



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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PROSPECTUS - STAR FAMILY DELITE INSURANCE POLICY

Unique Identification No.: SHAHLIP21178V022021

❖ What are the benefits available under the insurance?

- **Hospitalization Cover:** This would protect the Insured Person for in-patient hospitalization expenses for a minimum of 24 hours.
- Room rent including Boarding and Nursing expenses upto 1% of the sum insured opted
- ICU charges upto 1.5% of the sum insured opted
- Surgeon's fees, Consultant's fees, Anesthetist fees .
- Cost of blood , oxygen, diagnostic expenses, cost of pace makers etc
- Cost of medicines and drugs
- Emergency ambulance charges for transporting the covered patient to the hospital up-to a sum of Rs.750/- per hospitalization and overall limit of Rs.1500/- per policy period
- Coverage for Modern Treatments.

❖ Are Pre- and Post Hospitalization expenses covered?

Yes. Pre-Hospitalization up-to 30 days prior to the date of admission

Post-Hospitalization calculated at 7% of the hospitalization expenses (excluding room rent) subject to a maximum of Rs. 5000/- incurred within 60 days from the date of discharge from the hospital.

❖ Who can take this insurance?

Persons above 5 months up to 65 years can take this Insurance. Dependant children can be covered only along with parents. Beyond 65 years, only renewals can be made. There is no capping on exit age.

❖ Are day-care treatments covered?

Yes. Following day-care treatments are covered up-to the limits indicated but Subject to waiting period as mentioned in the exclusions.

Lithotripsy (Kidney stone removal) Rs. 15,000/-

Tonsillectomy/Adenoidectomy Rs. 12,000/-

Incision and drainage of abscess Rs. 1,500/-

Liver aspiration /Pleural effusion aspiration Rs.2,000/-

Sclerotherapy Rs.5,000/-

Cataract as per benefit Chart.

Dialysis, Chemotherapy, Radiotherapy, Dental Surgery following accident are also covered under day-care treatment

❖ What are the limits of coverage?

- The expenses payable in respect of the following treatment/procedure is up-to the amount mentioned there-against

Schedule of Benefits

S.No.	Treatment / Procedure	Limit of Company's liability in one policy period (For single room occupancy)	
		Sum Insured Rs. 2,00,000/-	Sum Insured Rs. 3,00,000/-
1.	All Cardiac diseases /ailments		
	a. For Coronary Artery By-Pass Grafting(CABG)	Rs.1,10,000/-	Rs.1,25,000/-
	b. PTCA(All inclusive irrespective of the number of stents used) (The limits mentioned are inclusive of cost of Angiogram)	Rs.70,000/-	Rs.80,000/-
2.	Minor surgeries warranting Hospitalisation	Rs.12,000/-	Rs.15,000/-
3.	Admissions for medical diseases related to Cardio-Vascular System / Central Nervous System	Rs.35,000/-	Rs.45,000/-
4.	Major Surgeries (other than what is specifically provided)	Rs.35,000/-	Rs.45,000/-
5.	Oncology (all modes of therapy) including oral chemotherapy*, Immunotherapy-Monoclonal Antibody to be given as injection	Rs.70,000/-	Rs.1,00,000/-
6.	Accidental grievous injuries	Rs.70,000/-	Rs.1,00,000/-
7.	Joint Replacement	Rs.70,000/-	Rs.1,00,000/-

