Star Cardiac Care Insurance Policy
Unique ID: SHAHLIP18006V021819

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Eligibility:
1. Persons aged between 10 years and 65 years who have undergone any of the following:
   a. Percutaneous Transluminal Coronary Angioplasty (PTCA) / Coronary Artery Bypass Graft (CABG) within 7 years prior to proposal or
   b. Atrial Septal Defect (ASD) or Ventricular Septal Defect (VSD) that has been corrected or
   c. Patent Ductus Arteriosus (PDA) that has been treated or
   d. RF Ablation or RF Ablation done to correct the underlying cardiac condition or
   e. Had an Angiogram done but no intervention was medically found necessary.

Section 1: Hospitalization Cover for Accidents and Non-cardiac ailments:

Coverage:
1. In-patient care in networked hospital. The amount payable shall not exceed the sum equivalent to 7% of the hospitalization expenses subject to a maximum of Rs.5,000/- per hospitalization. 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.

2. Outpatient expenses – for a period not exceeding 30 days prior to the date of hospitalization

3. Post hospitalization expenses – for a period not exceeding 60 days after discharge from hospital. The amount payable shall not exceed the sum equivalent to 7% of the hospitalization expenses subject to a maximum of Rs.5,000/- per hospitalization. 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.

4. Day Care Procedures: All day care procedures are covered.

Sublimits for treatment of Cataract:
Expenses for treatment of Cataract are payable up to Rs.20,000/- per hospitalization and Rs.30,000/-for the entire policy period.

Co-Payment:
10% of each and every claim made by insured person who is above 60 years at entry and renewals thereafter. This co-pay is applicable for Section 1 only. If your age is upto 60 years during first inception of this policy then co-payment condition shall not be applicable

Pre-acceptance Medical Screening:
There is no requirement of Pre-acceptance Medical Screening. It is enough to submit previous medical records including details of latest treatment along with the proposal form

Waiting Periods:
1. Section 1
   1. 30 days for illness/diseases/treatments (Not applicable for accidents)

Sum Insured Options:
Rs.3,00,000/- and Rs.4,00,000/-
(Applicable for Section 1, 2 and 3 put together)

Personal Accident Sum Insured as per Section 4 shall be equal to Sum Insured opted

Plan options: Gold and Silver

Section Benefits

<table>
<thead>
<tr>
<th>Section</th>
<th>Gold Plan</th>
<th>Silver Plan</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Applicable for Accident and Non-cardiac ailments</td>
<td>Applicable for Accident and Non-cardiac ailments</td>
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<tr>
<td>2</td>
<td>Applicable for Cardiac Ailments and complications. Cover available for both surgical intervention and medical management.</td>
<td>Applicable for Cardiac Ailments and complications. Cover available only for surgical intervention</td>
</tr>
<tr>
<td>3</td>
<td>Outpatient expenses in networked facility*: Rs.500/- per event subject to a maximum of Rs.1500/-per policy period</td>
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<tr>
<td>4</td>
<td>Personal Accident : Death only cover equal to chosen Sum Insured</td>
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*Networked Facility means hospitals, day care centers, clinics, diagnostic centers that the Company has mutually agreed with to provide medical services. Details available in our website www.starhealth.in

Room, Boarding and Nursing Expenses all inclusive as provided by the Hospital / Nursing Home subject to a maximum of Rs.5,000/-per day. Expenses relating to the hospitalization will be considered in proportion to the eligible room rent as stated above or actual whichever is less

Emergency ambulance charges upto Rs.750/- per hospitalization and Rs.1500/- per policy period

Pre hospitalization expenses – for a period not exceeding 30 days prior to the date of hospitalization

Post hospitalization expenses – for a period not exceeding 60 days after discharge from hospital. The amount payable shall not exceed the sum equivalent to 7% of the hospitalization expenses subject to a maximum of Rs.5,000/- per hospitalization. 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.

Exclusions
- Congenital External Condition / Defects / Anomalies
- Convalescence, general debility, run-down condition or rest cure, Nutritional deficiency states.
- Psychiatric, mental and behavioral disorders.
- Intentional self injury
- Use of intoxicating substances, substances abuse, drugs / alcohol, smoking and tobacco chewing
- Venereal Disease and Sexually Transmitted Diseases,
- Expenses incurred on weight control services including surgical procedures such as Bariatric Surgery and /or medical treatment of obesity.
- All types of Cosmetic, Aesthetic treatment of any description, all treatment for Priapism and erectile dysfunctions, Change of Sex.
- Plastic surgery (other than as necessitated due to an accident or as a part of any illness),
- Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons.
- Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable).
- Treatment arising from or traceable to pregnancy, childbirth, family planning, miscarriage, abortion and complications of any of these (other than ectopic pregnancy).
- 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.
- Treatment for Sub-Fertility, Assisted Conception and or other related complications of the same.
- Medical and / or surgical treatment of Sleep apnea, treatment for genetic and endocrine disorders.
- Expenses incurred on Laser Laser or other procedures Refractive Error Correction and its complications, all treatment for disorders of eye requiring intra-vitreal injections.

