

Prospectus
Medi-classic Insurance Policy (Individual)
UIN: SHAHLIP21215V052021

This Policy Provides for Regular Hospitalisation benefit for Individual basis.

I. Eligibility

- Any person aged between 16 days and 65 years can take this insurance. Thereafter only renewals will be accepted without capping on the exit age.

- II. Pre-acceptance medical screening:** Applicable for all persons above 50 years of age. Those who declare adverse medical history in the proposal form may also be required to undergo pre-acceptance medical screening at the Company designated Centers even if the age of the insured person is 50 yrs or less. The age for Health screening may be scaled downwards or upwards subject to Regulator's approval. Due advance information will be given to the customer. At present 100% of cost of medical screening is borne by the Company. The Company may require the customer to share this cost (maximum 50%), subject to prior approval of the Regulator.

III. What are the Basic sum insured?

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

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

- IV. Policy term: One year / Two year / Three year.** For policies more than one year, the Basic Sum Insured is for each year, without any carry over benefit thereof

- V. Instalment Facility available :** Premium can be paid Monthly, Quarterly, Half-yearly
 Premium can also be paid Annually, Biennial (Once in 2 years) and Triennial (Once in 3 years)

VI. What are the benefits available under the policy

- 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/-
2,00,000/-	
3,00,000/-	
4,00,000/-	
5,00,000/-	
10,00,000/-	
15,00,000/-	

- 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, the company will pay such amount up to the extent of cost of bare metal stent/drug eluting cobalt-chromium stent/drug eluting stainless steel stent. In respect of medicines, Implants and such other similar items, the Company will pay up to the cost of alternate indigenous make.
 iv. Ambulance charges up-to Rs. 750/- per hospitalization and overall limit of Rs.1,500/- per policy period for transportation of the insured person by private ambulance service when this is needed

for medical reasons to go to hospital for treatment, provided there is an admissible claim under the policy

- v. 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.
- vi. 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.5000/- per hospitalisation. 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
- vii. Expenses incurred towards Cost of Health checkup up to 1% of the average Basic Sum Insured of the eligible block subject to a maximum of Rs.5000/- is payable. This benefit is available for Basic Sum Insured of Rs.200000/- and above only. The insured person becomes eligible for this benefit subject to continuous coverage under this policy with the Company after every block of 4 claim free years and payable on renewal

Note : Payment under this benefit does not form part of the Basic Sum Insured.

- viii. 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 5,00,000/-	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

- ix. **Psychiatric And Psychosomatic Disorder:** If the insured person is diagnosed with psychiatric or psychosomatic disorder for the first time and hospitalized for minimum period of 5 consecutive days under this policy, then the Company will pay hospitalization expenses up to Basic sum insured, provided the insured person has been covered under this policy for a continuous period of 24 months without any break.

Note: The treatment should be taken at Authorized Psychiatric hospital licensed by Mental Health Authority or any similar Authority of Central or State Government or Union Territory.

- x. **Coverage for Modern Treatments**

The expenses payable during the entire policy period for the following treatment/procedure (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

Sum Insured Rs.	Uterine artery Embolization and HIFU	Balloon Sinoplasty	Deep Brain Stimulation	Oral Chemotherapy* (Sublimit including pre & post hospitalization)	Immunotherapy- Monoclonal Antibody to be given as injection	Intra Vitreal injections
	Limit per person, per policy period for each treatment / procedure Rs.					
1,50,000/-	12500	5000	25000	12500	25000	5000
2,00,000/-	25000	10000	50000	25000	50000	10000

3,00,000/-	37500	15000	75000	37500	75000	15000
4,00,000/-	100000	40000	200000	100000	200000	40000
5,00,000/-	125000	50000	250000	125000	250000	50000
10,00,000/-	150000	100000	300000	200000	400000	75000
15,00,000/-	175000	125000	400000	250000	500000	100000

Sum Insured 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.						
1,50,000/-	25000	25000	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured	25000
2,00,000/-	50000	50000				50000
3,00,000/-	75000	75000				75000
4,00,000/-	200000	175000				200000
5,00,000/-	250000	200000				250000
10,00,000/-	300000	225000				300000
15,00,000/-	400000	250000				400000

* Sublimit all inclusive with or without hospitalization where ever hospitalization includes pre & post hospitalization.

- xi. **Cumulative bonus:** The insured person will be eligible for Cumulative bonus calculated at 5% of the basic sum insured for every claim free year subject to a maximum of 25%.

Special Conditions

1. The Cumulative bonus will be calculated on the expiring Basic Sum Insured or on the renewed Basic Sum Insured whichever is less.
 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 granted on renewal will be "nil" or "zero".
- xii. **Automatic Restoration of Basic 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.

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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CIN: U66010TN2005PLC056649 Email: support@starhealth.in Website: www.starhealth.in IRDAI Regn. No: 129

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.

- xiii. **Non Allopathic Treatment / AYUSH:** In patient Hospitalizations Expenses incurred for treatment of diseases / illness / accidental injuries by system of medicines other than allopathic is payable Up to 25% of the Basic Sum Insured subject to a maximum of Rs 25000/- during entire policy period.

Note: The benefits mentioned under VI above are available as a “Family Package Plan” also.