S.No.	Treatment / Procedure	Limit of Company's liability in one policy period (For single room occupancy)	
		Sum Insured Rs. 2,00,000/-	Sum Insured Rs. 3,00,000/-
8.	Renal Transplant surgery Dialysis Per sitting cost limited to Rs 1000/-	Rs.70,000/-	Rs.1,00,000/-
		Rs.15,000/-	Rs.20,000/-
9.	Cataract	Rs.15,000/-	Rs.20,000/-
10.	Treatment for infectious diseases	Up-to Rs.3,000/- per day subject to a maximum of Rs.9,000/- per hospitalization	Up-to Rs.4,500/- per day subject to a maximum of Rs.12,000/-per hospitalization
11.	Uterine artery Embolization and HIFU	Rs.35,000/-	Rs.45,000/-
12.	Balloon Sinuplasty	Rs.35,000/-	Rs.45,000/-
13.	Deep Brain Stimulation	Rs.35,000/-	Rs.45,000/-
14.	Intra Vitreal injections	Rs.10,000/-	Rs.15,000/-
15.	Robotic surgeries	Rs.35,000/-	Rs.45,000/-
16.	Stereotactic radio surgeries	Rs.35,000/-	Rs.45,000/-
17.	Bronchical Thermoplasty	Rs.35,000/-	Rs.45,000/-
18.	Vaporisation of the prostate (Green laser treatment or holmium laser treatment)	Rs.35,000/-	Rs.45,000/-
19.	IONM-(Intra Operative Neuro Monitoring)	Rs.35,000/-	Rs.45,000/-
20.	Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions	Rs.35,000/-	Rs.45,000/-

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

❖ Pre Acceptance Health Screening

Persons above 50 years may require undergoing pre-acceptance medical screening at the Company nominated centers. **50% of the cost towards such screening will be borne by the Company.* under all circumstances the proposer will be intimated in advance** about the need to undergo medical examination and the sharing of cost.

* At present the entire cost of medical screening is borne by the Company. The age for Health screening may be scaled downwards or upwards with due advance information to the customer.

❖ What are the exclusions under the policy?

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

- 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
- In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase
- If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage
- 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

- 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
- 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. The expenses for treatment of cataract, degenerative disc of vertebral diseases and prolapse of intervertebral disc (other than caused by accident), varicose veins and varicose ulcers, benign prostatic hypertrophy, deviated nasal septum, Sinusitis, Tonsillitis, Nasal polyps, Chronic Suppurative Otitis Media and related disorders, hernia, hydrocele, fistula / fissure in ano and hemorrhoids, congenital internal disease/defect
 2. All treatments (conservative, interventional, open, Laparoscopic) for Hepatobiliary Gall Bladder and Pancreatic stones and Genitourinary calculi
 3. All treatments (conservative, interventional, open, laparoscopic) for Uterine prolapse, Dysfunctional Uterine Bleeding, Fibroids, Pelvic Inflammatory Diseases, all diseases of fallopian tubes and ovaries
 4. Arthroscopic repair /removal [other than caused by an accident]
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:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres - **Code Excl 15**
16. **Unproven Treatments:** 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- **Code Excl 16**
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 - **Code Excl 19**
20. Congenital External condition/defect/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. Veneral Disease and Sexually Transmitted Disease (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 and Rotational Field Quantum Magnetic Resonance Therapy - **Code Excl 26**
27. Unconventional, Untested, Experimental therapies - **Code Excl 27**
28. Inoculation or Vaccination (except for post –bite treatment and for medical treatment for therapeutic reasons) - **Code Excl 31**
29. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization - **Code Excl 32**
30. Hospital registration charges, admission charges, record charges, telephone charges and such other charges - **Code Excl 34**
31. Cost of spectacles and contact lens, hearing aids including cochlear implants, walkers, crutches wheel chairs and such other aids - **Code Excl 35**
32. Other Excluded Expenses as detailed in the website www.starhealth.in - **Code Excl 37**
33. 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**
34. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicine other than allopathy - **Code Excl 39**
35. Naturopathy Treatment - **Code Excl 40**
- ❖ **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.
- ❖ **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

- ❖ **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

- 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
 - 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
 - Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;
- ❖ **Automatic Termination:** The insurance under this policy with respect to each relevant Insured Person shall terminate immediately on the earlier of the following events:
 - ✓ Upon the death of the Insured Person
 - ✓ Upon exhaustion of the sum insured under the policy as a whole

- ❖ **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/firmGuidelines_Layout.aspx?page=PageNo3987

- ❖ **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/firmGuidelines_Layout.aspx?page=PageNo3987

- ❖ **Withdrawal of the policy**

- In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

- ❖ **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.

