,290	23,481	28,882	32,345	35,395	40,758	45,707	49,085	53,660
	56-59	23,435	26,364	29,029	35,430	39,678	43,461	50,034	56,097	60,306	66,003
	60	20,471	23,030	25,384	31,128	34,860	38,162	43,940	49,271	52,934	57,894
	61-65	24,721	27,811	30,611	37,296	41,768	45,761	52,679	59,059	63,504	69,521
	66-70	28,971	32,592	35,838	43,464	48,676	53,360	61,417	68,846	74,075	81,148
	71-75	32,030	36,034	39,602	47,905	53,650	58,831	67,709	75,893	81,685	89,520
	76-80	34,886	39,247	43,114	52,050	58,292	63,937	73,582	82,470	88,789	97,334
	Above 80	37,399	42,074	46,205	55,697	62,377	68,431	78,749	88,258	95,040	1,04,210

Premium Chart for 1 Year (in Rs.) (Excluding GST) | Zone C | A-Adult, C-Child											
Plan Type	Age Band / SI	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000	2,00,00,000
1A+2C	18-35	14,601	16,426	19,875	25,080	28,066	30,975	36,212	40,443	43,850	48,736
	36-45	15,940	17,933	21,522	27,023	30,242	33,368	38,965	43,526	47,179	52,399
	46-50	17,747	19,965	22,885	28,387	31,780	34,920	40,479	45,307	48,883	53,860
	51-55	22,097	24,859	27,383	33,488	37,503	41,069	47,283	53,015	56,978	62,342
	56-59	26,608	29,934	32,932	40,035	44,836	49,135	56,559	63,405	68,198	74,684
	60	23,231	26,135	28,778	35,133	39,345	43,096	49,614	55,626	59,797	65,443
	61-65	27,480	30,915	34,005	41,301	46,253	50,695	58,353	65,413	70,368	77,071
	66-70	31,730	35,696	39,232	47,469	53,161	58,294	67,091	75,201	80,938	88,698
	71-75	34,790	39,139	42,995	51,910	58,135	63,765	73,383	82,248	88,549	97,070
	76-80	37,645	42,351	46,508	56,055	62,778	68,871	79,255	88,825	95,652	1,04,883
	Above 80	40,158	45,178	49,599	59,702	66,863	73,365	84,423	94,612	1,01,903	1,11,759
1A+3C	18-35	17,674	19,883	23,654	29,539	33,060	36,468	42,529	47,518	51,491	57,141
	36-45	19,012	21,389	25,301	31,482	35,236	38,862	45,282	50,601	54,821	60,804
	46-50	20,819	23,421	26,664	32,846	36,774	40,413	46,796	52,383	56,524	62,266
	51-55	25,270	28,429	31,286	38,093	42,661	46,743	53,808	60,323	64,870	71,023
	56-59	29,781	33,504	36,835	44,641	49,994	54,809	63,084	70,713	76,091	83,366
	60	25,990	29,239	32,172	39,138	43,831	48,030	55,288	61,981	66,660	72,993
	61-65	30,239	34,019	37,399	45,306	50,739	55,629	64,026	71,768	77,231	84,620
	66-70	34,489	38,800	42,626	51,474	57,647	63,227	72,765	81,555	87,801	96,247
	71-75	37,549	42,243	46,389	55,914	62,621	68,699	79,057	88,602	95,412	1,04,619
	76-80	40,405	45,456	49,902	60,059	67,263	73,805	84,929	95,179	1,02,515	1,12,433
	Above 80	42,918	48,283	52,993	63,707	71,348	78,299	90,097	1,00,967	1,08,766	1,19,309
2A	18-35	11,670	13,129	16,270	20,825	23,301	25,733	30,184	33,691	36,558	40,715
	36-45	13,812	15,539	18,904	23,934	26,783	29,563	34,589	38,625	41,886	46,576
	46-50	17,426	19,604	22,490	27,921	31,258	34,346	39,819	44,569	48,085	52,982
	51-55	24,773	27,870	30,675	37,372	41,853	45,854	52,786	59,178	63,634	69,664
	56-59	31,991	35,990	39,553	47,848	53,586	58,760	67,628	75,802	81,587	89,412
	60	27,911	31,400	34,535	41,926	46,954	51,466	59,239	66,406	71,440	78,250
	61-65	34,711	39,050	42,898	51,795	58,007	63,624	73,221	82,066	88,352	96,854
	66-70	41,510	46,699	51,262	61,664	69,060	75,782	87,203	97,726	1,05,265	1,15,457
	71-75	46,406	52,207	57,283	68,769	77,018	84,536	97,270	1,09,001	1,17,442	1,28,852
	76-80	50,975	57,347	62,903	75,401	84,446	92,706	1,06,666	1,19,524	1,28,807	1,41,354
	Above 80	54,996	61,871	67,849	81,237	90,982	99,896	1,14,934	1,28,784	1,38,808	1,52,355