The following are the special conditions applicable for “Family Package Plan”:-

- Family means the Insured Person, insured spouse and insured dependent children not exceeding two in numbers.
- This plan is applicable for Basic Sum Insured of Rs.2,00,000/- and Rs.3,00,000/- only.
- Plan is applicable for Age band of 5 months to 45 years.
- The Basic Sum Insured is to be equally apportioned among all the persons insured.
- Each family member is covered up-to his/her limit only.
- No transfer of unutilized balance Basic Sum Insured to other insured persons is permissible.
- Health check- up benefit will be calculated on the policy Basic Sum Insured and equally divided among all the insured persons.
- Where any insured member has made a claim then he/she would not be eligible for his/her share of Health check-up benefit. However the other insured members can avail the health check-up benefit up-to their respective share.
- The automatic restoration of Basic Sum Insured facility is not applicable for this Plan

VII. Gold Plan:-

- A) 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 5000/- per day
4,00,000/-	
5,00,000/-	Private Single A/c Room
10,00,000/-	
15,00,000/-	
20,00,000/-	
25,00,000/-	

- B) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.
 C) 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, the company will pay such amount up to the extent of cost of bare metal stent/drug eluting cobalt-chromium stent/drug eluting stainless steel stent. In respect of medicines, Implants and such other similar items, the Company will pay up to the cost of alternate indigenous make.
 D) Ambulance charges up-to Rs. 2,000/- per hospitalization 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.

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- E) 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.
- F) 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
- G) Expenses incurred towards **Cost of Health check-up**

Basic Sum Insured (Rs.)	Limit (Rs.)
3,00,000/- to 5,00,000/-	Up to 1500/- for every claim free year
10,00,000/- and 15,00,000/-	Up to 2500/- for every claim free year
20,00,000/- and 25,00,000/-	Up to 5,000/- 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 Basic Sum Insured.
- H) 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 5,00,000/-	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

- I) **Psychiatric And Psychosomatic Disorder:** If the insured person is diagnosed with psychiatric or psychosomatic disorder for the first time and hospitalized for minimum period of 5 consecutive days under this policy, then the Company will pay hospitalization expenses up to Basic Sum Insured provided the insured person is covered under this policy for a continuous period of 24 months without any break.

Note: The treatment should be taken at Authorized Psychiatric hospital licensed by Mental Health Authority or any similar Authority of Central or State Government or Union Territory.

- J) **Coverage for Modern Treatments :** The expenses payable during the entire policy period for the following treatment / procedure (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

Sum Insured Rs.	Uterine artery Embolization and HIFU	Balloon Sinoplasty	Deep Brain Stimulation	Oral Chemotherapy * (Sublimit including pre & post hospitalization)	Immunotherapy-Monoclonal Antibody to be given as injection	Intra Vitreal injections
	Limit per person, per policy period for each treatment/procedure Rs.					
3,00,000/-	75000	30000	150000	75000	150000	30000
4,00,000/-	100000	40000	200000	100000	200000	40000
5,00,000/-	125000	50000	250000	125000	250000	50000
10,00,000/-	150000	100000	300000	200000	400000	75000
15,00,000/-	175000	125000	400000	250000	500000	100000
20,00,000/-	200000	150000	450000	275000	550000	125000
25,00,000/-	200000	150000	500000	300000	600000	150000

Sum Insured Rs.	Robotic surgeries	Stereotactic radio surgeries	Bronchial Thermoplasty,	Vaporisation of the prostate(Geen 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/-	150000	150000	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured	150000
4,00,000/-	200000	175000				200000
5,00,000/-	250000	200000				250000
10,00,000/-	300000	225000				300000
15,00,000/-	400000	250000				400000
20,00,000/-	450000	275000				450000
25,00,000/-	500000	300000				500000

* Sublimit all inclusive with or without hospitalization where ever hospitalization includes pre & post hospitalization

K) 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

1. The Cumulative bonus will be calculated on the expiring Basic Sum Insured or on the renewed Basic Sum Insured whichever is less.

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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 granted on renewal will be "nil" or "zero"

L) Automatic Restoration of Basic 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 restore Basic Sum Insured cannot be carried forward. This Benefit is not available for Modern Treatment.

M) 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.

N) 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

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

O) 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.

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- P) 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/-	
10,00,000/-	1,000/- per day subject to maximum of 6,000/- per hospitalization
15,00,000/- 20,00,000/- and 25,00,000/-	

Note:

- This benefit is payable only if there is an admissible claim for hospitalization under the policy
 - Insured person's stay in Intensive Care Unit or High Dependency Units / wards will not be counted for this purpose
 - Payment under this benefit does not form part of the Basic sum insured but will impact the Cumulative bonus
 - Date of admission and date of discharge will not be counted for this purpose.
- Q) Additional Basic Sum Insured for Road Traffic Accident (RTA):** If the insured person meets with a Road Traffic Accident resulting in in-patient hospitalization, then the Basic Sum Insured shall be increased by 50% subject to the following:
- It is evidenced that the insured person was wearing helmet and was either riding or travelling as pillion rider in a two wheeler at the time of accident as evidenced by Police record and Hospital record.
 - The additional Basic Sum Insured shall be available only once during the policy period.
 - The additional Basic Sum Insured shall be available after exhaustion of the limit of coverage.
 - The additional Basic Sum Insured can be utilized only for that particular hospitalization following the Road Traffic Accident
 - Automatic Restoration of Basic Sum Insured and Super restoration shall not apply for this benefit
 - This benefit shall not be applicable for day care treatment
 - The unutilized balance cannot be carried forward for the remaining policy period or for renewal
 - Claim under this benefit will impact the Cumulative bonus
- R) Hospitalization expenses for treatment of New Born Baby:** The coverage for New Born Baby starts from the **16th day** after its birth till the expiry date of the policy and is subject to a limit of 10% of the Basic Sum Insured or Rupees Fifty thousand, whichever is less, subject to the availability of the Basic Sum Insured, provided the mother has been insured under the policy for a continuous period of 12 months without break.

