

Star Health Premier Insurance Policy

AGE HEALTHY STAY PROTECTED



Health
Insurance

The Health Insurance Specialist

Star Health Premier Insurance Policy

Unique Identification No.: SHAHLIP22226V012122

STAR HEALTH continues its legacy of devising need based policies for all age groups with the introduction of the highly-beneficial, Star Health Premier Insurance Policy. A unique indemnity health insurance product which covers expenses incurred for hospitalisation due to illness or Accident. This policy has been devised as the result of our meticulous research to provide the much needed protection to the individuals who are 50 years and above. Having Sum Insured option up to Rs.1 Crore with features like Home care treatment, Ayush Treatment, Cover for Non-Medical items and Modern Treatments make this policy, the best-suited one to meet the needs of today and tomorrow.

Star Health Premier Insurance Policy is a unique indemnity health insurance product which covers expenses incurred on hospitalisation due to Illness or Accident.

Eligibility

- For Adults: Min - 50 years for primary member & Max - Up to Any Age (Oldest member will be consider as primary member)
- For Dependent Children: Min - 91 days & Max - Up to 25 years
- In case of dependent children, when they complete 25 yrs of age, a separate policy has to be taken under any indemnity health insurance policy. In such an event, continuity of benefits in terms of waiting period will be provided.
- Younger Age Discount:** For Adults aged 50 years and above, if spouse is aged less than 50 years, a family floater cover can be offered by considering the premium of age 50 years discounted by 10% for the spouse. This discount is not applicable once Spouse attains 50 yrs. of age
- Floater discount:** A Floater discount of 40% is available on the premium for the younger member when 2 adults are covered under the same policy on Floater sum insured basis

Policy Term - One year / Two years / Three years: For policies more than one year, the Sum Insured is for each year, without any carry over benefit thereof.

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.

Type of Policy: Individual and Floater (Maximum Family Size 2A+3C)

Sum Insured Options

Rs.10,00,000/-, Rs.20,00,000/-, Rs.30,00,000/-, Rs.50,00,000/-, Rs.75,00,000/- and Rs.1,00,00,000/-
Note: Sum insured upto Rs.1,00,00,000/- is available for the persons entering upto 65years and their renewals. For persons entering above 65years the sum insured is restricted to Rs.50,00,000/- even for renewals.

Pre-acceptance medical screening: There is no Pre-acceptance medical screening.

Discount in premium for submitting health checkup reports: If following medical records of the person proposed for insurance are submitted, Company may offer a discount of 10% on the applicable premium, subject to the findings in the submitted reports.

- Stress ECHO Report/TMT (done under guidance)
- BP Report (3 readings)
- Fasting Blood Sugar (FBS) and HbA1C
- Blood urea & creatinine
- Complete Urine Examination (CUE)

The tests should have been taken within 45 days prior to the date of proposal. If the prospect submits these documents at the time of inception of this policy, this discount will be given for all subsequent renewals also, if the policy is renewed continuously without break.

Instalment Facility available: Premium can be paid in Quarterly and Half-yearly Instalments. Premium can also be paid Annual, Biennial and Triennial

For instalment mode of payment, there will be loading on annual premium as given below
Quarterly: 3% | Half Yearly: 2%

Note: Instalment facility is not available for long term (2 year and 3 year) policies.

Midterm Inclusion: Permissible on payment of proportionate premium subject to the following;

Newly Married / Wedded spouse: Intimation about the marriage should be given within 45 days from the date of marriage.

Special conditions

- Waiting periods as stated in the policy will be applicable from the date of inclusion of such newly married/wedded spouse.
- Such midterm inclusion will be subject to underwriter's approval

COVERAGE

- Room, Boarding and Nursing Expenses up to 1% of sum insured or maximum up to Rs.20,000/- per day whichever is less as provided by the Hospital / Nursing Home
Note: Expenses relating to Associated Medical Expenses will be considered in proportion to the eligible room rent/room category stated in the policy schedule or actuals whichever is less. Proportionate deductions are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category.
- 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. 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.
- All day care procedures are covered.
- Expenses incurred on treatment of **Cataract** is subject to the limit as per the following table

Sum Insured (Rs.)	10 / 20 / 30 Lakhs	50 lakhs and above
Limit Per Eye (Rs.)	50,000	60,000
Limit Per Policy year (Rs.)	80,000	1,00,000

- Coverage for Non-medical Items (Consumables):** Covered subject to an admissible claim under the policy. (For details please refer website: www.starhealth.in)
- 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.
- Air Ambulance** 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 Rs.2,50,000/- per hospitalization and maximum upto Rs.5,00,000/- per policy year is payable.
- Pre-hospitalization Expenses:** Medical expenses incurred up to 60 days immediately before the insured person is hospitalized.
- Post Hospitalization Expenses:** Medical expenses incurred up to 90 days immediately after the insured person is discharged from the hospital.
- 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 upto the Sum Insured. **This additional Sum Insured can be utilized by the Donor and not by the Insured.**
- AYUSH Treatment:** In patient Hospitalizations/day care treatment expenses incurred for treatment of diseases / illness / accidental injuries by AYUSH treatment (except Yoga and Naturopathy system of medicines) is covered up to the Sum Insured.
- Bariatric Surgery:** Hospitalisation Expenses incurred for bariatric surgical procedure and its complications thereof are payable subject to the limits mentioned in the table given below (inclusive of pre-hospitalization and post-hospitalization expenses) after a waiting period of 24 months.

