

Your **Health** is our **Mission**



Medi Classic Insurance Policy (Individual)



Health
Insurance

The Health Insurance Specialist

Medi Classic Insurance Policy (Individual)

Unique Identification No.: SHAHLIP23037V072223

The modern world is filled with high risks and uncertainties. Just one unexpected event of hospitalization is enough to wipe out years of savings that was meant to realize your dreams. Health Insurance protection is the need of the hour to protect your savings.

Medi classic Insurance from Star Health is a policy that provides cover for hospitalisation expenses incurred as a result of illness/disease/sickness and/or accidental injuries, so that you can keep your dreams alive.

- ❖ **Pre-acceptance medical screening:** Persons above 50 years of age will have to undergo pre-acceptance health screening at the Company's nominated centres.
- ❖ **Policy Term:** One year / Two years / Three years. For policies more than one year, the Basic Sum Insured is for each year, without any carry over benefit thereof.
- ❖ **Long term discount:** If the policy term opted is 2 years, discount available is 10% on 2nd year premium and if policy term opted is 3 years, discount available is 11.25% on 2nd and 3rd year premium.
- ❖ **Instalment Facility available:** Premium can be paid Half-yearly.
For instalment mode of payment, there will be loading as given below;
Half Yearly: 2%
Note: If Instalment Facility is opted for 2 year and 3 year term policies, the full premium applicable for 2 year or 3 year terms should be paid half yearly within the expiry of the first year. Premium can also be paid Annual, Biennial (Once in 2 years) and Triennial (Once in 3 years).

- ❖ **Eligibility**
 - Any person aged between 5 Months and 65 years can take this insurance. Thereafter only renewals will be accepted without capping on the exit age.
 - Lifelong Renewal.
- ❖ **Sum Insured Options:** Rs. 1,50,000/-, Rs. 2,00,000/-, Rs. 3,00,000/-, Rs. 4,00,000/-, Rs. 5,00,000/-, Rs. 10,00,000/-, Rs. 15,00,000/-.
- ❖ **Day Care Procedures:** All Day Care Procedures are covered.
- ❖ **Benefits**
 - Room, boarding, nursing expenses as provided by the Hospital / Nursing Home at 2% of the Sum Insured, subject to a maximum of Rs. 5,000/- per day.
 - Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.
 - Anesthesia, Blood, Oxygen, Operation Theatre charges, ICU charges, Cost of Pacemaker etc.
 - Ambulance charges for transporting the covered patient to the hospital up to a sum of Rs. 750/- per hospitalisation and overall limit of Rs. 1500/- per policy period.
 - **Pre-Hospitalization:** Medical expenses up to 30 days prior to the date of admission.
 - **Post Hospitalization:** Medical expenses up to a period of 60 days after discharge from the hospital. The amount payable shall not exceed the sum equivalent to 7% of the hospitalization expenses subject to a maximum of Rs. 5000/- per hospitalisation. For the purpose of calculation of the 7%, only nursing expenses, surgeon's/consultants fees, diagnostic charges and cost of drugs and medicines will be taken.
 - **Coverage for Modern Treatments:** Expenses are subject to the limits. (For details please refer website: www.starhealth.in).
 - **Expenses relating to hospitalization will be considered in proportion to the eligible room category stated in the policy or actual whichever is less.**

- ❖ **Cost of Health checkup:** Expenses incurred towards Cost of Health checkup up to 1% of the average Basic Sum Insured after every block of four continuous claim free year subject to a maximum of Rs. 5,000/- and payable on renewal. This benefit is available for Basic Sum Insured of Rs. 2,00,000/- and above only.

Note: Payment under this benefit does not form part of the Basic Sum Insured.

- ❖ **Cataract:** The expenses incurred on treatment of cataract are payable up to the limits mentioned hereunder;

Basic Sum Insured (Rs.)	Limit for Cataract Surgery (Rs.)
Up to 2,00,000/-	12,000/- per person per policy period
3,00,000/- to 5,00,000/-	20,000/- per eye per person and not exceeding 30,000/- per person per policy period
10,00,000/- and 15,00,000/-	30,000/- per eye per person and not exceeding 40,000/- per person per policy period

- ❖ **Psychiatric and Psychosomatic Disorder:** If the insured person is diagnosed with psychiatric or psychosomatic disorder for the first time and hospitalized for minimum period of 5 consecutive days under this policy, then the Company will pay hospitalization expenses up to Basic sum insured, provided the insured person has been covered under this policy for a continuous period of 24 months without any break.

