STAR Personal & Caring | Health Insurance

Medi Classic Insurance Policy

(Individual)

SHAHLIP26047V092526

MEDI CLASSIC INSURANCE POLICY (INDIVIDUAL)

Unique Identification No: SHAHLIP26047V092526

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 hospitalization expenses incurred as a result of illness/disease/sickness and/or accidental injuries, so that you can keep your dreams alive.

- **Medical Underwriting / Pre-Policy Medical Check-up:** The Company may ask the members to be proposed to undergo medical underwriting either through medical tests or any other medium viz tele underwriting etc. This will vary/depend upon the Sum Insured/ Medical History/ Zone and Age. If we accept the proposal, we will reimburse at least 50% of the costs incurred by the member undertaking such Pre-Policy medical check-up.
- **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 and the premium for such policies can be paid upfront as a single payment.
- **Long term discount:**

  10% discount is available on 2nd year premium

  12.5% discount is available on 3rd year premium
- **Instalment Facility available:** Premium can be paid Monthly or Quarterly or Half-yearly Incase of instalment mode of payment, there will be loading on annual premium as given below:

  Monthly - 4% | Quarterly - 3% | 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 monthly, quarterly or half yearly within the expiry of the first year.
- **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.5,00,000/-; Rs.7,50,000/-; 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.
- **Road Ambulance:** Subject to an admissible hospitalization claim, road ambulance expenses up to Rs. 750/- per hospitalization and up to Rs.1,500/- per Policy Period shall be payable for admission to hospital, transportation from one hospital to another, and for transportation of the insured from hospital to the place of residence.
- **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.5,000/- per hospitalization. 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.**

- **Preventive Health Check-up:** We will arrange for a Preventive Health Check-up at Our Network Providers for the applicable package as specified below as per opted Sum Insured.

Basic Sum Insured	Package applicable
Rs.5,00,000/- to Rs.15,00,000/-	Package A

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

Basic Sum Insured(Rs.)	Limit for Cataract Surgery(Rs.)
5,00,000/- and 7,50,000/-	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

- **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.
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 after the reduction at the same rate at which it has accrued. At any point of time, the Cumulative Bonus will not be less than "zero".

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

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

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

- **Automatic Restoration of 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 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.

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

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

- **Home Care Treatment:** Payable up to 10% of the Basic Sum Insured in a Policy Year, for treatment availed by the Insured Person at home, only for the specified conditions.

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.5,00,000/-; Rs.7,50,000/-;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.)	Limits (Rs.)
5,00,000	*Private Single A/c Room *Private Single A/c Room means a single occupancy air-conditioned room with attached wash room and a couch for the attendant.
7,50,000	
10,00,000	
15,00,000	
20,00,000	
25,00,000	

  - Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees, Anesthesia, Blood, Oxygen, Operation Theatre charges, ICU charges etc.
  - **Road Ambulance:** Subject to an admissible hospitalization claim, road ambulance expenses up to Rs. 2,000/- per hospitalization shall be payable for admission to hospital, transportation from one hospital to another, and for transportation of the insured from hospital to the place of residence.
  - **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.**
- **AYUSH Treatment:** Medical expenses for Inpatient Hospitalization incurred on treatment under Ayurveda, Unani, Siddha and Homeopathy systems of medicines in a AYUSH Hospital is payable up to the Basic Sum Insured.

  Note: Claims under Yoga and Naturopathy systems of treatment will be payable subject to prior approval from the Company.
- **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.)
5,00,000/- and 7,50,000/-	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

- **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

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

  ii. 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.

  iii. 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 after the reduction at the same rate at which it has accrued. At any point of time, the Cumulative Bonus will not be less than "zero".

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

- **Automatic Restoration of 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 Treatment.

- **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 Treatment.

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

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

  ii. The patient takes treatment at home on account of non-availability of room in a hospital

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

- **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.)
5,00,000/- and 7,50,000/-	500/- per day subject to maximum of 3,000/- per hospitalization
10,00,000/-	1,000/- per day subject to maximum of 6,000/- per hospitalization
15,00,000/-	
20,00,000/-	
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.

