

# STAR COMPREHENSIVE INSURANCE POLICY



*Unbeatable in features.  
Uncompromising in protection*



Health  
Insurance

**The Health Insurance Specialist**

STAR HEALTH AND ALLIED INSURANCE CO LTD

REGD & CORPORATE OFFICE: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai 600 034.

# STAR COMPREHENSIVE INSURANCE POLICY

Unique Identification No.: SHAHLIP22028V072122

When health issues can't be predicted, health insurance is the best option available to overcome the heavy financial loss that occurs in the form of hospitalization and medical expenses.

The right decision of purchasing a health insurance policy should complement the wise move of picking the right one. Precise to say, having a policy that offers complete protection is more essential than just having a health insurance cover.

Presenting STAR Comprehensive Insurance Policy with renewed features. This policy is carefully crafted to offer complete protection against all health care eventualities for an entire family on individual and floater basis.

## ✧ Eligibility

- Entry age between 3 months and 65 years
- Lifelong renewals guaranteed
- No exit age
- Policy Type: Individual / Floater (Family Size: Maximum 2 Adults + 3 Dependent Children)
- Dependent children (those who are economically dependent on their parents) can be covered upto 25 years of age

✧ **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.

✧ **Policy Term:** 1 year / 2 year / 3 year . For policies more than one year, the Basic Sum Insured is for each year, without any carry over benefit thereof.

✧ **Instalment Facility available:** Premium can be paid Quarterly and Half-yearly. Premium can also be paid Annually, Biennial (Once in 2 years) and Triennial (Once in 3 years).

**Quarterly - 3% | Half Yearly - 2%** (will be applicable on the annual premium)

✧ **Pre-acceptance medical screening:** No Pre-acceptance medical screening.

✧ **Day Care Procedures:** All Day Care Procedures are covered.

✧ **Midterm inclusion** of newly married / wedded spouse and New Born Baby is permissible on paying additional premium. The intimation about the marriage / new born should be given within 60 days from the date of marriage or new born. The cover will be from the date of payment of premium.

## ✧ Coverage (Section 1)

A. **Hospitalisation cover:** Room (Private Single A/C room), Boarding and Nursing Expenses

**Note:** Hospitalization Expenses which vary based on the room rent occupied by the insured person will be considered in proportion to the room rent limit / room category stated in the policy schedule or actuals whichever is less.

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

C. Anesthesia, Blood, Oxygen, Operation Theatre charges, ICU charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, diagnostic imaging modalities, Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker

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

- for transportation of the insured person by private ambulance service to go to hospital when this is needed for medical reasons  
or
- for transportation of the insured person by private ambulance service from one hospital to another hospital for better medical treatment  
or
- for transportation of the insured person from the hospital where treatment is taken to their place of residence provided the requirement of an ambulance to the residence is certified by the medical practitioner

E. **Air Ambulance expenses** up to Rs.2,50,000/- per hospitalization, not exceeding Rs.5,00,000/- per policy period

F. **Pre-Hospitalization** medical expenses incurred for a period not exceeding 60 days prior to the date of hospitalization

G. **Post Hospitalization** medical expenses incurred for a period up to 90 days from the date of discharge from the hospital

H. **Outpatient Medical Consultation:** Expenses on Medical Consultations as an Out Patient incurred in a Networked Facility for other than Dental and Ophthalmic treatments, up to the limits mentioned in the schedule of benefits with a limit of Rs.300/- per consultation. This benefit will not reduce the sum insured

**Note:** Payment of any claim under Outpatient Medical Consultation 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.

I. **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.

#### ✳ **Delivery and New Born (Section 2)**

- A. Expenses incurred as in-patient for Delivery including Delivery by Caesarean section
- B. Treatment of the New Born
- C. Vaccination expenses for the new born baby are payable up to the limits mentioned in the schedule of Benefits, until the new born baby completes one year of age and is added in the policy on renewal. Claim under this is admissible only if claim under A of Section-2 above has been admitted and while the policy is in force

Coverage under this section is subject to a waiting period of 24 months and payable only while the policy is in force.

