STAR Personal & Caring Health Insurance

The Health Insurance Specialist

Diabetes Safe Insurance Policy



Be safe with Diabetes Safe

DIABETES SAFE INSURANCE POLICY

Unique Identification No.: SHAHLIP23081V082223

Here is some sweet news for Diabetics! Star Health brings you Diabetes Safe Insurance Policy that covers not just complications of Diabetes (both Type I and Type II) but also regular hospitalization, Personal Accident and Outpatient Expenses as well!

- **Eligibility**
  - Any person with Type I or Type II Diabetes Mellitus aged between 18 years and 65 years
  - Floater policy can be taken only for a family
  - Family means Self and Spouse only provided at-least either of the person is having Diabetes Mellitus
- **Renewal:** Life long
- **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 Half-yearly and also be paid Annual, Biennial (Once in 2 years) and Triennial (Once In 3 years)

  For instalment mode of payment, there will be loading as given below:
  - Half Yearly: 2%

  Note: If Instalment facility is opted for 2 year and 3 year term policies, the full premium applicable for 2 year or 3 year terms should be paid half yearly within the expiry of the first year.
- **Plans and Sum Insured Options**

Section	Plan A	Plan B	Sum Insured Type	Sum Insured Rs.
1.	Covers Hospitalization Expenses due to complications of Diabetes without any waiting period.	Covers Hospitalization Expenses due to complications of Diabetes after a waiting period of 12 months	Individual / Floater	Rs.3,00,000/-, Rs.4,00,000/-, Rs.5,00,000/- and Rs.10,00,000/-
2.	Covers Hospitalization Expenses arising out of Accidents and Non Diabetes. Subject to 30 days, 24 months specified diseases and 36 months Pre-existing Disease waiting period	Same as Plan A		
3.	Out Patient Medical Expenses			
4.	Coverage for Modern Treatments			
5.	Personal Accident Cover for Accidental Death of the chosen insured person			

  - **Change of Plan:** Change of plan is not allowed even at the time of renewals at any time in future.
- **Pre-acceptance Medical Screening**

Plan A	Plan B
Pre-acceptance medical screening applicable.	Not applicable

Coverage

- **Section 1: Covers Hospitalization Expenses due to complications of Diabetes;**

  Applicable for both Plan A and Plan B
  1. Room (Single Standard A/c room), Boarding and nursing charges
  2. Surgeon's fees, Consultant's fees and/or Anesthetist's fees
  3. Cost of Blood, Oxygen, diagnostic expenses and ICU charges
  4. Cost of medicines and drugs
  5. Emergency Ambulance charges up-to a sum of Rs.2000/-per policy period for transportation of insured to the hospital

     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 rent.
  6. AYUSH Treatment: Medical expenses for Inpatient Hospitalization incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines in a AYUSH Hospital is payable up to the sum insured.

     Note : Claims under Yoga and Naturopathy system of treatment will be payable subject to prior approval from the company

  Special Features under this section
  - Donor expenses for Kidney transplantation surgery
  - Dialysis expenses @ Rs.1000/- per sitting payable up to 24 months, commencing from the month in which the need for dialysis is recommended, provided policy is in force
  - Cost of artificial limbs due to amputation up-to 10% of Sum Insured provided the claim for such amputation is admissible under the policy

  Important Note for this section
  - Claims directly or indirectly relating to any Cardio Vascular System, Renal System, Diseases of eye (excluding Cataract), Foot Ulcer, Diabetic Peripheral Vascular Diseases and other complications of diabetes are eligible to be payable under Section 1 only
  - Sublimits for diseases relating to Cardio Vascular System; **(For Plan B only);**

Sum Insured (Rs.)	Limit per policy period (Rs.)
3,00,000/-	2,00,000/-
4,00,000/-	2,50,000/-
5,00,000/-	3,00,000/-
10,00,000/-	4,00,000/-

- **Section 2: Covers Hospitalization Expenses due to Accident and Non Diabetes;**