Premium Chart for 1 Year (in Rs.) (Excluding GST) | Zone C | A-Adult, C-Child											
Plan Type	Age Band / SI	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000	2,00,00,000
2A+1C	18-35	14,742	16,585	20,048	25,284	28,295	31,226	36,502	40,767	44,200	49,121
	36-45	16,884	18,995	22,683	28,393	31,777	35,057	40,906	45,700	49,528	54,982
	46-50	20,498	23,060	26,269	32,380	36,252	39,839	46,137	51,644	55,726	61,388
	51-55	27,946	31,439	34,578	41,977	47,011	51,528	59,311	66,486	71,527	78,345
	56-59	35,164	39,560	43,456	52,453	58,744	64,434	74,153	83,110	89,480	98,094
	60	30,670	34,504	37,929	45,931	51,439	56,399	64,913	72,761	78,303	85,799
	61-65	37,470	42,154	46,292	55,800	62,492	68,558	78,895	88,421	95,215	1,04,403
	66-70	44,269	49,803	54,655	65,669	73,545	80,716	92,877	1,04,080	1,12,128	1,23,007
	71-75	49,165	55,311	60,677	72,774	81,503	89,470	1,02,944	1,15,355	1,24,305	1,36,402
	76-80	53,734	60,451	66,297	79,406	88,931	97,640	1,12,339	1,25,879	1,35,670	1,48,903
	Above 80	57,755	64,974	71,243	85,242	95,467	1,04,830	1,20,608	1,35,139	1,45,672	1,59,905
2A+2C	18-35	17,814	20,041	23,827	29,743	33,289	36,720	42,819	47,842	51,841	57,527
	36-45	19,956	22,451	26,462	32,852	36,771	40,550	47,224	52,776	57,169	63,387
	46-50	23,570	26,516	30,048	36,839	41,246	45,333	52,454	58,719	63,368	69,794
	51-55	31,119	35,009	38,481	46,583	52,169	57,202	65,836	73,794	79,419	87,027
	56-59	38,337	43,129	47,359	57,059	63,902	70,108	80,678	90,418	97,373	1,06,776
	60	33,430	37,609	41,323	49,936	55,925	61,333	70,587	79,116	85,166	93,349
	61-65	40,229	45,258	49,686	59,805	66,978	73,491	84,569	94,775	1,02,079	1,11,953
	66-70	47,029	52,908	58,049	69,673	78,030	85,650	98,551	1,10,435	1,18,991	1,30,556
	71-75	51,924	58,415	64,071	76,779	85,989	94,403	1,08,617	1,21,710	1,31,168	1,43,951
	76-80	56,493	63,555	69,691	83,410	93,416	1,02,574	1,18,013	1,32,233	1,42,533	1,56,453
	Above 80	60,514	68,078	74,637	89,246	99,952	1,09,764	1,26,282	1,41,494	1,52,535	1,67,454
2A+3C	18-35	20,886	23,497	27,606	34,202	38,283	42,213	49,136	54,918	59,483	65,932
	36-45	23,028	25,907	30,241	37,311	41,765	46,043	53,541	59,851	64,811	71,793
	46-50	26,642	29,972	33,827	41,298	46,240	50,826	58,771	65,795	71,009	78,199
	51-55	34,292	38,579	42,384	51,188	57,327	62,876	72,361	81,102	87,312	95,709
	56-59	41,510	46,699	51,262	61,664	69,060	75,782	87,203	97,726	1,05,265	1,15,458
	60	36,189	40,713	44,717	53,941	60,410	66,267	76,261	85,470	92,029	1,00,898
	61-65	42,988	48,362	53,080	63,809	71,463	78,425	90,243	1,01,130	1,08,942	1,19,502
	66-70	49,788	56,012	61,443	73,678	82,516	90,583	1,04,224	1,16,790	1,25,854	1,38,106
	71-75	54,683	61,518	67,465	80,783	90,474	99,337	1,14,291	1,28,065	1,38,031	1,51,501
	76-80	59,253	66,660	73,085	87,415	97,901	1,07,508	1,23,687	1,38,588	1,49,396	1,64,002
	Above 80	63,273	71,182	78,030	93,251	1,04,438	1,14,697	1,31,956	1,47,849	1,59,398	1,75,004

