



# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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## PROSPECTUS - MEDI CLASSIC INSURANCE POLICY (INDIVIDUAL)

Unique Identification No.: SHAHLIP22037V062122

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 Quarterly and 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

**A.** 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/-	

**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. 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

**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. 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

**G.** 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.

**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.)
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

**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 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.

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

Sum Insured in Rs.	Uterine artery Embolization and HIFU,	Balloon Sinuplasty,	Deep Brain Stimulation	Oral Chemotherapy* (Sublimits including Pre and Post Hospitalisation)	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/-	12,500/-	5,000/-	25,000/-	12,500/-	25,000/-	5,000/-
2,00,000/-	25,000/-	10,000/-	50,000/-	25,000/-	50,000/-	10,000/-
3,00,000/-	37,500/-	15,000/-	75,000/-	37,500/-	75,000/-	15,000/-
4,00,000/-	1,00,000/-	40,000/-	2,00,000/-	1,00,000/-	2,00,000/-	40,000/-
5,00,000/-	1,25,000/-	50,000/-	2,50,000/-	1,25,000/-	2,50,000/-	50,000/-
10,00,000/-	1,50,000/-	1,00,000/-	3,00,000/-	2,00,000/-	4,00,000/-	75,000/-
15,00,000/-	1,75,000/-	1,25,000/-	4,00,000/-	2,50,000/-	5,00,000/-	1,00,000/-
Sum Insured in Rs.	Robotic surgeries	Stereotactic radio surgeries	Bronchical Thermoplasty	Vaporisation of the prostate (Green laser treatment or holmium laser treatment)	IONM-(Intra Operative Neuro Monitoring)	Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions
	Limit per person per policy period for each treatment / procedure Rs.					
1,50,000/-	25,000/-	25,000/-				25,000/-
2,00,000/-	50,000/-	50,000/-				50,000/-
3,00,000/-	75,000/-	75,000/-				75,000/-
4,00,000/-	2,00,000/-	1,75,000/-				2,00,000/-
5,00,000/-	2,50,000/-	2,00,000/-				2,50,000/-
10,00,000/-	3,00,000/-	2,25,000/-				3,00,000/-
15,00,000/-	4,00,000/-	2,50,000/-				4,00,000/-

\*Submit all inclusive with or without hospitalization where ever hospitalization includes pre and post hospitalization.

**K. 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"

**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 restored Basic Sum Insured cannot be carried forward. This Benefit is not available for Modern Treatment.

**M. Non Allopathic Treatment:** In patient Hospitalizations Expenses incurred for treatment of diseases / illness / accidental injuries by system of medicines other than allopathic is payable upto 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":-

- a) Family means the Insured Person, insured spouse and insured dependent children not exceeding two in numbers.
- b) This plan is applicable for Basic Sum Insured of Rs.2,00,000/- and Rs.3,00,000/- only.
- c) Plan is applicable for Age band of 5 months to 45 years.
- d) The Basic Sum Insured is to be equally apportioned among all the persons insured.
- e) Each family member is covered up-to his/her limit only.
- f) No transfer of unutilized balance Basic Sum Insured to other insured persons is permissible.
- g) Health check- up benefit will be calculated on the policy Basic Sum Insured and equally divided among all the insured persons.
- h) 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.
- i) 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.)	Limit (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, 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.

**C.** 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.

**D.** 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.

**E.** 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

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

Basic Sum Insured (Rs.)	Limit (Rs.)
3,00,000/- to 5,00,000/-	Up to 1,500/- for every claim free year
10,00,000/- and 15,00,000/-	Up to 2,500/- 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.

**G.** 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

**H. 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.

**I. 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 in Rs.	Uterine artery Embolization and HIFU,	Balloon Sinuplasty,	Deep Brain Stimulation	Oral Chemotherapy* (Sublimits including Pre and Post Hospitalisation)	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/-	75,000/-	30,000/-	1,50,000/-	75,000/-	1,50,000/-	30,000/-
4,00,000/-	1,00,000/-	40,000/-	2,00,000/-	1,00,000/-	2,00,000/-	40,000/-
5,00,000/-	1,25,000/-	50,000/-	2,50,000/-	1,25,000/-	2,50,000/-	50,000/-
10,00,000/-	1,50,000/-	1,00,000/-	3,00,000/-	2,00,000/-	4,00,000/-	75,000/-
15,00,000/-	1,75,000/-	1,25,000/-	4,00,000/-	2,50,000/-	5,00,000/-	1,00,000/-
20,00,000/-	2,00,000/-	1,50,000/-	4,50,000/-	2,75,000/-	5,50,000/-	1,25,000/-
25,00,000/-	2,00,000/-	1,50,000/-	5,00,000/-	3,00,000/-	6,00,000/-	1,50,000/-
Sum Insured in Rs.	Robotic surgeries	Stereotactic radio surgeries	Bronchical Thermoplasty	Vaporisation of the prostate (Green laser treatment or holmium laser treatment)	IONM-(Intra Operative Neuro Monitoring)	Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions
	Limit per person per policy period for each treatment / procedure Rs.					
3,00,000/-	1,50,000/-	1,50,000/-	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured	1,50,000/-
4,00,000/-	2,00,000/-	1,75,000/-				2,00,000/-
5,00,000/-	2,50,000/-	2,00,000/-				2,50,000/-
10,00,000/-	3,00,000/-	2,25,000/-				3,00,000/-
15,00,000/-	4,00,000/-	2,50,000/-				4,00,000/-
20,00,000/-	4,50,000/-	2,75,000/-				4,50,000/-
25,00,000/-	5,00,000/-	3,00,000/-				5,00,000/-

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

- J. 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.
  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"
- K. 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.
- L. 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.
- M. 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 Incontinentia, 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.
- N. 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
- O. 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/- 4,00,000/- and 5,00,000/-	500/- per day subject to maximum of 3,000/- per hospitalization
10,00,000/- 15,00,000/- 20,00,000/- and 25,00,000/-	1,000/- per day subject to maximum of 6,000/- per hospitalization

**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.
- P. 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

- Q. Hospitalization expenses for treatment of New Born Baby.** The coverage for New Born Baby starts from the 16<sup>th</sup> 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

- R. Non Allopathic Treatment:** In patient Hospitalizations Expenses incurred for treatment of diseases / illness / accidental injuries by system of medicines other than allopathic is payable upto 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
- 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 dioptries.
- 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**

- Call the 24 hour help-line for assistance - 1800 425 2255/1800 102 4477
- Inform the ID number for easy reference
- On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk
- Obtain the Pre-authorization Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
- 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
- The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate.
- 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.
- In case of emergency hospitalization information to be given within 24 hours after hospitalization
- 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 or Quarterly, as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

- Grace Period of 7 days would be given to pay the instalment premium due for the policy.
- 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.
- 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.
- No interest will be charged if the instalment premium is not paid on due date
- In case of instalment premium due not received within the grace period, the policy will get cancelled.
- In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- 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.

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

- 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.
- 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](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](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;

**Cancellation table applicable for Policy Term  
1 Year without instalment option**

Period on risk	Rate of premium to be retained
Up to one month	22.5% of the policy premium
Exceeding one month up to 3 months	37.5% of the policy premium
Exceeding 3 months up to 6 months	57.5% of the policy premium
Exceeding 6 months up to 9 months	80% of the policy premium
Exceeding 9 months	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 one month	45% of the total premium received
Exceeding one month up to 4 months	87.5% of the total premium received
Exceeding 4 months up to 6 months	100% of the total premium received
Exceeding 6 months up to 7 months	65% of the total premium received
Exceeding 7 months up to 10 months	85% of the total premium received
Exceeding 10 months	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 one month	87.5% of the total premium received
Exceeding one month up to 3 months	100% of the total premium received
Exceeding 3 months up to 4 months	87.5% of the total premium received
Exceeding 4 months up to 6 months	100% of the total premium received
Exceeding 6 months up to 7 months	85% of the total premium received
Exceeding 7 months up to 9 months	100% of the total premium received
Exceeding 9 months up to 10 months	85% of the total premium received
Exceeding 10 months	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 one month	17.5% of the policy premium
Exceeding one month up to 3 months	25% of the policy premium
Exceeding 3 months up to 6 months	37.5% of the policy premium
Exceeding 6 months up to 9 months	47.5% of the policy premium
Exceeding 9 months up to 12 months	57.5% of the policy premium
Exceeding 12 months up to 15 months	67.5% of the policy premium
Exceeding 15 months up to 18 months	80% of the policy premium
Exceeding 18 months up to 21 months	90% of the policy premium
Exceeding 21 months	Full of the policy premium

**Cancellation table applicable for Policy Term 2 Years with instalment option of  
Half-yearly premium payment frequency**

Period on risk	Rate of premium to be retained
Up to one month	45% of the total premium received
Exceeding one month up to 4 months	87.5% of the total premium received
Exceeding 4 months up to 6 months	100% of the total premium received
Exceeding 6 months up to 7 months	65% of the total premium received
Exceeding 7 months up to 10 months	85% of the total premium received
Exceeding 10 months up to 12 months	100% of the total premium received
Exceeding 12 months up to 15 months	90% of the total premium received
Exceeding 15 months up to 18 months	100% of the total premium received
Exceeding 18 months up to 21 months	90% of the total premium received
Exceeding 21 months	100% of the total premium received

**Cancellation table applicable for Policy Term 2 Years with instalment option of  
Quarterly premium payment frequency**

Period on risk	Rate of premium to be retained
Up to one month	87.5% of the total premium received
Exceeding one month up to 3 months	100% of the total premium received
Exceeding 3 months up to 4 months	87.5% of the total premium received
Exceeding 4 months up to 6 months	100% of the total premium received
Exceeding 6 months up to 7 months	85% of the total premium received
Exceeding 7 months up to 9 months	100% of the total premium received
Exceeding 9 months up to 10 months	85% of the total premium received
Exceeding 10 months up to 12 months	100% of the total premium received
Exceeding 12 months up to 13 months	97.5% of the total premium received
Exceeding 13 months up to 15 months	100% of the total premium received
Exceeding 15 months up to 16 months	95% of the total premium received
Exceeding 16 months up to 18 months	100% of the total premium received
Exceeding 18 months up to 19 months	95% of the total premium received
Exceeding 19 months up to 21 months	100% of the total premium received
Exceeding 21 months up to 22 months	92.5% of the total premium received
Exceeding 22 months	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 one month	17.5% of the policy premium
Exceeding one month up to 3 months	22.5% of the policy premium
Exceeding 3 months up to 6 months	30% of the policy premium
Exceeding 6 months up to 9 months	37.5% of the policy premium
Exceeding 9 months up to 12 months	42.5% of the policy premium
Exceeding 12 months up to 15 months	50% of the policy premium
Exceeding 15 months up to 18 months	57.5% of the policy premium
Exceeding 18 months up to 21 months	65% of the policy premium
Exceeding 21 months up to 24 months	72.5% of the policy premium
Exceeding 24 months up to 27 months	80% of the policy premium
Exceeding 27 months up to 30 months	85% of the policy premium
Exceeding 30 months up to 33 months	92.5% of the policy premium
Exceeding 33 months	Full of the policy premium

**Cancellation table applicable for Policy Term 3 Years with instalment option of  
Half-yearly premium payment frequency**

Period on risk	Rate of premium to be retained
Up to one month	45% of the total premium received
Exceeding one month up to 4 months	87.5% of the total premium received
Exceeding 4 months up to 6 months	100% of the total premium received
Exceeding 6 months up to 7 months	65% of the total premium received
Exceeding 7 months up to 10 months	85% of the total premium received
Exceeding 10 months up to 12 months	100% of the total premium received
Exceeding 12 months up to 15 months	90% of the total premium received
Exceeding 15 months up to 18 months	100% of the total premium received
Exceeding 18 months up to 21 months	90% of the total premium received
Exceeding 21 months up to 24 months	100% of the total premium received
Exceeding 24 months up to 27 months	95% of the total premium received
Exceeding 27 months up to 30 months	100% of the total premium received
Exceeding 30 months up to 33 months	92.5% of the total premium received
Exceeding 33 months	100% of the total premium received

**Cancellation table applicable for Policy Term 3 Years with instalment option of  
Quarterly premium payment frequency**

Period on risk	Rate of premium to be retained
Up to one month	87.5% of the total premium received
Exceeding one month up to 3 months	100% of the total premium received
Exceeding 3 months up to 4 months	87.5% of the total premium received
Exceeding 4 months up to 6 months	100% of the total premium received
Exceeding 6 months up to 7 months	85% of the total premium received
Exceeding 7 months up to 9 months	100% of the total premium received
Exceeding 9 months up to 10 months	85% of the total premium received
Exceeding 10 months up to 12 months	100% of the total premium received
Exceeding 12 months up to 13 months	97.5% of the total premium received
Exceeding 13 months up to 15 months	100% of the total premium received
Exceeding 15 months up to 16 months	95% of the total premium received
Exceeding 16 months up to 18 months	100% of the total premium received
Exceeding 18 months up to 19 months	95% of the total premium received
Exceeding 19 months up to 21 months	100% of the total premium received
Exceeding 21 months up to 22 months	92.5% of the total premium received
Exceeding 22 months up to 24 months	100% of the total premium received
Exceeding 24 months up to 25 months	97.5% of the total premium received
Exceeding 25 months up to 27 months	100% of the total premium received
Exceeding 27 months up to 28 months	97.5% of the total premium received
Exceeding 28 months up to 30 months	100% of the total premium received
Exceeding 30 months up to 31 months	95% of the total premium received
Exceeding 31 months up to 33 months	100% of the total premium received
Exceeding 33 months up to 34 months	95% of the total premium received
Exceeding 34 months	100% of the total premium received

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.

**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

**XXVIII. Important Note:** IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

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



**PREMIUM CHART (Excluding Tax) 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)	1,50,000/-	2,00,000/-	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-
5 months - 35 years	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

**PREMIUM CHART (Excluding Tax) for 1 year Policy Term****Premium In Rs.****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/-
5 months - 35 years	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 (Excluding Tax) for 2 years 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)	1,50,000/-	2,00,000/-	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-
5 months - 34 years	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



**PREMIUM CHART (Excluding Tax) for 2 years Policy Term****Premium In Rs.****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/-
5 months - 34 years	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 (Excluding Tax) for 3 years 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)	1,50,000/-	2,00,000/-	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-
5 months - 33 years	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

**PREMIUM CHART (Excluding Tax) for 3 years Policy Term****Premium In Rs.****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/-
5 months - 33 years	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 (Excluding Tax) for 1 year Gold Plan****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/-
16 days - 35 years	5685	6357	6935	9118	10712	12316	13792
36-45	6355	7108	7754	10183	11990	13785	15437
46-50	9154	10242	11170	14623	17319	19913	22300
51-55	11440	12803	13961	18252	21673	24921	27909
56-60	14605	16348	17825	23275	27701	31853	35762
61-65	19392	21709	23669	30872	36817	42336	47414
66-70	26373	29527	32190	41950	50111	57624	64537
71-75	32317	36186	39448	51385	61432	70644	79119
76-80	38675	43307	47210	61476	73541	84569	94715
Above 80	44398	49716	54196	70557	84439	97102	108752

**PREMIUM CHART (Excluding Tax) for 1 year Gold Plan****Premium In Rs.****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/-
16 days - 35 years	5011	6029	6632	8724	10239	11772	13182
36-45	5594	6738	7411	9737	11455	13170	14748
46-50	8027	9694	10663	13964	16528	19004	21281
51-55	10015	12109	13319	17418	20672	23770	26620
56-60	12767	15452	16997	22199	26410	30368	34010
61-65	16929	20509	22560	29431	35087	40347	45186
66-70	22998	27883	30671	39976	47741	54899	61485
71-75	28167	34163	37579	48956	58518	67292	75365
76-80	33695	40880	44968	58561	70044	80547	90210
Above 80	38671	46925	51617	67205	80417	92476	103571

**PREMIUM CHART (Excluding Tax) for 2 years Gold Plan****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/-
16 days - 34 years	10972	12269	13385	17598	20674	23770	26619
35	11619	12994	14175	18625	21907	25187	28206
36-44	12265	13718	14965	19653	23141	26605	29793
45	14966	16743	18262	23938	28283	32519	36416
46-49	17667	19767	21558	28222	33426	38432	43039
50	19873	22238	24251	31724	37627	43265	48452
51-54	22079	24710	26945	35226	41829	48098	53864
55	25133	28131	30673	40074	47646	54787	61356
56-59	28188	31552	34402	44921	53463	61476	68847
60	32807	36725	40042	52252	62260	71592	80178
61-64	37427	41898	45681	59583	71057	81708	91509
65	44163	49443	53904	70273	83886	96461	108033
66-69	50900	56987	62127	80964	96714	111214	124556
70	56636	63413	69131	90068	107639	123779	138628
71-74	62372	69839	76135	99173	118564	136343	152700
75	68507	76711	83625	108911	130249	149781	167750
76-79	74643	83583	91115	118649	141934	163218	182800
80	80165	89767	97857	127412	152451	175313	196346
Above 80	85688	95952	104598	136175	162967	187407	209891

**PREMIUM CHART (Excluding Tax) for 2 years Gold Plan****Premium In Rs.****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/-
16 days - 34 years	9671	11636	12800	16837	19761	22720	25441
35	10234	12320	13551	17815	20935	24069	26952
36-44	10796	13004	14303	18792	22108	25418	28464
45	13144	15857	17441	22871	27004	31048	34768
46-49	15492	18709	20580	26951	31899	36678	41072
50	17411	21040	23143	30284	35898	41277	46224
51-54	19329	23370	25706	33617	39897	45876	51377
55	21985	26596	29255	38230	45434	52243	58508
56-59	24640	29822	32804	42844	50971	58610	65639
60	28657	34702	38173	49823	59345	68240	76424
61-64	32673	39582	43541	56802	67718	77870	87209
65	38530	46698	51368	66978	79929	91912	102938
66-69	44386	53814	59195	77154	92140	105955	118666
70	49374	59874	65861	85819	102540	117914	132060
71-74	54362	65935	72527	94485	112940	129874	145454
75	59697	72416	79658	103754	124062	142665	159780
76-79	65031	78898	86788	113023	135185	155456	174105
80	69833	84732	93205	121364	145195	166967	186999
Above 80	74635	90565	99621	129706	155205	178479	199892



**PREMIUM CHART (Excluding Tax) for 3 years Gold Plan****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/-
16 days - 33 years	15946	17831	19453	25576	30047	34546	38687
34	16573	18534	20218	26572	31242	35920	40225
35	17199	19236	20984	27568	32437	37293	41763
36-43	17826	19938	21750	28563	33632	38667	43301
44	20443	22868	24944	32715	38615	44397	49718
45	23060	25799	28138	36866	43597	50126	56135
46-48	25677	28729	31332	41018	48580	55856	62552
49	27814	31123	33941	44411	52651	60538	67796
50	29952	33518	36551	47804	56722	65221	73040
51-53	32089	35912	39161	51197	60793	69903	78285
54	35048	39227	42773	55893	66429	76385	85543
55	38008	42542	46386	60590	72065	82866	92802
56-58	40967	45856	49999	65286	77701	89348	100060
59	45443	50869	55463	72390	86225	99149	111039
60	49919	55881	60927	79493	94748	108951	122018
61-63	54395	60894	66392	86596	103272	118752	132996
64	60922	68204	74359	96954	115702	133047	149006
65	67449	75513	82326	107312	128131	147341	165016
66-68	73976	82823	90293	117670	140561	161635	181026
69	79534	89049	97079	126491	151146	173809	194660
70	85092	95276	103865	135313	161732	185983	208295
71-73	90649	101502	110652	144135	172317	198156	221929
74	96594	108160	117909	153570	183639	211176	236511
75	102539	114818	125167	163005	194961	224196	251093
76-78	108483	121476	132424	172440	206283	237216	265676
79	113834	127469	138956	180931	216472	248934	278800
80	119185	133461	145488	189422	226662	260653	291925
Above 80	124536	139453	152020	197912	236851	272371	305049

**PREMIUM CHART (Excluding Tax) for 3 years Gold Plan****Premium In Rs.****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/-
16 days - 33 years	14056	16911	18603	24471	28720	33020	36976
34	14601	17574	19331	25418	29857	34328	38440
35	15146	18237	20059	26365	30994	35635	39904
36-43	15691	18900	20788	27312	32131	36942	41368
44	17966	21664	23828	31265	36875	42397	47476
45	20241	24428	26869	35217	41618	47851	53585
46-48	22516	27192	29910	39169	46361	53306	59693
49	24375	29450	32393	42399	50236	57762	64685
50	26233	31708	34876	45628	54110	62219	69677
51-53	28092	33966	37360	48857	57985	66675	74669
54	30665	37091	40799	53328	63350	72844	81579
55	33238	40217	44238	57798	68715	79013	88488
56-58	35811	43343	47677	62268	74080	85182	95398
59	39703	48071	52878	69030	82193	94513	105848
60	43594	52799	58079	75792	90306	103843	116297
61-63	47486	57528	63281	82554	98419	113173	126747
64	53160	64422	70865	92414	110251	126779	141986
65	58835	71317	78448	102273	122082	140386	157226
66-68	64509	78212	86032	112133	133914	153992	172465
69	69342	84084	92491	120529	143990	165579	185443
70	74175	89955	98950	128925	154066	177167	198421
71-73	79008	95827	105409	137322	164143	188754	211399
74	84177	102108	112318	146302	174920	201147	225279
75	89346	108388	119227	155283	185697	213541	239159
76-78	94514	114668	126135	164264	196473	225934	253039
79	99167	120320	132352	172346	206172	237088	265532
80	103820	125973	138569	180428	215871	248242	278024
Above 80	108472	131625	144786	188510	225570	259395	290517

**Family Package Plan (One Year Premium) (Excluding Tax)****(Premium in Rs.)**

Sum Insured (Rs.)	2,00,000/-			3,00,000/-		
Family Size Age (in yrs)	2A	2A+1C	2A+2C	2A	2A+1C	2A+2C
5 months - 25 years	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

The Sum Insured is apportioned equally among all the family members who are insured

**Family Package Plan (Two Years Premium) (Excluding Tax)****(Premium In Rs.)**

Sum Insured (Rs.)	2,00,000/-			3,00,000/-		
Family Size Age (in yrs)	2A	2A+1C	2A+2C	2A	2A+1C	2A+2C
5 months - 24 years	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

The Sum Insured is apportioned equally among all the family members who are insured

**Family Package Plan (Three Years Premium) (Excluding Tax)****(Premium in Rs.)**

Sum Insured (Rs.)	2,00,000/-			3,00,000/-		
Family Size Age (in yrs)	2A	2A+1C	2A+2C	2A	2A+1C	2A+2C
5 months - 23 years	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

The Sum Insured is apportioned equally among all the family members who are insured

**Premium for Add-ons (Excluding Tax)****(Premium in Rs.)**

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