

STAR CARDIAC CARE
Insurance Policy

STAR
Personal & Caring
Health Insurance

The Health Insurance Specialist

STAR HEALTH AND ALLIED INSURANCE CO LTD

Registered Office : No. 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034. Phone : 044 - 2828 8800

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

Star Cardiac Care Insurance Policy

Unique Identification No.: SHAHLIP22032V052122

The trauma of a surgery and the financial drain thereafter is best known to those who have undergone one. Post surgery you must be certainly feeling better, but still worried.

Only Star health, the Health Insurance specialist, understands your needs better and offers a custom made solution, just apt to ensure, you keep smiling, always.

- **Eligibility:**
  - Persons aged between 10 years and 65 years who have undergone any of the following
    1. Percutaneous Transluminal Coronary Angioplasty (PTCA) / Coronary Artery Bypass Graft (CABG) within 7 years period prior to proposal or
    2. Atrial Septal Defect (ASD) or Ventricular Septal Defect (VSD) that has been corrected or
    3. Patent Ductus Arteriosus (PDA) that has been treated or
    4. RF Ablation or RF Ablation done to correct the underlying cardiac condition or
    5. Had an Angiogram done but no intervention was medically found necessary
- **Renewal:** Life long.
- **Coverage**
  - **Section 1:** Hospitalization Cover for Accidents and Non-cardiac ailments.
  - **Section 2:** Hospitalization Cover for Cardiac Ailments.
  - **Section 3:** Cover for Outpatient medical expenses.

    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.
  - **Section 4:** Personal Accident cover for Accidental Death.
  - **Modern Treatments:** Expenses are subject to the limits. **(For details please refer website: www.starhealth.in)**
- **Sum Insured Options:** Rs.3,00,000/- and Rs.4,00,000/-. (Applicable for Section 1, 2 and 3 put together).

  Personal Accident Sum Insured as per Section 4 shall be equal to Sum Insured opted.
- **Plan options:** Gold and Silver.
- **Policy Term : 1 year / 2 years / 3 years:** For policies more than one year, the Sum Insured is for each year, without any carry over benefit thereof.
- **Instalment Facility available:** Premium can be paid Monthly, Quarterly and Half-yearly. Premium can also be paid Annually, Biennial (Once in 2 years) and Triennial (Once in 3 years).

  For instalment mode of payment, there will be loading as given below;
  - Quarterly: 3%
  - Half Yearly: 2%
- **Policy Benefits**

Section	Gold Plan	Silver Plan
1	Applicable for Accident and Non-cardiac ailments	Applicable for Accident and Non-cardiac ailments
2	Applicable for Cardiac Ailments and complications. Cover available for both surgical intervention and medical management	Applicable for Cardiac Ailments and complications. Cover available only for surgical intervention
3	**Outpatient expenses in networked facility*:** Rs.500/- per event subject to a maximum of Rs.1500/- per policy period	**Outpatient expenses in networked facility*:** Rs.500/- per event subject to a maximum of Rs.1500/- per policy period
4	**Personal Accident:** Death only cover equal to chosen Sum Insured	**Personal Accident:** Death only cover equal to chosen Sum Insured
Waiting period applicable for Section 2 only: 90 days waiting period irrespective of whether it is pre-existing or not		
* 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		

- ✓ Room, Boarding and Nursing Expenses all inclusive as provided by the Hospital / Nursing Home subject to a maximum of Rs.5,000/- per day. **Expenses relating to the hospitalization will be considered in proportion to the eligible room rent as stated above or actual whichever is less**
- ✓ Emergency ambulance charges upto Rs.750/- per hospitalization and Rs.1500/- per policy period
- ✓ Pre hospitalization expenses – for a period not exceeding 30 days prior to the date of hospitalization
- ✓ Post hospitalization expenses – for a period not exceeding 60 days after discharge from 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

- **Day Care Procedures:** All day care procedures are 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
- **Sublimits for treatment of Cataract:** Expenses for treatment of Cataract are payable up to Rs.20,000/- per hospitalization and Rs.30,000/- for the entire policy period.
- **Co-Payment:** 10% of each and every claim made by insured person whose age at the time of entry is 61 years and above. This co-pay is applicable for Section 1 only. If your age is less than 61 years during first inception of this policy then co-payment condition shall not be applicable.
- **Pre-acceptance Medical Screening:** There is no requirement of Pre-acceptance Medical Screening. It is enough to submit previous medical records including details of latest treatment along with the proposal form.
- **Exclusions**