Note:

- Intimation about the birth of the New Born Baby should be given to the company and policy has to be endorsed for this cover to commence.
- Exclusion no. 3 (**Code- Excl03**) shall not apply for the New Born Baby
- All other terms, conditions and exclusions shall apply for the New Born Baby

- S) Non Allopathic Treatment / AYUSH** :In patient Hospitalizations Expenses incurred for treatment of diseases / illness / accidental injuries by system of medicines other than allopathic is payable Up to 25% of the Basic Sum Insured subject to a maximum of Rs 25000/- during entire policy period

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

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.

Hospital Cash: The Company will pay a Cash Benefit of Rs 1000/-for each completed day of hospitalization subject to a maximum of 7 days per hospitalization and 14 days per policy period, provided however there is a valid claim for hospitalization. For the purpose of this optional cover, the days of admission and discharge will not be taken into account.

No claim under this head shall lie with the Company where the admission is for physiotherapy and/or any epidemic

Note : Patient Care and Hospital Cash are available on payment of additional premium under Gold Plan also.

IX. 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. All day care procedures are covered under this policy.
5. Expenses on Hospitalization for a minimum period of 24 hours only are admissible. However this time limit will not apply for the day care treatments / procedures, where treatment is taken in Hospital/Nursing Home and the Insured is discharged on the same day.
6. **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 above 61 years. 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.

X. 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:-

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 48 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.

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- C. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then for the same would be reduced to the extent of prior coverage.
- D. Coverage under the policy after the expiry of 48 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:**
 - 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/ materials -**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 similar to those mentioned herein under this exclusion -**Code- Excl 26.**
27. Unconventional, Untested, Experimental therapies-**Code- Excl 27**

28. Autologous derived Stromal vascular fraction, 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, record charges , telephone charges and such other charges **-Code- Excl 34**
35. 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**
36. Any hospitalization which are not medically necessary / does not warrant hospitalization **-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 (based on insured's consent), for specified ICD codes **-Code- Excl 38**

XI. Moratorium Period: After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

XII. Claim Procedure

Claiming process and documents to be submitted in support of claim:

For Cashless Treatment:

- a. Call the 24 hour help-line for assistance - 1800 425 2255/1800 104 2277
- 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 hospitalisation/ 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

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.

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

Provision of Penal Interest:

- The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
- "Bank rate" shall mean the rate fixed by the Reserve Bank of India.

XIII. What is renewal procedure?

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

- The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- 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.
- No loading shall apply on renewals based on individual claims experience

XIV. Special Condition:

Instalment Premium Options: If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, 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. Grace Period of 7 days would be given to pay the instalment premium due for the policy.
- ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
- 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.

XV. Can the sum insured under the policy be reduced or enhanced?

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 sublimits 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.

- a) First 30 days as per exclusion Code Excl 03
- b) 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
- c) 48 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases as per exclusion Code Excl 01
- d) 48 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

The above applies to each relevant insured person

XVI. Possibility of Revision of Terms of the Policy Including the Premium Rates:

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected

XVII. 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

XVIII. 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 fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

XIX. 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.

XX. 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.

For Detailed Guidelines on migration, kindly refer the link ..

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

XXI. 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 45 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. For details contact "portability@starhealth.in" or call Telephone No +91-044-28288869

For Detailed Guidelines on portability, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

XXII. Cancellation:

- i. The policyholder may cancel this policy by giving 15 days written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

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CIN: U66010TN2005PLC056649 Email: support@starhealth.in Website: www.starhealth.in IRDAI Regn. No: 129

Cancellation table applicable for Policy Term 1 Year without instalment option	
Period on risk	Rate of premium to be retained
Up to one mth	22.5% of the policy premium
Exceeding one mth up to 3 mths	37.5% of the policy premium
Exceeding 3 mths up to 6 mths	57.5% of the policy premium
Exceeding 6 mths up to 9 mths	80% of the policy premium
Exceeding 9 mths	Full of the policy premium

Cancellation table applicable for Policy Term 1 Year with instalment option of Half-yearly premium payment frequency	
Period on risk	Rate of premium to be retained
Up to 1 Mth	45% of the total premium received
Exceeding one mth up to 4 mths	87.5% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	65% of the total premium received
Exceeding 7 mths up to 10 mths	85% of the total premium received
Exceeding 10 mths	100% of the total premium received

Cancellation table applicable for Policy Term 1 Year with instalment option of Quarterly premium payment frequency	
Period on risk	Rate of premium to be retained
Up to 1 Mth	87.5% of the total premium received
Exceeding one mth up to 3 mths	100% of the total premium received
Exceeding 3 mths up to 4 mths	87.5% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	85% of the total premium received
Exceeding 7 mths up to 9 mths	100% of the total premium received
Exceeding 9 mths up to 10 mths	85% of the total premium received
Exceeding 10 mths	100% of the total premium received

Cancellation table applicable for Policy Term 2 Years without instalment option	
Period on risk	Rate of premium to be retained
Up to 1 Mth	17.5% of the policy premium
Exceeding one mth up to 3 mths	25% of the policy premium
Exceeding 3 mths up to 6 mths	37.5% of the policy premium
Exceeding 6 mths up to 9 mths	47.5% of the policy premium
Exceeding 9 mths up to 12 mths	57.5% of the policy premium
Exceeding 12 mths up to 15 mths	67.5% of the policy premium
Exceeding 15 mths up to 18 mths	80% of the policy premium
Exceeding 18 mths up to 21 mths	90% of the policy premium
Exceeding 21 mths	Full of the policy premium
Cancellation table applicable for Policy Term 2 Years with instalment option of Half-yearly premium payment frequency	
Up to 1 Mth	45% of the total premium received
Exceeding one mth up to 4 mths	87.5% of the total premium received

