Star Cancer Care

Platinum Insurance Policy



STAR
Personal & Caring
Health Insurance

The Health Insurance Specialist

STAR CANCER CARE PLATINUM INSURANCE POLICY

Unique Identification No.: SHAHLIP22031V022122

Star Cancer Care Platinum Insurance Policy offers protection for persons diagnosed with Cancer. The policy keeps the insured financially prepared during their fight against Cancer and provides indemnity coverage for medical expenses incurred for Cancer and Non-cancer ailments.

Policy Term

1 year

Type of Policy

Individual

Eligibility

Persons who have been diagnosed with Cancer, aged between 5 months and 65 years can avail this Insurance. Proposer should be aged 18 years and above.

Sum Insured Options

Section I - Rs.5,00,000/-, Rs.7,50,000/- and Rs.10,00,000/-

Section II - 50% of Section I sum insured.(Sum Insured under Section II cannot vary)

Pre medical Examination

There is no pre medical tests irrespective of age. The previous medical records including details of treatment to be submitted along with proposal.

Instalment Facility available

Premium can be paid Quarterly, Half yearly. Premium can also be paid Annually

For instalment mode of payment there will be loading as given below;

Quarterly - 3% | Half Yearly - 2%

Note: This loading will be applied on annual premium

Policy Benefits

Section I Indemnity Cover (Applicable for treatment of Cancer and Non Cancer)

a) Room (Single Standard A/C), Boarding, Nursing expenses as provided by the Hospital / Nursing Home.
Note: Hospitalisation expenses which vary based on the room occupied by the insured person will be considered in proportion to the room category stated in the policy schedule or actuals whichever is less. Proportionate deductions are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category.

b) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees

c) Anesthesia, blood, oxygen, operation theatre charges, ICU Charges, medicines and drugs

d) Emergency Road Ambulance charges, for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment, provided however there is an admissible claim under the policy

e) **Pre-hospitalization Expenses:** Medical expenses incurred up to 30 days immediately before the insured person is hospitalized

f) **Post Hospitalization Expenses:** Medical expenses incurred up to 60 days immediately after the insured person is discharged from the hospital. The amount payable shall be up to 2% of the basic sum insured per hospitalization

g) All day care procedures are covered

h) **Cataract treatment:** The company will pay the expenses incurred for treatment of cataract up to the limits mentioned below;

Basic Sum Insured (Rs.)	Limit of Cataract Surgery (Rs.)
5,00,000/-	30,000/- per eye per person and not exceeding 40,000/- per person per policy period
7,50,000/- and 10,00,000/-	40,000/- per eye per person and not exceeding 60,000/- per person per policy period

i) **Cost of Health Checkup:** Expenses incurred towards Cost of Health check-up up to Rs.2,500/- for every claim free year.
Note:
1. This benefit is payable on renewal and when the renewed policy is in force
2. Payment under this benefit does not form part of the sum insured and will not impact the Bonus.

j) The Insured Person is given the facility of obtaining a **Medical Second Opinion** from a Doctor in the Company's network of Medical Practitioners. All the medical records provided by the Insured Person will be submitted to the Doctor either online: e_medicalopinion@starhealth.in or through post/courier
Subject to the following conditions;
- ¿ This should be specifically requested for by the Insured Person
- ¿ This opinion is given without examining the patient, based only on the medical records submitted.

- ¿ The second opinion should be only for medical reasons and not for medico-legal purposes.
- ¿ Any liability due to any errors or omission or consequences of any action taken in reliance of the second opinion provided by the Medical Practitioner is outside the scope of this policy.
- ¿ Utilizing this facility alone will not be considered as a claim.

k) **Wellness Service:** This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities. The Insured Person can avail the following services: (i) Diet and Nutrition Program: To strengthen/restore the immune system. (ii) Weight Management Program – To maintain healthy weight (iii) Specialist Consultation –Available through Star Tele-health app.

l) **Rehabilitation and Pain Management:** The company will pay the medical expenses for Rehabilitation and Pain Management up to the sub-limit (or) maximum up to 10% of the basic sum insured whichever is less, per policy year.
(For details please refer website: www.starhealth.in)
Note: Company's liability under this benefit shall not exceed 10% of Basic Sum insured