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

  1. **Pre-Existing Diseases - Code Excl 01:** (Applicable for Section 1 for both plans)
     - 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 for both plans)
     - A. Expenses related to the treatment of the following listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
     - B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
     - C. If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
     - D. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
     - E. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
     - F. List of specific diseases/procedures;
       - i. Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Prolapse of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers, all Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies, all types of Hernia, Epididymal Cyst,

Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele, Fistula / Fissure in ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence and Congenital Internal disease / defect

ii. Desmoid tumour of anterior abdominal wall, Gall bladder and Pancreatic diseases and all treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi. All types of management for Kidney calculi and Genitourinary tract calculi

iii. 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

iv. Conservative, operative treatment and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty [other than caused by accident]

v. Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system

vi. Subcutaneous Benign lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal tunnel syndrome, Trigger finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology

vii. Any transplant and related surgery

3. **30-day waiting period - Code Excl 03:** (Applicable for Section 1 for both plans)

A. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

B. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.

C. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

4. **Investigation & Evaluation - Code Excl 04**

A. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.

B. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

5. **Rest Cure, rehabilitation and respite care - Code Excl 05:** Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes;

1. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons
2. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs

6. **Obesity/ Weight Control - Code Excl 06:** Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions;

A. Surgery to be conducted is upon the advice of the Doctor

B. The surgery/Procedure conducted should be supported by clinical protocols

C. The member has to be 18 years of age or older and

D. Body Mass Index (BMI);

1. greater than or equal to 40 or
2. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss;
   a. Obesity-related cardiomyopathy
   b. Coronary heart disease
   c. Severe Sleep Apnea
   d. Uncontrolled Type2 Diabetes

7. **Change-of-Gender treatments - Code Excl 07:** Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

8. **Cosmetic or plastic Surgery - Code Excl 08:** Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

9. **Hazardous or Adventure sports - Code Excl 09:** Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

10. **Breach of law - Code Excl 10:** Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

11. **Excluded Providers - Code Excl 11:** Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof **- Code Excl 12.**

13. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons **- Code Excl 13.**

14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure **- Code Excl 14.**

15. **Refractive Error - Code Excl 15:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7. 5 dioptres

16. **Unproven Treatments - Code Excl 16:** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness

17. **Sterility and Infertility - Code Excl 17:** Expenses related to sterility and infertility. This includes

a. Any type of contraception, sterilization
b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
c. Gestational Surrogacy
d. Reversal of sterilization

18. **Maternity - Code Excl 18**

a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy
b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period

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. Venereal Disease and Sexually Transmitted Diseases(Other than HIV) **- Code Excl 23.**

24. Injury/disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not) **- Code Excl 24.**

25. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/material - **Code Excl 25.**

26. Expenses incurred on Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other therapies - **Code Excl 26.**

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

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

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

30. All treatment for Priapism and erectile dysfunctions - **Code Excl 30.**

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

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

33. Medical and / or surgical treatment of Sleep apnea, treatment for endocrine disorders. - **Code Excl 33.**

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

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

36. Any hospitalizations which are not Medically Necessary - **Code Excl 36.**

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

38. 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, 31, 32,33,35 are not applicable for Section 3

➢ **Exclusions applicable for Section 4 -Personal Accident**

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance. - **Code-Sec4Excl 01.**

2. **Code-Sec4Excl 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-Sec4Excl 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-Sec4Excl 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-Sec4Excl 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-Sec4Excl 06.**

7. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from - **Code-Sec4Excl 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-Sec4Excl 08.**

9. Participation in Hazardous Sport / Hazardous Activities - **Code-Sec4Excl 09.**

10. Persons who are physically challenged, unless specifically agreed and endorsed in the policy - **Code-Sec4Excl 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-Sec4Excl 11.**

12. Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly - **Code-Sec4Excl 12.**

➢ **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.

➢ **Renewal and Grace Period:** 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.

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

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

➢ **Portability:** The insured person will have the option to port the policy to other insurers by

applying to such insurer to port the entire policy along with all the members of the family, if any, at least 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.

- **Withdrawal of the 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

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

  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 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

  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 installments 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

- **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

  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

- **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.