Note: The treatment should be taken at Authorized Psychiatric hospital licensed by Mental Health Authority or any similar Authority of Central or State Government or Union Territory.

- ❖ **Cumulative bonus:** The insured person will be eligible for Cumulative bonus calculated at 5% of the basic sum insured for every claim free year subject to a maximum of 25%.

Special Conditions

1. The Cumulative bonus will be calculated on the expiring Basic Sum Insured or on the renewed Basic Sum Insured whichever is less.
2. If the insured opts to reduce the Basic Sum Insured at the subsequent renewal, the limit of indemnity by way of such Cumulative bonus shall not exceed such reduced basic sum insured.
3. In the event of a claim resulting In;
 - a. Partial utilization of Basic Sum Insured, such cumulative bonus so granted will be reduced at the same rate at which it has accrued.
 - b. Full utilization of Basic Sum Insured and nil utilization of cumulative bonus accrued, such cumulative bonus so granted will be reduced at the same rate at which it has accrued.
 - c. Full utilization of Basic Sum Insured and partial utilization of cumulative bonus accrued, the cumulative bonus granted on renewal will be the balance cumulative bonus available and will be reduced at the same rate at which it has accrued.
 - d. Full utilization of Basic Sum Insured and full utilization of cumulative bonus accrued, the cumulative bonus granted on renewal will be "nil" or "zero".
- ❖ **Non Allopathic Treatment / AYUSH:** In patient Hospitalizations Expenses incurred for treatment of diseases / illness / accidental injuries by system of medicines other than allopathic is payable upto 25% of the Basic Sum Insured subject to a maximum of Rs 25000/- during entire policy period.

- ❖ **Automatic Restoration of Basic Sum Insured:** There shall be automatic restoration of the Basic Sum Insured by 200%, once during the policy period, immediately upon exhaustion of the limit of coverage.

It is made clear that such restored Basic Sum Insured can be utilized only for illness / disease unrelated to the illness / diseases for which claim/s was / were made. The restored Basic Sum Insured cannot be carried forward. This benefit is not available for Modern Treatments.

If you need wider benefits you can choose Gold Plan

Features of Gold Plan

- ❖ **Eligibility**
 - Any person aged between 16 days and 65 years can take this insurance. Thereafter only renewals will be accepted without capping on the exit age.
 - Lifelong Renewal.
- ❖ **Sum Insured Options:** Rs. 3,00,000/-; Rs. 4,00,000/-; Rs. 5,00,000/-; Rs. 10,00,000/-; Rs. 15,00,000/-; Rs. 20,00,000/-; Rs. 25,00,000/-.
- ❖ **Benefits**
 - Room, boarding, nursing expenses as provided by the Hospital / Nursing Home as per the limits given below;

Basic Sum Insured (Rs.)	Limit (Rs.)
3,00,000/-	Up to 5000/- per day
4,00,000/-	
5,00,000/-	*Private Single A/c Room
10,00,000/-	
15,00,000/-	
20,00,000/-	
25,00,000/-	*Private Single A/c Room means a single occupancy air-conditioned room with attached wash room and a couch for the attendant

- Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees, Anesthesia, Blood, Oxygen, Operation Theatre charges, ICU charges etc.
- Ambulance charges up-to Rs. 2,000/- per hospitalization for transportation of the insured person by private ambulance.
- **Pre-Hospitalization:** medical expenses incurred for a period not exceeding 30 days prior to the date of hospitalization.
- **Post Hospitalization:** medical expenses incurred for a period up to 60 days from the date of discharge from the hospital.
- **Coverage for Modern Treatments:** Expenses are subject to the limits. (For details please refer website: www.starhealth.in).
- **Expenses relating to hospitalization will be considered in proportion to the eligible room category stated in the policy or actual whichever is less.**
- ❖ **Non Allopathic Treatment / AYUSH:** In patient Hospitalizations Expenses incurred for treatment of diseases / illness / accidental injuries by system of medicines other than allopathic is payable upto 25% of the Basic Sum Insured subject to a maximum of Rs 25000/- during entire policy period.

❖ **Expenses incurred towards Cost of Health check-up**

Basic Sum Insured (Rs.)	Limit (Rs.)
3,00,000/- to 5,00,000/-	Up to 1,500/- for every claim free year
10,00,000/- and 15,00,000/-	Up to 2,500/- for every claim free year
20,00,000/- and 25,00,000/-	Up to 5,000/- for every claim free year

Note:

- This benefit is payable on renewal and when the renewed policy is in force.
- Payment under this benefit does not form part of the Basic Sum Insured.