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Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	65% of the total premium received
Exceeding 7 mths up to 10 mths	85% of the total premium received
Exceeding 10 mths up to 12 mths	100% of the total premium received
Exceeding 12 mths up to 15 mths	90% of the total premium received
Exceeding 15 mths up to 18 mths	100% of the total premium received
Exceeding 18 mths up to 21 mths	90% of the total premium received
Exceeding 21 mths	100% of the total premium received
Cancellation table applicable for Policy Term 2 Years with instalment option of Quarterly premium payment frequency	
Up to 1 Mth	87.5% of the total premium received
Exceeding 1 mth up to 3mths	100% of the total premium received
Exceeding 3 mths up to 4 mths	87.5% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	85% of the total premium received
Exceeding 7 mths up to 9 mths	100% of the total premium received
Exceeding 9 mths up to 10 mths	85% of the total premium received
Exceeding 10 mths up to 12 mths	100% of the total premium received
Exceeding 12 mths up to 13 mths	97.5% of the total premium received
Exceeding 13 mths up to 15 mths	100% of the total premium received
Exceeding 15 mths up to 16 mths	95% of the total premium received
Exceeding 16 mths up to 18 mths	100% of the total premium received
Exceeding 18 mths up to 19 mths	95% of the total premium received
Exceeding 19 mths up to 21 mths	100% of the total premium received
Exceeding 21 mths up to 22 mths	92.5% of the total premium received
Exceeding 22 mths	100% of the total premium received

Cancellation table applicable for Policy Term 3 Years without instalment option

Period on risk	Rate of premium to be retained
Up to 1 Mth	17.5% of the policy premium
Exceeding one mth up to 3 mths	22.5% of the policy premium
Exceeding 3 mths up to 6 mths	30% of the policy premium
Exceeding 6 mths up to 9 mths	37.5% of the policy premium
Exceeding 9 mths up to 12 mths	42.5% of the policy premium
Exceeding 12 mths up to 15 mths	50% of the policy premium
Exceeding 15 mths up to 18 mths	57.5% of the policy premium
Exceeding 18 mths up to 21 mths	65% of the policy premium
Exceeding 21 mths up to 24 mths	72.5% of the policy premium
Exceeding 24 mths up to 27 mths	80% of the policy premium
Exceeding 27 mths up to 30 mths	85% of the policy premium
Exceeding 30 mths up to 33 mths	92.5% of the policy premium
Exceeding 33	Full of the policy premium

Cancellation table applicable for Policy Term 3 Years with instalment option of Half-yearly premium payment frequency	
Up to 1 Mth	45% of the total premium received
Exceeding 1 mth up to 4 mths	87.5% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	65% of the total premium received
Exceeding 7 mths up to 10 mths	85% of the total premium received
Exceeding 10 mths up to 12 mths	100% of the total premium received
Exceeding 12 mths up to 15 mths	90% of the total premium received
Exceeding 15 mths up to 18 mths	100% of the total premium received
Exceeding 18 mths up to 21 mths	90% of the total premium received
Exceeding 21 mths up to 24 mths	100% of the total premium received
Exceeding 24 mths up to 27 mths	95% of the total premium received
Exceeding 27 mths up to 30 mths	100% of the total premium received
Exceeding 30 mths up to 33 mths	92.5% of the total premium received
Exceeding 33 mths	100% of the total premium received
Cancellation table applicable for Policy Term 3 Years with instalment option of Quarterly premium payment frequency	
Up to 1 mth	87.5% of the total premium received
Exceeding 1 mth up to 3 mths	100% of the total premium received
Exceeding 3 mth up to 4mths	87.5% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	85% of the total premium received
Exceeding 7 mths up to 9 mths	100% of the total premium received
Exceeding 9 mths up to 10 mths	85% of the total premium received
Exceeding 10 mths up to 12 mths	100% of the total premium received
Exceeding 12 mths up to 13 mths	97.5% of the total premium received
Exceeding 13 mths up to 15 mths	100% of the total premium received
Exceeding 15 mths up to 16 mths	95% of the total premium received
Exceeding 16 mths up to 18 mths	100% of the total premium received
Exceeding 18 mths up to 19 mths	95% of the total premium received
Exceeding 19 mths up to 21 mths	100% of the total premium received
Exceeding 21 mths up to 22 mths	92.5% of the total premium received
Exceeding 22 mths up to 24 mths	100% of the total premium received
Exceeding 24 mths up to 25 mths	97.5% of the total premium received
Exceeding 25 mths up to 27 mths	100% of the total premium received
Exceeding 27 mths up to 28 mths	97.5% of the total premium received
Exceeding 28 mths up to 30 mths	100% of the total premium received
Exceeding 30 mths up to 31 mths	95% of the total premium received
Exceeding 31 mths up to 33 mths	100% of the total premium received
Exceeding 33 mths up to 34 mths	95% of the total premium received
Exceeding 34 mths	100% of the total premium received

Note : If the premium is paid Monthly, cancellation of policy will be on "No Refund Basis"

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

- 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

XXIII. Automatic Expiry:

Applicable for VI Coverage

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

- ✓ Upon the death of the Insured Person.
- ✓ 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:

- ✓ Upon the death of the Insured Person.
- ✓ Upon exhaustion of Limit of Coverage Plus Restored Basic Sum Insured wherever applicable
- ✓ Upon exhaustion of Limit of Coverage Plus Restored Basic Sum Insured Plus Super Restored Basic Sum Insured, wherever applicable

XXIV. How much does it cost to take this insurance? : The premium sheet is attached

XXV. What are the discount available under the policy ?

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

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.

