STAR Personal & Caring | Health Insurance



Medi Classic Insurance Policy

(Individual)

SHAHLIP26047V092526

Prospectus

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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P R O S P E C T U S

MEDI CLASSIC INSURANCE POLICY (INDIVIDUAL)

Unique Identification No: SHAHLIP26047V092526

This Policy Provides for Regular Hospitalization benefit on Individual basis.

I. Eligibility

i. Any person aged between 5 Months and 65 years can take this insurance.

ii. **Gold Plan:** Persons aged between 16 days and 65 years can take this insurance.

iii. Beyond 65 years, only renewals will be accepted without capping on the exit age.

II. 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.

III. What are the Basic Sum Insured options?

Rs.1,50,000/-; Rs.2,00,000/-; Rs.3,00,000/-; Rs.4,00,000/-; Rs.5,00,000/-; Rs.7,50,000/-; Rs.10,00,000/-; Rs.15,00,000/-

Sum Insured options of Rs.1,50,000/-, Rs.2,00,000/-, Rs.3,00,000/- and Rs.4,00,000/- are available only for renewals.

Gold Plan: Rs.3,00,000/-; Rs.4,00,000/-; Rs.5,00,000/-; Rs.7,50,000/-; Rs.10,00,000/-; Rs.15,00,000/-; Rs.20,00,000/-; Rs.25,00,000/-

Sum Insured options of Rs.3,00,000/- and Rs.4,00,000/- are available only for renewals.

IV. 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.

V. 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:

i. Monthly: 4%

ii. Quarterly: 3%

iii. 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.

VI. Long Term Discount:

10% discount is available on 2nd year premium

12.5% discount is available on 3rd year premium

VII. What are the benefits available under the policy

1. **In-patient Treatment:** We will cover the following Medical Expenses incurred in respect of Hospitalization of the Insured Person during the Policy Period, up to the Sum Insured specified in the Policy Schedule against this In-Patient treatment:

   i. Room, boarding, nursing expenses as provided by the Hospital / Nursing Home as per the limits given below;

Basic Sum Insured (Rs.)	Limits (Rs.)
1,50,000/-	2% of Basic Sum Insured maximum of Rs.5,000/- per day
2,00,000/-	
3,00,000/-	
4,00,000/-	
5,00,000/-	
7,50,000/-	
10,00,000/-	
15,00,000/-	

   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.

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

   iii. Anesthesia, Blood, Oxygen, Operation Theatre charges, ICU charges, Surgical Appliances, Medicines and Drugs, Diagnostic materials and X-ray, Diagnostic Imaging modalities, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, stent and such other similar expenses. With regard to coronary stenting, medicines, Implants and such other similar items the Company will pay cost of stent as per the Drug Price Control Order (DPCO) / National Pharmaceuticals Pricing Authority (NPPA) Capping.

2. **Day Care Treatment:** We will cover the Medical Expenses incurred in respect of All Day Care Treatments of the Insured Person during the Policy Period up to the Sum Insured as specified in the Policy Schedule if such Day Care treatment requires hospitalization as an in-patient for less than 24 hours.

3. The expenses incurred on treatment of cataract are payable up to the limits mentioned hereunder;

Basic Sum Insured(Rs.)	Limit for Cataract Surgery(Rs.)
Up to 2,00,000/-	12,000/- per person per Policy Period
3,00,000/- to 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

4. **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.

5. **Coverage for Modern Treatments**: The expenses payable during the entire Policy Period for the following treatment / procedures (either as a day care or as in-patient exceeding 24hrs of admission in the hospital) is limited to the amount mentioned in table below;