  Applicable for both Plan A and Plan B
  1. Room (Single Standard A/c room), Boarding and nursing charges
  2. Surgeon's fees, Consultant's fees and/or Anesthetist's fees
  3. Cost of Blood, Oxygen, diagnostic expenses and ICU charges
  4. Cost of medicines and drugs
  5. Emergency Ambulance charges up-to a sum of Rs.2000/-per policy period for transportation of insured to the hospital

     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 rent.
  6. Automatic Restoration of Basic Sum Insured by 100% upon exhaustion of the Basic Sum Insured
  7. Sub-limits for Cataract

Sum Insured (Rs.)	Cataract Limits (Rs.)
3,00,000/- to 5,00,000/-	20,000/- per eye per hospitalization and 30,000/- per policy period
10,00,000/-	30,000/- per eye per hospitalization and 40,000/- per policy period

- **Pre Hospitalization** upto 30 days prior to the date of hospitalization.
- **Post Hospitalization** upto 60 days after discharge from the hospital not exceeding 7% of the hospitalization expenses or Rs 5000/- per hospitalization whichever is less.
- **Day care procedures:** All Day care procedures Covered.
- **AYUSH Treatment:** Medical expenses for Inpatient Hospitalization incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines in a AYUSH Hospital is payable up to the sum insured.

  Note : Claims under Yoga and Naturopathy system of treatment will be payable subject to prior approval from the company
- **Section 3: Outpatient Expenses**

  Out Patient Expenses incurred at Networked Facility under the following heads provided the policy is in force;
  a. The Cost of Fasting and Post Prandial and HbA1C tests - once every six months – up to Rs.750/- per event up to Rs.1500/- per policy period
  b. Other expenses like medical consultation, other diagnostics, medicines and drugs up to the limits given below per policy period

  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.

Applicable for Plan A				
Individual				
Sum Insured Rs.	3,00,000	4,00,000	5,00,000	10,00,000
Limit of OP Benefit	1,000/-	2,500/-	3,500/-	5,500/-
Floater				
Sum Insured Rs.	3,00,000	4,00,000	5,00,000	10,00,000
Limit of OP Benefit	2,000/-	3,500/-	5,500/-	7,500/-
Applicable for Plan B				
Individual				
Sum Insured Rs.	3,00,000	4,00,000	5,00,000	10,00,000
Limit of OP Benefit	500/-	2,000/-	3,000/-	5,000/-
Floater				
Sum Insured Rs.	3,00,000	4,00,000	5,00,000	10,00,000
Limit of OP Benefit	1,500/-	3,000/-	5,000/-	7,000/-

Networked Facility means hospitals, day care centers, clinics, diagnostic centers that the Company has mutually agreed with to provide medical services. Details available in our website: www.starhealth.in and subject to change from time to time.

This benefit forms part of Sum Insured.

- **Section 4: Coverage for Modern Treatments:** Expenses are subject to the limits. (For details please refer website: www.starhealth.in)
- **Section 5: Personal Accident:** Provides Accidental Death cover for the chosen Insured Person.
  Note: At any point of time only one person will be eligible to be covered under this Section.

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 Applicable for Section 2 and Section 4 under Plan A and Plan B - 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

Applicable for Section 1 under Plan B

A. Expenses related to the treatment of following listed systems shall be excluded until the expiry of 12 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. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion

D. List of Systems: Cardio Vascular System, Renal System, Diseases of eye, Diabetic Peripheral Vascular Diseases and Foot Ulcer

