



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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PROSPECTUS - FAMILY HEALTH OPTIMA ACCIDENT CARE POLICY

Unique Identification No.: SHAHLIP21240V042021

Section - I

The product provides for regular hospitalization benefits on floater basis

❖ Who can take this insurance?

Any person aged between 18 years and 65 years can take this insurance for his/her family consisting of Self, Spouse and dependent children not exceeding three in number. Beyond 65 years, only renewals are allowed. Dependent children are covered from 16th day of its birth till expiry of the policy subject to the limits mentioned above. If, at the commencement of the policy, the new born child is less than 16 days of age, the proposer can opt to cover such new born child also in the same policy by paying the applicable premium in full. However, the cover for such new born child will commence only from the 16th day of its birth and will continue till the expiry date of the policy. Maximum age limit for coverage of dependent children is 25 years.

❖ What is the policy term?

The policy is available for one year which can be renewed.

❖ What are the sum insured options available?

The sum insured options available are Rs.1,00,000/-, Rs.2,00,000/-, Rs.3,00,000/-, Rs.4,00,000/-, Rs.5,00,000/-, Rs.10,00,000/-, Rs.15,00,000/-, Rs.20,00,000/- and Rs.25,00,000/- only.

Note: Sum Insured options of Rs.1,00,000/- and Rs.2,00,000/- are available only for renewals.

❖ Pre-acceptance medical screening

All persons above 50 years of age and those who declare adverse medical history in the proposal form are required to undergo pre-acceptance medical screening at the Company designated Centers. At present 100% of cost of medical screening is borne by the Company. The age for Health screening may be scaled downwards or upwards subject to Regulator's approval. Due advance information will be given to the customer.

❖ What are the benefits available under the insurance?

A. Room, Boarding, Nursing Expenses all inclusive as provided by the Hospital / Nursing Home as per the limits given below:-

Sum Insured (Rs.)	Room Rent Limit (Rs.)
1,00,000/- and 2,00,000/-	Up to 2,000/- per day
3,00,000/- and 4,00,000/-	Up to 5,000/- per day
5,00,000/-, 10,00,000/-, 15,00,000/-, 20,00,000/- 25,00,000/-	Single Standard A/C Room

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 stent, 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.

Expenses relating to hospitalization will be considered in proportion to the eligible room rent stated in the policy or actual whichever is less.

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 the Hospital / Nursing Home and the Insured is discharged on the same day.

Expenses incurred on treatment of **Cataract** is subject to the limits as per the following table;

Sum Insured (Rs.)	Limit per eye (in Rs.)	Limit per policy period (in Rs.)
1,00,000/- and 2,00,000/-	Up to 12,000/- per eye, per policy period	
3,00,000/-	Up to 25,000/-	Up to 35,000/-
4,00,000/-	Up to 30,000/-	Up to 45,000/-
5,00,000/-	Up to 40,000/-	Up to 60,000/-
10,00,000/-, 15,00,000/-, 20,00,000/- 25,00,000/-	Up to 50,000/-	Up to 75,000/-

D. **Emergency ambulance** charges up-to a sum of 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 for hospitalization under the policy.

E. **Air Ambulance** charges up to 10% of the Basic Sum Insured during the entire policy period, provided that

- It is for life threatening emergency health condition/s of the insured person which requires immediate and rapid ambulance transportation to the hospital/medical centre that ground transportation cannot provide.
- Necessary medical treatment not being available at the location where the Insured Person is situated at the time of Emergency
- It is prescribed by a Medical Practitioner and is Medically Necessary;
- The insured person is in India and the treatment is in India only
- Such Air ambulance should have been duly licensed to operate as such by Competent Authorities of the Government/s

Note: This benefit is available for sum insured options of Rs.5,00,000/- and above only.

F. **Relevant Pre-Hospitalization** medical expenses incurred for a period not exceeding 60 days prior to the date of hospitalization, for the disease/illness, injury sustained following an admissible claim for hospitalization under the policy.

G. **Post Hospitalization** medical expenses incurred for a period of 90 days from the date of discharge from the hospital towards Consultant fees, Diagnostic charges, Medicines and Drugs wherever recommended by the Hospital / Medical Practitioner, 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.

H. **Domiciliary Hospitalization:** 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.

I. **Organ Donor Expenses** for organ transplantation where the insured person is the recipient are payable provided the claim for transplantation is payable and subject to the availability of the sum insured. Donor screening expenses and post-donation complications of the donor are not payable. This cover is subject to a limit of 10% of the Sum Insured or Rupees One lakh, whichever is less.