❖ **Cataract:** The Expenses incurred on treatment of cataract are payable up to the limits mentioned hereunder;

Basic Sum Insured (Rs.)	Limit for Cataract Surgery (Rs.)
3,00,000/- to 5,00,000/-	30,000/- per eye and not exceeding 40,000/- per person per policy period
10,00,000/- and 15,00,000/-	40,000/- per eye and not exceeding 50,000/- per person per policy period
20,00,000/- and 25,00,000/-	45,000/- per eye and not exceeding 60,000/- per person per policy period

❖ **Psychiatric and Psychosomatic Disorder:** If the insured person is diagnosed with psychiatric or psychosomatic disorder for the first time and hospitalized for minimum period of 5 consecutive days under this policy, then the Company will pay hospitalization expenses up to Basic sum insured, provided the insured person has been covered under this policy for a continuous period of 24 months without any break.

Note: The treatment should be taken at Authorized Psychiatric hospital licensed by Mental Health Authority or any similar Authority of Central or State Government or Union Territory.

❖ **Cumulative bonus:** In respect of a claim free year, the insured person will be eligible for Cumulative bonus calculated 25% of basic sum insured in the second year and additional 20% of the basic sum insured for each subsequent years subject to a maximum of 100% overall.

Special Conditions

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

❖ **Automatic Restoration of Basic Sum Insured:** There shall be automatic restoration of the Basic Sum Insured by 200%, once during the policy period, immediately upon exhaustion of the limit of coverage.

It is made clear that such restored Basic Sum Insured can be utilized only for illness / disease unrelated to the illness / diseases for which claim/s was / were made. The restored Basic Sum Insured cannot be carried forward. This benefit is not available for Modern Treatments.

❖ **Super Restoration:** If the limit of coverage under this policy is exhausted during the policy period, an additional Basic Sum Insured of 100% would be provided once, for the remaining policy period for the subsequent hospitalization. This additional basic sum insured can be utilized even for illness / disease for which claim/s was / were made. The unutilized additional Basic Sum Insured cannot be carried forward. This benefit is not available for Modern Treatments.

❖ **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;

- ✓ The condition of the patient is such that he/she is not in a condition to be removed to a Hospital. or
- ✓ 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.

❖ **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. Donor screening expenses and post-donation complications of the donor are not payable.

❖ **Shared accommodation:** If the Insured person occupies, a shared accommodation in a networked hospital during in-patient hospitalization, then amount as per the table given below will be payable for each continuous and completed period of 24 hours of stay, provided the hospitalization exceeds 48 hours in such shared accommodation.

Basic Sum Insured (Rs.)	Limit (Rs.)
3,00,000/-	500/- per day subject to maximum of 3,000/- per hospitalization
4,00,000/-	
5,00,000/-	
10,00,000/-	1,000/- per day subject to maximum of 6,000/- per hospitalization
15,00,000/- 20,00,000/- and 25,00,000/-	

Note

- This benefit is payable only if there is an admissible claim for hospitalization under the policy.
- Insured person's stay in Intensive Care Unit or High Dependency Units / wards will not be counted for this purpose.
- Payment under this benefit does not form part of the Basic sum insured but will impact the Cumulative bonus.
- Date of admission and date of discharge will not be counted for this purpose.

❖ **Additional Basic Sum Insured for Road Traffic Accident (RTA):** If the insured person meets with a Road Traffic Accident resulting in in-patient hospitalization, then the Basic Sum Insured shall be increased by 50% subject to the following;

- It is evidenced that the insured person was wearing helmet and was either riding or travelling as pillion rider in a two wheeler at the time of accident as evidenced by Police record and Hospital record.
- The additional Basic Sum Insured shall be available only once during the policy period.
- The additional Basic Sum Insured shall be available after exhaustion of the limit of coverage.
- The additional Basic Sum Insured can be utilized only for that particular hospitalization following the Road Traffic Accident.
- Automatic Restoration of Basic Sum Insured and Super restoration shall not apply for this benefit.
- This benefit shall not be applicable for day care treatment.
- The unutilized balance cannot be carried forward for the remaining policy period or for renewal.
- Claim under this benefit will impact the Cumulative bonus.

❖ **Hospitalization expenses for treatment of New Born Baby:** The coverage for New Born Baby starts from the 16th day after its birth till the expiry date of the policy and is subject to a limit of 10% of the Basic Sum Insured or Rupees Fifty thousand, whichever is less, subject to the availability of the Basic Sum Insured, provided the mother has been insured under the policy for a continuous period of 12 months without break.