Rehabilitation: The Company will pay the expenses for rehabilitation, if availed at authorized centres as an In-patient/Out-patient, and if there is an admissible claim for In-patient hospitalization for an injury, disease or illness specified below;

1. Poly Trauma
2. Head injury
3. Diseases of the spine
4. Stroke

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

m) **Coverage for Modern Treatment:** Expenses are subject to the limits.
(For details please refer website: www.starhealth.in)

n) **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

o) **Hospice Care:** Payable up to 20% of sum insured at network providers on indemnity basis, payable once in life time. Available after a waiting period of 12 months from the policy inception.
Hospice care in Oncology is a special kind of care that focuses on the quality of life of patients (as well as their caregivers) who are experiencing an advanced, life-limiting cancers.
Hospice care provides compassionate care for cancer patients during their last phases of life so that they can live as fully and comfortably as possible.

p) **Copayment:** This policy is subject to co-payment of 10% of each and every claim amount for fresh as well as renewal policies for insured persons whose age at the time of entry is 61 years and above

Section II Lumpsum Cover for Cancer (Optional Cover Available only if specifically opted on payment of additional premium and shown in the policy schedule) - If during the period stated in the Schedule the insured person suffers a recurrence, metastasis, and / or a second malignancy unrelated to first cancer, then the Company will pay a lump sum amount stated in the policy schedule. This benefit is in addition to the sum insured of Indemnity cover under Section I.

Note:

1. A waiting period of 30 months is applicable for this lump-sum benefit cover.
2. Claim under this benefit is admissible only if treatment for recurrence, metastasis and/or a second malignancy unrelated to first cancer commences after 30 months from first inception of Star Cancer Care Platinum Insurance Policy.
3. On an admissible claim for lump-sum, the coverage under Section II ceases and the policy will continue with Section I for the sum insured stated in the policy schedule for the remaining policy period.
4. On an admissible claim for lump-sum under Section II, the subsequent renewal, will be for Section I only.

Cumulative Bonus (Applicable for Section I only)

The insured person will be eligible for Cumulative bonus calculated at 5% of basic sum insured for each claim free year subject to a maximum of 50% of the basic sum insured

Special Conditions

1. The Cumulative bonus will be calculated on the expiring Basic Sum Insured
2. If the insured opts to reduce the Basic Sum Insured at the subsequent renewal, the limit of indemnity by way of such Cumulative bonus shall not exceed such reduced basic sum insured
3. In the event of a claim resulting in;
   a. Partial utilization of Basic Sum Insured, such cumulative bonus so granted will be reduced at the same rate at which it has accrued
   b. Full utilization of Basic Sum Insured and nil utilization of cumulative bonus accrued, such cumulative bonus so granted will be reduced at the same rate at which it has accrued
   c. Full utilization of Basic Sum Insured and partial utilization of cumulative bonus accrued, the cumulative bonus granted on renewal will be the balance cumulative bonus available and will be reduced at the same rate at which it has accrued
   d. Full utilization of Basic Sum Insured and full utilization of cumulative bonus accrued, the cumulative bonus on renewal will be "nil"

Exclusions

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

1. **Pre-Existing Diseases - Code Excl 01**
   A. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry 30 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 30 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

2. **Specified disease / procedure waiting period - Code Excl 02**
   A. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
   B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
   C. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
   D. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
   E. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
   F. List of specific diseases/procedures
      1. Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye, 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 calculi 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 (except to the extent covered under Section I (l)) 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:
    1. Surgery to be conducted is upon the advice of the Doctor
    2. The surgery/Procedure conducted should be supported by clinical protocols
    3. The member has to be 18 years of age or older and
    4. Body Mass Index (BMI);
        a. greater than or equal to 40 or
        b. 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:
            i. Obesity-related cardiomyopathy
            ii. Coronary heart disease
            iii. Severe Sleep Apnea
            iv. 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:
    i. Any type of contraception, sterilization
    ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
    iii. Gestational Surrogacy
    iv. 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.