J. **Cost of Health Checkup:** Expenses incurred towards cost of health check-up up to the limits mentioned in the table given below for every claim free year provided the health checkup is done at network hospitals and the policy is in force. Payment under this benefit does not form part of the sum insured and will not impact the Bonus.

If a claim is made by any of the insured persons, the health check up benefits will not be available under the policy.

Note: Payment of expenses towards cost of health check up will not prejudice the company's right to deal with a claim in case of non disclosure of material fact and / or Pre-Existing Diseases in terms of the policy

Sum Insured (Rs.)	Limit Per Policy Period (Rs.)
1,00,000/- and 2,00,000/-	Not Available
3,00,000/-	Up to 750/-
4,00,000/-	Up to 1000/-
5,00,000/-	Up to 1500/-
10,00,000/-	Up to 2000/-
15,00,000/-	Up to 2500/-
20,00,000/-	Up to 3000/-
25,00,000/-	Up to 3500/-

- K. 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 Sum Insured or Rupees Fifty thousand, whichever is less, subject to the availability of the sum insured, provided the mother is 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**) as stated under this policy shall not apply for the New Born Baby
- All other terms, conditions and exclusions shall apply for the New Born Baby

- L. Emergency Domestic Medical Evacuation:** Subject to limits mentioned in the table given below, the Company will reimburse reasonable and necessary expenses incurred towards transportation of the insured person from the hospital where the insured person is currently undergoing treatment to another hospital for further treatment provided:
- The medical condition of the Insured Person is a life threatening emergency,
 - Further treatment facilities are not available in the current hospital
 - The Medical Evacuation is recommended by the treating Medical Practitioner.
 - Claim for Hospitalization is admissible under the policy.

Sum Insured (Rs.)	Limit per hospitalization (Rs.)
Up to 4,00,000/-	Up to 5,000/-
5,00,000/- to 15,00,000/-	Up to 7,500/-
20,00,000/- and 25,00,000/-	Up to 10,000/-

Note : Payment under this benefit does not form part of the sum insured but will impact the Bonus

- M. Compassionate travel:** In the event of the insured person being hospitalized for a life threatening emergency at a place away from his usual place of residence as recorded in the policy, the Company will reimburse the transportation expenses by air incurred upto Rs5000/- for one immediate family member (other than the travel companion) for travel towards the place where hospital is located, provided the claim for hospitalization is admissible under the policy.

Note: This benefit is available for sum insured options of Rs.10,00,000/- and above only. Payment under this benefit does not form part of the sum insured but will impact the Bonus

- N. Repatriation of Mortal Remains** Following an admissible claim for hospitalization under the policy, the Company shall reimburse up to Rs.5,000/- per policy period towards the cost of repatriation of mortal remains of the insured person (including the cost of embalming and coffin charges) to the residence of the Insured as recorded in the policy. Payment under this benefit does not form part of the sum insured but will impact the Bonus

- O. Treatment in Preferred Network Hospitals:** In the event of a medical contingency requiring hospitalization, if the insured seeks advice from the Company, the Company may suggest an appropriate hospital from the network for treatment. Where the insured accepts the same and undergoes treatment in the suggested hospital, an amount calculated at 1% of Basic Sum Insured subject to a maximum of Rs.5,000/- per policy period is payable as lump sum.

Note:

- This benefit is applicable for Basic Sum Insured of Rs.3,00,000/- and above only.
- This benefit is payable only if there is an admissible claim for hospitalization under the policy.
- This benefit shall be paid if a hospital is a part of the list as on date of admission
- Payment under this benefit does not form part of the sum insured but will impact the Bonus
- The Company shall not be responsible for the quality of the treatment in the Preferred Network Facility
- FOR LIST OF PREFERRED NETWORK HOSPITALS PLEASE VISIT WEBSITE: www.starhealth.in

- P. Shared accommodation:** If the Insured person occupies, a shared accommodation during in-patient hospitalization, then amount as per table given below will be payable for each continuous and completed period of 24 hours of stay in such shared accommodation.