- **Preventive Health Check-up:** We will arrange for a Preventive Health Check-up at Our Network Providers for the applicable package as specified below as per opted Sum Insured.

Basic Sum Insured	Rs.5,00,000/- and Rs.7,50,000/-	Rs.10,00,000/- and Rs.15,00,000/-	Rs.20,00,000/- and Rs.25,00,000/
Package applicable	Package A	Package B	Package C

- **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.
- **Unlimited Tele-Consultation:**The Insured Person can avail unlimited number of Tele-consultations on Star Health mobile application or digital platforms.
- **AI driven Face Scan:** The Insured Person can avail, AI-driven face scan facility by using Star Health mobile app to know the vital parameters such as heart rate, oxygen saturation, respiration rate up to two times per month per Insured Person in a Policy Year.
- **Home Care Treatment:** Payable up to 10% of the Basic Sum Insured in a Policy Year, for treatment availed by the Insured Person at home, only for the specified conditions.

- **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

1. Where Gold Plan is opted, in the event of a claim, the benefits under Gold Plan only shall be applicable.

2. 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.

- **Add-on cover:** Star Extra Protect – Add on cover| UIN: SHAHLIA23061V012223 and its subsequent revisions.

  Star Flexi | UIN: SHAHLIA26040V012526 and its subsequent revisions

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

  Customers opting Section I of Star Extra Protect-Add on Cover, shall have a discount of 0.25% on the base policy premium of Medi Classic Insurance Policy (Individual).

- **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;

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 applicable norms on portability stipulated by IRDAI, 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 listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.

B. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

C. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.

D. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

E. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

F. List of specific diseases/procedures

1. Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye (other than retinal detachment), Diseases of ENT, Diseases related to Thyroid, Benign diseases of the breast.
2. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology
3. All treatments (Conservative, Operative treatment) and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty / Joint Replacement [other than caused by accident].
4. All types of treatment for Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system, Prolapse of Intervertebral Disc (other than caused by accident),
5. All treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi. All types of management for Kidney and Genitourinary tract calculi.
6. All types of Hernia,
7. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula,

8. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases
9. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies,
10. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele,
11. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence
12. Varicose veins and Varicose ulcers
13. All types of transplant and related surgeries.
14. Congenital Internal disease / defect

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 hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons – **Code Excl 13**
14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure – **Code Excl 14**
15. **Refractive Error – Code Excl 15:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
16. **Unproven Treatments – Code Excl 16:** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

17. **Sterility and Infertility – 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;

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

31. Hospital registration charges, admission charges, record charges, telephone charges and such other charges – **Code Excl 34**

32. 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**

33. Any hospitalization which are not medically necessary / does not warrant hospitalization – **Code Excl 36**

34. Other Excluded Expenses as detailed in the website www.starhealth.in – **Code Excl 37**

35. Existing disease/s, disclosed by the insured and mentioned in the policy schedule under Permanent Exclusion (based on insured's consent) – **Code Excl 38**

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

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

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

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

- **Possibility of Revision of Terms of the Policy Including the Premium Rates:** The Company, may revise or modify the terms of the policy including the premium rates, as per the extant Guidelines. The Insured Person shall be notified thirty days before the changes are effected.

- **Revision of Basic Sum Insured**: Reduction or enhancement of Basic 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. Where the basic Sum Insured is enhanced, the amount of such additional basic Sum Insured including the respective sub limits shall be subject to the following terms;

  Exclusions as under shall apply afresh from the date of such enhancement for the increase in the Basic Sum Insured, that is, the difference between the expiring policy Basic Sum Insured and the increased current Basic Sum Insured.

  i. First 30 days as per exclusion **Code Excl 03**

  ii. 24 months with continuous coverage without break (with grace period) in respect of diseases / treatments for ailments / illness / diseases as per exclusion **Code Excl 02**

  iii. 36 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases as per exclusion **Code Excl 01**

  iv. 36 months of continuous coverage without break (with grace period) for diseases / conditions diagnosed / treated irrespective of whether any claim is made or not in the immediately preceding three Policy Periods

  v. The above applies to each relevant Insured Person

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

- **Portability:**

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

  ii. The Policyholder is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc. from the existing Insurer to the Acquiring Insurer in the previous policy