#### ✳ **Out-patient Dental and Ophthalmic Treatment (Section 3):** Expenses incurred on acute treatment to a natural tooth or teeth or Eye are payable, once in every block of 3 years of continuous coverage.

The treatment can be taken as an Outpatient. For limits please refer schedule of Benefits. This is in addition to sum insured.

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

#### ✳ **Organ Donor Expenses (Section 4):** In patient hospitalization expenses incurred for organ transplantation from the Donor to the Recipient Insured Person are payable provided the claim for transplantation is payable. In addition, the expenses incurred by the Donor, (if any) for the complications that necessitate a Redo Surgery / ICU admission will be covered.

The coverage limit under this section is over and above the Limit of Coverage and up to the Basic Sum Insured. This additional Sum Insured can be utilized by the Donor and not by the Insured.

#### ✳ **Hospital Cash Benefit (Section 5)**

- Payable for each completed day of Hospitalisation up to 7 days per occurrence and maximum of 120 days during the entire policy period
- This benefit is subject to an excess of first 24 hours of Hospitalization for each and every claim. Claims under this section will not reduce the Sum Insured

#### ✳ **Health Check Up (Section 6):** This Benefit is payable for every claim free year up to the limits mentioned in the schedule of benefits.

#### ✳ **Bariatric Surgery (Section 7)**

- a) The expenses incurred on hospitalization for bariatric surgical procedure and its complications thereof are payable upto the limits mentioned in the schedule of Benefits, during the policy period
- b) This maximum limit of Rs.2,50,000/- and Rs.5,00,000/- are inclusive of pre-hospitalization and post hospitalization expenses
- c) The limit of cover for Bariatric Surgery forms part of sum insured under Section 1
- d) Coverage under this section is subject to a waiting period of 36 months and payable only while the policy is in force

#### ✳ **Option for Second Medical Opinion (Section 8):** The Insured Person is given the facility of obtaining a Second Medical Opinion from a Doctor in the Company's network of Medical Practitioners.

To utilized this benefit all medical records should be forwarded to the mail id [e\\_medicalopinion@starhealth.in](mailto:e_medicalopinion@starhealth.in).

#### ✳ **AYUSH Treatment (Section 9):** In patient hospitalization expenses incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines in a Government Hospital or in any institute recognized by the government and/or accredited by the Quality Council of India/National Accreditation Board on Health as in patient is payable up to the limits mentioned in the Schedule of Benefits.

**Note:**

- 1) Payment under this benefit forms part of the sum insured and also will impact the Bonus
- 2) Yoga and Naturopathy systems of treatment are excluded from the scope of coverage under AYUSH treatment

#### ✳ **Accidental Death and Permanent Total Disablement (Section 10)**

- 1. Accidental Death
- 2. Permanent Total Disability following an accident
- 3. Dependent children and persons above 70 years can be covered under accidental death and permanent total disablement upto the sum insured of Rs. 10,00,000/-

\* The sum insured for this cover is separately indicated in schedule of benefits. Cover is available for one insured person opted by the proposer

#### **Special Features**

- **Star Wellness Program (Section 11):** This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities. The wellness activities as detailed in the website 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.

The following table shows the discount on premium available under the Wellness Program;

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

For more information, Please visit our website : [www.starhealth.in](http://www.starhealth.in)

- **Buy Back Pre-Existing Disease (Section 12):** The prospect has the option to opt for reduction of waiting period in respect of Pre-Existing Diseases from 36 months to 12 months on payment of additional premium. This option is available only if the first purchase of an indemnity insurance policy is a Star Comprehensive Insurance Policy and also only upto Sum Insured chosen at that time. This option is not available for renewal or policies ported from other Insurance Companies. The prospect has to undergo pre-acceptance medical screening at Company's nominated centre. At present 100% of cost of the pre-acceptance medical screening will be borne by the Company. The Company may require the prospect to share this cost (maximum 50%).

- ✳ **Coverage for Modern Treatments (Section 13):** Expenses are subject to the limits.