Applicable for Section 2 and Section 4 under Plan A and Plan B

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;

a. Cataract and diseases of the Anterior and Posterior Chamber of the Eye, Retinal detachment, Glaucoma, Diseases of ENT, Diseases related to Thyroid, Prolapse of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers, all Diseases of Prostrate, Stricture Urethra, all Obstructive Uropathies, benign prostatic hypertrophy, stapedectomy, all types of Hernia, Epididymal Cyst, Benign Tumours of Epididymis, Spermatocele, Varicocoel, Hydrocele, Fistula / Fissure in ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence, and Congenital Internal disease / defect

b. Desmoid Tumour of anterior abdominal wall, Gall Bladder and Pancreatic diseases and All treatments (conservative, interventional, laparoscopic and open) for Hepato pancreato biliary diseases including gall bladder and pancreatic calculi. All types of management for kidney calculi and genitourinary tract calculi

c. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Uterus, Fallopian Tubes, Cervix and Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases, Benign breast diseases, Umbilical Sinus, Umbilical Fistula

d. Conservative, operative treatment of all types of intervention for diseases related to tendon, ligament, Fascia, bones and joint including Arthroscopy and Arthroplasty [other than caused by accident]

e. Degenerative disc and vertebral diseases including Replacement of bones and joints and degenerative diseases of the musculo-skeletal system

f. Subcutaneous benign lumps, sebaceous cyst, dermoid cyst, Mucous Cyst lip/cheek, Carpel Tunnel Syndrome, Trigger Finger, lipoma, neurofibroma, ganglion and similar pathology

g. Any transplant and related surgery

3. 30-days waiting period - Code Excl 03

Applicable for Section 1 under Plan B

1. 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
2. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months
3. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently

Applicable for Section 2 and Section 4 under Plan A and Plan B

1. 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
2. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months
3. 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 similar therapies **- Code Excl 26**

26. Unconventional, Untested, Experimental therapies **- Code Excl 27**

27. Artificial Pancreas, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy **- Code Excl 28**

28. Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted **- Code Excl 29**

29. Inoculation or Vaccination (except for post–bite treatment and for medical treatment for therapeutic reasons) **- Code Excl 31**

30. Hospital registration charges, admission charges, record charges , telephone charges and such other charges **- Code Excl 34**

31. Cost of spectacles and contact lens, hearing aids, Cochlear implants and procedures, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids **- Code Excl 35**

32. Any hospitalization which are not medically necessary / does not warrant hospitalization **- Code Excl 36**

33. Other Excluded Expenses as detailed in the website www.starhealth.in **- Code Excl 37**

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

Note: Exclusion nos. 15, 17, 18, 29, 31 are not applicable for Section 3

Exclusions applicable for Section 5

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance **- Code-Sec 5- Excl 01**

2. **Code - Sec 5 - Excl 02** Any claim arising out of Accident of the Insured Person from
   a. Intentional self injury / suicide or attempted suicide or
   b. Whilst under the influence of intoxicating liquor or drugs or
   c. Self endangerment unless in self defense or to save human life

3. Any claim arising out of suicide or attempted suicide self inflicted injuries, or sexually transmitted conditions, anxiety, stress, depression, venereal disease (Other than HIV) **- Code - Sec 5 - Excl 03**

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-Sec 5- 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 detainments of all kings princes and people of whatever nation, condition or quality whatsoever **- Code-Sec 5- 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-Sec5- 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-Sec5-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-Sec5- Excl 08**

9. Participation in Hazardous Sport / Hazardous Activities - **Code-Sec5- Excl 09**

10. Persons who are physically challenged, unless specifically agreed and endorsed in the policy - **Code-Sec5- 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-Sec5- Excl 11**

12. Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly - **Code-Sec5- Excl 12**

Moratorium Peric

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.

Migration (Applicable only for Section 2 and Section

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 at least 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.

Portability (Applicable only for Section 2 and Section 4)

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 30 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.

Renewal of policy

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person;

1. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years
2. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period
3. 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
4. Coverage is not available during the grace period
5. 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, may revise or modify the terms of the policy including the premium rates as per the extant Guidelines. The insured person shall be notified thirty days before the changes are effected

Premium Payment in Instalments

If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy);

1. For monthly instalment option: Grace Period of 15 days would be given to pay the instalment premium due for the policy.
2. For Quarterly and Half yearly instalment option: Grace Period of 30 days would be given to pay the instalment premium due for the policy.
3. 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
4. No interest will be charged If the instalment premium is not paid on due date
5. In case of instalment premium due not received within the grace period, the policy will get cancelled
6. In the event of a claim, all subsequent premium instalments shall immediately become due and payable
7. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy
8. For premium paid in instalments during the policy period, coverage is available during the grace period also.