Basic Sum Insured in (Rs.)	Uterine artery Embolization and HIFU	Balloon Sinuplasty	Deep Brain Stimulation	Oral Chemotheraphy* (Sublimits including Pre and Post Hospitalization)	Immunotheraphy-Monoclonal Antibody to be given as injection	Intra Vitreal injections
	Limit per person per Policy Period for each treatment / procedure Rs.					
1,50,000/-	12,500/-	5,000/-	25,000/-	12,500/-	25,000/-	5,000/-
2,00,000/-	25,000/-	10,000/-	50,000/-	25,000/-	50,000/-	10,000/-
3,00,000/-	37,500/-	15,000/-	75,000/-	37,500/-	75,000/-	15,000/-
4,00,000/-	1,00,000/-	40,000/-	2,00,000/-	1,00,000/-	2,00,000/-	40,000/-
5,00,000/-	1,25,000/-	50,000/-	2,50,000/-	1,25,000/-	2,50,000/-	50,000/-
7,50,000/-	1,37,500/-	75,000/-	2,75,000/-	1,62,500/-	3,25,000/-	62,500/-
10,00,000/-	1,50,000/-	1,00,000/-	3,00,000/-	2,00,000/-	4,00,000/-	75,000/-
15,00,000/-	1,75,000/-	1,25,000/-	4,00,000/-	2,50,000/-	5,00,000/-	1,00,000/-

Basic Sum Insured in (Rs.)	Robotic surgeries	Stereotactic radio surgeries	Bronchical Thermoplasty	Vaporisation of the prostate (Green laser treatment or holmium laser treatment)	IONM- (Intra Operative Neuro Monitoring)	Stem cell theraphy: Hematopoietic stem cells for bone marrow transplant for haematological conditions
	Limit per person per Policy Period for each treatment / procedure Rs.					
1,50,000/-	25,000/-	25,000/-	Up to Sum Insured			25,000/-
2,00,000/-	50,000/-	50,000/-				50,000/-
3,00,000/-	75,000/-	75,000/-				75,000/-
4,00,000/-	2,00,000/-	1,75,000/-				2,00,000/-
5,00,000/-	2,50,000/-	2,00,000/-				2,50,000/-
7,50,000/-	2,75,000/-	2,12,500/-				2,75,000/-
10,00,000/-	3,00,000/-	2,25,000/-				3,00,000/-
15,00,000/-	4,00,000/-	2,50,000/-				4,00,000/-

* Sublimits are all inclusive with or without hospitalization wherever hospitalization includes pre and post hospitalization.

6. **Pre-Hospitalization medical expenses** incurred for a period not exceeding 30 days prior to the date of hospitalization, for the disease/illness, injury sustained following an admissible claim for hospitalization under the policy.

7. **Post-Hospitalization medical expenses** incurred for a period up to 60 days from the date of 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.

8. **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 the following:

   i. for transportation of the Insured Person by private ambulance service to go to hospital when this is needed for medical reasons

      or

   ii. for transportation of the Insured Person by private ambulance service from one hospital to another hospital for better medical treatment

      or

   iii. for transportation of the Insured Person from the hospital where treatment is taken to their place of residence (if it is in same city) provided the requirement of an ambulance to the residence is certified by the medical practitioner.

9. **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 mentioned below, which in normal course would require care and treatment at a hospital but is actually taken at home provided that:

   i. The Medical practitioner advises the Insured Person to undergo treatment at home

   ii. There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment

   iii. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained

   iv. Insured can avail "Home Care Treatment" service on cashless basis from the list of our Network service providers given in our website "www.starhealth.in"

   v. Claim under this benefit forms part of Basic Sum Insured.

   List of Conditions covered under Home care treatment:

   a. Fever and Infectious diseases which can be managed as In-patient

   b. Uncomplicated Urinary tract infections but needing Parenteral Antibiotics

   c. Asthma and COPD-Mild Exacerbations needing Home Nebulization

   d. Acute Gastritis / Gastroenteritis

   e. I.V. Chemotherapy [Where advised by the doctor]

   f. Palliative Cancer care requiring medical assistance

   g. Acute Vertigo

   h. Diabetic foot and Cellulitis

   i. IVDP [Cervical and Lumbar disc diseases]

   j. Major Surgeries / Arthroplasties needing IV Antibiotics Post Discharge

   k. Care for Brain and Spinal Injury Cases Post Discharge

   l. Post CVA Care at Home after Discharge

10. **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

    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".

11. **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, which has been defined.

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.

Hospitalization due to continuous period of illness including its relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken will be considered as same hospitalization as per "Any one Illness" definition. Any claim payable under this benefit shall be subject to the definition as provided under "Any one Illness".

