

STAR HEALTH GAIN INSURANCE POLICY

Unique Identification No. : IRDA/NL-HLT/SHA/P-H/V.I/167/13-14

With the perfect balance between insurance and tax benefit - Star Health Gain Insurance is the policy just for you. Despite a reassuringly low premium, it offers both outpatient and inpatient hospitalization expenses cover with maximum tax benefits. Sure enough, the best of the both worlds is now yours.

★ Features

Flat amount of Rs. 15,286/- only irrespective of the sum insured or age of the persons or number of persons covered.

Coverage for both inpatient and outpatient treatments under one policy.

Any unutilized amount under outpatient benefit can be carried forward to the next one year.

★ Eligibility

Any person aged between 5 months and 65 years can be covered under this insurance. Beyond 65 years, only renewals can be made.

Option to take policy on an individual basis or for the entire family (maximum of 2 adults plus 3 children).

★ Benefits

Hospitalization Cover

Expenses in a hospital for inpatient hospitalization (minimum 24-hour stay)

Expenses under the following heads are payable:

- Room rent and boarding up to 2% of the sum insured, subject to a maximum of Rs. 4000/- per day in Class A cities; 1% of the sum insured, subject to a maximum of Rs. 3000/- per day in Class B cities; 1% of the sum insured, subject to a maximum of Rs. 1000/- per day in other locations.
- Nursing charges.
- Surgeons', consultants' and anesthetists' fees.
- Blood, oxygen, diagnostic expenses, cost of pacemakers and similar expenses.
- Drugs and medicines,
- Emergency ambulance charges for transporting the patient to the hospital upto a sum of Rs. 750/- per hospitalization and overall policy limit of Rs. 1500/-.

★ Policy Premium

Low premium of just Rs 15,353/- inclusive of Service Tax 15%

★ Tax Benefit

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

★ Outpatient treatment cover

Covers cost of treatment incurred as an outpatient in any hospital or nursing home.

Treatment costs covered even for pre-existing conditions/diseases, dental expenses, prenatal and post-natal care

★ Renewal

Lifelong renewal of the policy is offered, except on grounds such as moral hazard, misrepresentation or fraud.

Enhancement of Sum Insured is permitted only during renewal.

A grace period of 30 days from the date of expiry of the policy is available for renewal.

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 health 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 IRDAI.

★ Exclusions (for inpatient cover only)

- Pre Existing Diseases as defined in the policy until 48 consecutive months of continuous coverage have elapsed, since inception of the first policy with any Indian Insurer. However the limit of the Company's liability in respect of claim for pre-existing diseases under such portability shall be limited to the sum insured under first policy with any Indian Insurance Company.
- Any disease contracted by the Insured Person during the first 30 days from the commencement date of the policy
- During the first year of operation of the Insurance cover the expenses on treatment of diseases such as Benign Prostate Hypertrophy, Hernia, Hydrocele, Congenital



Internal disease/defect, Fistula in anus, Piles, Sinusitis and related disorders gallstones and renal stone removal are not payable. Beyond such period also, if these diseases (other than congenital internal diseases/defects) are Pre-Existing at the time of proposal they shall be covered subject to exclusion no1 above. If the Insured is aware of the existence of the congenital internal disease/defect before inception of the policy it will be treated as Pre-existing. diseases/defects) are Pre-Existing at the time of proposal they shall be covered subject to exclusion no1 above. If the insured is aware of the existence of the congenital internal disease/defect before inception of the policy it will be treated as Pre existing.

- During the First two Years of continuous operation of Insurance cover, the expenses on treatment of Cataract, Hysterectomy for Menorrhagia or Fibromyoma, Knee Replacement Surgery (other than caused by an accident), Joint Replacement Surgery (other than caused by an accident), Prolapse of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers. Beyond such period also, if these diseases are Pre-Existing at the time of proposal they shall be covered subject to exclusion no 1 above.

Note: The above exclusions from 1 to 4 do not apply for benefits under Section-2

- The exclusions 2, 3 and 4 shall not however apply in case of the Insured Person/s having been covered under any insurance scheme with any of the Indian Insurance companies for a continuous period of preceding 12/23 months respectively without any break.
- 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)
- Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/ materials
- Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination (except as part of post bite treatment) or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- Cost of spectacles and contact lens, hearing aids, walkers, crutches, wheel chairs artificial limbs and such other aids.
- Dental treatment or surgery of any kind unless necessitated due to accidental injuries and requiring hospitalization.
- Convalescence, general debility, mental disorder, Run-down condition or rest cure, congenital external disease or defects or anomalies, sterility, venereal disease, intentional self injury and use of intoxicating drugs/alcohol.

- All expenses arising out of any condition directly or indirectly caused due to or associated with human T-cell Lymph tropic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
- Charges incurred at Hospital or Nursing Home primarily for Diagnostic, X-ray or laboratory Examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at hospital / nursing home.
- Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
- Treatment arising from or traceable to pregnancy, (other than ectopic pregnancy) childbirth, miscarriage, abortion or complications of any of these including caesarean section.
- Naturopathy Treatment.
- Hospital registration charges, record charges telephone charges and such other charges
- Expenses incurred on Lasik Laser or Refractive Error Correction treatment
- Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control / loss programs
- Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicines other than Allopathic
- Other expenses as detailed elsewhere in the policy.

★ Cancellation

The company may cancel this policy on grounds of misrepresentation, fraud, moral hazard and non-disclosure of material fact or non-co-operation by the insured person.