Note

- In case of policy cancellation due to non-payment of the instalment within grace period, Company will refund the premium as per the cancellation table.
- If Instalment facility is opted for 2 year and 3 year term policies, the full premium applicable for 2 year or 3 year terms should be paid half yearly within the expiry of the first year.

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 thirty days from date of receipt of the policy document whether electronically or otherwise to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not incurred 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

Revision of Sum Insured

Any revision in sum insured is permissible only at the time of renewal. The Insured Person can propose such revision and may be allowed subject to Company's approval and payment of appropriate premium.

Withdrawal of policy

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

ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break

Automatic Expiry of the Policy

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

- ✓ Upon the death of the Insured Person. This also means that in case of family floater policy, the cover for the surviving members of the family will continue, subject to other terms of the policy
- ✓ Upon exhaustion of Basic Sum Insured under the policy as a whole

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.

Disclosure of Information

The policy shall be 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.

Claims Procedure

- For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255. Senior Citizens may call at 044-40020888.
- 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
- Claim under Section 3 shall be on reimbursement bases only
- KYC (Identity proof with Address) of the proposer, as per AML Guidelines
- NEFT documents viz., Customer name, Bank Account No., Name of the Bank, IFSC code
- CKYC No. of the proposer (if available)

Tax Benefit

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

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	:	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/

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 (wherever applicable)

Prohibition of Rebates: (Section 41 of Insurance Act 1938)

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Diabetes Safe Insurance Policy

Unique Identification No.: SHAHLIP23081V082223

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Premium Chart – Diabetes Safe Insurance Policy – UIN No. SHAHLIP23081V082223 – BRO / DIA / V.15 / 2024

Premium Chart - One Year Policy Term

Premium in (Rs.) Excluding Tax

	Policy Type	Individual Policy				Floater Policy			
Plan A	Age-band	3,00,000	4,00,000	5,00,000	10,00,000	3,00,000	4,00,000	5,00,000	10,00,000
	18-30	12,231	13,454	14,142	17,002	17,123	18,836	19,798	23,803
	31-35	13,799	15,179	15,954	19,182	19,318	21,250	22,336	26,854
	36-40	15,514	17,066	17,938	21,566	21,720	23,892	25,113	30,192
	41-45	17,500	19,250	20,233	24,326	24,499	26,949	28,327	34,057
	46-50	19,878	21,866	22,983	27,632	27,829	30,612	32,177	38,685
	51-55	22,772	25,049	26,329	31,655	31,881	35,069	36,861	44,317
	56-60	26,304	28,934	30,413	37,245	36,826	40,508	42,579	51,975
	61-65	30,597	33,657	37,205	48,370	42,836	47,119	51,820	67,365
	66-70	35,773	43,275	49,765	64,700	50,083	60,200	69,230	90,000
	71-75	44,500	55,625	63,970	83,160	61,840	77,300	88,900	1,15,570
	76-80	55,585	69,485	79,910	1,03,880	77,205	96,510	1,10,990	1,44,290
	Above 80	67,930	84,910	97,650	1,26,945	94,300	1,17,880	1,35,560	1,76,230
Plan B	Policy Type	Individual Policy				Floater Policy			
	Age-band	3,00,000	4,00,000	5,00,000	10,00,000	3,00,000	4,00,000	5,00,000	10,00,000
	18-30	13,590	14,949	16,070	18,481	19,026	20,929	22,498	25,873
	31-35	15,332	16,865	18,130	20,850	21,465	23,611	25,382	29,189
	36-40	17,238	18,962	20,384	23,441	24,133	26,546	28,537	32,818
	41-45	19,444	21,388	22,993	26,441	27,222	29,944	32,190	37,018
	46-50	22,087	24,295	26,117	30,045	30,921	34,013	36,564	42,049
	51-55	25,302	27,832	29,920	38,210	35,423	38,965	41,888	52,975
	56-60	29,227	32,149	36,970	48,060	40,917	45,009	51,250	66,630
	61-65	35,995	44,995	51,750	67,275	49,910	62,390	71,750	93,275
	66-70	47,565	59,455	68,375	88,890	65,950	82,435	94,805	1,23,245
	71-75	57,850	72,310	83,160	1,08,115	80,210	1,00,260	1,15,300	1,49,895
	76-80	74,560	93,200	1,07,185	1,39,340	1,03,380	1,29,225	1,48,615	1,93,200
	Above 80	89,985	1,12,480	1,29,350	1,68,160	1,24,765	1,55,960	1,79,355	2,33,165