- **Automatic Expiry of the policy:** The insurance under this policy with respect to each relevant insured person shall expire immediately upon death of the insured person or on expiry of the sum insured whichever shall first occur.

- **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/

- **Disclosure to information norms:** The policy shall become void and all premium paid thereon shall be forfeited to the Company, in the event of mis-representation, mis description or non-disclosure of any material fact by the policy holder.

- **The Company:** Star Health and Allied Insurance Co. Ltd., commenced its operations in 2006 as India's first Standalone Health Insurance provider. As an exclusive Health Insurer, the Company is providing sterling services in Health, Personal Accident & Overseas Travel Insurance and is committed to setting international benchmarks in service and personal caring.

- **Star Advantages**

  ¿ No Third Party Administrator, direct in-house claims settlement

  ¿ Faster and hassle – free claim settlement

  ¿ Cashless hospitalization

- **Claims Procedure**

  ¿ 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

  ¿ 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 Benefits:** Payment of premium by any mode other than cash for this insurance is eligible for relief under Section 80D of the Income Tax Act 1961.

- **TAXES ARE SUBJECT TO CHANGES IN TAX LAWS**

- **Prohibition of rebates:** (Section 41 of Insurance Act 1938): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or

continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs rupees.

STAR Health Insurance
Personal & Caring
The Health Insurance Specialist

Premium Chart for One Year in Rs. (Excluding Tax).

Sum Insured	Rs. 3,00,000/-		Rs. 4,00,000/-	
Plan/Age Band in Yrs	Silver Plan	Gold Plan	Silver Plan	Gold Plan
10-60 yrs	14,095	18,790	16,110	21,475
61-65 yrs	16,210	21,610	18,525	24,695
For Renewals only				
66-70 yrs	18,640	24,850	21,300	28,400
71-80 yrs	20,505	27,335	23,430	31,240
Above 80 yrs	22,555	30,070	25,775	34,365

Premium Chart for Two Years in Rs. (Excluding Tax).

Sum Insured	Rs. 3,00,000/-		Rs. 4,00,000/-	
Plan/Age Band in Yrs	Silver Plan	Gold Plan	Silver Plan	Gold Plan
10-59 yrs	27,203	36,265	31,092	41,447
60 yrs	29,244	38,986	33,423	44,554
61-64 yrs	31,285	41,707	35,753	47,661
65 yrs	33,630	44,834	38,431	51,237
For Renewals only				
66-69 yrs	35,975	47,961	41,109	54,812
70 yrs	37,775	50,359	43,164	57,553
71-79 yrs	39,575	52,757	45,220	60,293
80 yrs	41,553	55,396	47,483	63,309
Above 80 yrs	43,531	58,035	49,746	66,324

Premium Chart for Three Years in Rs. (Excluding Tax).

Sum Insured	Rs. 3,00,000/-		Rs. 4,00,000/-	
Plan/Age Band in Yrs	Silver Plan	Gold Plan	Silver Plan	Gold Plan
10-58 yrs	39,536	52,706	45,189	60,237
59 yrs	41,514	55,343	47,447	63,248
60 yrs	43,492	57,979	49,705	66,259
61-63 yrs	45,469	60,616	51,963	69,269
64 yrs	47,741	63,645	54,557	72,734
65 yrs	50,013	66,675	57,152	76,198
For Renewals only				
66-68 yrs	52,285	69,704	59,747	79,662
69 yrs	54,029	72,028	61,738	82,317
70 yrs	55,773	74,351	63,730	84,973
71-78 yrs	57,517	76,675	65,721	87,628
79 yrs	59,433	79,232	67,914	90,550
80 yrs	61,350	81,789	70,106	93,472
Above 80 yrs	63,267	84,346	72,299	96,394



Star Cardiac Care Insurance Policy

Unique Identification No.: SHAHLIP22032V052122

Buy this Insurance Online at www.starhealth.in

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

The information provided in this brochure is only indicative. For more details on the risk factors, terms and conditions, please read the policy wordings before concluding sale
Or
Visit our website www.starhealth.in

Customer Care Number: 044 69006900 | Toll free: 1800 425 2255
Chat: +91 9597652225 | sms: STAR to 56677
Email: support@starhealth.in
CIN: L66010TN2005PLC056649 | IRDAI Regn. No: 129

Insurance is the subject matter of solicitation

BRO / CAR / V.14 / 2025