Online discount: 5% discount for purchase Online. This discount is available for first purchase only.

XXVI. 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.

XXVII. How to buy this insurance?

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

IMPORTANT

IRDAI CLARIFIES TO PUBLIC THAT

- ❖ IRDAI OR ITS OFFICIALS DO NOT INVOLVE IN ACTIVITIES LIKE SALE OF ANY KIND OF INSURANCE OR FINANCIAL PRODUCTS NOR INVEST PREMIUMS.
- ❖ IRDAI DOES NOT ANNOUNCE ANY BONUS.
- ❖ PUBLIC RECEIVING SUCH PHONE CALLS ARE REQUESTED TO LODGE A POLICE COMPLAINT ALONG WITH DETAILS OF PHONE CALL, NUMBER.

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



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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.

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PREMIUM CHART (Excluding Tax)

Premium Chart for 1 year Policy Term

Premium in Rs

Zone 1 Mumbai, Thane, Delhi (including Faridabad, Gurgaon, Ghaziabad and Noida), Ahmedabad, Baroda and Surat							
Sum Insured Rs / Age in yrs	150,000/-	2,00,000/-	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000
5m-35	4015	4160	5159	5778	6298	8187	9825
36-45	4537	4701	5830	6529	7117	9252	11102
46-50	6714	6958	8628	9663	10533	13693	16431
51-55	8494	8802	10914	12224	13324	17321	20785
56-60	10957	11354	14079	15769	17188	22344	26813
61-65	14682	15215	18866	21130	23032	29941	35930
66-70	20114	20844	25847	28948	31554	41020	49223
71-75	24741	25638	31791	35606	38811	50454	60545
76-80	29689	30766	38150	42728	46573	60545	72654
Above 80	34142	35381	43872	49137	53559	69627	83552

Zone 2 rest of India (other than those mentioned in Zone 1)							
Sum Insured Rs / Age in yrs	150,000/-	2,00,000	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-
5m-35	3137	3250	4485	5450	5995	7793	9352
36-45	3544	3673	5069	6158	6774	8806	10568
46-50	5246	5436	7501	9114	10026	13033	15640
51-55	6636	6876	9489	11530	12682	16487	19785
56-60	8560	8870	12241	14873	16360	21269	25522
61-65	11470	11886	16403	19930	21923	28500	34200
66-70	15714	16284	22472	27304	30034	39045	46854
71-75	19329	20030	27641	33584	36942	48025	57630
76-80	23195	24036	33169	40301	44331	57630	69156
Above 80	26674	27641	38145	46346	50980	66275	79530

PREMIUM CHART (2 YEAR) (Excluding Tax)

Premium in Rs

Zone 1 Mumbai, Thane, Delhi (including Faridabad, Gurgaon, Ghaziabad and Noida), Ahmedabad, Baroda and Surat							
Sum Insured Rs / Age in yrs	150,000/-	2,00,000	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-
5m-34	7749	8029	9957	11152	12155	15801	18962
35	8253	8551	10604	11876	12945	16829	20195
36-44	8756	9073	11252	12601	13736	17856	21427
45	10857	11251	13952	15625	17032	22142	26569
46-49	12958	13429	16652	18650	20329	26427	31712
50	14676	15208	18858	21121	23022	29929	35913
51-54	16393	16988	21064	23592	25715	33430	40115
55	18770	19451	24118	27013	29444	38277	45932
56-59	21147	21913	27172	30434	33173	43124	51749
60	24742	25639	31792	35608	38812	50455	60547
61-64	28336	29365	36411	40781	44452	57786	69345
65	33578	34797	43148	48325	52675	68477	82173
66-69	38820	40229	49885	55870	60899	79169	95000
70	43285	44855	55621	62295	67902	88272	105926
71-74	47750	49481	61357	68720	74905	97376	116852
75	52525	54430	67493	75592	82396	107114	128537
76-79	57300	59378	73630	82465	89886	116852	140222
80	61597	63832	79151	88650	96627	125616	150739
Above 80	65894	68285	84673	94834	103369	134380	161255

Zone 2 rest of India (other than those mentioned in Zone 1)							
Sum Insured Rs / Age in yrs	150,000/-	2,00,000/-	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-
5m-34	6054	6273	8656	10519	11570	15040	18049
35	6447	6681	9220	11202	12322	16018	19223
36-44	6840	7089	9783	11885	13074	16996	20396
45	8482	8790	12130	14737	16212	21075	25291
46-49	10125	10491	14477	17590	19350	25154	30185
50	11466	11881	16395	19921	21913	28487	34185
51-54	12807	13271	18314	22253	24476	31820	38185
55	14664	15195	20969	25479	28026	36435	43721
56-59	16521	17119	23625	28705	31575	41049	49257
60	19329	20030	27641	33585	36943	48027	57632
61-64	22137	22940	31658	38465	42311	55005	66006
65	26233	27184	37514	45581	50139	65181	78217
66-69	30328	31428	43371	52697	57966	75357	90428
70	33816	35043	48359	58757	64632	84023	100827
71-74	37305	38658	53347	64817	71298	92688	111226
75	41036	42524	58682	71299	78428	101957	122348
76-79	44766	46389	64016	77781	85559	111226	133471
80	48124	49868	68818	83614	91975	119568	143482
Above 80	51481	53347	73620	89448	98391	127911	153493

PREMIUM CHART (3 YEAR) (Excluding Tax)