Premium Chart - Two Years Policy Term

Premium in (Rs.) Excluding Tax

	Policy Type	Individual Policy				Floater Policy			
Plan A	Age-band	3,00,000	4,00,000	5,00,000	10,00,000	3,00,000	4,00,000	5,00,000	10,00,000
	18-29	23,239	25,563	26,869	32,304	32,534	35,788	37,617	45,226
	30	24,650	27,115	28,501	34,266	34,510	37,961	39,901	47,972
	31-34	26,218	28,839	30,313	36,445	36,705	40,375	42,439	51,023
	35	27,761	30,538	32,098	38,591	38,866	42,753	44,938	54,027
	36-39	29,477	32,424	34,082	40,975	41,267	45,394	47,714	57,366
	40	31,264	34,390	36,148	43,460	43,769	48,146	50,607	60,843
	41-44	33,249	36,574	38,444	46,220	46,549	51,204	53,821	64,707
	45	35,390	38,929	40,918	49,195	49,546	54,500	57,286	68,873
	46-49	37,768	41,545	43,668	52,501	52,875	58,163	61,136	73,502
	50	40,373	44,410	46,680	56,122	56,522	62,174	65,352	78,571
	51-54	43,267	47,593	50,026	60,145	60,573	66,631	70,036	84,202
	55	46,445	51,090	53,701	65,176	65,024	71,526	75,182	91,095
	56-59	49,978	54,975	57,785	70,766	69,969	76,965	80,899	98,753
	60	53,841	59,225	63,898	80,778	75,378	82,915	89,217	1,12,604
	61-64	58,134	63,947	70,690	91,903	81,388	89,526	98,458	1,27,994
	65	62,793	72,604	81,994	1,06,600	87,910	1,01,299	1,14,127	1,48,365
	66-69	67,969	82,223	94,554	1,22,930	95,157	1,14,380	1,31,537	1,71,000
	70	75,823	93,338	1,07,338	1,39,544	1,05,739	1,29,770	1,49,240	1,94,013
	71-74	84,550	1,05,688	1,21,543	1,58,004	1,17,496	1,46,870	1,68,910	2,19,583
	75	94,527	1,18,162	1,35,889	1,76,652	1,31,325	1,64,159	1,88,791	2,45,431
	76-79	1,05,612	1,32,022	1,51,829	1,97,372	1,46,690	1,83,369	2,10,881	2,74,151
	80	1,16,722	1,45,904	1,67,795	2,18,131	1,62,075	2,02,602	2,32,994	3,02,897
	Above80	1,29,067	1,61,329	1,85,535	2,41,196	1,79,170	2,23,972	2,57,564	3,34,837
Plan B	Policy Type	Individual Policy				Floater Policy			
	Age-band	3,00,000	4,00,000	5,00,000	10,00,000	3,00,000	4,00,000	5,00,000	10,00,000
	18-29	25,821	28,403	30,533	35,113	36,149	39,764	42,747	49,159
	30	27,389	30,128	32,387	37,245	38,344	42,179	45,342	52,143
	31-34	29,131	32,044	34,447	39,614	40,783	44,861	48,226	55,460
	35	30,846	33,931	36,475	41,947	43,184	47,503	51,066	58,726
	36-39	32,752	36,027	38,729	44,539	45,853	50,438	54,221	62,354
	40	34,737	38,211	41,077	47,239	48,632	53,496	57,508	66,134
	41-44	36,944	40,638	43,686	50,239	51,721	56,893	61,160	70,334
	45	39,322	43,254	46,498	53,482	55,051	60,556	65,098	74,862
	46-49	41,965	46,161	49,623	57,086	58,751	64,626	69,472	79,893
	50	44,859	49,344	53,045	64,434	62,802	69,082	74,263	89,727
	51-54	48,074	52,881	56,847	72,599	67,304	74,034	79,586	1,00,653
	55	51,606	56,767	63,193	81,464	72,248	79,473	88,013	1,12,942
	56-59	55,531	61,084	70,243	91,314	77,743	85,517	97,375	1,26,597
	60	61,622	72,645	83,545	1,08,608	85,836	1,01,160	1,15,825	1,50,578
	61-64	68,391	85,491	98,325	1,27,823	94,829	1,18,541	1,36,325	1,77,223
	65	78,804	98,505	1,13,288	1,47,276	1,09,265	1,36,582	1,57,075	2,04,196
	66-69	90,374	1,12,965	1,29,913	1,68,891	1,25,305	1,56,627	1,80,130	2,34,166
	70	99,630	1,24,534	1,43,219	1,86,194	1,38,139	1,72,669	1,98,575	2,58,151
	71-74	1,09,915	1,37,389	1,58,004	2,05,419	1,52,399	1,90,494	2,19,070	2,84,801
	75	1,24,954	1,56,190	1,79,627	2,33,521	1,73,252	2,16,563	2,49,054	3,23,775
	76-79	1,41,664	1,77,080	2,03,652	2,64,746	1,96,422	2,45,528	2,82,369	3,67,080
	80	1,55,547	1,94,432	2,23,600	2,90,684	2,15,669	2,69,589	3,10,035	4,03,049
	Above80	1,70,972	2,13,712	2,45,765	3,19,504	2,37,054	2,96,324	3,40,775	4,43,014