12. **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 and subject to the conditions specified below:

Basic Sum Insured	Rs.2,00,000/- to Rs.15,00,000/-
Package applicable	Package A

i. An initial waiting period of 30 days shall apply from the first inception of Policy. This waiting period shall not be applicable during subsequent renewals.

ii. Health Check-up can be availed once per Policy Year per Insured Person who is covered as Adult in the Policy and all the tests must have been done on the same date.

iii. For the updated and applicable list of tests available under such package, Insured Persons are required to check our website www.starhealth.in.

iv. The pre-defined health check-up packages may be modified from time to time without prior notice.

v. This cover can be availed through Star health mobile application, other digital platforms, or by calling at our Toll free number: 1800 425 2255.

vi. The Network Provider/Health Service Provider shall be assigned by Us upon receiving the Insured Person's request to avail a Health Check-up under this cover.

vii. Utilization of this Health Check-up shall not impact the Sum Insured.

viii. In case of long term policies, Insured Person(s) are eligible for a Health Check-up once every Policy Year.

13. **Unlimited Tele-Consultation:** We will arrange Tele Consultations with qualified Medical Practitioner or Healthcare professional through various modes of communication like audio, video, online portal, chat through Star Health mobile application or digital platforms.

The services provided under this cover will be made available subject to following conditions:

i. The Medical Practitioner may recommend over-the-counter medications based on the information provided.

ii. Tele Consultations should not substitute in-person consultation with independent Medical Practitioner/ Healthcare professional.

iii. The proposer should seek assistance from a health care professional when interpreting and applying them to the Insured Person's individual circumstances. If the Insured Person has any concerns about His/ her health, He/ She may consult His/ her general practitioner. We shall not hold any responsibility towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner/ Health care professional.

iv. There shall be no maximum limit on the count of Tele-Consultations that can be availed in a Policy Year by each Insured Person.

v. We/Medical Practitioner/Health care professional may refer the Insured Person to another specialist or a general physician (outside of our empaneled network) if required, and the charges for such specialist or a general physician will have to be borne by the Insured Person.

vi. We shall not be liable for any discrepancy in the information provided under this cover.

vii. Availing services is at the sole discretion and risk of the Insured Person.

14. **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.

Note: The AI-driven face scan facility is a software / AI based assessment and should not be used as substitute for professional medical advice.

Note: The benefits mentioned under VII above are available as a "Family Package Plan" also. The following are the special conditions applicable for "Family Package Plan":-

i. Family means the Insured Person, insured spouse and insured dependent children not exceeding two in numbers.

ii. This plan is applicable for Basic Sum Insured of Rs.2,00,000/- and Rs.3,00,000/- only.

iii. This plan is available only for renewals.

iv. Plan is applicable for Age band of 5 months to 45 years.

v. The Basic Sum Insured is to be equally apportioned among all the persons insured.

vi. Each family member is covered up to his/her limit only.

vii. No transfer of unutilized balance Basic Sum Insured to other Insured Persons is permissible.

viii. Preventive Health check-up benefit will be available only for any one of the Adult Insured Persons in a Policy Year.

ix. The automatic restoration of Sum Insured facility and Cumulative Bonus is not applicable for this Plan.

OPTIONAL COVERS

VIII. Gold Plan

A. In-patient Treatment: We will cover the following Medical Expenses incurred in respect of Hospitalization of the Insured Person during the Policy Period, up to the Sum Insured specified in the Policy Schedule against this In-Patient treatment:

i. Room, boarding, nursing expenses as provided by the Hospital / Nursing Home as per the limits given below;

Basic Sum Insured (Rs.)	Limits (Rs.)
3,00,000	Up to Rs.5,000/- per day
4,00,000	
5,00,000	Private Single A/c Room
7,50,000	
10,00,000	
15,00,000	
20,00,000	
25,00,000	

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.

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

iii. Anesthesia, Blood, Oxygen, Operation Theatre charges, ICU charges, Surgical Appliances, Medicines and Drugs, Diagnostic materials and X-ray, Diagnostic Imaging modalities, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, stent and such other similar expenses. With regard to coronary stenting, medicines, Implants and such other similar items the Company will pay cost of stent as per the Drug Price Control Order (DPCO) / National Pharmaceuticals Pricing Authority (NPPA) Capping.