Premium in Rs

Zone 1 Mumbai, Thane, Delhi (including Faridabad, Gurgaon, Ghaziabad and Noida), Ahmedabad, Baroda and Surat							
Sum Insured Rs / Age in yrs	1,50,000/-	2,00,000/-	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-
5m-33	11262	11669	14471	16207	17666	22965	27559
34	11750	12175	15098	16909	18432	23960	28753
35	12238	12680	15726	17612	19197	24956	29947
36-43	12726	13186	16353	18314	19963	25952	31141
44	14762	15297	18969	21244	23157	30104	36124
45	16797	17407	21585	24174	26351	34257	41106
46-48	18833	19517	24202	27105	29545	38409	46089
49	20497	21241	26339	29499	32155	41801	50160
50	22161	22965	28476	31894	34764	45193	54231
51-53	23826	24690	30614	34288	37374	48585	58302
54	26129	27076	33573	37603	40987	53282	63938
55	28431	29462	36532	40917	44600	57978	69574
56-58	30734	31848	39492	44232	48212	62675	75210
59	34217	35458	43967	49245	53676	69778	83735
60	37700	39068	48443	54257	59141	76881	92259
61-63	41183	42678	52919	59270	64605	83985	100784
64	46262	47941	59446	66579	72573	94343	113213
65	51341	53204	65974	73889	80541	104702	125642
66-68	56420	58467	72501	81199	88509	115061	138071
69	60746	62950	78058	87424	95294	123882	148657
70	65072	67432	83616	93650	102080	132703	159243
71-73	69399	71915	89174	99875	108865	141523	169829
74	74025	76709	95119	106534	116122	150959	181151
75	78651	81504	101065	113193	123380	160394	192473
76-78	83278	86299	107011	119852	130637	169829	203794
79	87441	90614	112361	125844	137169	178320	213984
80	91605	94929	117711	131837	143701	186812	224174
Above 80	95768	99244	123061	137829	150233	195304	234363

Zone 2 rest of India (other than those mentioned in Zone 1)							
Sum Insured Rs / Age in yrs	1,50,000/-	2,00,000/-	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-
5m-33	8799	9116	12580	15287	16816	21859	26232
34	9180	9512	13126	15949	17544	22807	27369
35	9560	9907	13673	16611	18273	23754	28506
36-43	9941	10303	14219	17273	19001	24701	29643
44	11532	11951	16492	20037	22042	28653	34386
45	13124	13600	18766	22801	25082	32605	39128
46-48	14715	15248	21040	25565	28123	36558	43870
49	16015	16594	22899	27824	30606	39787	47746
50	17314	17941	24758	30083	33090	43017	51621
51-53	18614	19287	26617	32342	35573	46246	55497
54	20413	21152	29190	35467	39012	50717	60861
55	22212	23016	31763	38593	42451	55188	66225
56-58	24011	24880	34336	41719	45890	59660	71589
59	26732	27700	38227	46447	51091	66421	79703
60	29453	30520	42119	51175	56293	73182	87817
61-63	32173	33340	46010	55904	61494	79943	95931
64	36141	37452	51685	62798	69078	89802	107762
65	40110	41564	57359	69693	76662	99662	119594
66-68	44078	45677	63034	76588	84245	109521	131425
69	47458	49179	67867	82460	90704	117918	141501
70	50838	52682	72700	88331	97163	126314	151577
71-73	54218	56184	77533	94203	103622	134710	161652
74	57833	59930	82702	100484	110531	143691	172429
75	61447	63675	87870	106764	117440	152671	183206
76-78	65062	67421	93039	113044	124348	161652	193983
79	68315	70792	97692	118696	130565	169735	203682
80	71568	74162	102344	124348	136782	177818	213382
Above 80	74821	77533	106997	130001	142999	185901	223082

PREMIUM CHART FOR GOLD PLAN

Premium Chart for 1 year Policy Term

Premium in (Rs.)
Premium in Rs

Zone 1 Mumbai, Thane, Delhi (including Faridabad, Gurgaon, Ghaziabad and Noida), Ahmedabad, Baroda and Surat							
Sum Insured Rs / Age in yrs	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-	20,00,000/-	25,00,000/-
16d-35	5,685	6,357	6,935	9,118	10,712	12,316	13,792
36-45	6,355	7,108	7,754	10,183	11,990	13,785	15,437
46-50	9,154	10,242	11,170	14,623	17,319	19,913	22,300
51-55	11,440	12,803	13,961	18,252	21,673	24,921	27,909
56-60	14,605	16,348	17,825	23,275	27,701	31,853	35,672
61-65	19,392	21,709	23,669	30,872	36,817	42,336	47,414
66-70	26,373	29,527	32,190	41,950	50,111	57,624	64,537
71-75	32,317	36,186	39,448	51,385	61,432	70,644	79,119
76-80	38,675	43,307	47,210	61,476	73,541	84,569	94,715
Above 80	44,398	49,716	54,196	70,557	84,439	97,102	108,752

Zone 2 rest of India (other than those mentioned in Zone 1)							
Sum Insured Rs / Age in yrs	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-	20,00,000/-	25,00,000/-
16d-35	5,011	6,029	6,632	8,724	10,239	11,772	13,182
36-45	5,594	6,738	7,411	9,737	11,455	13,170	14,748
46-50	8,027	9,694	10,663	13,964	16,528	19,004	21,281
51-55	10,015	12,109	13,319	17,418	20,672	23,770	26,620
56-60	12,767	15,452	16,997	22,199	26,410	30,368	34,010
61-65	16,929	20,509	22,560	29,431	35,087	40,347	45,186
66-70	22,998	27,883	30,671	39,976	47,741	54,899	61,485
71-75	28,167	34,163	37,579	48,956	58,518	67,292	75,365
76-80	33,695	40,880	44,968	58,561	70,044	80,547	90,210
Above 80	38,671	46,925	51,617	67,205	80,417	92,476	103,571