Premium Chart - Three Years Policy Term

Premium in (Rs.) Excluding Tax

	Policy Type	Individual Policy				Floater Policy			
	Age-band	3,00,000	4,00,000	5,00,000	10,00,000	3,00,000	4,00,000	5,00,000	10,00,000
Plan A	18-28	33,941	37,335	39,243	47,181	47,517	52,269	54,941	66,054
	29	35,332	38,866	40,852	49,115	49,465	54,412	57,193	68,762
	30	36,724	40,396	42,461	51,050	51,413	56,555	59,445	71,469
	31-33	38,292	42,121	44,274	53,229	53,608	58,969	61,983	74,521
	34	39,814	43,795	46,034	55,345	55,740	61,313	64,447	77,483
	35	41,336	45,470	47,794	57,461	57,871	63,658	66,912	80,446
	36-38	43,052	47,357	49,777	59,846	60,272	66,299	69,688	83,784
	39	44,814	49,295	51,815	62,295	62,739	69,013	72,541	87,213
	40	46,576	51,233	53,852	64,745	65,206	71,727	75,393	90,643
	41-43	48,561	53,418	56,148	67,505	67,986	74,785	78,607	94,507
	44	50,672	55,739	58,588	70,439	70,941	78,035	82,024	98,615
	45	52,783	58,061	61,029	73,373	73,896	81,286	85,440	1,02,723
	46-48	55,161	60,678	63,779	76,680	77,226	84,949	89,290	1,07,351
	49	57,730	63,503	66,748	80,250	80,822	88,904	93,448	1,12,350
	50	60,298	66,328	69,718	83,820	84,417	92,859	97,605	1,17,348
	51-53	63,192	69,511	73,064	87,843	88,469	97,316	1,02,290	1,22,980
	54	66,327	72,959	76,688	92,804	92,857	1,02,143	1,07,364	1,29,776
	55	69,461	76,408	80,313	97,765	97,246	1,06,971	1,12,438	1,36,573
	56-58	72,993	80,293	84,397	1,03,355	1,02,191	1,12,410	1,18,155	1,44,231
	59	76,803	84,484	90,424	1,13,228	1,07,525	1,18,277	1,26,357	1,57,889
	60	80,613	88,675	96,452	1,23,102	1,12,859	1,24,145	1,34,559	1,71,548
	61-63	84,906	93,397	1,03,244	1,34,227	1,18,869	1,30,756	1,43,801	1,86,938
	64	89,500	1,01,933	1,14,391	1,48,720	1,25,300	1,42,365	1,59,252	2,07,026
	65	94,094	1,10,470	1,25,538	1,63,213	1,31,732	1,53,974	1,74,703	2,27,115
	66-68	99,271	1,20,088	1,38,098	1,79,543	1,38,979	1,67,055	1,92,113	2,49,750
	69	1,07,016	1,31,049	1,50,705	1,95,926	1,49,414	1,82,231	2,09,570	2,72,443
	70	1,14,761	1,42,009	1,63,312	2,12,309	1,59,849	1,97,408	2,27,028	2,95,137
	71-73	1,23,488	1,54,359	1,77,517	2,30,769	1,71,606	2,14,508	2,46,698	3,20,707
	74	1,33,325	1,66,660	1,91,664	2,49,158	1,85,242	2,31,556	2,66,302	3,46,196
	75	1,43,163	1,78,961	2,05,810	2,67,547	1,98,879	2,48,605	2,85,907	3,71,685
	76-78	1,54,248	1,92,821	2,21,750	2,88,267	2,14,244	2,67,815	3,07,997	4,00,405
	79	1,65,205	2,06,511	2,37,495	3,08,737	2,29,416	2,86,781	3,29,803	4,28,752
	80	1,76,161	2,20,200	2,53,239	3,29,207	2,44,588	3,05,747	3,51,609	4,57,098
	Above80	1,88,506	2,35,625	2,70,979	3,52,272	2,61,683	3,27,117	3,76,179	4,89,038