B. **Day Care Treatment:** We will cover the Medical Expenses incurred in respect of All Day Care Treatments of the Insured Person during the Policy Period up to the Sum Insured as specified in the Policy Schedule if such Day Care treatment requires hospitalization as an in-patient for less than 24 hours.

C. The expenses incurred on treatment of cataract are payable up to the limits mentioned hereunder:

Basic Sum Insured (Rs.)	Limit for Cataract Surgery (Rs.)
3,00,000/- to 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

D. **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.

E. **Coverage for Modern Treatments:** The expenses payable during the entire Policy Period for the following treatment / procedures (either as a day care or as in-patient exceeding 24hrs of admission in the hospital) is limited to the amount mentioned in table below;

Basic Sum insured in (Rs.)	Uterine artery Embolization and HIFU	Balloon Sinuplasty	Deep Brain Stimulation	Oral Chemotheraphy* (Sublimits including Pre and Post Hospitalization)	Immunotheraphy-Monoclonal Antibody to be given as injection	Intra Vitreal injections
Limit per person per Policy Period for each treatment / procedure Rs.						
3,00,000/-	75,000/-	30,000/-	1,50,000/-	75,000/-	1,50,000/-	30,000/-
4,00,000/-	1,00,000/-	40,000/-	2,00,000/-	1,00,000/-	2,00,000/-	40,000/-
5,00,000/-	1,25,000/-	50,000/-	2,50,000/-	1,25,000/-	2,50,000/-	50,000/-
7,50,000/-	1,37,500/-	75,000/-	2,75,000/-	1,62,500/-	3,25,000/-	62,500/-
10,00,000/-	1,50,000/-	1,00,000/-	3,00,000/-	2,00,000/-	4,00,000/-	75,000/-
15,00,000/-	1,75,000/-	1,25,000/-	4,00,000/-	2,50,000/-	5,00,000/-	1,00,000/-
20,00,000/-	2,00,000/-	1,50,000/-	4,50,000/-	2,75,000/-	5,50,000/-	1,25,000/-
25,00,000/-	2,00,000/-	1,50,000/-	5,00,000/-	3,00,000/-	6,00,000/-	1,50,000/-

Basic Sum insured in (Rs.)	Robotic surgeries	Stereotactic radio surgeries	Bronchical Thermoplasty	Vaporisation of the prostate (Green laser treatment or holmium laser treatment)	IONM-(Intra Operative Neuro Monitoring)	Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions
	Limit per person per Policy Period for each treatment / procedure Rs.					
3,00,000/-	1,50,000/-	1,50,000/-	Up to Sum Insured			1,50,000/-
4,00,000/-	2,00,000/-	1,75,000/-				2,00,000/-
5,00,000/-	2,50,000/-	2,00,000/-				2,50,000/-
7,50,000/-	2,75,000/-	2,12,500/-				2,75,000/-
10,00,000/-	3,00,000/-	2,25,000/-				3,00,000/-
15,00,000/-	4,00,000/-	2,50,000/-				4,00,000/-
20,00,000/-	4,50,000/-	2,75,000/-				4,50,000/-
25,00,000/-	5,00,000/-	3,00,000/-				5,00,000/-

*Sublimits are all inclusive with or without hospitalization wherever hospitalization includes pre and post hospitalization

F. **Pre-Hospitalization medical expenses** incurred for a period not exceeding 30 days prior to the date of hospitalization, for the disease/illness, injury sustained following an admissible claim for hospitalization under the policy.

G. **Post-Hospitalization medical expenses** incurred for a period up to 60 days from the date of discharge from the hospital wherever recommended by the Medical Practitioner / Hospital, where the treatment was taken, following an admissible claim for hospitalization provided however such expenses so incurred are in respect of ailment for which the Insured Person was hospitalized.

H. **Road Ambulance:** Subject to an admissible hospitalization claim, road ambulance expenses up to Rs. 2,000/- per hospitalization shall be payable for the following:

i. for transportation of the Insured Person by private ambulance service to go to hospital when this is needed for medical reasons

or

ii. for transportation of the Insured Person by private ambulance service from one hospital to another hospital for better medical treatment

or

iii. for transportation of the Insured Person from the hospital where treatment is taken to their place of residence (if it is in same city) provided the requirement of an ambulance to the residence is certified by the medical practitioner.