(For details please refer website: [www.starhealth.in](http://www.starhealth.in))

- ✳ **Automatic Restoration of Sum Insured (Applicable for Section 1 Only):** There shall be automatic restoration of the Basic Sum Insured by 100% immediately upon exhaustion of the Basic Sum Insured and accrued Cumulative Bonus if any, once during the policy period.

It is made clear that such restored Sum Insured can be utilized for the subsequent hospitalization even for the illness /disease for which claim/s was / were already made.

Such restoration will be available for section 1 other than Section 1H. This benefit is not available for Modern Treatments.

- ✳ **Cumulative Bonus (Applicable for Section 1 other than 1H, Section 4, Section 7, Section 9, Section 12 and Section 13):** Where the sum insured under the policy is Rs.5,00,000/-, the insured person would be entitled to the benefit of Cumulative Bonus calculated at 50% of the basic sum insured under this policy following after every claim free year up to a maximum of 100%.

Where the sum insured under the policy is Rs.7,50,000/-or above, the insured person would be entitled to the benefit of Cumulative Bonus calculated at 100% of the basic sum insured under this policy following a claim free year. The maximum benefit of bonus is 100% of the basic sum insured.

#### **Special Conditions for Cumulative Bonus**

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;**
  - i. Partial utilization of Basic Sum Insured, such cumulative bonus so granted will be reduced at the same rate at which it has accrued
  - ii. 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
  - iii. 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
  - iv. Full utilization of Basic Sum Insured and full utilization of cumulative bonus accrued, the cumulative bonus granted on renewal will be "nil" or "zero"

#### **✳ Exclusions**

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

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

- A. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry 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 portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage
- D. Coverage under the policy after the expiry of 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 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
- 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
  - i. 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
  - ii. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology
  - iii. 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]
  - iv. 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)
  - v. 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

- vi. All types of Hernia
  - vii. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula
  - viii. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases
  - ix. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies
  - x. Benign Tumours of Epididymis, Spermatocoele, Varicocele, Hydrocele
  - xi. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence
  - xii. Varicose veins and Varicose ulcers
  - xiii. All types of transplant and related surgeries (Other than Bone Marrow Transplant for acute hematological malignancies and acute medical emergencies when indicated)
  - xiv. Congenital Internal disease / defect
- 3. 30-day waiting period - Code Excl 03**
- A. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered
  - B. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months
  - C. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently
- 4. Investigation & Evaluation - Code- Excl 04**
- A. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded
  - B. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded
- 5. Rest Cure, rehabilitation and respite care - Code Excl 05:** Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes;
- 1. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons
  - 2. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs
- 6. Obesity / Weight Control - Code Excl 06:** Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions;
- 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 spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons - Code Excl 13**
- 14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure - Code Excl 14**
- 15. Refractive Error - Code Excl 15:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres
- 16. Unproven Treatments - Code Excl 16:** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
- 17. Sterility and Infertility - Code Excl 17:** Expenses related to sterility and infertility. This includes;



- 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**

- a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy and to the extent covered under Section 2
  - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period
19. Circumcision (unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident), Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA - **Code Excl 19**
  20. Congenital External Condition / Defects / Anomalies (except to the extent provided under Section 2 for New Born) - **Code Excl 20**
  21. Convalescence, general debility, run-down condition, Nutritional deficiency states - **Code Excl 21**
  22. Intentional self injury - **Code Excl 22**
  23. Venereal Disease and Sexually Transmitted Diseases (Other than HIV) - **Code Excl 23**
  24. Injury/disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not) - **Code Excl 24**
  25. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials - **Code Excl 25**
  26. 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 - **Code Excl 26**
  27. Unconventional, Untested, Experimental therapies - **Code Excl 27**
  28. Autologous derived Stromal vascular fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy - **Code Excl 28**
  29. Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted - **Code Excl 29**
  30. All treatment for Priapism and erectile dysfunctions - **Code Excl 30**
  31. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons) - **Code Excl 31**
  32. Dental treatment or surgery (in excess of what is specifically provided) unless necessitated due to accidental injuries and requiring hospitalization - **Code Excl 32**
  33. Medical and / or surgical treatment of Sleep apnea, treatment for endocrine disorders - **Code Excl 33**
  34. Hospital registration charges, admission charges, record charges, telephone charges and such other charges - **Code Excl 34**
  35. Cochlear implants and procedure related hospitalization expenses. Cost of spectacles and contact lens (in excess of what is specifically provided), hearing aids, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids - **Code Excl 35**
  36. Any hospitalizations which are not Medically Necessary / does not warrant Hospitalization - **Code Excl 36**
  37. Other Excluded Expenses as detailed in the website [www.starhealth.in](http://www.starhealth.in) - **Code Excl 37**
  38. 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**