Sum Insured (Rs.)	Limit per policy period (Rs.)
10 lakhs and 20 lakhs	2,50,000/-
Above 20 lakhs	5,00,000/-

Note: Claims under this benefit shall be processed only on cashless basis subject to the fulfillment of conditions in Exclusion **Obesity/ Weight Control: Code- Excl 06** specified in this policy.

14. Coverage for Modern Treatment: Covered upto 50% of Sum Insured (For details please refer website: www.starhealth.in)

15. 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;

1. The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
2. 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.

16. Automatic Restoration of Sum Insured: There shall be automatic restoration of the Sum Insured once by 100% subject to the following;

1. The automatic restoration shall trigger immediately upon partial / full utilization of the limit of coverage.
2. Such Restored Sum Insured can be utilized for all claims for subsequent hospitalization during the policy period.
3. The maximum liability of the Company for a Single claim shall not exceed the limit of coverage.
4. The unutilized restored sum insured cannot be carried forward

17. Cumulative Bonus: The insured person will be eligible for Cumulative bonus calculated at 20% of sum insured for each claim free year subject to a maximum of 100% of the sum insured

Special Conditions

1. The Cumulative bonus will be calculated on the expiring Sum Insured
2. 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
3. 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
 - d. Full utilization of Sum Insured and full utilization of cumulative bonus accrued, the cumulative bonus on renewal will be "nil"

Note: Claims under Outpatient Medical expenses and Health checkup will not impact Cumulative bonus.

18. Rehabilitation and Pain Management: The Company will pay the medical expenses for Rehabilitation and Pain Management up to the sub-limit (or) maximum up to 10% of the 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.

- a. Poly Trauma
- b. Head injury
- c. Diseases of the spine
- d. Stroke

Pain Management treatment: Cover for treatment of pain management subject to the limits

19. Hospice Care: Payable up to 10% of the sum insured subject to a maximum of Rs.5 lakhs, if availed at our Networked facility mentioned in our website www.starhealth.in, payable once in life time for each Insured person. Available after a waiting period of 24 months from the policy inception.

Note: With regard to admissibility of claim under Hospice Care, the decision of the medical panel will be final.

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

21. Health Check-up benefit: Expenses incurred towards health check-up up to the limits mentioned in the table given below for every claim free year are payable on renewal.

Sum Insured (Rs.)	Limit Upto (Rs.)	
	Individual SI	Floater SI
10,00,000/-	3,000/-	4,000/-
20,00,000/-	4,000/-	6,000/-
30,00,000/-	4,500/-	6,500/-
50,00,000/-	5,000/-	7,500/-
75,00,000/-	7,000/-	10,000/-
1,00,00,000/-		

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

22. Outpatient Medical Expenses: Expenses incurred for an Outpatient treatment up to the limits mentioned in the table below are payable from day 1.

Sum Insured (Rs.)	Limit Upto (Rs.)	
	Individual SI	Floater SI
10,00,000/-	3,000/-	4,000/-
20,00,000/-	4,000/-	6,000/-
30,00,000/-	4,500/-	6,500/-
50,00,000/-	5,000/-	7,500/-
75,00,000/-	7,000/-	10,000/-
1,00,00,000/-		

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

23. Star Wellness Program: This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities. The wellness activities are designed to help the Insured person to earn wellness reward points which will be tracked and monitored by the Company. The wellness points earned by the Insured Person(s) under the wellness program, can be utilized to get discount in premium. This Wellness Program is enabled and administered online through Star Wellness Platform through Star Health Customer Mobile app 'Star Power' and through 'Star Health Customer Portal'(digital platform).

Note: 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

24. Co-payment (Applicable for Insured persons whose age at the time of entry is above 65 years): Each and every claim under the Policy shall be subject to a Copayment of 20% applicable to claim amount admissible and payable as per the terms and conditions of the Policy even for renewals.

➤ **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. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 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 24 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 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, 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 calculi 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

Note: Waiting period for the following benefit is as follows:

- Bariatric Surgery:** A waiting period of 24 months from the date of first commencement of this policy and continuous renewal thereof.
- Hospice Care:** A waiting period of 24 months from the date of first commencement of this policy and continuous renewal thereof.

3. 30-day waiting period - Code Excl 03 (Not Applicable for Accidents)

- 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.

- Rest Cure, rehabilitation (except to the extent covered under Coverage under Rehabilitation and Pain Management) 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.

- Obesity/ Weight Control - Code Excl 06 (Except to the extent covered under Bariatric Surgery):** 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 comorbidities following failure of less invasive methods of weight loss:
 - Obesity-related cardiomyopathy
 - Coronary heart disease
 - Severe Sleep Apnea
 - Uncontrolled Type2 Diabetes

- 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.