The insured may at any time cancel this policy and in such event the company shall allow refund of premium after retaining premium at company's short period rate (table given below) provided no claim has occurred up to the date of cancellation.

PERIOD ON RISK	RATE OF PREMIUM TO BE RETAINED
Up to one-month	1/3rd of annual premium
Up to three Months	½ of annual premium
Up to six months	3/4th of annual premium
Exceeding six months	Full annual premium

★ **Maximum Outpatient Treatment Benefit for Various Family Sizes**

Family Size	Sum Insured for IP (Rs)	Limit of Outpatient Benefits for Family				
		100000	200000	300000	400000	500000
2A	5mths-35yrs	8400	7400	6750	5900	5250
	36yrs-45yrs	8400	7400	6500	5500	4900
	46yrs-55yrs	NA	5650	4000	2000	NA
	above 56yrs	NA	5000	2250	NA	NA
1A+1C	5mths-35yrs	8500	7700	6950	5750	5500
	36yrs-45yrs	8500	7500	6750	5750	5250
	46yrs-55yrs	NA	5850	4500	2400	NA
	above 56yrs	NA	5200	2250	NA	NA
1A+2C	5mths-35yrs	8450	7500	6900	6000	5500
	36yrs-45yrs	8450	7250	6650	5750	5000
	46yrs-55yrs	NA	5750	4450	2250	NA
	above 56yrs	NA	5150	2250	NA	NA
1A+3C	5mths-35yrs	8350	7400	6650	5750	5250
	36yrs-45yrs	8350	7200	6450	5500	4750
	46yrs-55yrs	NA	5500	4000	NA	NA
	above 56yrs	NA	4750	2250	NA	NA
2A+1C	5mths-35yrs	8250	7250	6600	5750	5000
	36yrs-45yrs	8250	7000	6150	5450	4500
	46yrs-55yrs	NA	5250	3750	NA	NA
	above 56yrs	NA	4500	1500	NA	NA
2A+2C	5mths-35yrs	8250	7000	6500	5500	4650
	36yrs-45yrs	8250	7000	5950	5000	3750
	46yrs-55yrs	NA	5000	3500	NA	NA
	above 56yrs	NA	4250	1500	NA	NA
2A+3C	5mths-35yrs	8250	7000	6250	5250	4250
	36yrs-45yrs	8250	6700	5750	4900	3700
	46yrs-55yrs	NA	4750	3250	NA	NA
	above 56yrs	NA	4000	1150	NA	NA

A-Adult C-Child IP-Inpatient NA-Plan Not Available

★ **Limit of Outpatient Benefits for individuals**

Sum Insured for IP (Rs)	100000	200000	300000	400000	500000
5mths-45yrs	8700	7750	7000	6250	5750
46yrs-55yrs	7900	6350	5200	3000	NA
above 56yrs	7500	5800	3700	NA	NA

★ **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 cost of pre-acceptance medical screening, stamp duty charges and proportionate risk premium for the period concerned provided no claim has been made until such cancellation.

Free look cancellation is not applicable at the time of renewal of the policy.

★ **Portability**

This policy is portable. If the insured is desirous of porting this policy to another Insurer towards renewal, application in the appropriate form should be made to the Company at least before 45 days from the date when the renewal is due. Where the outcome of acceptance of portability is still waiting from the new insurer on the date of renewal, the existing policy will be extended on the request of the Insured person, for a period not less than one month on pro rata premium. Such extended cover will be cancelled only on the written request by the Insured Person, subject to a minimum pro rata premium for one month. If the Insured Person requests in writing to continue the policy with the Company without porting, it will be allowed by charging the regular premium with the same terms as per the expiring policy. In case of a claim made by the Insured person and admitted by the Company during such extension, the policy will be extended or the remaining period by charging the regular premium. Portability is not possible during the policy period. For details contact "portability@starhealth.in" or call Telephone No +91-044-28288869.

★ **Claims Procedure**

- Call the 24 hour help-line for assistance 1800 425 2255. Inform the ID/Policy number for easy reference.
- In case of planned hospitalization, inform 24 hours prior to admission in the hospital.
- In case of emergency hospitalization information to be given within 24 hours after hospitalization.
- Cashless facility wherever possible in network hospitals
- In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents.

★ **Star Advantages**

- No Third Party Administrator, direct in-house claims settlement.
- Faster & hassle-free claim settlement.
- Cashless hospitalization wherever possible
- Network of more than 6000 hospitals across India
- 24 x 7 Toll Free Helpline
- Facility of maintaining personal health record in electronic format

★ **The Company**

Star Health and Allied Insurance Co Ltd commenced its operations in 2006 with the business interests in Health Insurance, Overseas Mediciam Policy and Personal Accident. It has a capital base of Rs. 733 crores. As an exclusive Health Insurance Company and the first of its kind in India, the Company is committed to setting international benchmarks in service and personal caring.

★ **Prohibition of Rebates**

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

Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

The information provided in this brochure is only indicative. Please visit our website www.starhealth.in for complete information.

For more details on the risk factors, terms and conditions, please read the brochure carefully before concluding sale

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 Unique Identification No. : IRDA/NL-HLT/SHA/P-HV.1/167/13-14



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STAR HEALTH GAIN

BRO / GAIN / V2 / 2016 - 17

SOP-06.11.2015-SK



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 The advantage of tax benefits.



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