**B. Applicable for Section 10**

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance - **Code Sec10 Excl 01**
2. Any injuries/conditions which are Pre-existing conditions - **Code Sec10 Excl 02**
3. Any claim arising out of Accidents that the Insured Person has caused - **Code Sec10 Excl 03**
  - i. intentionally or
  - ii. by committing a crime / involved in it or
  - iii. as a result of / in a state of drunkenness or addiction (drugs, alcohol)
4. Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from - **Code Sec10 Excl 04**
5. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detentions of all kings princes and people of whatever nation, condition or quality whatsoever - **Code Sec10 Excl 05**
6. Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority - **Code Sec10 Excl 06**
7. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from - **Code Sec10 Excl 07**
  - a) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel

- b) Nuclear weapons material
  - c) The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof
  - d) Nuclear, chemical and biological terrorism
8. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons - **Code Sec10 Excl 08**
  9. Participation in Hazardous Sport / Hazardous Activities - **Code Sec10 Excl 09**
  10. Persons who are physically challenge unless specifically agreed and endorsed in the policy - **Code Sec10 Excl 10**
  11. Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law - **Code Sec10 Excl 11**
  12. Any payment in case of more than one claim under the policy during the period of insurance by which the maximum liability of the Company in that period would exceed the amount specified in the Schedule - **Code Sec10 Excl 12**
  13. Any other claim after a claim has been admitted by the Company and becomes payable for Death or Permanent Total Disablement, as mentioned in Table - **Code Sec10 Excl 13**
  14. Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly - **Code Sec10 Excl 14**
  15. Any claim for Death or Permanent Total Disablement of the Insured Person from self-endangerment unless in self-defense or to save human life - **Code Sec10 Excl 15**
- ✳ **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:** This policy is subject to Co-payment of 10% of each and every claim amount for fresh as well as renewal policies for insured persons whose age at the time of entry is 61 years and above. 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. This co-payment is applicable for Section 1 A to 1 G, 1 I, Section 4, Section 7, Section 9, Section 12 and Section 13.
- ✳ **Renewal:** 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 in 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.
- ✳ **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
- ✳ **Disclosure to information norms:** 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.
- ✳ **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 instalment option |                                |
|--|--------------------------------|
| Period on risk   | Rate of premium to be retained |
| Up to one month  | 22.5% of the policy premium    |
| Exceeding one month up to 3 months   | 37.5% of the policy premium    |
| Exceeding 3 months up to 6 months  | 57.5% of the policy premium    |
| Exceeding 6 months up to 9 months  | 80% of the policy premium      |
| Exceeding 9 months   | Full of the policy premium     |

**Cancellation table applicable for Policy Term 1 Year with instalment option of Half-yearly premium payment frequency**

| Period on risk                     | Rate of premium to be retained      |
|------------------------------------|-------------------------------------|
| Up to one month                    | 45% of the total premium received   |
| Exceeding one month up to 4 months | 87.5% of the total premium received |
| Exceeding 4 months up to 6 months  | 100% of the total premium received  |
| Exceeding 6 months up to 7 months  | 65% of the total premium received   |
| Exceeding 7 months up to 10 months | 85% of the total premium received   |
| Exceeding 10 months                | 100% of the total premium received  |