I. **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.

J. **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 mentioned below, which in normal course would require care and treatment at a hospital but is actually taken at home provided that:

i. The Medical practitioner advises the Insured Person to undergo treatment at home

ii. There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment

iii. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.

iv. Insured can avail "Home Care Treatment" service on cashless basis from the list of our Network service providers given in our website "www.starhealth.in"

v. Claim under this benefit forms part of Basic Sum Insured.

List of Conditions covered under Home care treatment:

a. Fever and Infectious diseases which can be managed as In-patient

b. Uncomplicated Urinary tract infections but needing Parenteral Antibiotics

c. Asthma and COPD-Mild Exacerbations needing Home Nebulization

d. Acute Gastritis / Gastroenteritis

e. I.V. Chemotherapy [Where advised by the doctor]

f. Palliative Cancer care requiring medical assistance

g. Acute Vertigo

h. Diabetic foot and Cellulitis

i. IVDP [Cervical and Lumbar disc diseases]

j. Major Surgeries / Arthroplasties needing IV Antibiotics Post Discharge

k. Care for Brain and Spinal Injury Cases Post Discharge

l. Post CVA Care at Home after Discharge

K. **Domiciliary hospitalization treatments for a period exceeding three days:** 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.

L. **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 for Cumulative Bonus

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".

M. **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 which has been defined.

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.

Hospitalization due to continuous period of illness including its relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken will be considered as same hospitalization as per "Any one Illness" definition. Any claim payable under this benefit shall be subject to the definition as provided under "Any one Illness".

N. **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.

Hospitalization due to continuous period of illness including its relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken will be considered as same hospitalization as per "Any one Illness" definition. Any claim payable under this benefit shall be subject to the definition as provided under "Any one Illness".

O. **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;

i. 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.

ii. The additional Basic Sum Insured shall be available only once during the Policy Period .

iii. The additional Basic Sum Insured shall be available after exhaustion of the limit of coverage.

iv. The additional Basic Sum Insured can be utilized only for that particular hospitalization following the Road Traffic Accident.

v. Automatic Restoration of Basic Sum Insured and Super restoration shall not apply for this benefit.

vi. This benefit shall not be applicable for day care treatment.

vii. The unutilized balance cannot be carried forward for the remaining Policy Period or for renewal.

viii. Claim under this benefit will impact the Cumulative Bonus.

P. **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 Year 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. In case of Policy Term is more than one year, such expenses are payable only till the expiry of the Policy or Policy Year whichever is earlier.

Note:

i. 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.

ii. Exclusion No 3 (Code Excl 03) shall not apply for the New Born Baby.

iii. All other terms, conditions and exclusions shall apply for the New Born Baby.

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

Basic Sum Insured (Rs.)	Limit (Rs.)
3,00,000/-	500/- per day subject to maximum of 3,000/- per hospitalization
4,00,000/-	
5,00,000/-	
7,50,000/-	
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

i. This benefit is payable only if there is an admissible claim for hospitalization under the policy.

ii. Insured Person's stay in Intensive Care Unit or High Dependency Units / wards will not be counted for this purpose.

iii. Payment under this benefit does not form part of the Basic Sum Insured but will impact the Cumulative Bonus.

iv. Date of admission and date of discharge will not be counted for this purpose.

R. **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 and subject to the conditions specified below:

Basic Sum Insured	Rs.3,00,000/- to 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

i. An initial waiting period of 30 days shall apply from the first inception of Policy. This waiting period shall not be applicable during subsequent renewals.

ii. Health Check-up can be availed once per Policy Year per Insured Person who is covered as Adult in the Policy and all the tests must have been done on the same date.

iii. For the updated and applicable list of tests available under such package, Insured Persons are required to check our website www.starhealth.in.

iv. The pre-defined health check-up packages may be modified from time to time without prior notice.

v. This cover can be availed through Star health mobile application, other digital platforms, or by calling at our Toll free number: 1800 425 2255.

vi. The Network Provider/Health Service Provider shall be assigned by Us upon receiving the Insured Person's request to avail a Health Check-up under this cover.

vii. Utilization of this Health Check-up shall not impact the Sum Insured.

viii In case of long term policies, Insured Person(s) are eligible for a Health Check-up once every Policy Year.