	Policy Type	Individual Policy				Floater Policy			
	Age-band	3,00,000	4,00,000	5,00,000	10,00,000	3,00,000	4,00,000	5,00,000	10,00,000
Plan B	18-28	37,712	41,483	44,595	51,284	52,797	58,077	62,433	71,798
	29	39,258	43,184	46,423	53,386	54,962	60,458	64,992	74,741
	30	40,804	44,885	48,251	55,489	57,126	62,839	67,551	77,684
	31-33	42,546	46,801	50,311	57,858	59,565	65,521	70,435	81,001
	34	44,238	48,661	52,311	60,158	61,933	68,126	73,236	84,221
	35	45,929	50,522	54,311	62,458	64,301	70,731	76,036	87,441
	36-38	47,835	52,619	56,565	65,050	66,969	73,666	79,191	91,070
	39	49,793	54,772	58,880	67,712	69,710	76,681	82,432	94,797
	40	51,751	56,926	61,196	70,375	72,451	79,697	85,674	98,525
	41-43	53,957	59,353	63,804	73,375	75,540	83,094	89,326	1,02,725
	44	56,302	61,933	66,578	76,573	78,823	86,706	93,209	1,07,190
	45	58,648	64,513	69,351	79,771	82,107	90,318	97,091	1,11,655
	46-48	61,290	67,420	72,476	83,375	85,807	94,387	1,01,466	1,16,686
	49	64,144	70,559	75,850	90,621	89,802	98,782	1,06,191	1,26,383
	50	66,998	73,698	79,225	97,868	93,797	1,03,177	1,10,915	1,36,080
	51-53	70,213	77,235	83,027	1,06,033	98,299	1,08,129	1,16,238	1,47,006
	54	73,696	81,066	89,284	1,14,775	1,03,175	1,13,492	1,24,547	1,59,124
	55	77,179	84,897	95,541	1,23,517	1,08,051	1,18,856	1,32,856	1,71,243
	56-58	81,104	89,214	1,02,592	1,33,367	1,13,545	1,24,900	1,42,219	1,84,898
	59	87,111	1,00,615	1,15,709	1,50,420	1,21,526	1,40,326	1,60,413	2,08,546
	60	93,118	1,12,015	1,28,826	1,67,473	1,29,508	1,55,751	1,78,606	2,32,193
	61-63	99,886	1,24,861	1,43,606	1,86,688	1,38,500	1,73,132	1,99,106	2,58,838
	64	1,10,155	1,37,694	1,58,361	2,05,871	1,52,736	1,90,922	2,19,568	2,85,437
	65	1,20,423	1,50,528	1,73,116	2,25,055	1,66,971	2,08,712	2,40,029	3,12,035
	66-68	1,31,993	1,64,988	1,89,741	2,46,670	1,83,011	2,28,757	2,63,084	3,42,005
	69	1,41,121	1,76,396	2,02,862	2,63,732	1,95,667	2,44,577	2,81,273	3,65,657
	70	1,50,249	1,87,805	2,15,984	2,80,794	2,08,323	2,60,397	2,99,463	3,89,309
	71-73	1,60,534	2,00,660	2,30,769	3,00,019	2,22,583	2,78,222	3,19,958	4,15,959
	74	1,75,364	2,19,200	2,52,091	3,27,731	2,43,146	3,03,928	3,49,525	4,54,392
	75	1,90,194	2,37,740	2,73,413	3,55,444	2,63,710	3,29,634	3,79,092	4,92,825
	76-78	2,06,904	2,58,630	2,97,438	3,86,669	2,86,880	3,58,599	4,12,407	5,36,130
	79	2,20,594	2,75,741	3,17,110	4,12,246	3,05,859	3,82,327	4,39,688	5,71,599
	80	2,34,283	2,92,852	3,36,781	4,37,824	3,24,838	4,06,054	4,66,970	6,07,068
	Above80	2,49,708	3,12,132	3,58,946	4,66,644	3,46,223	4,32,789	4,97,710	6,47,033