**Cancellation table applicable for Policy Term 1 Year with instalment option of Quarterly premium payment frequency**

| Period on risk                     | Rate of premium to be retained      |
|------------------------------------|-------------------------------------|
| Up to one month                    | 87.5% of the total premium received |
| Exceeding one month up to 3 months | 100% of the total premium received  |
| Exceeding 3 months up to 4 months  | 87.5% of the total premium received |
| Exceeding 4 months up to 6 months  | 100% of the total premium received  |
| Exceeding 6 months up to 7 months  | 85% of the total premium received   |
| Exceeding 7 months up to 9 months  | 100% of the total premium received  |
| Exceeding 9 months up to 10 months | 85% of the total premium received   |
| Exceeding 10 months                | 100% of the total premium received  |

**Cancellation table applicable for Policy Term 2 Years without instalment option**

| Period on risk                      | Rate of premium to be retained |
|-------------------------------------|--------------------------------|
| Up to one month                     | 17.5% of the policy premium    |
| Exceeding one month up to 3 months  | 25% of the policy premium      |
| Exceeding 3 months up to 6 months   | 37.5% of the policy premium    |
| Exceeding 6 months up to 9 months   | 47.5% of the policy premium    |
| Exceeding 9 months up to 12 months  | 57.5% of the policy premium    |
| Exceeding 12 months up to 15 months | 67.5% of the policy premium    |
| Exceeding 15 months up to 18 months | 80% of the policy premium      |
| Exceeding 18 months up to 21 months | 90% of the policy premium      |
| Exceeding 21 months                 | Full of the policy premium     |

**Cancellation table applicable for Policy Term 2 Years with instalment option of Half-yearly premium payment frequency**

| Period on risk                      | Rate of premium to be retained      |
|-------------------------------------|-------------------------------------|
| Up to one month                     | 45% of the total premium received   |
| Exceeding one month up to 4 months  | 87.5% of the total premium received |
| Exceeding 4 months up to 6 months   | 100% of the total premium received  |
| Exceeding 6 months up to 7 months   | 65% of the total premium received   |
| Exceeding 7 months up to 10 months  | 85% of the total premium received   |
| Exceeding 10 months up to 12 months | 100% of the total premium received  |
| Exceeding 12 months up to 15 months | 90% of the total premium received   |
| Exceeding 15 months up to 18 months | 100% of the total premium received  |
| Exceeding 18 months up to 21 months | 90% of the total premium received   |
| Exceeding 21 months                 | 100% of the total premium received  |

**Cancellation table applicable for Policy Term 2 Years with instalment option of Quarterly premium payment frequency**

| Period on risk                      | Rate of premium to be retained      |
|-------------------------------------|-------------------------------------|
| Up to one month                     | 87.5% of the total premium received |
| Exceeding one month up to 3 months  | 100% of the total premium received  |
| Exceeding 3 months up to 4 months   | 87.5% of the total premium received |
| Exceeding 4 months up to 6 months   | 100% of the total premium received  |
| Exceeding 6 months up to 7 months   | 85% of the total premium received   |
| Exceeding 7 months up to 9 months   | 100% of the total premium received  |
| Exceeding 9 months up to 10 months  | 85% of the total premium received   |
| Exceeding 10 months up to 12 months | 100% of the total premium received  |
| Exceeding 12 months up to 13 months | 97.5% of the total premium received |
| Exceeding 13 months up to 15 months | 100% of the total premium received  |
| Exceeding 15 months up to 16 months | 95% of the total premium received   |
| Exceeding 16 months up to 18 months | 100% of the total premium received  |
| Exceeding 18 months up to 19 months | 95% of the total premium received   |
| Exceeding 19 months up to 21 months | 100% of the total premium received  |
| Exceeding 21 months up to 22 months | 92.5% of the total premium received |
| Exceeding 22 months                 | 100% of the total premium received  |