Premium Chart for 1 Year (in Rs.) (Excluding GST) | Zone D | A-Adult, C-Child											
Plan Type	Age Band / SI	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000	2,00,00,000
Individual	91days-17yrs	3,819	4,296	4,724	6,178	6,917	7,522	8,676	9,787	10,435	11,318
	18-35	6,054	6,811	8,309	10,645	11,911	13,151	15,411	17,247	18,707	20,817
	36-45	7,185	8,083	9,700	12,287	13,750	15,174	17,738	19,853	21,521	23,913
	46-50	9,145	10,288	11,693	14,520	16,256	17,863	20,698	23,210	25,040	27,583
	51-55	12,844	14,450	15,825	19,286	21,598	23,670	27,246	30,587	32,897	36,024
	56-59	16,588	18,662	20,431	24,720	27,685	30,366	34,946	39,211	42,211	46,269
	60	17,378	19,550	21,404	25,898	29,003	31,812	36,610	41,078	44,221	48,472
	61-65	21,628	24,332	26,631	32,065	35,912	39,411	45,349	50,865	54,792	60,099
	66-70	25,877	29,112	31,858	38,233	42,820	47,010	54,088	60,653	65,362	71,727
	71-75	28,937	32,554	35,622	42,674	47,793	52,481	60,380	67,700	72,973	80,098
	76-80	31,793	35,767	39,134	46,819	52,436	57,587	66,252	74,277	80,076	87,912
	Above 80	34,306	38,594	42,225	50,467	56,521	62,081	71,420	80,065	86,327	94,788
1A+1C	18-35	10,136	11,403	14,329	18,490	20,686	22,853	26,856	29,967	32,531	36,271
	36-45	11,268	12,677	15,721	20,132	22,525	24,876	29,182	32,573	35,345	39,367
	46-50	12,641	14,221	16,576	20,903	23,398	25,701	29,869	33,425	36,051	39,742
	51-55	15,796	17,771	19,625	24,279	27,189	29,732	34,243	38,408	41,214	45,017
	56-59	19,541	21,984	24,230	29,713	33,276	36,427	41,943	47,032	50,528	55,262
	60	20,471	23,030	25,384	31,128	34,860	38,162	43,940	49,271	52,934	57,894
	61-65	24,721	27,811	30,611	37,296	41,768	45,761	52,679	59,059	63,504	69,521
	66-70	28,971	32,592	35,838	43,464	48,676	53,360	61,417	68,846	74,075	81,148
	71-75	32,030	36,034	39,602	47,905	53,650	58,831	67,709	75,893	81,685	89,520
	76-80	34,886	39,247	43,114	52,050	58,292	63,937	73,582	82,470	88,789	97,334
	Above 80	37,399	42,074	46,205	55,697	62,377	68,431	78,749	88,258	95,040	1,04,210
1A+2C	18-35	12,732	14,324	17,522	22,258	24,906	27,496	32,195	35,946	38,989	43,375
	36-45	13,864	15,597	18,914	23,900	26,745	29,519	34,521	38,552	41,803	46,470
	46-50	15,238	17,143	19,769	24,671	27,619	30,343	35,207	39,404	42,508	46,846
	51-55	18,430	20,734	22,864	28,101	31,470	34,442	39,659	44,474	47,766	52,223
	56-59	22,175	24,947	27,470	33,536	37,557	41,137	47,359	53,098	57,079	62,468
	60	23,231	26,135	28,778	35,133	39,345	43,096	49,614	55,626	59,797	65,443
	61-65	27,480	30,915	34,005	41,301	46,253	50,695	58,353	65,413	70,368	77,071
	66-70	31,730	35,696	39,232	47,469	53,161	58,294	67,091	75,201	80,938	88,698
	71-75	34,790	39,139	42,995	51,910	58,135	63,765	73,383	82,248	88,549	97,070
	76-80	37,645	42,351	46,508	56,055	62,778	68,871	79,255	88,825	95,652	1,04,883
	Above 80	40,158	45,178	49,599	59,702	66,863	73,365	84,423	94,612	1,01,903	1,11,759