Benefit Illustration in respect of Policies offered on Individual and Family Floater Basis

Age of the Members insured (in yrs)	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount, (if any)	Premium After Discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount, (if any)	Premium After Discount (Rs.)	Sum Insured (Rs.)
Illustration - 1										
64	37,205	5,00,000	37,205	Nil	37,205	5,00,000	67,618	15,798	51,820	5,00,000
58	30,413	5,00,000	30,413		30,413	5,00,000				
Total Premium for all members of the family is **Rs.67,618/-**, when each member is covered separately. Sum insured available for each individual is **Rs.5,00,000/-**			Total Premium for all members of the family is **Rs.67,618/-**, when they are covered under a single policy. Sum insured available for each family member is **Rs.5,00,000/-**				Total Premium when policy is opted on floater basis is **Rs.51,820/-**, Sum insured of **Rs.5,00,000/-** is available for the entire family **(2A)**			
Illustration - 2										
47	22,983	5,00,000	22,983	Nil	22,983	5,00,000	43,216	11,039	32,177	5,00,000
44	20,233	5,00,000	20,233		20,233	5,00,000				
Total Premium for all members of the family is **Rs.43,216**, when each member is covered separately. Sum insured available for each individual is **Rs.5,00,000/-**			Total Premium for all members of the family is **Rs.43,216/-**, when they are covered under a single policy. Sum insured available for each family member is **Rs.5,00,000/-**				Total Premium when policy is opted on floater basis is **Rs.32,177** Sum insured of **Rs. 5,00,000/-** is available for the entire family **(2A)**			

Note: Premium rates specified in the above illustration are standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable.

A - Adult