S. **Unlimited Tele-Consultation:** We will arrange Tele Consultations with qualified Medical Practitioner or Healthcare professional through various modes of communication like audio, video, online portal, chat through Star Health mobile application or digital platforms.

The services provided under this cover will be made available subject to following conditions:

i. The Medical Practitioner may recommend over-the-counter medications based on the information provided.

ii. Tele Consultations should not substitute in-person consultation with independent Medical Practitioner/ Healthcare professional.

iii. The proposer should seek assistance from a health care professional when interpreting and applying them to the Insured Person's individual circumstances. If the Insured Person has any concerns about His/ her health, He/ She may consult His/ her general practitioner. We shall not hold any responsibility towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner/ Health care professional.

iv. There shall be no maximum limit on the count of Tele-Consultations that can be availed in a Policy Year by each Insured Person.

v. We/Medical Practitioner/Health care professional may refer the Insured Person to another specialist or a general physician (outside of our empaneled network) if required, and the charges for such specialist or a general physician will have to be borne by the Insured Person.

vi. We shall not be liable for any discrepancy in the information provided under this cover.

vii. Availing services is at the sole discretion and risk of the Insured Person.

T. **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.

Note: The AI-driven face scan facility is a software / AI based assessment and should not be used as substitute for professional medical advice.

IX. What are the Optional Covers available on payment of additional premium?

1. **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.

2. **Hospital Cash:** The Company will pay a Cash Benefit of Rs.1,000/- 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.

X. 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.
3. Expenses relating to hospitalization will be considered in proportion to the eligible room category stated in the policy or actual whichever is less.
4. 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.

5. **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).

XI. What are the exclusions applicable?

The Company shall not be liable to make any payments under this policy in respect of any expenses what so ever incurred by the Insured Person in connection with or in respect of;

STANDARD EXCLUSIONS

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

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

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**
    i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
    ii. 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**

XII. 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.

XIII. Claim Procedure

Claiming process and documents to be submitted in support of claim

A. Condition Precedent to Admission of Liability: The terms and conditions of the policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the policy.

B. For Cashless Treatment

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. The Treating Doctor will complete the hospitalization/ treatment information and the hospital will fill up expected cost of treatment. This form is submitted to the Company

f. The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate

g. Once all the details are furnished, the Company will process the request as per the terms and conditions as well as the exclusions therein and either approve or reject the request based on the merits

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

i. Cashless facility can be availed only in networked Hospitals. For details of Networked Hospitals, the insured may visit www.starhealth.in or contact the nearest branch

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

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

Note: The Company reserves the right to call for additional documents wherever required.

Organ transplant on the Insured Person shall satisfy the requirements of the Transplantation of Human Organs Act of 1994 and any amendments thereto

Denial of a Pre-authorization request is in no way to be construed as denial of treatment or denial of coverage. The Insured Person can go ahead with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.

C. **For Reimbursement claims:** Time limit for submission of

Sl.no.	Type of Claim	Prescribed time limit
1	Reimbursement of hospitalization, day care and pre hospitalization expenses	Claim must be filed within 15 days from the date of discharge from the Hospital.
2	Reimbursement of Post hospitalization	Within 15 days after completion of 60 days from the date of discharge from hospital

D. **Notification of Claim:** Upon the happening of any event giving rise or likely to give rise to a claim under the Policy, a Notification of Claim with full particulars shall be sent to the Company within stipulated time limit as described below:

Emergency Hospitalization (Cashless / Reimbursement): Within 24 hours of date and time of Hospitalization if the Insured Person has been hospitalized in an Emergency.

Planned Hospitalization (Cashless / Reimbursement): At least 48 hours prior to the proposed treatment or date and time of Hospitalization.

Note: Conditions C and D are precedent to admission of liability under the policy. However the Company will examine and relax the time limit mentioned in these conditions depending upon the merits of the case.