Premium Chart for 1 Year (in Rs.) (Excluding GST) | Zone D | A-Adult, C-Child											
Plan Type	Age Band / SI	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000	2,00,00,000
1A+3C	18-35	15,329	17,245	20,716	26,026	29,126	32,138	37,533	41,926	45,446	50,478
	36-45	16,460	18,518	22,107	27,668	30,965	34,161	39,860	44,531	48,260	53,573
	46-50	17,834	20,063	22,962	28,439	31,839	34,986	40,546	45,383	48,966	53,949
	51-55	21,064	23,697	26,104	31,924	35,752	39,151	45,075	50,540	54,317	59,430
	56-59	24,808	27,909	30,709	37,359	41,838	45,847	52,775	59,163	63,630	69,675
	60	25,990	29,239	32,172	39,138	43,831	48,030	55,288	61,981	66,660	72,993
	61-65	30,239	34,019	37,399	45,306	50,739	55,629	64,026	71,768	77,231	84,620
	66-70	34,489	38,800	42,626	51,474	57,647	63,227	72,765	81,555	87,801	96,247
	71-75	37,549	42,243	46,389	55,914	62,621	68,699	79,057	88,602	95,412	1,04,619
	76-80	40,405	45,456	49,902	60,059	67,263	73,805	84,929	95,179	1,02,515	1,12,433
	Above 80	42,918	48,283	52,993	63,707	71,348	78,299	90,097	1,00,967	1,08,766	1,19,309
2A	18-35	10,255	11,537	14,476	18,662	20,879	23,066	27,101	30,241	32,827	36,597
	36-45	12,065	13,573	16,702	21,290	23,822	26,303	30,823	34,410	37,329	41,549
	46-50	14,966	16,837	19,436	24,277	27,178	29,859	34,650	38,779	41,834	46,104
	51-55	20,651	23,232	25,596	31,325	35,081	38,413	44,226	49,589	53,291	58,301
	56-59	26,643	29,973	32,965	40,021	44,820	49,126	56,546	63,388	68,192	74,693
	60	27,911	31,400	34,535	41,926	46,954	51,466	59,239	66,406	71,440	78,250
	61-65	34,711	39,050	42,898	51,795	58,007	63,624	73,221	82,066	88,352	96,854
	66-70	41,510	46,699	51,262	61,664	69,060	75,782	87,203	97,726	1,05,265	1,15,457
	71-75	46,406	52,207	57,283	68,769	77,018	84,536	97,270	1,09,001	1,17,442	1,28,852
	76-80	50,975	57,347	62,903	75,401	84,446	92,706	1,06,666	1,19,524	1,28,807	1,41,354
	Above 80	54,996	61,871	67,849	81,237	90,982	99,896	1,14,934	1,28,784	1,38,808	1,52,355
2A+1C	18-35	12,851	14,457	17,669	22,431	25,100	27,708	32,439	36,220	39,285	43,700
	36-45	14,662	16,495	19,895	25,058	28,042	30,945	36,161	40,389	43,787	48,653
	46-50	17,563	19,758	22,629	28,046	31,398	34,501	39,988	44,759	48,292	53,207
	51-55	23,285	26,196	28,836	35,148	39,362	43,123	49,642	55,655	59,842	65,507
	56-59	29,276	32,936	36,205	43,843	49,101	53,836	61,962	69,454	74,744	81,899
	60	30,670	34,504	37,929	45,931	51,439	56,399	64,913	72,761	78,303	85,799
	61-65	37,470	42,154	46,292	55,800	62,492	68,558	78,895	88,421	95,215	1,04,403
	66-70	44,269	49,803	54,655	65,669	73,545	80,716	92,877	1,04,080	1,12,128	1,23,007
	71-75	49,165	55,311	60,677	72,774	81,503	89,470	1,02,944	1,15,355	1,24,305	1,36,402
	76-80	53,734	60,451	66,297	79,406	88,931	97,640	1,12,339	1,25,879	1,35,670	1,48,903
	Above 80	57,755	64,974	71,243	85,242	95,467	1,04,830	1,20,608	1,35,139	1,45,672	1,59,905