Note:

- Intimation about the birth of the New Born Baby should be given to the company and policy has to be endorsed for this cover to commence.
- Exclusion No.3 (Code Excl 03)** shall not apply for the New Born Baby.
- All other terms, conditions and exclusions shall apply for the New Born Baby.

❖ **Optional Covers on payment of additional premium (Available under Gold Plan also)**

a) **Patient Care:** The Company will pay the cost of engaging one attendant at the residence of the insured person immediately after discharge from the hospital provided the same is recommended by the attending physician. Such expenses are payable up-to Rs 400/- for each completed day up-to 5 days per occurrence and 14 days per policy period. No payment will be made for the first day.

This benefit is applicable only for insured persons above 60 years of age and becomes payable only upon a valid claim for hospitalization.

b) **Hospital Cash:** The Company will pay a Cash Benefit of Rs 1000/-for each completed day of hospitalization subject to a maximum of 7 days per hospitalization and 14 days per policy period, provided however there is a valid claim for hospitalization. For the purpose of this optional cover, the days of admission and discharge will not be taken into account.

No claim under this head shall lie with the Company where the admission is for physiotherapy and/or any epidemic.

Note: Patient Care and Hospital Cash are available on payment of additional premium under Gold Plan also.

Important Note Applicable under the policy

- Where Gold Plan is opted, in the event of a claim, the benefits under Gold Plan only shall be applicable.
- Company's liability in respect of all claims admitted during the period of insurance shall not exceed the Limit of Coverage per person mentioned in the schedule.

Note: Limit of Coverage means Basic Sum Insured plus the Cumulative Bonus earned, wherever applicable.

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

Standard Exclusions

1. Pre-Existing Diseases - Code Excl 01

- Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.
- In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then for the same would be reduced to the extent of prior coverage.
- Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

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

- Expenses related to the treatment of the following listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
- In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
- The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- List of specific diseases/procedures;
 - Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye (other than retinal detachment), Diseases of ENT, Diseases related to Thyroid, Benign diseases of the breast.
 - Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology.
 - All treatments (Conservative, Operative treatment) and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty / Joint Replacement [other than caused by accident].
 - All types of treatment for Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system, Prolapse of Intervertebral Disc (other than caused by accident).
 - All treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi. All types of management for Kidney and Genitourinary tract calculi.
 - All types of Hernia.
 - Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula.
 - All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases.
 - All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies.
 - Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele.
 - Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence.
 - Varicose veins and Varicose ulcers.
 - All types of transplant and related surgeries.
 - Congenital Internal disease / defect.

3. 30-day waiting period - Code Excl 03

- Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.
- The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

4. Investigation & Evaluation - Code Excl 04

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

5. Rest Cure, rehabilitation and respite care - Code Excl 05:

- Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes;
 - Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

6. Obesity / Weight Control - Code Excl 06:

- Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions;
 - Surgery to be conducted is upon the advice of the Doctor.
 - The surgery/Procedure conducted should be supported by clinical protocols.
 - The member has to be 18 years of age or older and,
 - Body Mass Index (BMI);
 - greater than or equal to 40 or,
 - 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;
 - Obesity-related cardiomyopathy.
 - Coronary heart disease.
 - Severe Sleep Apnea.
 - 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.

- 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.

- 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: Expenses related to the treatment for correction of eye sight due to refractive error less than 7. 5 dioptres - Code Excl 15.

- Expenses related to the treatment for correction of eye sight due to refractive error less than 7. 5 dioptres - Code Excl 15.

16. Unproven Treatments: 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 - 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 - Code Excl 16.

17. Sterility and Infertility - Code Excl 17:

- Expenses related to sterility and infertility. This includes;
 - Any type of contraception, sterilization.
 - Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI.
 - Gestational Surrogacy.
 - Reversal of sterilization.