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/material **- 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 **- Code Excl 26**

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

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

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

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

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

31. 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**

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

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

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

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.

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)

For Section II

i. Certificate from the Treating Doctor confirming the Cancer diagnosis

ii. Clinical, Radiological, Histological, Pathological, Histopathological and laboratory reports in support

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.

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, for policy term 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

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

i. Upon the death of the Insured Person.

ii. Upon exhaustion of the Basic sum insured plus bonus under the policy.

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.

Renewal

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

i. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years

ii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period

iii. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period

iv. 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 thirty days before the changes are effected.

Premium Payment In Instalments

If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly 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

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	:	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

Enhancement of Sum insured

Sum insured once opted cannot be enhanced even on renewal.

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.

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

Buy this insurance

Please contact our nearest Branch Office /our Agent or visit our website www.starhealth.in for online purchase

Tax Benefits

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

TAXES ARE SUBJECT TO CHANGES IN TAX LAWS

Prohibition of Rebates

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

STAR Personal & Caring | Health Insurance

The Health Insurance Specialist

Schedule of Benefits

Subject / Sum Insured (INR in Lac)	5	7.5	10	Is this part of the sum insured/In addition to the sum insured
In-patient Hospitalization	Single Standard A/C Room			Part of the sum insured
ICU, Doctor Fee, Medicines, Tests	Covered			Part of the sum insured
Day Care Procedures	Covered			Part of the sum insured
AYUSH Treatment	Covered			Part of the sum insured
Cataract Limit (INR)	for one eye - 30,000 per policy year - 40,000	for one eye - 40,000/- & per policy year - 60,000		Part of the sum insured
Emergency Road Ambulance	Covered			Part of the sum insured
Pre Hospitalization Expenses	30 days			Part of the sum insured
Post Hospitalization Expenses	60 days (up to 2% of the basic sum insured per hospitalization)			Part of the sum insured
Health Check-Up (available for every claim free year)	2,500/-	2,500/-	2,500/-	In addition to the sum insured
Medical Second Opinion	Available			-
No Claim Bonus	5% for every claim free year maximum up to 50%			-
Wellness Services	Diet and Nutrition Program, Weight Management programme and Specialist Consultation available through Star Tele-Health App			-
Rehabilitation & Pain management	Covered up to 10% of the Sum Insured			Part of the sum insured
Modern Treatments	Covered (up to the sub-limits)			Part of the sum insured
Hospice Care	Up to 20% of the Basic Sum Insured in life time			Part of the sum insured
Optional Cover				
Lump-sum benefit for Cancer (INR in Lac) (Waiting period 30 months)	2.5	3.75	5	-
Waiting Period				
Initial waiting period	30 days (except for Accidents)			-
For specific diseases	24 months			-
For Pre-Existing diseases (including Cancer)	30 months			-
For Hospice Care	12 months			-

Premium Chart			Excluding Tax
Section I : Base Cover			
Premium Per Year (in Rs.)			
Age Band / Sum Insured (Rs.)	**5,00,000**	**7,50,000**	**10,00,000**
5m-29	14,285	17,995	20,870
30-39	16,190	20,370	23,605
40-49	18,050	22,750	26,340
50-59	19,875	25,130	29,075
60-69	24,430	30,845	35,830
Above 69	28,990	36,540	42,385
Section II : Lump sum cover for Cancer (Optional Cover)			
Premium Per Year (in Rs.)			
Age Band / Sum Insured (Rs.)	**2,50,000**	**3,75,000**	**5,00,000**
5m-29	10,135	15,200	20,265
30-39	10,135	15,200	20,265
40-49	10,135	15,200	20,265
50-59	10,135	15,200	20,265
60-69	10,135	15,200	20,265
Above 69	10,135	15,200	20,265

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 a sale.

Or

Visit Website: 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

Star Cancer Care Platinum Insurance Policy

Unique Identification No.: SHAHLIP22031V022122

Buy this Insurance Online at www.starhealth.in

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 66
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 / SCCP/ V.5 / 2025