Premium Chart for 1 Year (in Rs.) (Excluding GST) | Zone D | A-Adult, C-Child											
Plan Type	Age Band / SI	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000	2,00,00,000
2A+2C	18-35	15,448	17,379	20,862	26,199	29,320	32,351	37,778	42,200	45,742	50,804
	36-45	17,258	19,415	23,089	28,826	32,262	35,587	41,500	46,368	50,245	55,756
	46-50	20,159	22,679	25,822	31,814	35,618	39,143	45,327	50,738	54,749	60,311
	51-55	25,919	29,159	32,075	38,971	43,644	47,833	55,058	61,721	66,393	72,714
	56-59	31,910	35,899	39,444	47,666	53,383	58,545	67,378	75,519	81,295	89,106
	60	33,430	37,609	41,323	49,936	55,925	61,333	70,587	79,116	85,166	93,349
	61-65	40,229	45,258	49,686	59,805	66,978	73,491	84,569	94,775	1,02,079	1,11,953
	66-70	47,029	52,908	58,049	69,673	78,030	85,650	98,551	1,10,435	1,18,991	1,30,556
	71-75	51,924	58,415	64,071	76,779	85,989	94,403	1,08,617	1,21,710	1,31,168	1,43,951
	76-80	56,493	63,555	69,691	83,410	93,416	1,02,574	1,18,013	1,32,233	1,42,533	1,56,453
	Above 80	60,514	68,078	74,637	89,246	99,952	1,09,764	1,26,282	1,41,494	1,52,535	1,67,454
2A+3C	18-35	18,044	20,300	24,055	29,967	33,540	36,993	43,116	48,179	52,200	57,907
	36-45	19,854	22,336	26,282	32,594	36,483	40,230	46,839	52,348	56,702	62,860
	46-50	22,755	25,599	29,015	35,582	39,839	43,785	50,666	56,717	61,207	67,414
	51-55	28,553	32,122	35,315	42,793	47,925	52,542	60,474	67,787	72,944	79,920
	56-59	34,544	38,862	42,684	51,489	57,664	63,255	72,794	81,585	87,846	96,312
	60	36,189	40,713	44,717	53,941	60,410	66,267	76,261	85,470	92,029	1,00,898
	61-65	42,988	48,362	53,080	63,809	71,463	78,425	90,243	1,01,130	1,08,942	1,19,502
	66-70	49,788	56,012	61,443	73,678	82,516	90,583	1,04,224	1,16,790	1,25,854	1,38,106
	71-75	54,683	61,518	67,465	80,783	90,474	99,337	1,14,291	1,28,065	1,38,031	1,51,501
	76-80	59,253	66,660	73,085	87,415	97,901	1,07,508	1,23,687	1,38,588	1,49,396	1,64,002
	Above 80	63,273	71,182	78,030	93,251	1,04,438	1,14,697	1,31,956	1,47,849	1,59,398	1,75,004

Note:

i. Under floater policy, premium for child aged up to 17 years will be according to the family size. Above 17 years, the child can be considered under the floater policy by paying the premium applicable for the child based on his/her appropriate age from the 1A premium table with a floater discount of 40%.

ii. The premium for parents (in-laws) is based on their appropriate age from the 1A table with a floater discount of 10% for each parent.

Illustration for Discounts on Premium

Illustration 1
Sum Insured : Rs.10,00,000/-
Policy Type : Family Floater
Family Size : 2 Adults+2 Children
Zone : A
Policy Term : 1 year

Relation	Age in years	Premium Excluding GST (Rs.)	45% discount for Deductible Opted Rs.50,000/- (Rs.)	Total Premium Excl. GST (Rs.)
Self (Primary member)	45	29,571	13,307	16,264
Spouse	40			
Child 1	17			
Child 2	15			

Illustration for Child Above 17 years and One Parent including Deductible is Opted

Illustration 2 (Child Above 17 years and one Parent to be covered):
Sum Insured: Rs.10,00,000/-
Policy Type : Family Floater
Family Size : 2 Adults+2 Children+1 Parent
Zone : A
Policy Term : 1 year