PREMIUM CHART (2 YEAR) (Excluding Tax)

Premium in Rs

Zone 1 Mumbai, Thane, Delhi (including Faridabad, Gurgaon, Ghaziabad and Noida), Ahmedabad, Baroda and Surat							
Sum Insured Rs / Age in yrs	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-	20,00,000/-	25,00,000/-
16d - 34	10,972	12,269	13,385	17,598	20,674	23,770	26,619
35	11,619	12,994	14,175	18,625	21,907	25,187	28,206
36-44	12,265	13,718	14,965	19,653	23,141	26,605	29,793
45	14,966	16,743	18,262	23,938	28,283	32,519	36,416
46-49	17,667	19,767	21,558	28,222	33,426	38,432	43,039
50	19,873	22,238	24,251	31,724	37,627	43,265	48,452
51-54	22,079	24,710	26,945	35,226	41,829	48,098	53,864
55	25,133	28,131	30,673	40,074	47,646	54,787	61,356
56-59	28,188	31,552	34,402	44,921	53,463	61,476	68,847
60	32,807	36,725	40,042	52,252	62,260	71,592	80,178
61-64	37,427	41,898	45,681	59,583	71,057	81,708	91,509
65	44,163	49,443	53,904	70,273	83,886	96,461	108,033
66-69	50,900	56,987	62,127	80,964	96,714	111,214	124,556
70	56,636	63,413	69,131	90,068	107,639	123,779	138,628
71-74	62,372	69,839	76,135	99,173	118,564	136,343	152,700
75	68,507	76,711	83,625	108,911	130,249	149,781	167,750
76-79	74,643	83,583	91,115	118,649	141,934	163,218	182,800
80	80,165	89,767	97,857	127,412	152,451	175,313	196,346
Above 80	85,688	95,952	104,598	136,175	162,967	187,407	209,891

Zone 2 rest of India (other than those mentioned in Zone 1)							
Sum Insured Rs / Age in yrs	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-	20,00,000/-	25,00,000/-
16d-34	9,671	11,636	12,800	16,837	19,761	22,720	25,441
35	10,234	12,320	13,551	17,815	20,935	24,069	26,952
36-44	10,796	13,004	14,303	18,792	22,108	25,418	28,464
45	13,144	15,857	17,441	22,871	27,004	31,048	34,768
46-49	15,492	18,709	20,580	26,951	31,899	36,678	41,072
50	17,411	21,040	23,143	30,284	35,898	41,277	46,224
51-54	19,329	23,370	25,706	33,617	39,897	45,876	51,377
55	21,985	26,596	29,255	38,230	45,434	52,243	58,508
56-59	24,640	29,822	32,804	42,844	50,971	58,610	65,639
60	28,657	34,702	38,173	49,823	59,345	68,240	76,424
61-64	32,673	39,582	43,541	56,802	67,718	77,870	87,209
65	38,530	46,698	51,368	66,978	79,929	91,912	102,938
66-69	44,386	53,814	59,195	77,154	92,140	105,955	118,666
70	49,374	59,874	65,861	85,819	102,540	117,914	132,060
71-74	54,362	65,935	72,527	94,485	112,940	129,874	145,454
75	59,697	72,416	79,658	103,754	124,062	142,665	159,780
76-79	65,031	78,898	86,788	113,023	135,185	155,456	174,105
80	69,833	84,732	93,205	121,364	145,195	166,967	186,999
Above 80	74,635	90,565	99,621	129,706	155,205	178,479	199,892

PREMIUM CHART (3 YEAR) (Excluding Tax)

Premium in Rs

Zone 1 Mumbai, Thane, Delhi (including Faridabad, Gurgaon, Ghaziabad and Noida), Ahmedabad, Baroda and Surat							
Sum Insured Rs / Age in yrs	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-	20,00,000/-	25,00,000/-
16d-33	15,946	17,831	19,453	25,576	30,047	34,546	38,687
34	16,573	18,534	20,218	26,572	31,242	35,920	40,225
35	17,199	19,236	20,984	27,568	32,437	37,293	41,763
36-43	17,826	19,938	21,750	28,563	33,632	38,667	43,301
44	20,443	22,868	24,944	32,715	38,615	44,397	49,718
45	23,060	25,799	28,138	36,866	43,597	50,126	56,135
46-48	25,677	28,729	31,332	41,018	48,580	55,856	62,552
49	27,814	31,123	33,941	44,411	52,651	60,538	67,796
50	29,952	33,518	36,551	47,804	56,722	65,221	73,040
51-53	32,089	35,912	39,161	51,197	60,793	69,903	78,285
54	35,048	39,227	42,773	55,893	66,429	76,385	85,543
55	38,008	42,542	46,386	60,590	72,065	82,866	92,802
56-58	40,967	45,856	49,999	65,286	77,701	89,348	100,060
59	45,443	50,869	55,463	72,390	86,225	99,149	111,039
60	49,919	55,881	60,927	79,493	94,748	108,951	122,018
61-63	54,395	60,894	66,392	86,596	103,272	118,752	132,996
64	60,922	68,204	74,359	96,954	115,702	133,047	149,006
65	67,449	75,513	82,326	107,312	128,131	147,341	165,016
66-68	73,976	82,823	90,293	117,670	140,561	161,635	181,026
69	79,534	89,049	97,079	126,491	151,146	173,809	194,660
70	85,092	95,276	103,865	135,313	161,732	185,983	208,295
71-73	90,649	101,502	110,652	144,135	172,317	198,156	221,929
74	96,594	108,160	117,909	153,570	183,639	211,176	236,511
75	102,539	114,818	125,167	163,005	194,961	224,196	251,093
76-78	108,483	121,476	132,424	172,440	206,283	237,216	265,676
79	113,834	127,469	138,956	180,931	216,472	248,934	278,800
80	119,185	133,461	145,488	189,422	226,662	260,653	291,925
Above 80	124,536	139,453	152,020	197,912	236,851	272,371	305,049