Common exclusions for Section 1, Section 2 and Section 3:
- 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
- All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympho Trophic 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. It is however made clear that such of those who are positive for HIV (Human Immunodeficiency Virus) would be entitled for expenses incurred for treatment, other than for opportunistic infections and for treatment of HIV/AIDS, provided at the time of first commencement of insurance under this policy, their CD4 count is not less than 350.
- Charges incurred on diagnostics that are not consistent with the treatment for which the insured is admitted in the hospital / nursing home. Admission primarily for diagnostic purpose with no positive existence of sickness / disease / ailment / injury and no further treatment is indicated.
- Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician of the hospital where the insured underwent treatment.
- Unconventional, Untested, Unproven, Experimental therapies
- Hospital registration charges, admission charges, telephone charges and such other charges
- Expenses incurred on High Intensity Focused Ultrasound, Uterine Fibroid Embolisation, Balloon Sinoplasty, Enhanced External Counter Pulsion Therapy and related therapies, Chelation therapy, Deep Brain Stimulation, 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 exclusion no8.
- Stem cell Therapy, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy
- Oral Chemotherapy, Immuno therapy and Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted.
- Hospital record charges and such other charges
- Any hospitalizations which are not Medically Necessary
- Other Excluded Expenses as detailed in the website www.starhealth.in
- Expenses incurred for treatment of diseases/illness/accidental injuries by systems of...
CANCELLATION:
The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in the proposal form and/or claim form at the time of claim and non co-operation of the insured by sending the Insured 30 days notice by registered letter at the Insured person's last known address. No refund of premium will be made except where the cancellation is on the grounds of non co-operation of the insured, in which case the refund of premium will be on pro-rata basis. 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.

PERIOD ON RISK  RATE OF PREMIUM TO BE RETAINED

<table>
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<tr>
<th>Period of Claim</th>
<th>Percentage of Premium</th>
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<tbody>
<tr>
<td>Up to one-month</td>
<td>25% of annual premium</td>
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<tr>
<td>Exceeding one month and up to three months</td>
<td>40% of annual premium</td>
</tr>
<tr>
<td>Exceeding three months and up to six months</td>
<td>60% of annual premium</td>
</tr>
<tr>
<td>Exceeding six months and up to nine months</td>
<td>80% of annual premium</td>
</tr>
<tr>
<td>Exceeding nine months</td>
<td>Full annual premium</td>
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AUTOMATIC EXPIRY OF THE POLICY: The insurance under this policy with respect to each relevant insured person shall expire immediately upon death of the insured person or on exhaustion of the sum insured whichever shall first occur.

PORTABILITY: This policy is portable. If the insured is desirous of porting this policy, application in the appropriate form should be made to the Company at least 45 days before but not earlier than 60 days from the date when the renewal is due. For details contact "portability@starhealth.in" or call Telephone No:-91-044-28288699

PROHIBITION OF REBATES: (Section 41 of Insurance Act 1938) 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 payable on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer: Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs rupees

THE COMPANY: Star Health and Allied Insurance Co. Ltd., commenced its operations in 2006 with the business interests in Health Travel and Personal Accident Insurance. 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.

STAR ADVANTAGES:

- No Third Party Administrator; direct in-house claims settlement.
- Faster and hassle – free claim settlement.
- Cashless hospitalization.

CLAIMS PROCEDURE:

- Call the 24 hour help-line for assistance - 1800 425 2255 / 1800 102 4477
- In case of planned hospitalization, inform 24 hours prior to admission in the hospital.
- In case of emergency hospitalization information to be given within 24 hours after hospitalization.
- Cashless facility wherever possible in network hospital
- In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents

TAX BENEFITS: Payment of premium by any mode other than cash for this insurance is eligible for relief under Section 80D of the Income Tax Act 1961
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The information provided in this brochure is only indicative.
For more details on the risk factors, terms and conditions,
please read the policy wordings before concluding a sale.
Or Visit Website: www.starhealth.in

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LODGE A POLICE COMPLAINT ALONG WITH DETAILS OF PHONE CALL AND NUMBER”