18. Maternity - Code Excl 18

- Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.
- Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

Specific Exclusions

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

20. Congenital External Condition / Defects / Anomalies - **Code Excl 20.**
21. Convalescence, general debility, run-down condition, Nutritional deficiency states - **Code Excl 21.**
22. Intentional self-injury - **Code Excl 22.**
23. Injury/disease 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. Hospital registration charges, admission charges, record charges, telephone charges and such other charges - **Code Excl 34.**
31. Cost of spectacles and contact lens, hearing aids, Cochlear implants and procedures, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids - **Code Excl 35.**
32. Any hospitalization which are not medically necessary / does not warrant hospitalization - **Code Excl 36.**
33. Other Excluded Expenses as detailed in the website www.starhealth.in - **Code Excl 37.**
34. Existing disease/s, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), for specified ICD codes - **Code Excl 38.**
- ❖ **Moratorium Period:** After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.
- ❖ **Co-payment (Not Applicable for Patient Care and Hospital Cash):** This policy is subject to co-payment of 10% of each and every claim amount, for fresh as well as for the policies subsequently renewed for insured persons whose age at the time of entry in to this policy is 61 years and above. This co-payment will not apply for those insured persons who have entered the policy before attaining 61 years of age and renew the policy continuously without any break.
Note: Co-payment is applicable for Gold Plan also.
- ❖ **Renewal of policy:** The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person;
1. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
 2. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
 3. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
 4. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy.
 5. Coverage is not available during the grace period.
 6. No loading shall apply on renewals based on individual claims experience.
- ❖ **Possibility of Revision of Terms of the Policy Including the Premium Rates:** The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.
- ❖ **Revision of Sum Insured:** Any revision in sum insured is permissible only at the time of renewal. The Insured Person can propose such revision and may be allowed subject to Company's approval and payment of appropriate premium.
- ❖ **Migration:** The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the Policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.
For Detailed Guidelines on migration, kindly refer the link
https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987
- ❖ **Portability:** The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.
For Detailed Guidelines on portability, kindly refer the link
https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987
- ❖ **Premium Payment in Instalments:** If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy);
- i. Grace Period of 7 days would be given to pay the instalment premium due for the policy.
 - ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
 - iii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
 - iv. No interest will be charged if the instalment premium is not paid on due date.
 - v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
 - vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
 - vii. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.
- Note:** In case of policy cancellation due to non-payment of the instalment within grace period, Company will refund the premium as per the cancellation table.
- ❖ **Disclosure of Information:** The policy shall become void and all premium paid thereon shall be forfeited to the Company, in the event of mis-representation, mis description or non-disclosure of any material fact by the policy holder.
- ❖ **Discount(Available only if Gold Plan is chosen)**
- **Family Discount:** 5% discount is available if 2 or more family members are covered under this policy.
 - **Major Organ Donor Discount:** If at the time of renewal if the insured person submits proofs that he / she has donated a major organ, a discount of 25% of the premium is available at the time of renewal. This discount is available even for subsequent renewals also.
- ❖ **Withdrawal of policy**
- i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
 - ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.
- ❖ **Free Look Period:** The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.
If the insured has not made any claim during the Free Look Period, the insured shall be entitled to;
- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or,
 - ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or,
 - iii. where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.
- ❖ **Cancellation:** The policyholder may cancel this policy by giving 15 days written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below;
- | Cancellation table applicable for Policy Term 1 Year without installment option | |
|---|--------------------------------|
| Period on risk | Rate of premium to be retained |
| Up to 1 mth | 25% of the policy premium |
| Exceeding 1 mth up to 3 mths | 37.5% of the policy premium |
| Exceeding 3 mths up to 6 mths | 60% of the policy premium |
| Exceeding 6 mths up to 9 mths | 80% of the policy premium |
| Exceeding 9 mths | 100% of the policy premium |