E. **Documents to be submitted for Reimbursement:** The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit;

a. Duly completed claim form, and
b. Pre Admission investigations and treatment papers in original
c. Discharge Summary in original from the hospital
d. Cash receipts in original from hospital, chemists
e. Cash receipts and reports for tests done in original
f. Receipts from doctors, surgeons, anaesthetist in original
g. Certificate from the attending doctor regarding the diagnosis
h. Copy of PAN Card
i. Copy of Aadhaar Card
j. Any other document specific to the treatment / illness
k. Prescriptions and receipt for Pre and Post-Hospitalization expenses
l. KYC (Identity proof with Address) of the Proposer, as per AML Guidelines
m. NEFT documents viz., Customer name, Bank Account No., Name of the Bank, IFSC code
n. CKYC No. of the Proposer (if available)

Note: For assistance call 24 hours help-line 044-69006900 or Toll free no.1800 425 2255, Senior Citizens may call at 044-40020888.

For the comprehensive list of documents to be submitted while filing a reimbursement claim, please refer our website under the link https://www.starhealth.in/claims/#claim-process.

XIV. What is renewal procedure?

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.

XV. 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.

XVI. Can the Sum Insured under the policy be reduced or enhanced?

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.

XVII. 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.

XVIII. 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.

XIX. 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.

XX. 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.

XXI. 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.

XXII. 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.

XXIII. 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.

XXIV. 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).

XXV. Automatic Expiry

Applicable for VII 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.

XXVI. How much does it cost to take this insurance?

The premium sheet is attached

XXVII. 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

XXVIII. What are the discounts available under the policy?

i **Family Discount (Available only if Gold Plan is chosen):** 5% discount is available if 2 or more family members are covered under this policy.

ii. **Major Organ Donor Discount (Available only if Gold Plan is chosen):** 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.

iii. **Online discount:** 5% discount for first purchased online and its renewals (If the policy is first purchased online and the same is renewed online, then 5% discount will be given for such renewals too). For Intermediary online sales this will be offset against their remuneration.

XXIX. Is there any Income Tax Benefit?

Insured Person is eligible for relief under Section 80-D of the Income Tax Act in respect of the amount paid by any mode other than cash.

XXX. Excluded Hospitals (providers): Insured can refer the company website using the following link to get the list of excluded hospitals. https://www.starhealth.in/lookup/hospital/#excluded-hospital

XXXI. How to buy this insurance?

All that needs to be done is to call the nearest office.

XXXII. Important Note: IRDAI or its officials do not involve in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

XXXIII. Prohibition of Rebates: Section 41 of Insurance Act 1938 (Prohibition of rebates): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer: Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs rupees.

Premium in Rs. (Excluding GST)

Premium Chart for 1 year Policy Term

Zone 1: Mumbai, Thane, Delhi (including Faridabad, Gurgaon, Ghaziabad and Noida), Ahmedabad, Baroda and Surat								
Sum Insured (Rs.) Age (in Years)	**1,50,000**	**2,00,000**	**3,00,000**	**4,00,000**	**5,00,000**	**7,50,000**	**10,00,000**	**15,00,000**
5m-35	6,200	6,426	7,966	8,922	9,721	10,693	11,584	13,586
36-45	7,962	8,250	10,229	11,455	12,481	13,729	14,874	17,444
46-50	11,741	12,167	15,086	16,896	18,409	20,250	21,937	25,727
51-55	15,763	16,334	20,252	22,681	24,714	27,185	29,451	34,538
56-59	19,770	20,488	25,402	28,447	30,997	34,097	36,938	43,317
60	18,123	18,780	23,285	26,077	28,414	31,255	36,938	43,317
61-65	24,010	24,880	30,848	34,547	37,642	41,406	48,937	57,389
66-70	32,870	34,063	42,231	47,297	51,535	56,689	66,994	78,567
71-75	37,420	38,776	48,077	53,842	58,666	64,533	76,267	89,440
76-80	43,857	45,448	56,346	63,105	68,759	75,635	89,386	1,04,826
Above 80	50,434	52,263	64,799	72,568	79,072	86,979	1,02,793	1,20,549