| Cancellation table applicable for Policy Term 3 Years without instalment option                                       |                                     |
|---|-------------------------------------|
| Period on risk  | Rate of premium to be retained      |
| Up to one month   | 17.5% of the policy premium         |
| Exceeding one month up to 3 months  | 22.5% of the policy premium         |
| Exceeding 3 months up to 6 months   | 30% of the policy premium           |
| Exceeding 6 months up to 9 months   | 37.5% of the policy premium         |
| Exceeding 9 months up to 12 months  | 42.5% of the policy premium         |
| Exceeding 12 months up to 15 months   | 50% of the policy premium           |
| Exceeding 15 months up to 18 months   | 57.5% of the policy premium         |
| Exceeding 18 months up to 21 months   | 65% of the policy premium           |
| Exceeding 21 months up to 24 months   | 72.5% of the policy premium         |
| Exceeding 24 months up to 27 months   | 80% of the policy premium           |
| Exceeding 27 months up to 30 months   | 85% of the policy premium           |
| Exceeding 30 months up to 33 months   | 92.5% of the policy premium         |
| Exceeding 33 months   | Full of the policy premium          |
| Cancellation table applicable for Policy Term 3 Years with instalment option of Half-yearly premium payment frequency |                                     |
| Period on risk  | Rate of premium to be retained      |
| Up to one month   | 45% of the total premium received   |
| Exceeding one month up to 4 months  | 87.5% of the total premium received |
| Exceeding 4 months up to 6 months   | 100% of the total premium received  |
| Exceeding 6 months up to 7 months   | 65% of the total premium received   |
| Exceeding 7 months up to 10 months  | 85% of the total premium received   |
| Exceeding 10 months up to 12 months   | 100% of the total premium received  |
| Exceeding 12 months up to 15 months   | 90% of the total premium received   |
| Exceeding 15 months up to 18 months   | 100% of the total premium received  |
| Exceeding 18 months up to 21 months   | 90% of the total premium received   |
| Exceeding 21 months up to 24 months   | 100% of the total premium received  |
| Exceeding 24 months up to 27 months   | 95% of the total premium received   |
| Exceeding 27 months up to 30 months   | 100% of the total premium received  |
| Exceeding 30 months up to 33 months   | 92.5% of the total premium received |
| Exceeding 33 months   | 100% of the total premium received  |
| Cancellation table applicable for Policy Term 3 Years with instalment option of Quarterly premium payment frequency   |                                     |
| Period on risk  | Rate of premium to be retained      |
| Up to one month   | 87.5% of the total premium received |
| Exceeding one month up to 3 months  | 100% of the total premium received  |
| Exceeding 3 months up to 4 months   | 87.5% of the total premium received |
| Exceeding 4 months up to 6 months   | 100% of the total premium received  |
| Exceeding 6 months up to 7 months   | 85% of the total premium received   |
| Exceeding 7 months up to 9 months   | 100% of the total premium received  |
| Exceeding 9 months up to 10 months  | 85% of the total premium received   |
| Exceeding 10 months up to 12 months   | 100% of the total premium received  |
| Exceeding 12 months up to 13 months   | 97.5% of the total premium received |
| Exceeding 13 months up to 15 months   | 100% of the total premium received  |
| Exceeding 15 months up to 16 months   | 95% of the total premium received   |
| Exceeding 16 months up to 18 months   | 100% of the total premium received  |
| Exceeding 18 months up to 19 months   | 95% of the total premium received   |
| Exceeding 19 months up to 21 months   | 100% of the total premium received  |
| Exceeding 21 months up to 22 months   | 92.5% of the total premium received |
| Exceeding 22 months up to 24 months   | 100% of the total premium received  |
| Exceeding 24 months up to 25 months   | 97.5% of the total premium received |
| Exceeding 25 months up to 27 months   | 100% of the total premium received  |
| Exceeding 27 months up to 28 months   | 97.5% of the total premium received |
| Exceeding 28 months up to 30 months   | 100% of the total premium received  |
| Exceeding 30 months up to 31 months   | 95% of the total premium received   |
| Exceeding 31 months up to 33 months   | 100% of the total premium received  |
| Exceeding 33 months up to 34 months   | 95% of the total premium received   |
| Exceeding 34 months   | 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