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvarkottam High Road,
Nungambakkam, Chennai - 600 034. Phone: 044 - 2828 8800

CIN: U66010TN2005PLC056649 Email: support@starhealth.in Website: www.starhealth.in IRDAI Regn. No: 129

Zone 2 rest of India (other than those mentioned in Zone 1)							
Sum Insured Rs / Age in yrs	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-	20,00,000/-	25,00,000/-
16d-33	14,056	16,911	18,603	24,471	28,720	33,020	36,976
34	14,601	17,574	19,331	25,418	29,857	34,328	38,440
35	15,146	18,237	20,059	26,365	30,994	35,635	39,904
36-43	15,691	18,900	20,788	27,312	32,131	36,942	41,368
44	17,966	21,664	23,828	31,265	36,875	42,397	47,476
45	20,241	24,428	26,869	35,217	41,618	47,851	53,585
46-48	22,516	27,192	29,910	39,169	46,361	53,306	59,693
49	24,375	29,450	32,393	42,399	50,236	57,762	64,685
50	26,233	31,708	34,876	45,628	54,110	62,219	69,677
51-53	28,092	33,966	37,360	48,857	57,985	66,675	74,669
54	30,665	37,091	40,799	53,328	63,350	72,844	81,579
55	33,238	40,217	44,238	57,798	68,715	79,013	88,488
56-58	35,811	43,343	47,677	62,268	74,080	85,182	95,398
59	39,703	48,071	52,878	69,030	82,193	94,513	105,848
60	43,594	52,799	58,079	75,792	90,306	103,843	116,297
61-63	47,486	57,528	63,281	82,554	98,419	113,173	126,747
64	53,160	64,422	70,865	92,414	110,251	126,779	141,986
65	58,835	71,317	78,448	102,273	122,082	140,386	157,226
66-68	64,509	78,212	86,032	112,133	133,914	153,992	172,465
69	69,342	84,084	92,491	120,529	143,990	165,579	185,443
70	74,175	89,955	98,950	128,925	154,066	177,167	198,421
71-73	79,008	95,827	105,409	137,322	164,143	188,754	211,399
74	84,177	102,108	112,318	146,302	174,920	201,147	225,279
75	89,346	108,388	119,227	155,283	185,697	213,541	239,159
76-78	94,514	114,668	126,135	164,264	196,473	225,934	253,039
79	99,167	120,320	132,352	172,346	206,172	237,088	265,532
80	103,820	125,973	138,569	180,428	215,871	248,242	278,024
Above 80	108,472	131,625	144,786	188,510	225,570	259,395	290,517

Premium in Rs.

Family Package Plan (1 Year Premium) (Excluding Tax)						
Family Package	2 lakhs			3 lakhs		
Family Size / Age in yrs	2A	2A+1C	2A+2C	2A	2A+1C	2A+2C
5m-25	5538	7694	10002	6136	8306	10521
26-30	5680	7891	10258	6293	8519	10791
31-35	5822	8088	10515	6451	8732	11061
36-40	6257	8361	10652	6934	9026	11205
41-45	6578	8789	11198	7289	9489	11780

Premium in Rs.

Family Package Plan (2 Year Premium) (Excluding Tax)						
Family Package	2 lakhs			3 lakhs		
Family Size / Age in yrs	2A	2A+1C	2A+2C	2A	2A+1C	2A+2C
5m-24	10688	14849	19304	11842	16031	20306
25	10825	15039	19551	11994	16237	20567
26-29	10962	15230	19799	12146	16442	20827
30	11099	15420	20046	12298	16648	21087
31-34	11236	15611	20294	12449	16854	21348
35	11656	15873	20426	12916	17137	21487
36-39	12077	16136	20559	13382	17421	21626
40	12387	16550	21086	13725	17867	22181
41-44	12696	16963	21613	14068	18314	22735

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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Premium in Rs.

Family Package Plan (3 Year Premium) (Excluding Tax)						
Family Package	2 lakhs			3 lakhs		
Family Size / Age in yrs	2A	2A+1C	2A+2C	2A	2A+1C	2A+2C
5m-23	15533	21581	28056	17211	23299	29513
24	15666	21766	28295	17358	23499	29765
25	15799	21950	28535	17505	23698	30017
26-28	15931	22135	28775	17652	23897	30269
29	16064	22319	29015	17799	24096	30522
30	16197	22503	29254	17947	24295	30774
31-33	16330	22688	29494	18094	24494	31026
34	16737	22942	29623	18545	24769	31161
35	17145	23197	29751	18997	25044	31296
36-38	17552	23452	29879	19449	25319	31431
39	17852	23852	30390	19781	25752	31968
40	18152	24253	30901	20113	26184	32506
41-43	18452	24654	31411	20446	26617	33043

Premium for Add-ons Excluding Tax		
Name of the add-on	Hospital Cash	Patient Care
Premium for 1 Year	730	580
Premium for 2 years	1409	1119
Premium for 3 years	2048	1627
Premium in Rs.		