Zone 2: Rest of India (other than those mentioned in Zone 1)								
Sum Insured (Rs.) Age (in Years)	**1,50,000**	**2,00,000**	**3,00,000**	**4,00,000**	**5,00,000**	**7,50,000**	**10,00,000**	**15,00,000**
5m-35	4,843	5,020	6,926	8,416	9,259	10,185	11,033	12,939
36-45	6,220	6,446	8,894	10,807	11,887	13,076	14,166	16,613
46-50	9,173	9,506	13,118	15,938	17,532	19,285	20,893	24,501
51-55	12,316	12,761	17,611	21,398	23,538	25,892	28,049	32,893
56-59	15,445	16,006	22,088	26,837	29,521	32,473	35,178	41,255
60	14,158	14,672	20,248	24,600	27,061	29,767	35,178	41,255
61-65	18,757	19,437	26,825	32,591	35,851	39,436	46,605	54,655
66-70	25,680	26,611	36,724	44,619	49,081	53,989	63,806	74,826
71-75	29,234	30,294	41,806	50,794	55,873	61,460	72,635	85,182
76-80	34,263	35,505	48,998	59,532	65,484	72,032	85,131	99,834
Above 80	39,402	40,831	56,346	68,461	75,307	82,838	97,899	1,14,809

Premium in Rs. (Excluding GST)

Premium Chart for 1 year Policy Term (Gold Plan)

Zone 1: Mumbai, Thane, Delhi (including Faridabad, Gurgaon, Ghaziabad and Noida), Ahmedabad, Baroda and Surat								
Sum Insured (Rs.) Age (in Years)	Gold Plan							
	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000
16days-35	8,923	9,992	10,888	11,977	12,975	15,217	17,498	19,597
36-45	10,944	12,257	13,355	14,691	15,915	18,664	21,465	24,040
46-50	15,690	17,572	19,145	21,060	22,815	26,756	30,770	34,462
51-55	21,064	23,588	25,703	28,273	30,628	35,919	41,307	46,264
56-59	26,418	29,586	32,236	35,460	38,415	45,050	51,809	58,025
60	24,217	27,121	29,549	32,504	38,415	45,050	51,809	58,025
61-65	32,082	35,929	39,149	43,064	50,894	59,685	68,637	76,873
66-70	43,921	49,188	53,595	58,955	69,674	81,710	93,966	1,05,241
71-75	49,999	55,996	61,014	67,115	79,318	93,018	1,06,971	1,19,808
76-80	58,601	65,627	71,510	78,661	92,963	1,09,020	1,25,373	1,40,418
Above 80	67,390	75,471	82,235	90,459	1,06,906	1,25,371	1,44,177	1,61,478

Zone 2: Rest of India (other than those mentioned in Zone 1)								
Sum Insured (Rs.) Age (in Years)	Gold Plan							
	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000
16days-35	7,759	9,427	10,369	11,406	12,357	14,491	16,665	18,664
36-45	9,517	11,563	12,720	13,992	15,157	17,776	20,442	22,895
46-50	13,643	16,576	18,234	20,057	21,728	25,482	29,305	32,821
51-55	18,316	22,254	24,479	26,927	29,170	34,210	39,341	44,062
56-59	22,972	27,911	30,701	33,771	36,586	42,905	49,341	55,263
60	21,057	25,585	28,142	30,956	36,586	42,905	49,341	55,263
61-65	27,897	33,894	37,285	41,014	48,470	56,842	65,369	73,213
66-70	38,192	46,404	51,044	56,148	66,356	77,819	89,492	1,00,231
71-75	43,478	52,825	58,109	63,920	75,540	88,589	1,01,877	1,14,102
76-80	50,956	61,912	68,105	74,916	88,536	1,03,828	1,19,403	1,33,731
Above 80	58,600	71,199	78,320	86,152	1,01,815	1,19,400	1,37,312	1,53,788

Family Package Plan for 1 Year Premium Premium in Rs. (Excluding GST)						
Sum Insured (Rs.)	**2,00,000/-**			**3,00,000/-**		
Family Size Age (in years)	2A	2A+1C	2A+2C	2A	2A+1C	2A+2C
5m-25	8,552	11,882	15,446	9,476	12,828	16,249
26-30	8,772	12,187	15,844	9,720	13,158	16,666
31-35	8,992	12,491	16,240	9,961	13,487	17,082
36-40	10,980	14,132	17,640	12,167	15,257	18,557
41-45	11,544	14,856	18,545	12,791	16,039	19,508
The Sum Insured is apportioned equally among all the family members who are insured **A=Adult; C=Child**						

Premium for Optional Covers

Name of the Add-on	Premium for 1 year Excluding GST (Rs.)
Hospital Cash	**759**
Patient Care	**650**