- ❖ **Cancellation**

- 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;

Period on risk	Rate of premium to be retained
Up to one month	1/3rd of Annual Premium
Up to three months	1/2 of Annual Premium
Up to six months	3/4th of Annual Premium
Exceeding six months	Full Annual 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.

- 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

- ❖ **How to buy this insurance?**

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

Purchases can also be made on-line. Log on to www.starhealth.in Avail online discount of 5%.

- ❖ **Is there any Income Tax relief available?**

Premium paid by any mode other than cash for this insurance is eligible for relief under Section- 80D of the IT Act.

- ❖ **How to make a claim under the policy?**

A. Documents for Cashless Treatment

- Call the 24 hour help-line for assistance - 1800 425 2255/1800 104 2277
- Inform the ID number for easy reference
- On admission in the hospital, produce the customer ID Card issued by the Company at the Hospital Helpdesk
- Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.

- The Treating Doctor will complete the hospitalisation/ treatment information and the hospital will fill up expected cost of treatment. This form is submitted to the Company
- The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate.
- Once all the details are furnished, the Company will process the request as per the terms and conditions as well as the exclusions therein and either approve or reject the request based on the merits.
- In case of emergency hospitalization information to be given within 24 hours after hospitalization
- Cashless facility can be availed only in networked Hospitals. For details of Networked Hospitals, the insured may visit www.starhealth.in or contact the nearest branch.

In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents

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

B. Documents to be submitted for Reimbursement claims:

Duly completed claim form, and

- Pre Admission investigations and treatment papers.
- Discharge Summary from the hospital
- Cash receipts from hospital, chemists
- Cash receipts and reports for tests done
- Receipts from doctors, surgeons, anesthetist
- Certificate from the attending doctor regarding the diagnosis.
- Copy of PAN card

C. Provision of Penal Interest:

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

NOTE: The benefits and exclusions mentioned herein is only an outline of the policy. For complete details please contact our offices.

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

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

- ❖ **How much does it cost to take this insurance?**

Please refer the table below

Sum Insured Rs.2,00,000/-						
Age in years	Family Size					
	1A+1C	1A+2C	1A+3C	2A	2A+1C	2A+2C
5mths-35	2,800	3,100	3,650	3,000	3,700	4,500
36-45	3,250	3,750	4,500	3,600	4,200	5,000
46-50	5,100	5,600	6,300	5,550	6,100	6,900
51-55	5,600	6,200	7,000	6,200	7,000	7,900
56-60	6,400	7,000	7,800	7,200	8,100	9,100
61-65	9,000	9,800	11,000	10,100	11,400	12,800
* 66-70	11,300	12,300	13,800	12,700	14,300	16,000
* 71-75	14,700	16,000	18,000	16,600	18,600	20,800
* Above 75 yrs	19,200	20,800	23,400	21,600	24,200	27,100

Sum Insured Rs.3,00,000/-						
Age in years	Family Size					
	1A+1C	1A+2C	1A+3C	2A	2A+1C	2A+2C
5mths-35	3,710	3,825	4,400	3,985	4,300	4,800
36-45	3,940	4,300	5,200	4,360	4,830	5,600
46-50	5,900	6,400	7,100	6,300	6,900	7,700
51-55	6,930	7,160	7,900	7,605	7,900	9,100
56-60	8,500	9,000	10,095	10,030	10,625	11,090
61-65	11,900	12,600	14,200	14,100	14,900	15,600
66-70	14,900	15,800	17,800	17,700	18,700	19,500
71-75	19,400	20,600	23,200	23,100	24,400	25,400
Above 75 yrs	25,300	26,800	30,200	30,100	31,800	33,100

* For Renewals only

A - Adult | C-Child

Note: (Additional Child for 2A + 2C can be included at an additional premium of Rs. 1000/- for all age bands (Excluding Tax) for Rs.3,00,000 Sum Insured only.