- **Premium Payment in Instalments**

  If the Policyholder has opted for Payment of Premium on an instalment basis i.e. Half Yearly or Quarterly or Monthly as mentioned in the Policy Schedule/Certificate of Insurance, the following conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

i. For monthly instalment option: Grace Period of 15 days would be given to pay the instalment premium due for the policy.

ii. For Quarterly and Half yearly instalment option: Grace Period of 30 days would be given to pay the instalment premium due for the policy.

iii. The Policyholder will get the accrued continuity benefit in respect of the (Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc.) in the event of payment of premium within the stipulated Grace Period.

iv. No interest will be charged if the instalment premium is not paid on due date.

v. In case of instalment premium due not received within the grace period, the policy will get cancelled.

vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.

vii. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

viii. For premium paid in instalments during the Policy Period, coverage is available during the grace period also.

- **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**

  In the likelihood of this product being withdrawn in future, the Company will intimate the Policyholder about the same 90 days prior to expiry of the policy.

  i. A one-time option to renew the existing product, if renewal falls within the 90 days from the date of withdrawal of the product, or

  ii. Policyholder will have the option to migrate to similar health insurance product available with the Company at the time of renewal. Policyholder can transfer the credits gained (to the extent of Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc.) in the previous policy to the migrated policy, provided the policy has been maintained without a break

- **The Free Look Period:** The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

  The Policyholder shall be allowed free look period of thirty days from date of receipt of the policy document whether electronically or otherwise to review the terms and conditions of the policy. If the Policyholder is not satisfied with any of the terms and conditions and has not made any claim, the Policyholder has the option to cancel his/her policy. This option is available in case of policies with a term of one year or more.

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

- **Redressal of Grievance:** Incase of any grievance the Insured Person may contact the Company through

Website	:	www.starhealth.in
E-mail	:	gro@starhealth.in, grievances@starhealth.in
Ph. No.	:	044-69006900 | Toll free No.1800 425 2255 Senior Citizens may call at 044-69007500
Courier/Post	:	Star Health and Allied Insurance Company Limited., 4th Floor, Balaji Complex, No.15, Whites Lane, Whites Road, Royapettah, Chennai-600014

  Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

  If Insured person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at 044-43664600.

  For updated details of grievance officer, kindly refer the link https://www.starhealth.in/grievance-redressal

  If Insured person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017, as amended from time to time.

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

- **Cancellation**

  i. The Policyholder may cancel his policy any time during the term by giving 7 days written notice. In such an event, The Company shall

     a. refund proportionate premium for unexpired Policy Period, if policy term is upto one year and there is no claim (s) made during the Policy Period.

     b. refund premium for the unexpired Policy Period, in respect of policies with policy term more than 1 year and risk coverage for such policy years has not commenced.

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

Note: Incase of long term policies the refund will be given after adjusting the long term discount availed by the insured/ Policyholder.

- **Medical Underwriting Loading:** Company may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance).

  i. The maximum risk loading applicable for an individual shall not exceed above 125% per diagnosis / medical condition and an overall risk loading up to 200% per Insured Person.

  ii. This loading is applied from the Commencement Date of the Policy including subsequent renewal(s) with the Company.

  iii. Company will inform about the applicable risk loading or exclusion or both as the case may be through a counter offer.

  iv. The Company will issue Policy only after getting the Proposer's consent and additional premium (if any).

- **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;

  i. Upon the death of the Insured Person

  ii. 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;

  i. Upon the death of the Insured Person

  ii. Upon exhaustion of Limit of Coverage Plus Restored Basic Sum Insured wherever applicable

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

  b. Inform the ID number for easy reference.

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

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

  e. In case of emergency hospitalization, information to be given within 24 hours after hospitalization.

  f. Cashless facility wherever possible in network hospital.

  g. In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents.

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

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

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

- **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.

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

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Star Health and Allied Insurance Co. Ltd.

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

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

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

For more details on risk factors, terms and conditions, please read the prospectus carefully before concluding a sale.

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