- 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.

- 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.

- 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.

- 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.

- 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**

- 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**

- Refractive Error - Code Excl 15:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

- 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.

- 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

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

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

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

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

23. Injury/disease 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. 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.

► Claim Procedure

- For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255. Senior Citizens may call at 044-40020888
- In case of planned hospitalization, inform 24 hours prior to admission in the hospital
- 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 subject to terms and conditions of the policy
- KYC (Identify proof with Address) of the proposer, as per AML Guidelines

- **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.

► 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 mth	22.5% of the policy premium
Exceeding one mth up to 3 mths	37.5% of the policy premium
Exceeding 3 mths up to 6 mths	57.5% of the policy premium
Exceeding 6 mths up to 9 mths	80% of the policy premium
Exceeding 9 mths	Full of the policy premium

Cancellation table applicable 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 1 Mth	45% of the total premium received
Exceeding one mth up to 4 mths	87.5% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	65% of the total premium received
Exceeding 7 mths up to 10 mths	85% of the total premium received
Exceeding 10 mths	100% of the total premium received

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

Period on risk	Rate of premium to be retained
Up to 1 Mth	87.5% of the total premium received
Exceeding one mth up to 3 mths	100% of the total premium received
Exceeding 3 mths up to 4 mths	87.5% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	85% of the total premium received
Exceeding 7 mths up to 9 mths	100% of the total premium received
Exceeding 9 mths up to 10 mths	85% of the total premium received
Exceeding 10 mths	100% of the total premium received

Cancellation table applicable for Policy Term 2 Year

Period on risk	Rate of premium to be retained
Up to 1 Mth	17.5% of the policy premium
Exceeding one mth up to 3 mths	25% of the policy premium
Exceeding 3 mths up to 6 mths	37.5% of the policy premium
Exceeding 6 mths up to 9 mths	47.5% of the policy premium
Exceeding 9 mths up to 12 mths	57.5% of the policy premium
Exceeding 12 mths up to 15 mths	67.5% 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	Full of the policy premium

Cancellation table applicable for Policy Term 3 Year

Period on risk	Rate of premium to be retained
Up to 1 Mth	17.5% of the policy premium
Exceeding one mth up to 3 mths	22.5% of the policy premium
Exceeding 3 mths up to 6 mths	30% of the policy premium
Exceeding 6 mths up to 9 mths	37.5% of the policy premium
Exceeding 9 mths up to 12 mths	42.5% of the policy premium
Exceeding 12 mths up to 15 mths	50% of the policy premium
Exceeding 15 mths up to 18 mths	57.5% 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	85% of the policy premium
Exceeding 30 mths up to 33 mths	92.5% of the policy premium
Exceeding 33	Full of the policy premium

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.

- 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 Termination:** The insurance under this policy with respect to each relevant Insured Person policy shall expire immediately on the earlier of the following events

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

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

For Detailed Guidelines on migration, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

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

For Detailed Guidelines on portability, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

- **Renewal of Policy:** The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.
 - The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal
 - Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years
 - Request for renewal along with requisite premium shall be received by the Company before the end of the policy period
 - At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy.
 - Coverage is not available during the grace period.
 - No loading shall apply on renewals based on individual claims experience
- **Possibility of Revision of Terms of the Policy including the Premium Rates:** The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected
- **Premium Payment in Instalments:** If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly or Quarterly as mentioned in the policy Schedule/Certificate of insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)
 - Grace Period of 7 days would be given to pay the instalment premium due for the policy.
 - 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.
 - 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
 - No interest will be charged if the instalment premium is not paid on due date
 - In case of instalment premium due not received within the grace period, the policy will get cancelled
 - In the event of a claim, all subsequent premium instalments shall immediately become due and payable
 - The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy
- **Free Look Period:** The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

 - 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
 - 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
 - where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

- **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 insured person about the same 90 days prior to expiry of the policy.
 - 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

Discounts

Sl.No.	Inception	Renewal
Younger Age Discount	Yes	Yes
Floater Discount	Yes	Yes
Online Discount	Yes	Yes
Health Check-up Discount	Yes	Yes, provided the health check up reports are submitted at the inception of the policy
Wellness Discount	No	Yes

- **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
- **Tax Benefits:** Payment of premium by any mode other than cash for this insurance is eligible for relief under Section 80D of the Income Tax Act 1961.
- **TAXES ARE SUBJECT TO CHANGES IN TAX LAWS**
- **Prohibition of Rebates:** Section 41 of Insurance Act 1938 (Prohibition of rebates): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer: Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs rupees.

Illustration 1 - For Floater Premium Calculation (Spouse age is 50yrs and above)

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

Relation	Age in years	Premium Excluding GST (Rs.)	Floater Discount in %	Floater discount in Amount (Rs.)	Total Premium Excl. GST (Rs.)
Self (Primary member)	55	28,095	0	0	28,095
Spouse	51	22,470	40%	8,988	13,482
Final Premium					41,577