Cancellation table applicable for installment option of Half-yearly premium payment for Policy Term 1 Year	
Period on risk	Rate of premium to be retained
Up to 1 Mth	50% of the total premium received
Exceeding 1 mth up to 4 mths	90% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	65% of the total premium received
Exceeding 7 mths up to 10 mths	87.5% of the total premium received
Exceeding 10 mths	100% of the total premium received
Cancellation table applicable for Policy Term 2 Year without installment option	
Period on risk	Rate of premium to be retained
Up to 1 Mth	22.5% of the policy premium
Exceeding 1 mth up to 3 mths	27.5% of the policy premium
Exceeding 3 mths up to 6 mths	37.5% of the policy premium
Exceeding 6 mths up to 9 mths	50% of the policy premium
Exceeding 9 mths up to 12 mths	60% of the policy premium
Exceeding 12 mths up to 15 mths	70% of the policy premium
Exceeding 15 mths up to 18 mths	80% of the policy premium
Exceeding 18 mths up to 21 mths	90% of the policy premium
Exceeding 21 mths	100% of the policy premium
Cancellation table applicable for installment option of Half-yearly premium payment for Policy Term 2 Year	
Period on risk	Rate of premium to be retained
Up to 1 Mth	43% of the total premium received
Exceeding 1 mth up to 4 mths	63.5% of the total premium received
Exceeding 4 mths up to 6 mths	77% of the total premium received
Exceeding 6 mths up to 7 mths	42% of the total premium received
Exceeding 7 mths up to 10 mths	52% of the total premium received
Exceeding 10 mths up to 13 mths	62.5% of the total premium received
Exceeding 13 mths up to 16 mths	72.5% of the total premium received
Exceeding 16 mths up to 19 mths	83% of the total premium received
Exceeding 19 mths up to 22 mths	93% of the total premium received
Exceeding 22 mths	100% of the total premium received
Cancellation table applicable for Policy Term 3 Year without installment option	
Period on risk	Rate of premium to be retained
Up to 1 Mth	20% of the policy premium
Exceeding 1 mth up to 3 mths	25% of the policy premium
Exceeding 3 mths up to 6 mths	32.5% of the policy premium
Exceeding 6 mths up to 9 mths	37.5% of the policy premium
Exceeding 9 mths up to 12 mths	45% of the policy premium
Exceeding 12 mths up to 15 mths	52.5% of the policy premium
Exceeding 15 mths up to 18 mths	60% of the policy premium
Exceeding 18 mths up to 21 mths	65% of the policy premium
Exceeding 21 mths up to 24 mths	72.5% of the policy premium
Exceeding 24 mths up to 27 mths	80% of the policy premium
Exceeding 27 mths up to 30 mths	87.5% of the policy premium
Exceeding 30 mths up to 33 mths	92.5% of the policy premium
Exceeding 33 mths	100% of the policy premium

Cancellation table applicable for installment option of Half-yearly premium payment for Policy Term 3 Year	
Period on risk	Rate of premium to be retained
Up to 1 Mth	40.5% of the total premium received
Exceeding 1 mth up to 4 mths	54% of the total premium received
Exceeding 4 mths up to 6 mths	63.5% of the total premium received
Exceeding 6 mths up to 7 mths	34% of the total premium received
Exceeding 7 mths up to 10 mths	41% of the total premium received
Exceeding 10 mths up to 15 mths	52% of the total premium received
Exceeding 15 mths up to 21 mths	66% of the total premium received
Exceeding 21 mths up to 27 mths	79.5% of the total premium received
Exceeding 27 mths up to 33 mths	93% of the total premium received
Exceeding 33 mths	100% of the total premium received

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

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

- ❖ **Automatic Expiry**
Applicable for Coverage: The insurance under this policy with respect to each relevant Insured Person shall expire immediately on the earlier of the following events;
 - ✓ Upon the death of the Insured Person.
 - ✓ Upon exhaustion of Limit of Coverage Plus Restored Basic Sum Insured wherever applicable.
- Applicable for Gold Plan:** The insurance under this policy with respect to each relevant Insured Person shall expire immediately on the earlier of the following events;
 - ✓ Upon the death of the Insured Person.
 - ✓ Upon exhaustion of Limit of Coverage Plus Restored Basic Sum Insured wherever applicable.
 - ✓ Upon exhaustion of Limit of Coverage Plus Restored Basic Sum Insured Plus Super Restored Basic Sum Insured, wherever applicable.
- ❖ **The Company:** Star Health and Allied Insurance Co. Ltd., commenced its operations in 2006 as India's first Standalone Health Insurance provider. As an exclusive Health Insurer, the Company is providing sterling services in Health, Personal Accident & Overseas Travel Insurance and is committed to setting international benchmarks in service and personal caring.
- ❖ **Star Advantages**
 - No Third Party Administrator, direct in-house claims settlement.
 - Faster and hassle – free claim settlement.
 - Cashless hospitalization.
- ❖ **Claims Procedure**
 - For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255. Senior Citizens may call at 044-40020888.
 - Inform the ID number for easy reference.
 - On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk.
 - Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
 - In case of emergency hospitalization, information to be given within 24 hours after hospitalization.
 - Cashless facility wherever possible in network hospital.
 - In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents.
 - KYC (Identity proof with Address) of the proposer, as per AML Guidelines
- ❖ **Tax Benefits:** Payment of premium by any mode other than cash for this insurance is eligible for relief under Section 80D of the Income Tax Act 1961.
- ❖ **TAXES ARE SUBJECT TO CHANGES IN TAX LAWS**
- ❖ **Prohibition of rebates:** (Section 41 of Insurance Act 1938): 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.