Relation	Age in years	Premium Excluding GST (Rs.)	Floater Disocunt for at 40% for Child 1 and 10% for Parent 1	Premium after Floater Discount Excluding GST (Rs.)	45% discount for Deductible Opted Rs.50,000/- (Rs.)	Total Premium Excl. GST (Rs.)
Self (Primary member)	45	25,226	-	25,226	11,352	13,874
Spouse	40					
Child 2	15					
Child 1	19	10,396	4,158	6,238	2,807	3,431
Parent 1	70	41,972	4,197	37,775	16,999	20,776
					Final Premium	38,081

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										
63	26,631	10,00,000	26,631	Nil	26,631	10,00,000	51,171	8,273	42,898	10,00,000
58	24,540	10,00,000	24,540		24,540	10,00,000				
Total Premium for all members of the family is **Rs.51,171/-**, 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.51,171/-**, 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.42,898/** Sum Insured of **Rs.10,00,000/-**, is available for the entire family **(2A)**			
Illustration 2										
54	18,992	10,00,000	18,992	Nil	18,992	10,00,000	54,538	12,154	42,384	10,00,000
51	18,992	10,00,000	18,992		18,992	10,00,000				
17	5,518	10,00,000	5,518		5,518	10,00,000				
15	5,518	10,00,000	5,518		5,518	10,00,000				
13	5,518	10,00,000	5,518		5,518	10,00,000				
Total Premium for all members of the family is **Rs.54,538/-**, 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.54,538/-**, 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.42,384/-** Sum Insured of **Rs.10,00,000/-**, is available for the entire family **(2A+3C)**			

Note:

1. Premium rates specified in the above illustration are standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable.
2. Floater discount shown here is difference between Premium applicable for Individual Sum Insured and Floater Sum Insured.
3. Premium considered are of Zone C

A-Adult, C-Child

PREMIUM ILLUSTRATION			
1 Year Premium in (Rs.) Excluding GST - Zone A			
Relation	**Age in years**	**Sum Insured**	**Annual Premium Excluding GST**
Self	44	10,00,000	29,571
Spouse	40		
Child 1	15		
Child 2	09		

Half Yearly Premium in (Rs.) Excluding GST - Zone A						
Relation	**Age in years**	**Sum Insured**	**Annual Premium Excluding GST A**	**Loading 2% from Annual Premium for Half-Yearly B=Ax2%**	**Premium including loading C=A+B**	**Half Yearly Premium Excluding GST D=C/2**
Self	44	10,00,000	29,571	591	30,162	15,081
Spouse	40					
Child 1	15					
Child 2	09					

Quarterly Premium in (Rs.) Excluding GST - Zone A						
Relation	**Age in years**	**Sum Insured**	**Annual Premium Excluding GST A**	**Loading 2% from Annual Premium for Half-Yearly B=Ax3%**	**Premium including loading C=A+B**	**Quarterly Premium Excluding GST D=C/4**
Self	44	10,00,000	29,571	887	30,458	7,615
Spouse	40					
Child 1	15					
Child 2	09					

2 Years Premium in (Rs.) Excluding GST - Zone A						
Relation	**Age in years**	**Sum Insured**	**1st Year Premium Excluding GST A**	**2nd Year Premium Excluding GST B**	**10% Discount on 2nd year Premium C=Bx10%**	**2 years Policy Premium After Discount Excluding GST D=(A+B)-C**
Self	44	10,00,000	29,571	29,571	2,957	56,185
Spouse	40					
Child 1	15					
Child 2	09					

3 Years Premium in (Rs.) Excluding GST - Zone A								
Relation	**Age in years**	**Sum Insured**	**1st Year Premium Excluding GST A**	**2nd Year Premium Excluding GST B**	**10% Discount on 2nd year Premium C=Bx10%**	**3rd Year Premium Excluding GST D**	**10% Discount on 3rd year Premium E=Dx10%**	**3 years Policy Premium After Discount Excluding GST F=(A+B+D) - (C+E)**
Self	44	10,00,000	29,571	29,571	2,957	34,047	3,405	86,827
Spouse	40							
Child 1	15							
Child 2	09							

List I — Items for which coverage is available in the policy

Sl No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	SERVICES
4	BELTS / BRACES
5	BUDS
6	COLD PACK / HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES

Sl No	Item
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG / SHORT / HINGED)
46	KNEE IMMOBILIZER / SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY