STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED
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Chennai - 600 034. ★ Phone : 044 - 28288800 ★ Email : support@starhealth.in
Website : www.starhealth.in ★ CIN : U66010TN2005PLC056649 ★ IRDAI Regn. No. : 129

Kind Attention : Policyholder

Please check whether the details given by you about the insured persons in the proposal form (a copy of which was provided at the time of issuance of cover for the first time) are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the person/s covered would be taken as correct.

So also the coverage details may also be gone through and in the absence of any communication from you within 15 days from the date of receipt of this policy, it would be construed that the policy issued is correct and the claims if any arise under the policy will be dealt with based on proposal / policy details.

Customer Information Sheet - Mediclassic Accident Care Individual Insurance Policy

Unique Identification No.: SHAHLIP21241V052021

S.No.	Title	Description	Refer to Policy Clause Number
	Product Name	Mediclassic Accident Care Individual Insurance Policy	
1	What am I covered for Section I (Basic Cover)	a. In-patient Treatment: Covers hospitalisation expenses for period more than 24 hrs	I(A), I(B), I(C)
		b. Pre-Hospitalisation: Medical Expenses incurred up to 30 days prior to the date of hospitalisation	I(E)
		c. Post-Hospitalisation: Medical Expenses incurred up to 60 days from the date of discharge from the hospital	I(F)
		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	I(D)
		e. Cost of Health checkup up to 1% of the average Basic Sum Insured of the eligible block subject to a maximum of Rs.5,000/- is payable	I(G)
		f. Expenses incurred on treatment of cataract are payable up to the limits mentioned under the table	I(H)
		g. Psychiatric And Psychosomatic Disorder expenses up to Basic Sum Insured	I(I)
		h. Coverage for Modern Treatments	I(J)
		i. Cumulative Bonus: 5% of the basic sum insured for every claim free year subject to a maximum of 25%	I(K)
		j. Automatic Restoration of Basic Sum Insured: Automatic restoration of Basic sum insured by 200% once during the policy period upon exhaustion of the limit of coverage	I(L)
		k. Non Allopathic Treatment up to 25% of the Basic Sum Insured subject to a maximum of Rs.25,000/- during entire policy period	I(M)
	What am I covered for Section I - Optional Covers (Gold Plan)	A. In-patient Treatment: Covers hospitalisation expenses for period more than 24 hrs	II(1)(A), II(1)(B) and II (1)(C)
		B. Pre-Hospitalisation: Medical Expenses incurred up to 30 days prior to the date of hospitalisation	II(1)(E)
		C. Post-Hospitalisation: Medical Expenses incurred up to 60 days from the date of discharge from the hospital	II(1)(F)
		D. Ambulance charges up-to Rs. 2,000/- per hospitalization for transportation of the insured person	II(1)(D)
		E. Cost of Health checkup Expenses incurred towards cost of health check-up up to limits	II(1)(G)
		F. Expenses incurred on treatment of cataract are payable up to the limits mentioned under the table	II(1)(H)
		G. Psychiatric And Psychosomatic Disorder expenses up to Basic Sum Insured	II(1)(I)
		H. Cumulative Bonus (In respect of claim free years): 20% of the basic sum insured for each subsequent years subject to a maximum of 100%	II(1)(K)
		I. Automatic Restoration of Basic Sum Insured: Automatic restoration of Basic sum insured by 200% once during the currency of the policy period upon exhaustion of the limit of coverage	II(1)(L)
		J. Super Restoration: Super Restoration of basic Sum Insured of 100% would be provided once for the remaining policy period for the subsequent hospitalization	II(1)(M)
		K. Domiciliary hospitalization treatments for a period exceeding three days	II(1)(N)
		L. Organ Donor Expenses: Expenses incurred for organ transplantation from the Donor to the recipient insured person are payable provided the claim for transplantation is payable	II(1)(O)
		M. Shared accommodation: If the Insured person occupies shared accommodation during in patient hospitalisation, then a lump sum payment as stated will be payable	II(1)(P)
		N. Additional Basic Sum Insured for Road Traffic Accident (RTA): If the insured person meets with a Road Traffic Accident resulting in patient hospitalization, then the basic sum insured shall be increased by 50%	II(1)(Q)

S.No.	Product Name	Description	Refer to Policy Clause Number
1	What am I covered for Section I - Optional Covers (Gold Plan)	O. Hospitalization expenses for treatment of New Born Baby:The coverage for new born baby starts from the 16th day after its birth and is subject to a limit of 10% of the Sum Insured or Rupees Fifty thousand, whichever is less	II(1)(R)
		P. Non Allopathic Treatment up to 25% of the Basic Sum Insured subject to a maximum of Rs 25000/- during entire policy period	II(1)(S)
		Q. Coverage for Modern Treatments	II(1)(J)
		Patient Care expenses are payable up-to Rs 400/- for each completed day up-to 5 days per occurrence and 14 days per policy period	II(2)
		Hospital cash-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	II(3)
	What am I covered for Section II	a. Table A Benefit: Accidental death	Table A
		b. Table B Benefit: Accidental Death/Permanent disablement arising out of accident	Table B (1 and 2)
		c. Table C Benefit: Accidental Death/Permanent Disablement /Temporary total disablement arising out of accident	Table C (1,2 and 3)
	Extended Coverage for Section II	a. Educational Grant: Rs.10000/- for one dependent child and Rs.20000/- for two dependent child	III(1)
		b. Ambulance Charges / Transportation expenses of Mortal Remains: lump sum of Rs.5000/- for either ambulance charges or transportation of mortal remains to his/her place of residence	III(2)
		c. Travel expenses for one relative: 1% of the Total sum insured Up to Rs 50,000/- for the transport expenses to one relative towards the death of the Insured Person	III(3)
		d. Vehicle and/or Residence Modification: 10% of the Table B and Table C sum insured subject to maximum of Rs.50,000/- towards modification of insured person's residential accommodation or vehicle modification where there is an admissible claim under Permanent Total Disability	III(4)
		e. Purchase of Blood: The company will pay up to 5% of the sum insured under relevant table/tables opted subject to a maximum of Rs.10,000/- whichever is less towards expenses incurred in purchasing of blood	III(5)
		f. Transportation of Imported Medicines: The Company will pay upto 5% of Total sum insured subject to a maximum of Rs.20,000/- towards the expenses incurred on freight charges for importing medicines to India	III(6)
	Optional Coverage for Section II	a. Medical Expenses Extension Due to Accident Company will pay amount up to 25% of the valid claim or 10% of the Total sum insured or actual whichever is less, subject to a overall limit of Rs.5,00,000/- per policy period towards medical expenses incurred as an In- patient and as an Out-Patient, provided there is a valid claim under the policy	IV(a)
		b. Hospital Cash: Cash Benefit of Rs 1000/- for each completed day of Hospitalization(excluding date of admission and date of discharge) arising out of Accident subject to a maximum of 15 days per occurrence and 60 days per policy period	IV(b)
		c. Home Convalescence: The company will pay Rs 500/- for each completed day subject to a maximum of 15 days per occurrence and 60 days per policy period towards engaging one attendant at residence after discharge from hospital	IV(c)
2	Major exclusions Section I	1. Any hospital admission primarily for investigation diagnostic purpose	IV(4)
		2. Pregnancy, infertility	IV(17) and IV(18)
		3. Treatment outside India	VI(8)
		4. Circumcision, sex change surgery, cosmetic surgery & plastic surgery	IV(19), IV(7) and IV(8)
		5. Refractive error correction, hearing impairment correction, corrective & cosmetic dental surgeries	IV(15) and IV(32)
		6. Substance abuse, self-inflicted injuries	IV(12) and IV(22)
		7. Hazardous or Adventure sports ,War, terrorism, civil war or breach of law	IV(9) and IV(10)
		8. Any kind of service charge, surcharge, admission fees, registration fees levied by the hospital	IV(34)
		(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)	
	Major exclusions Section II	I. All Pre-existing conditions	VI(3)
		II. Intentional self injury and use of intoxicating drugs/alcohol/HIV or AIDS HIV	VI(4) and VI(5)
		III. War, Biological nuclear and chemical terrorism and nuclear perils	VI(7) and VI(9)(D)
		IV. Engaging in Hazardous sports/activities	VI(11)
		The exclusions given above are only a partial list. Please refer the policy clause for the complete list	
3	Waiting Periods- Applicable	Initial Waiting Period: 30 days	IV(3)
		Specific waiting period: 24 months	IV(2)
		Pre-existing diseases: 48 months	IV(1)
	Waiting Period Section II	Initial Waiting Period Specific Waiting Period	No waiting periods applicable for this policy
4	Payment basis (Section I)	Reimbursement of covered expenses up to specified limits	I(A), I(B), I(C), I(D), I(F) and 1(J)
		Fixed amount on the occurrence of a covered event	
	Payment basis (Section II)	Fixed amount on the occurrence of a covered event	
		Accidental Death	Table A
		Accidental Death/Permanent disablement arising out of accident	Table B
		Accidental Death/Permanent Disablement /Temporary total disablement arising out of accident	Table C
		Educational Grant	III(1)
		Ambulance Charges/Transportation expenses of Mortal Remains	III(2)
		Travel Expenses for one relative	III(3)
		Hospital Cash	IV(b)

S.No.	Product Name	Description	Refer to Policy Clause Number
4	Payment Basis Indemnity Basis (Section II)	Vehicle and/or Residence modification	III(4)
		Purchase of Blood	III(5)
		Transportation of Imported medicine	III(6)
		Medical expenses extension	IV(a)
		Home Convalescence	IV(c)
5	Loss Sharing Section I	In case of a claim, this policy requires you to share the following costs: Expenses exceeding the followings Sublimits 1. Room/ICU charges 2. For the following specified diseases: 3. Deductible of Rs…… per claim / per year /both 4. % of each claim as Co-payment	I(A) and II(A) I(J) and II(J) Nil Point no: 6 under Important Note
	Loss Sharing Section II	In case of a claim, this policy required you to share the costs	No cost sharing applicable for this policy
6	Renewal Condition (Section I)	Lifelong Renewal	VI(16)
		Grace period of 30 days for renewing the policy is provided	
	Renewal Condition (Section II)	Lifelong Renewal	VIII(11)
		Grace period of 30 days for renewing the policy is provided	
7	Renewal Benefit (Section I)	Health Checkup: up to 1% of the average Basic Sum Insured of the eligible block subject to a maximum of Rs.5000/- is payable	I(G)
		Cumulative Bonus: 5% of the basic sum insured for every claim free year subject to a maximum of 25%	I(K)
		Health Checkup(Gold Plan): Expenses incurred for health check-up up-to the limits mentioned	II(1)(G)
		Cumulative Bonus (Gold Plan) (In respect of claim free years): 20% of the basic sum insured for each subsequent years subject to a maximum of 100%	II(1)(K)
	Renewal Benefit (Section II)	Cumulative Bonus : Payable for Accidental Death or Permanent total disablement	V
8	Cancellation Section I	The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact	VI(10)
	Cancellation Section II	Policy can be cancelled on grounds of misrepresentation, fraud, non disclosure of material fact as declared in proposal form / at the time of claim, or non-co-operation by the insured person, by sending the insured 30 days notice without refund of premium	VIII(8)
9	Claims for Section I and Section II	For Cashless Service and For Reimbursement of claim	Section I VI(1)(B) and VI(1)(C) Section II VII(1)(2)
10	Policy Servicing Grievances/ Complaints (Section I and II)	Company Officials IRDAI/(IGMS/Call Centre) Ombudsman (Note: Please provide the contact details Toll free number/e-mail)	Section I VI(7) and VI(25) Section II VII(14) and VII(16)
11	Insured's Rights (Section I)	Free Look	VI(18)
		Implied renewability (except on certain specific grounds)	VI(16)
		Migration and Portability	VI(14) and VI(15)
		Increase in SI during policy term	Nil
		Turn Around Time (TAT) for issue of Pre-Auth and Settlement of Reimbursement	VI(1)(D)
	Insured's Rights (Section II)	Free Look	VIII(5)
		Implied renewability (except on certain specific grounds)	VIII(11)
		Migration and Portability	Not Applicable
		Increase in SI during policy term	Not Applicable
		Turn Around Time (TAT) for issue of Pre-Auth and Settlement of Reimbursement	VII(2)
12	Insured's Obligations for Section I and Section II	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid	Section I VI(9)
		Disclosure of Material Information during the policy period such as change in occupation (Note: If applicable, please provide details of the format & to whom the form is to be sent)	Section II VIII(3)

LEGAL DISCLAIMER NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the Customer Information Sheet and the policy document, the terms and conditions mentioned in the policy document shall prevail

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MEDICLASSIC ACCIDENT CARE INDIVIDUAL INSURANCE POLICY

Unique Identification No.: SHAHLIP21241V052021

Section I – Health Insurance Coverage

The proposal, declaration and other documents if any given by the proposer shall be the basis of this Contract and is deemed to be incorporated herein.

In consideration of the premium paid, subject to the terms, conditions, exclusions and definitions contained herein the Company agrees as under.

That if during the period stated in the Schedule the insured person shall contract any disease or suffer from any illness or sustain bodily injury through accident and if such disease or injury shall require the insured Person/s, upon the advice of a **Medical Practitioner** to incur Hospitalization expenses for medical/surgical treatment at any **Hospital** in India as an **in-patient**, the **Company** will pay to the **Insured Person/s** the amount of such expenses as are **reasonably and necessarily** incurred up-to the limits stated in the schedule.

I. COVERAGE

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.5,000/- is payable. This benefit is available for Basic Sum Insured of Rs.2,00,000/- 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 and State Government / 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)	Immunotheraphy-Monoclonal Antibody to be given as injection	Intra Vitreal injections
	Limit per person per policy period for each treatment / procedure Rs.					
1,50,000/-	12,500/-	5,000/-	25,000/-	12,500/-	25,000/-	5,000/-
2,00,000/-	25,000/-	10,000/-	50,000/-	25,000/-	50,000/-	10,000/-
3,00,000/-	37,500/-	15,000/-	75,000/-	37,500/-	75,000/-	15,000/-
4,00,000/-	1,00,000/-	40,000/-	2,00,000/-	1,00,000/-	2,00,000/-	40,000/-
5,00,000/-	1,25,000/-	50,000/-	2,50,000/-	1,25,000/-	2,50,000/-	50,000/-
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/-	Up to Sum Insured			25,000/-
2,00,000/-	50,000/-	50,000/-				50,000/-
3,00,000/-	75,000/-	75,000/-				75,000/-
4,00,000/-	2,00,000/-	1,75,000/-				2,00,000/-
5,00,000/-	2,50,000/-	2,00,000/-				2,50,000/-
10,00,000/-	3,00,000/-	2,25,000/-				3,00,000/-
15,00,000/-	4,00,000/-	2,50,000/-				4,00,000/-

*Sublimit 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 / 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 25,000/- during entire policy period

II. OPTIONAL COVERS

1. **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

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 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 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 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.

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 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 and State Government / 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)	Immunotheraphy-Monoclonal Antibody to be given as injection	Intra Vitreal injections
	Limit per person per policy period for each treatment / procedure Rs.					
3,00,000/-	75,000/-	30,000/-	1,50,000/-	75,000/-	1,50,000/-	30,000/-
4,00,000/-	1,00,000/-	40,000/-	2,00,000/-	1,00,000/-	2,00,000/-	40,000/-
5,00,000/-	1,25,000/-	50,000/-	2,50,000/-	1,25,000/-	2,50,000/-	50,000/-
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			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.

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
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

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/-, 4,00,000/- 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

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 Excl 03**) 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

2. **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.

3. **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.

Important Note : Applicable for I Coverage and Optional Covers

1. Where Gold Plan is opted, in the event of a claim, the benefits under Gold Pan 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 61 years and above. This co-payment will not apply for those insured persons who have entered the policy before attaining 61 years of age and renew the policy continuously without any break

III. DEFINITIONS

Accident means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

Any one Illness means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.

Associated medical expenses means medical expenses such as Professional fees, OT charges, Procedure charges, etc., which vary based on the room category occupied by the insured person whilst undergoing treatment in some of the hospitals. If Policy Holder chooses a higher room category above the eligibility defined in policy, then proportionate deduction will apply on the Associated Medical Expenses in addition to the difference in room rent. Such associated medical expenses do not include Cost of pharmacy and consumables, Cost of implants and medical devices and Cost of diagnostics.

AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following;

1. Central or State Government AYUSH Hospital or
2. Teaching hospital attached to AYUSH College recognized by the Central Government / Central Council of Indian Medicine/Central Council for Homeopathy; or
3. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion;
   - i. Having at least 5 in-patient beds
   - ii. Having qualified AYUSH Medical Practitioner in charge round the clock
   - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out
   - iv. Maintaining daily records of the patients and making them accessible to the insurance Company's authorized representative

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion;

i. Having qualified registered AYUSH Medical Practitioner(s) in charge
ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out
iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative

AYUSH Treatment refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

Basic Sum Insured: means the sum insured opted for and for which the premium is paid.

Cashless Facility means a facility extended by the insurer to the insured where the payments, of the cost of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.

Company means Star Health and Allied Insurance Company Limited.

Condition Precedent means the policy term or condition upon which the insurer's liability under the policy is conditional upon.

Congenital Anomaly: means a condition which is present since birth, and which is abnormal with reference to form, structure or position;

a) **Internal Congenital Anomaly** means congenital anomaly which is not in the visible and accessible parts of the body

b) **External Congenital Anomaly** means congenital anomaly which is in the visible and accessible parts of the body

Co-payment is a cost-sharing requirement under a health insurance policy that provides that the insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Basic Sum Insured.

Cumulative Bonus shall mean any increase in the sum insured granted by the insurer without an associated increase in premium.

Day Care Centre means any institution established for day care treatment of illness and / or injuries or a medical set up within a hospital and which has been registered with the local authorities, wherever applicable and is under the supervision of a Registered and Qualified Medical Practitioner and must comply with all minimum criteria as under;

- has qualified nursing staff under its employment
- has qualified medical practitioner/s in charge
- has a fully equipment operation theatre of its own where surgical procedures are carried out
- maintains daily records of patients and will make these accessible to the insurance company's authorized personal

Day Care treatment means medical treatment and/or surgical procedure which is;

1. Undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
2. Which would have otherwise required a hospitalization of more than 24 hours

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

Dental Treatment means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery.

Dependent Child means a child (natural or legally adopted) who is financially dependent and does not have his or her independent source of income and not over 25 years.

Diagnosis means Diagnosis by a registered **medical practitioner**, supported by clinical, radiological and histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable, acceptable to the Company.

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

Domiciliary Hospitalization means medical treatment for an illness/disease/injury, which in the normal course would require care and treatment at a Hospital but is actually taken whilst confined at home under any of the following circumstances;

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

b) The patient takes treatment at home on account of non-availability of room in a hospital

Family means Self, Spouse, Dependent children.

Grace Period means the specified period of time immediately following premium due date during which the payment can be made to renew or continue the policy in force without loss of continuity benefits such as waiting period and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

Hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act or complies with all minimum criteria as under;

a. Has qualified nursing staff under its employment round the clock

b. Has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places

c. Has qualified medical practitioner(s) in charge round the clock

d. Has a fully equipped operation theatre of its own where surgical procedures are carried out

e. Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel

Hospitalization means admission in a hospital for a minimum period of 24 in patient care consecutive hours except for specified procedures/treatment where such admission could be for a period of less than 24 consecutive hours.

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment;

(a) **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery

(b) **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics;

1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
2. it needs ongoing or long-term control or relief of symptoms
3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
4. it continues indefinitely
5. it recurs or is likely to recur

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

Insured Person means the name/s of person/s shown in the schedule of the Policy.

In-Patient means an Insured Person who is admitted to Hospital and stays there for a minimum period of 24 hours for th e sole purpose of receiving treatment.

ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

Intensive Care Unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

Limit of Coverage means Basic Sum Insured plus the Cumulative Bonus earned, wherever applicable.

Medical Advise means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.

Medical expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

Medically Necessary means any treatment, tests, medication or stay in hospital or part of a stay in a hospital which – is required for the medical management of the illness or injury suffered by the Insured – must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity – must have been prescribed by a Medical Practitioner – must conform to the professional standards widely accepted in international medical practice or by the medical community In India.

Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

Migration means, the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

Network Hospital means hospitals or health care providers enlisted by an insurer, TPA or jointly by an insurer and TPA to provide medical services to an insured by a cashless facility.

New Born Baby means baby born during the policy period and is aged upto15 days.

Non Network Hospital means any hospital, day care center or other provider that is not part of the network.

Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

Post Hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days immediately after the Insured Person is discharged from the hospital provided that;

a. Such medical expenses are incurred for the same condition for which the insured person's hospitalization was required and

b. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company

Portability means the right accorded to an individual health insurance policyholder (including all members under family cover), to transfer the credit gained for pre existing condition and time bound exclusions, from one insurer to another insurer.

Policy period means the period commencing from the Policy Period Start Date and Time; and ending at the Policy Period End Date and Time of the Policy, as specified in the Policy Schedule.

Pre-Existing Disease means any condition, ailment, injury or disease;

i. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement

or

ii. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement

Pre-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that;

a. Such medical expenses are incurred for the same condition for which the insured person's hospitalization was required and

b. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company

Private Single A/c Room means a single occupancy air-conditioned room with attached wash room and a couch for the attendant. The room may have a television and /or a telephone. Such room must be the most economical of all accommodations available in that hospital as single occupancy. This does not include deluxe room or a suite.

Psychiatric Disorders means clinically significant psychological or behavioral syndrome that causes significant distress, disability or loss of freedom (and which is not merely a socially deviant behavior or an expected response to a stressful life event) as certified by a Medical Practitioner specialized in the field of Psychiatry after physical examination of the Insured Person in respect of whom a claim is lodged.

Psychosomatic Disorders means one or more psychological or behavioral problems that adversely and significantly affect the course and outcome of general medical condition or that significantly increase a person's risk of an adverse outcome as certified by a Medical Practitioner specialized in the field of Psychiatry after physical examination of the Insured Person in respect of whom a claim is lodged.

Qualified Nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state In India.

Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

Room Rent means the amount charged by a hospital towards Room and Boarding expenses and shall include associated medical expenses.

Surgery/Surgical Operation means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

Unproven/Experimental treatment: Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

Zone 1: means Mumbai, Thane, Delhi (including Faridabad, Gurgaon, Ghaziabad and Noida), Ahmedabad, Baroda and Surat.

Zone 2: mean rest of India (other than those mentioned in Zone 1).

IV. EXCLUSIONS

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

1. Pre-Existing Diseases - Code Excl 01

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

V. 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.

VI. CONDITIONS

1. **Claim Settlement**

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

B. **Documents for Cashless Treatment**
   a. Call the 24 hour help-line for assistance - 1800 425 2255/1800 102 4477
   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.

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

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

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

D. **Notification of Claim:** Upon the happening of the event, notice with full particulars shall be sent to the Company within 24 hours from the date of occurrence of the event irrespective of whether the event is likely to give rise to a claim under the policy or not

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

E. **Documents to be submitted for Reimbursement:** The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit;
   a. Duly completed claim form, and
   b. Pre Admission investigations and treatment papers
   c. Discharge Summary from the hospital
   d. Cash receipts from hospital, chemists
   e. Cash receipts and reports for tests done
   f. Receipts from doctors, surgeons, anesthetist
   g. Certificate from the attending doctor regarding the diagnosis
   h. Copy of PAN card

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

F. **Provision of Penal Interest**
   a) 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
   b) 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

c) 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

d) 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

e) "Bank rate" shall mean the rate fixed by the Reserve Bank of India

G. **Complete Discharge:** Any payment to the policyholder, insured person or his/her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim

H. **Multiple Policies**

i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy

ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy

iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount

iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy

I. **Nomination**: The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy

2. The Insured Person/s shall obtain and furnish the Company with all original bills, receipts and other documents upon which a claim is based and shall also give the Company such additional information and assistance as the Company may require in dealing with the claim.

3. All claims under this policy shall be payable in Indian currency.

4. The premium under this policy shall be payable in advance. No receipt of premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance of fulfillment of the terms, provision, conditions and endorsements of this policy by the Insured Person/s, in so far as they relate to anything to be done or complied with by the Insured Person/s, shall be a condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions, and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.

5. Any medical practitioner authorized by the Company shall be allowed to examine the Insured Person in case of any alleged injury or diseases requiring Hospitalization when and as often as the same may reasonably be required on behalf of the Company at Company's cost.

6. **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.

7. **Notice and communication:** Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile/email to Star Health and Allied Insurance Company Limited, No.1, New Tank Street, Valluvarkottam High Road, Nungambakkam, Chennai 600034. Toll Free No.1800 425 2255, Toll Free Fax No. 1800 425 5522 email: support@starhealth.in.

Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

8. **Territorial Limit:** All treatments under this policy shall have to be taken In India.

9. **Fraud:** If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy;

a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true

b) the active concealment of a fact by the insured person having knowledge or belief of the fact

c) any other act fitted to deceive; and

d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

10. **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;

Policy Term with 1 year	
Period on risk	**Rate of premium to be retained**
Up to one month	30% of the policy premium
Exceeding one month up to 3 months	40% of the policy premium
Exceeding 3 months up to 6 months	60% of the policy premium
Exceeding 6 months up to 9 months	80% of the policy premium
Exceeding 9 months	Full of the policy premium
Policy Term with 2 years	
Period on risk	**Rate of premium to be retained**
Up to one month	25% of the policy premium
Exceeding one month up to 3 months	30% of the policy premium
Exceeding 3 months up to 6 months	40% of the policy premium
Exceeding 6 months up to 9 months	50% of the policy premium
Exceeding 9 months up to 12 months	60% of the policy premium
Exceeding 12 months up to 15 months	70% 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 Policy Premium

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

11. **Automatic Expiry**

Applicable for I 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

12. **Policy disputes:** Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law.

13. **Arbitration:** If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be refer able to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

It is also further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not, within three years from the date of such disclaimer have been made the subject matter of a suit in a Court of Law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

14. **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

15. **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

16. **Renewal:** The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person;
    1. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal
    2. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years
    3. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period
    4. 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
    5. Coverage is not available during the grace period
    6. No loading shall apply on renewals based on individual claims experience

17. **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.

18. **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

19. **Revision of Basic Sum Insured:** Reduction or enhancement of Basic Sum Insured is permissible only at the time ofrenewal.

    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

20. **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

21. **Relief under Section 80-D:** Insured Person is eligible for relief under Section 80-D of the IT Act in respect of the premium paid by any mode other than cash.

22. **Important Note**
    a) Where the policy is issued for more than 1 year, the Basic Sum Insured is for each of the year, without any carry over benefit thereof.
    b) The Policy Schedule and any Endorsement are to be read together and any word or such meaning wherever it appears shall have the meaning as stated in the Act / Indian Laws
    c) The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract, must be complied with and applies to each relevant insured person. Failure to comply with may result in the claim being denied
    d) The attention of the policy holder is drawn to our website www.starhealth.in for anti fraud policy of the company for necessary compliance by all stake holders

23. **Special conditions applicable to Family Package Plan (available only under Coverage I)**
    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

24. **Customer Service:** If at any time the Insured Person requires any clarification or assistance, the insured may contact the offices of the Company at the address specified, during normal business hours.

25. **Redressal of Grievances:** Incase of any grievance the insured person may contact the Company through;

Website : www.starhealth.in
Toll free : 1800 425 2255/1800 102 4477
Senior Citizens may call at 044-28243923
E-mail : grievances@starhealth.in
Fax : 04428319100
Courier : No. 1, New Tank Street, Vallurvar Kottam High Road, Nungambakkam, Chennai 600034

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at 044-28243921.

For updated details of grievance officer, kindly refer the link
https://www.starhealth.in/grievance-redressal

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

Grievance may also be lodged at IRDAI Integrated Grievance Management System - https:/ligms.irda.gov. in/

STAR Personal & Caring Health Insurance
The Health Insurance Specialist

Section II – Accident Care Coverage

I. DEFINITIONS (Applicable for Section II)

In this Policy, the following words and expressions shall have the following meanings, as set forth, unless the context otherwise requires.

Accident / Accidental mean a sudden, unforeseen and involuntary event caused by external visible and violent means.

Age means the age of the insured person on his/her completed years as recent birthday as per the English Calendar.

Capital sum insured means the **sum insured** as specified in the Schedule of this Policy and the Cumulative Bonus as shown in the Schedule.

Company means Star Health and Allied Insurance Company Limited.

Condition Precedent shall mean a policy term or condition upon which the insurer's liability under the policy is conditional upon.

Covered Medical Expenses means reasonable charges, whether as an In Patient or an out Patient, which is usually and customarily incurred for services and supplies for any Accident to the Insured Person, covered under the policy.

Cumulative Bonus shall mean any increase in the Sum Insured granted by the insurer without an associated increase in premium.

Dependent Child means a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income.

Disclosure of information norm means the policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

Family means Insured Person, spouse, dependent children between 5 months and 25 years of age.

Grace Period means the specified period of time immediately following premium due date during which the payment can be made to renew or continue the policy in force without loss of continuity benefits such as waiting period and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

Grievous Injury means emasculation, permanent privation of the sight of either eye, permanent privation of hearing of either ear, privation of any member or joint, destruction or permanent impairing of the powers of any member or joint, permanent disfiguration of head or face, fracture or dislocation of a bone or tooth.

Hazardous Sport / Hazardous Activities means engaging whether professionally or otherwise in any sport or activity, which is potentially dangerous to the Insured Person (whether trained, or not). Such Sport/Activity including but not limited to Winter sports, Ice hockey, Skiing, Skydiving, Parachuting, Ballooning, Scuba Diving, Bungee Jumping, Mountain Climbing, Riding or Driving in Races or Rallies, caving or pot holing, hunting or equestrian activities, diving or under-water activity, rafting or canoeing involving rapid waters, yachting or boating outside coastal waters, jockeys, horseback, Polo, Circus personnel, army/navy/air force personnel and policemen whilst on duty, persons working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high-tension supply, nuclear installations, handling hazardous chemicals.

Hospital / Nursing Home means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act or complies with all minimum criteria as under;

a. Has qualified nursing staff under its employment round the clock
b. Has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places
c. Has qualified medical practitioner(s) in charge round the clock
d. Has a fully equipped operation theatre of its own where surgical procedures are carried out
e. Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel

Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.

Medical expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

Insured Person means the name/s of persons shown in the schedule of the Policy.

Pre-Existing Disease means any condition or ailment or injury or related condition(s) for which the insured person had signs or symptoms and/or were diagnosed and/or received medical advice /treatment within 48 months prior to insured person's first policy with any Indian Insurance Company.

Policy means the insurance contract, the Policy Schedule and any other endorsements riders and any other attached enrollment forms.

Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

Relative means spouse, children, parents, siblings or in-laws.

Sum insured means the amount of insurance for each table for which the premium is paid.

Standard type aircraft / Sea Craft means an aircraft/sea-craft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or charted or operated by a regular airline.

Temporary Total Disablement means the Insured Person is totally disabled from engaging in any occupation or business for a temporary period following a Grievous injury arising solely and directly from an accident.

II. SCOPE OF COVER

The Company hereby agrees, subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to pay to the Insured person or his nominees or his legal heirs, a sum as compensation for any loss occurring during the Period of Insurance as described under different sections hereunder and as specified in the Schedule to the Policy.

Table-A – ACCIDENTAL DEATH: If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury resulting solely and directly from Accident caused by external, violent and visible means and such accident causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as compensation 100% of the Capital Sum Insured.

Table-B – ACCIDENTAL DEATH AND PERMANENT DISABLEMENT: If the Insured Person meets with an Accident, which leads to disablement or subsequent death, the Company will provide insurance coverage to the Insured in the following manner.

1. **Accidental Death of Insured Person**: If following an Accident that causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as compensation 100% of the Capital Sum Insured.
2. **Permanent disablement of the Insured Person**: If following an Accident which caused permanent impairment of the Insured's mental or physical capabilities, then the Company will pay the benefits as provided in the Table of Benefits B1 or Table of Benefits B2 mentioned herein, depending upon the degree of disablement provided that;
   a) The disablement occurs within 12 Calendar months from the date of the Accident
   b) The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement
   c) Where a covered Accident results in Permanent Disablement falling under Table of benefits B1 (Permanent Total Disablement) and under Table of benefits B2 (Permanent Partial Disablement) then the higher percentage of the sum insured will be paid

Permanent Total Disablement	Table of Benefits B1
Benefits	**Percentage of Sum Insured**
1. Permanent Total Disablement: Payable only when the insured person, following accidental injuries is unable to engage in each and every occupation or employment for compensation or profit for which he is reasonably qualified by education, training or experience for the rest of his life. If at the time of loss the insured person is unemployed, Permanent Total Disability shall mean the total and permanent inability to perform all of the usual and customary duties and activities of a person of like age and sex even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication	150%
2. Total and irrevocable loss of	
(i) Sight of both eyes	100%
(ii) Physical separation of two entire hands	100%
(iii) Physical separation of two entire foot	100%
(iv) One entire hand and one entire foot	100%
(v) Sight of one eye and loss of one hand	100%
(vi) Sight of one eye and loss of one entire foot	100%
(vii) Use of two hands	100%
(viii) Use of two foot	100%
(ix) Use of one hand and one foot	100%
(x) Sight of one eye and use of one hand	100%
(xi) Sight of one eye and use of one foot	100%
(xii) Sight of one eye	50%
(xiii) Physical separation of one entire hand	50%
(xiv) Physical separation of one entire foot	50%
(xv) Use of one hand without physical separation	50%
(xvi) Use of one foot without physical separation	50%

Loss of foot / hand means total severance through or above the ankle/ wrist joints respectively. Loss of eye means entire and irrevocable loss of sight. Thumb and index finger means severance through or above the joint that meets the hand at the palm.

Permanent Partial Disablement - Table of Benefits B2			
Benefits			**Percentage of Sum Insured**
1	Loss of toes all	All	20
	Loss of Great toe	both phalanges	5
	Loss of Great toe	one phalanx	2
	Other than Great, if more than		
	One toe lost, for each toe	For each toe	1
2	Loss of hearing both ears	Both ears	75
	Loss of hearing one ear	One ear	30
3	Loss of four fingers and thumbs of One hand		40
4	Loss of four fingers		35
	Loss of thumb both phalanges	Both phalanges	25
		One phalanx	10
5	Loss of index finger three phalanges	Three phalanges	10
	Two phalanges	Two phalanges	8
	One phalanx	One phalanx	4
6	Loss of middle finger	Three phalanges	6
		Two phalanges	4
		One phalanx	2
7	Loss of ring finger	Three phalanges	5
		Two phalanges	4
		One phalanx	2
8	Loss of little finger	Three phalanges	4
		Two phalanges	3
		One phalanx	2
9	Loss of metacarpals	First or second	3
		Additional (third fourth or fifth)	2
10	Any other Permanent partial disablement		Percentage as assessed by the Medical Board or by the government doctor

Table-C – ACCIDENTAL DEATH, PERMANENT DISABLEMENT AND TEMPORARY TOTAL DISABLEMENT: (WEEKLY COMPENSATION)

1. **Accidental Death of Insured Person:** If following an Accident that causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as compensation 100% of the Capital Sum Insured.
2. **Permanent disablement of the Insured Person**: If following an Accident which caused permanent impairment of the Insured's mental or physical capabilities, then the Company will pay the benefits as provided in the Table of Benefits B1 (Permanent Total Disablement) or Table of Benefits B2 (Permanent Partial Disablement) mentioned herein depending upon the degree of disablement provided that;
   a) The disablement occurs within 12 Calendar months from the date of the Accident
   b) The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement
   c) Where a covered Accident results in Permanent Disablement falling under Table of benefits B1 (Permanent Total Disablement) and under Table of benefits B2 (Permanent Partial Disablement) then the higher percentage of the sum insured will be paid
3. **Temporary Total Disablement:** If at any time during the period of insurance the insured person/s shall sustain Grievous injury arising solely and directly from an accident and resulting in hospitalization, then the insured person will be paid a sum calculated at 1% of the sum insured under Table C per completed week but not exceeding Rs.15,000/- per completed week, in all, under all Personal Accident policies, if such injury be the sole and direct cause of Temporary Total Disablement.

   This benefit is subject to a maximum period of 100 weeks from the date of such Temporary Total Disablement.

   In no case shall the compensation exceed the sum insured for this benefit.

   The payment shall be made only after the termination of such disablement.

   All the benefit under this section is subject to exclusions, as mentioned in 'General Exclusions' of this Policy.

   Special Conditions (Applicable to all Tables)
   1. If the Accident affects any physical or mental function, which was already impaired prior to the accident, a deduction as certified by a Government Doctor will be made in respect of this prior disablement.
   2. If the accident impairs a number of physical or mental functions, the degree of disablement given in the Table of Benefits will be added together, but liability in any case shall not exceed 100% of the Sum Insured (150% in case of Permanent Total Disablement).
   3. In case of Permanent Partial Disablement claim the Sum Insured under the policy will be reduced by the amount of admissible claim under the policy in respect of the Insured Person to whom such sum shall become payable.
   4. In the event of Permanent Disablement, the Insured Person will be under obligation;
      a) To have himself/herself examined by doctors appointed by the Company / and the Company will pay the costs involved thereof
      b) To authorize doctors providing treatments or giving expert opinion and any other authority to supply the Company any information that may be required. If the obligations are not met with due to whatsoever reason, the Company may be relieved of its liability to pay. Provided however the insured shall be deemed to have discharged his duties/obligations if he authorizes / gives consent to the treating doctor/s or the experts who gave opinion. Any subsequent failure on the part of the treating doctor/experts who gave opinion / hospital will not be held up against the insured
   5. Where a claim for 100% of the Capital Sum Insured (150% for Permanent Total Disablement) is admitted / admissible the coverage under the policy ceases and the policy cannot be renewed for such relevant person.
   6. Where a claim for less than 100% of the Sum Insured is admitted / admissible, the coverage under the policy will continue until expiry for the balance sum insured and Company would exclude such disability on renewal in respect of such relevant person.

Exclusions

a) Any payment in case of more than one claim under the policy during the period of insurance by which the maximum liability of the Company in that period would exceed the amount specified in the Schedule.

b) Any other claim after a claim has been admitted by the Company and becomes payable for Death or Permanent Total Disablement, as mentioned in Table of Benefits B1. This would not apply to payment under Educational Grant, Ambulance Charges/Transportation of mortal remains, Travel expenses of the one Relative and Expenses for Vehicle and /or residence Modification, Purchase of Blood, Transportation of Imported Medicine.

c) Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly.

d) Any exclusion mentioned in the 'General Exclusions' of this Policy.

III. ADDITIONAL BENEFITS

1. **Educational Grant:** The Company will pay as hereinafter mentioned

   Following an admissible claim under the policy towards Death/ Permanent Total Disability of the insured person, Educational Grant for a maximum of two dependent children of the Insured, as mentioned below;
   i. If the Insured Person has one dependent child below the age of 18 years, an amount of Rs.10,000/- is payable
   ii. If the Insured Person has more than one dependent child below the age of 18 years an amount of Rs.10,000/- per child but in any case not more than Rs.20,000/-

   This grant is payable in addition to the sum insured.

2. **AMBULANCE CHARGES / TRANSPORTATION EXPENSES OF MORTAL REMAINS:** Following an admissible claim under the policy due to an Accident outside the place of the insured's residence, the Company shall pay during the policy period.

   Either
   a) Towards ambulance charges for emergency treatment to go to the hospital in case of injury

      or

      in case of Death
   b) Towards transportation of the mortal remains of the insured person (including the cost of embalming and coffin charges) to the residence of the insured

   The limit of Company's liability towards either Ambulance charges or Transportation of mortal remains is Rs.5,000/- only during the policy period. This lump sum amount is payable in addition to the sum insured.

3. **TRAVEL EXPENSES FOR ONE RELATIVE:** Following an admissible claim under the policy towards Death of the Insured Person due to an Accident, outside the place of his/her residence, the Company will pay 1% of the Total sum insured for the transport expenses to one relative of the Insured Person Provided such payment shall not exceed a sum of Rs.50,000/-.

   This amount is payable in addition to the sum insured.

4. **VEHICLE AND/OR RESIDENCE MODIFICATION:** The Company will pay upto 10% of Table B and Table C sum insured subject to a maximum of Rs.50,000/- towards the expenses incurred to modify the Insured Person's residential accommodation or vehicle as long as the modification have been carried out in India and certified by a Doctor to be necessary and directly required as a result of the Accident for which there is an admissible claim under Permanent Total Disablement.

   This benefit is applicable only where there is an admissible claim for Permanent Total Disablement.

   This amount is payable in addition to the sum insured.

5. **PURCHASE OF BLOOD**: The Company will pay up to 5% of the sum insured under relevant table/tables opted subject to a maximum of Rs.10,000/- whichever is less towards the expenses incurred in purchasing blood through a Hospital or Government approved blood bank for the purpose of the Insured Person's medical or surgical treatment provided there is an admissible claim under this policy. This amount is payable in addition to the sum insured.

6. **TRANSPORTATION OF IMPORTED MEDICINES:** The Company will pay upto 5% of Total sum insured subject to a maximum of Rs.20,000/- towards the expenses incurred on freight charges for importing medicines to India, provided that;
   a. There is an admissible claim under the policy
   b. The medicines, formulations or alternatives of the imported medicines are not available in India, and
   c. The medicines are necessary for the medical/surgical treatment of the Insured person in a Hospital following the Accident
   d. The medicines which are imported should be permissible under Government Regulation
   e. The medicines shall not include any drugs under clinical trial or medicines, formulations or molecules of unproven efficacy

   This amount is payable in addition to the sum insured.

IV. OPTIONAL BENEFITS

If the additional premium is paid by the Insured person and shown in the Schedule of the policy, the following benefits, as applicable, are payable-under the policy in addition to the sum insured.

a. **MEDICAL EXPENSES EXTENSION DUE TO ACCIDENT:** The Company will pay any medical expenses necessarily and reasonably incurred and expended by the Insured Person, either as an In Patient or as an Out Patient, in connection with the accident as specified in the policy for which a claim has been admitted by the Company, 25% of the valid claim or 10% of the Total sum insured or actuals whichever is less, subject to a overall limit of Rs.5,00,000/- per policy period. Where the policy term is more than one year, this benefit is applicable for each year. Subject to General Exclusion of this policy sufficient proof for the treatment taken should to be submitted to the Company.

   This benefit is optional and is effective only if;
   1. Specifically opted for by paying additional premium
   2. Shown in the Policy Schedule and
   3. There is an admissible claim under the policy

   This amount is payable in addition to the sum insured.

b. **Hospital Cash:** If during the policy period the insured person sustains accidental injuries resulting in hospitalization as an in-patient, the Company will pay Cash Benefit of Rs 1000/- for each completed day of Hospitalization provided such hospitalization happens within 30 days from the date of accident. The maximum period for which the benefit is payable is 15 days per occurrence and 60 days per policy period. Where the policy term is more than one year, this benefit limit is applicable for each year. This benefit cannot be cumulated or carried forward.

   For the purpose of cash benefit the days of admission and discharge will not be taken into account.

   This amount is payable in addition to the sum insured.

   This benefit is optional and is effective only if;
   1. Specifically opted for by paying additional premium
   2. Shown in the Policy Schedule
   3. There is an admissible claim under the policy

c. **Home Convalescence:** The company will pay Rs 500/- for each completed day subject to a maximum of 15 days per occurrence and 60 days per policy period towards the cost of engaging one attendant at residence immediately after discharge from the hospital provided the same is recommended by the attending physician. Where the policy term is more than one year, this benefit limit is applicable for each year. This benefit cannot be cumulated or carried forward.

   This amount is payable in addition to the sum insured.

   This benefit is optional and is effective only if;
   1. Specifically opted for by paying additional premium
   2. Shown in the Policy Schedule
   3. The hospitalization is arising out of Accident
   4. There is an admissible claim under the policy

V. CUMULATIVE BONUS

Compensation payable for an admissible claim for Death or Permanent Total disablement arising out of accidental injuries shall be increased by 5% thereof in respect of each completed year during which the policy shall have been in force prior to the occurrence of an accident for which the capital sum insured becomes payable but the amount of such increase shall not exceed 50% of the sum insured stated in the schedule. The cumulative bonus is applicable to that part of the sum insured which is renewed continuously without break.

The Cumulative Bonus will not be lost if the policy is renewed within 30 days. Cumulative bonus is not applicable for the Additional Benefits Or Optional Benefits.

VI. GENERAL EXCLUSIONS (APPLICABLE TO ALL SECTIONS UNDER SECTION II)

The Company shall not be liable to make any payments in respect of;

1. Any payment, in case of more than one claim under the Policy, during any one period of insurance by which the maximum liability of the Company in that period would exceed the capital sum insured payable under this Policy except in case of Permanent Total Disability claim, in which case the amount payable is 150% of the sum insured. This exclusion will not apply to payments made under medical expenses extension, Hospital cash, Home Convalescence, Educational Grant, Ambulance Charges /Transportation of mortal remains, Travel expenses of the one Relative and Expenses for Vehicle and /or residence Modification, Purchase of Blood and Transportation of Imported Medicine.
2. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
3. Any injuries/conditions which are Pre-existing.
4. Any claim for Death or Disablement of the Insured Person from (a) intentional self-injury / suicide or attempted suicide or (b) whilst under the influence of intoxicating liquor or drugs or (c) self-endangerment unless in self-defense or to save life.
5. Any claim arising out of mental disorder, suicide or attempted suicide self inflicted injuries, or sexually transmitted conditions, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immunodeficiency Virus) and / or any HIV related illness including AIDS (Acquired Immunodeficiency Syndrome), insanity and / or any mutant derivative or variations thereof howsoever caused.
6. Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from.
7. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detainments of all kings princes and people of whatever nation, condition or quality whatsoever.
8. Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
9. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from;
   A. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel
   B. Nuclear weapons material
   C. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof
   D. Nuclear, chemical and biological terrorism
10. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.
11. Participation in Hazardous Sport / Hazardous Activities.
12. Persons who are physically and mentally challenged, unless specifically agreed and endorsed in the policy.
13. Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.

VII. GENERAL CONDITIONS (APPLICABLE TO ALL SECTIONS UNDER SECTION II)

The conditions below apply throughout this insurance. Failure to comply with them may be prejudicial to a claim;

1. **Obligations of the Insured Person:** Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Claims for insurance benefits must be submitted to the Company not later than one (1) month after the completion of the treatment or after transportation of the mortal remains/ burial in the event of Death.
   Note: The Company will examine and relax the time limit mentioned herein above depending upon the merits of the case.
   1. **Claim intimation:** Where the claim intimation is received by the call centre/Corporate office details as to coverage is collected.
   2. **Documents to be submitted for reimbursement claims:** Duly completed claim form and;

      For Death Claims
      - Death Certificate
      - Post-mortem Certificate, if conducted
      - FIR (wherever required)
      - Police Investigation report (wherever required)
      - Viscera Sample Report (wherever required)
      - Forensic Science Laboratory report (wherever required)
      - Legal Heir Certificate
      - Succession Certificate (wherever required)

      For Disability Claims: Certificate from Government doctor not below the rank of Civil Surgeon, confirming the disability and its percentage.
      Note: The Company authorized doctor may examine the insured if required Certificate from the employer confirming leave of absence from duty.

      Travel expenses for one relative
      - Proof of expenses incurred (original)

      Vehicle and/or residence modification
      - Certificate from the doctor confirming the Disability and the requirement of modification
      - Estimate from Workshop
      - Cash receipt for having carried the vehicle modification
      - Estimate from civil engineer
      - Cash receipt for completion of the civil work modification

Purchase of blood
- Original receipt for purchase of blood (wherever applicable)

Transportation of imported medicines
- Prescription of the treating doctor with confirmation that the medicine is not available In India.
- Original receipt for the freight incurred for import of the medicine, along with a copy of invoice

Educational grant
- Death Certificate
- Certificate from the school in which the child / children is/are studying, confirming their study

Ambulance charges / transportation expenses of mortal remains
- Death Certificate or
- Proof of hospitalisation
- Proof of utilized services of either Ambulance or Mortuary Van

For Claim under Optional benefits

Medical expenses due to accident
- Original Discharge Summary (wherever applicable)
- Original Medical Reports
- Original Invoices/Bills,
- Original Payment Receipts

Hospital Cash and Home Convalescence
- Discharge Summary (Where original is required for other purposes, a certified copy may be submitted)
- Recommendation by the treating doctor for appointing an attendant at home for continuation of treatment.
- Cash receipt for payment made to the attendant

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

2. **Claims Settlement**: Benefits payable under this policy will be paid within 7 days from the time of receipt of all documents the Company requires.
Note: In case of delay in payment of any claim that has been admitted as payable under the Policy terms and conditions, beyond the time period as prescribed under IRDA (Protection of Policyholders Regulation), 2002, the Company shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is approved by the Company. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.
3. The Company shall be released from any obligation to pay insurance benefits if any of the term and conditions are breached.
4. **Geographical Scope**: The insurance cover applies Worldwide.

VIII. STANDARD TERMS AND CONDITIONS (APPLICABLE TO ALL BENEFITS UNDER SECTION II)

1. **Incontestability and Duty of Disclosure:** The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or on non-disclosure in any material particular in the proposal form or at the time of claim, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured Person or any one acting on his behalf to obtain any benefit under this Policy.
2. **Observance of terms and conditions:** The due observance and fulfillment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this Policy.
3. **Material change:** The Insured Person shall immediately notify the Company in writing of any change in his business or occupation or physical defect or infirmity with which he has become affected since the payment of last preceding premium.
4. **Automatic Termination of Insurance:** This policy shall automatically terminate upon the Insured Person's death or payment of the Capital Sum Insured. In case of family cover, the surviving members would continue to have the cover for their respective sum insured, till the expiry date of the policy.
5. **Free Look Period:** A free look period of 15 days from the date of receipt of the policy is available to the insured to review the terms and conditions of the policy. In case the insured is not satisfied with the terms and conditions, the insured may seek cancellation of the policy and in such an event the Company shall allow refund of premium paid after adjusting the stamp duty charges and proportionate risk premium for the period concerned provided no claim has been made until such cancellation.
Free look Period is not applicable at the time of renewal of the policy.
6. **Duties of the insured on occurrence of loss:** On the occurrence of any loss, within the scope of cover under the Policy the Insured Person / representative shall file / submit a Claim Form in accordance with 'Obligation of the Insured Person' Clause as provided in General Conditions.
If the Insured Person/representative does not comply with the provisions of this Clause or other obligations cast upon the Insured Person/representative under this Policy, in terms of the other clauses referred to herein or in terms of the other clauses in any of the Policy documents, all benefits under the Policy shall be forfeited.
7. **Fraudulent claims:** If any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his behalf to obtain any benefit under this Policy shall be forfeited and the policy will be cancelled without any refund of premium.
8. **Cancellation/termination:** The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in proposal form and/or claim form at the time of claim or non-co-operation of the insured person, by sending the Insured 30 days notice by registered letter at the Insured person's last known address and no refund of premium will be made. The insured may at any time cancel this policy and in such event the Company shall allow refund after retaining premium at Company's short period rate only (table given below) provided no claim has occurred up to the date of cancellation.

***Short period scales:**

For policy with one year term	
Period on risk	**Rate of premium to be retained**
For a period not exceeding 15 days	10% of the Annual Premium
For a period not exceeding 1 month	15% of the Annual Premium
For a period not exceeding 2 months	30% of the Annual Premium
For a period not exceeding 3 months	40% of the Annual Premium
For a period not exceeding 4 months	50% of the Annual Premium
For a period not exceeding 5 months	60% of the Annual Premium
For a period not exceeding 6 months	70% of the Annual Premium
For a period not exceeding 7 months	75% of the Annual Premium
For a period not exceeding 8 months	80% of the Annual Premium
Exceeding 8 months	Full Annual Premium
For policy with two-years term	
Period on Risk	**Rate of premium to be retained**
Up to 1 year	65% of the premium
Up to 2 years	Full Premium
For policy with three-years term	
Period on Risk	**Rate of premium to be retained**
Up to 1 year	45% of the premium
Up to 2 years	85% of the premium
Up to 3 years	Full Premium

9. **Currency for payments:** All claims payable shall be paid in Indian Rupee only.
10. **Important Note:** The terms, conditions and exclusions that appear in the policy or in any endorsement are part of the contract and must be complied with. Failure to comply may result in the claim being denied.
Note 1: It is hereby made clear that in policies which are issued for a period of two or three years, the sum insured and the other benefits shall be limited to the sum mentioned for each of the year, without any carry over benefit thereof.
Note 2: In so far as the benefits which are relatable to policy periods, such benefits shall be available for each year but limited to such sums mentioned for each year.
Note 3: Where the policy is issued covering the family, the benefits are applicable individually for each person covered.
The attention of the policy holder is drawn to our website www.starhealth.in for anti fraud policy of the Company for necessary compliance by all stake holders.
11. **Renewal Clause:** The policy will be renewed except on grounds of misrepresentation / fraud committed.
A grace period of 30 days from the date of expiry of the policy is available for renewal. If renewal is made within this 30 days period the continuity of benefits will be allowed. However the actual period of cover will start only from the date of payment of premium. In other words no protection is available between the policy expiry date and the date of payment of premium for renewal.
Every renewal premium (which shall be paid and accepted in respect of this policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to the Insured that may result to enhance the risk of the Company under the insurer.
Where a claim for 100% of the Capital Sum Insured is admitted / admissible, the policy cannot be renewed for such relevant person.
Where a claim for less than 100% of the Sum Insured is admitted / admissible, the Company would exclude such disability on renewal in respect of such relevant person.
In the event of this policy being withdrawn / modified with revised terms and/or premium with the prior approval of the Competent Authority, the insured will be intimated three months in advance and accommodated in any other equivalent insurance policy offered by the Company, if requested for by the Insured Person, at the relevant point of time.
Renewal premium is subject to change with prior approval from the Regulator. Change of options/plans within same product are permissible only at the time of renewal.

12. **Policy Disputes:** Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law.

13. **Arbitration clause:** If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

    It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

    It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

    It is also further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not, within three years from the date of such disclaimer have been made the subject matter of a suit in a Court of Law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

14. **Notices:** Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile/email to Star Health and Allied Insurance Company Limited, No 1 New Tank Street, Vallurvar Kottam High Road Nungambakkam Chennai 600034 Fax 04428319100 Toll Free Fax No. 1800 425 5522 e-mail support@starhealth.in.

    Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

15. **Customer Service:** If at any time the Insured Person requires any clarification or assistance, the insured may contact the offices of the Company at the address specified, during normal business hours.

16. **Grievances:** In case the Insured Person is aggrieved in any way, the Insured may contact the Company at the specified address, during normal business hours.

    Grievance Department: Star Health and Allied Insurance Company Limited, No.1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600034. or Call 044-28233921 during normal business hours or send e-mail to grievances@starhealth.in Senior Citizens may call 044-28243923.

    In the event of the following grievances;

    a. any partial or total repudiation of claims by an insurer
    b. any dispute in regard to premium paid or payable in terms of the policy
    c. any dispute on the legal construction of the policies in so far as such disputes relate to claims
    d. delay in settlement of claims
    e. non-issuance of any insurance document to customer after receipt of the premium

    The insured person may approach the Insurance Ombudsman at the address given below, within whose jurisdiction the branch or office of Star Health and Allied Insurance Company Limited or the residential address or place of the policy holder is located.

List of Insurance Ombudsman

AHMEDABAD

Office of the Insurance Ombudsman,
Jeevan Prakash Building, 6th floor,
Tilak Marg, Relief Road,
Ahmedabad – 380 001.
Tel.: 079 - 25501201 / 02 / 05 / 06
Email: bimalokpal.ahmedabad@ecoi.co.in

JURISDICTION: Gujarat, Dadra & Nagar Haveli, Daman and Diu.

BENGALURU

Office of the Insurance Ombudsman,
Jeevan Soudha Building,PID No. 57-27-N-19
Ground Floor, 19/19, 24th Main Road,
JP Nagar, 1st Phase,
Bengaluru – 560 078.
Tel.: 080 - 26652048 / 26652049
Email: bimalokpal.bengaluru@ecoi.co.in

JURISDICTION: Karnataka.

BHOPAL

Office of the Insurance Ombudsman,
Janak Vihar Complex, 2nd Floor,
6, Malviya Nagar, Opp. Airtel Office,
Near New Market, Bhopal – 462 003.
Tel.: 0755 - 2769201 / 2769202
Fax: 0755 - 2769203
Email: bimalokpal.bhopal@ecoi.co.in

JURISDICTION: Madhya Pradesh Chattisgarh.

BHUBANESHWAR

Office of the Insurance Ombudsman,
62, Forest park,
Bhubneshwar – 751 009.
Tel.: 0674 - 2596461 / 2596455
Fax: 0674 - 2596429
Email: bimalokpal.bhubaneswar@ecoi.co.in

JURISDICTION: Orissa.

CHANDIGARH

Office of the Insurance Ombudsman,
S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017.
Tel.: 0172 - 2706196 / 2706468
Fax: 0172 - 2708274
Email: bimalokpal.chandigarh@ecoi.co.in

JURISDICTION: Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.

CHENNAI

Office of the Insurance Ombudsman,
Fatima Akhtar Court, 4th Floor, 453,
Anna Salai, Teynampet, CHENNAI – 600 018.
Tel.: 044 - 24333668 / 24335284
Fax: 044 - 24333664
Email: bimalokpal.chennai@ecoi.co.in

JURISDICTION: Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).

DELHI

Office of the Insurance Ombudsman,
2/2 A, Universal Insurance Building,
Asaf Ali Road,
New Delhi – 110 002.
Tel.: 011 - 23232481 / 23213504
Email: bimalokpal.delhi@ecoi.co.in

JURISDICTION: Delhi

ERNAKULAM

Office of the Insurance Ombudsman,
2nd Floor, Pulinat Bldg.,
Opp. Cochin Shipyard, M. G. Road,
Ernakulam - 682 015.
Tel.: 0484 - 2358759 / 2359338
Fax: 0484 - 2359336
Email: bimalokpal.ernakulam@ecoi.co.in

JURISDICTION: Kerala, Lakshadweep, Mahe-a part of Pondicherry

GUWAHATI

Office of the Insurance Ombudsman,
Jeevan Nivesh, 5th Floor,
Nr. Panbazar over bridge, S.S. Road,
Guwahati – 781001(ASSAM).
Tel.: 0361 - 2632204 / 2602205
Email: bimalokpal.guwahati@ecoi.co.in

JURISDICTION: Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.

HYDERABAD

Office of the Insurance Ombudsman,
6-2-46, 1st floor, "Moin Court",
Lane Opp. Saleem Function Palace,
A. C. Guards, Lakdi-Ka-Pool,
Hyderabad - 500 004.
Tel.: 040 - 67504123 / 23312122
Fax: 040 - 23376599
Email: bimalokpal.hyderabad@ecoi.co.in

JURISDICTION: Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.

JAIPUR

Office of the Insurance Ombudsman,
Jeevan Nidhi – II Bldg., Gr. Floor,
Bhawani Singh Marg,
Jaipur - 302 005.
Tel.: 0141 - 2740363
Email: Bimalokpal.jaipur@ecoi.co.in

JURISDICTION: Rajasthan.

KOLKATA

Office of the Insurance Ombudsman,
Hindustan Bldg. Annexe, 4th Floor,
4, C.R. Avenue,
KOLKATA - 700 072.
Tel.: 033 - 22124339 / 22124340
Fax : 033 - 22124341
Email: bimalokpal.kolkata@ecoi.co.in

JURISDICTION: West Bengal, Sikkim, Andaman & Nicobar Islands.

LUCKNOW

Office of the Insurance Ombudsman,
6th Floor, Jeevan Bhawan, Phase-II,
Nawal Kishore Road, Hazratganj,
Lucknow - 226 001.
Tel.: 0522 - 2231330 / 2231331
Fax: 0522 - 2231310
Email: bimalokpal.lucknow@ecoi.co.in

JURISDICTION: Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.

MUMBAI

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Email: bimalokpal.mumbai@ecoi.co.in

JURISDICTION: Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.

PUNE

Office of the Insurance Ombudsman,
Jeevan Darshan Bldg., 3rd Floor,
C.T.S. No.s. 195 to 198, N.C. Kelkar Road,
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JURISDICTION: Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

NOIDA

Office of the Insurance Ombudsman,
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Naya Bans, Sector 15,
Distt: Gautam Buddh Nagar,
U.P - 201301.
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Email: bimalokpal.noida@ecoi.co.in

JURISDICTION: State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.

PATNA

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JURISDICTION: Bihar and Jharkhand.

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