Sum Insured (Rs.)	Limit per day (Rs.)
1,00,000/- and 2,00,000/-	Not Payable
3,00,000/-, 4,00,000/-, 5,00,000/- 10,00,000/-, 15,00,000/-	800/- per day
20,00,000/- and 25,00,000/-	1,000/- per day

Note:

- This benefit is applicable for Basic Sum Insured of Rs.3,00,000/- and above only.
- This benefit is payable only if there is an admissible claim for hospitalization under the policy
- This benefit will not be applicable where the sanction is on package rates
- Insured 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 sum insured but will impact the Bonus

- Q. AYUSH Treatment: Expenses incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines** in a Government Hospital or in any institute recognized by the government and/or accredited by the Quality Council of India/National Accreditation Board on Health is payable up to the limits given below:

Sum Insured (Rs.)	Limit per policy period (Rs.)
1,00,000/-, 2,00,000/-, 3,00,000/- and 4,00,000/-	Up to Rs.10,000/-
5,00,000/- and 15,00,000/-	Up to Rs.15,000/-
20,00,000/- and 25,00,000/-	Up to Rs.20,000/-

Note: Payment under this benefit forms part of the sum insured and will impact the Bonus

- R. Second Medical Opinion:** The Insured Person can obtain a Medical Second Opinion from a Doctor in the Company's network of Medical Practitioners. All the medical records provided by the Insured Person will be submitted to the Doctor chosen by him/her online and the medical opinion will be made available directly to the Insured by the Doctor. To utilize this benefit, all medical records should be forwarded to the mail-id "e_medicalopinion@starhealth.in."

Special Conditions:-

- This should be specifically requested for by the Insured Person
- This opinion is given based only on the medical records submitted without examining the patient,
- The second opinion should be only for medical reasons and not for medico-legal purposes.
- Any liability due to any errors or omission or consequences of any action taken in reliance of the second opinion provided by the Medical Practitioner is outside the scope of this policy.
- Utilizing this facility alone will not amount to making a claim

Note: Medical Records / Documents submitted for utilizing this facility will not prejudice the Company's right to reject a claim in terms of policy.

- S. Assisted Reproduction Treatment:** The Company will reimburse medical expenses incurred on Assisted Reproduction Treatment, where indicated, for sub-fertility subject to:

- A waiting period of 36 months from the date of first inception of this policy with the Company for the insured person.
The maximum liability of the Company for such treatment shall be limited to Rs.1,00,000/- for Sum Insured of Rs.5,00,000/- and Rs.2,00,000/- for Sum Insured of Rs.10,00,000/- and above for every block of 36 months and payable on renewal
- For the purpose of claiming under this benefit, in-patient treatment is not mandatory.
- Automatic Restoration of Basic Sum Insured, Recharge Benefit shall not be applicable for this benefit.

Note: To be eligible for this benefit both husband and spouse should stay insured continuously without break under this policy for every block. This coverage is available only for sum insured options of Rs.5,00,000/- and above

Special 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:

- Pre and Post treatment expenses
- Sub-fertility services that are deemed to be unproven, experimental or investigational
- Services not in accordance with standards of good medical practice and not uniformly recognized and professionally endorsed by the general medical community at the time it is to be provided.
- Reversal of voluntary sterilization
- Treatment undergone for second or subsequent pregnancies except where the child from the first delivery/ previous deliveries is/are not alive at the time of treatment
- Payment for services rendered to a surrogate
- Costs associated with cryopreservation and storage of sperm, eggs and embryos
- Selective termination of an embryo
- Services done at unrecognized centre
- Surgery / procedures that enhances fertility like Tubal Occlusion, Bariatric Surgery, Diagnostic Laparoscopy with Ovarian Drilling and such other similar surgery / procedures

- T. Automatic Restoration of Basic Sum Insured (Applicable for A to I, K, Q Only):** There shall be automatic restoration of the Basic Sum Insured immediately upon exhaustion of the **limit of coverage**, which has been defined, during the policy period.

Such Automatic Restoration is available 3 times at 100% each time, during the policy period. Each restoration will operate only after the exhaustion of the earlier one.

It is made clear that such restored Sum Insured can be utilized only for illness / disease unrelated to the illness / diseases for which claim/s was / were made. The unutilized restored sum insured cannot be carried forward. This Benefit is not available for Modern Treatment.

Note: Automatic Restoration of Basic Sum Insured is available only for sum insured options of Rs.3,00,000/- and above

U. Recharge Benefit (Applicable for A to I, K, Q): If the limit of coverage under the policy is exhausted/ exceeded during the policy period, additional indemnity up to the limits stated in the table given below would be provided once for the remaining policy period. Such additional indemnity can be utilized even for the same hospitalization or for the treatment of diseases / illness / injury / for which claim was paid / payable under the policy. The unutilized Recharge amount cannot be carried forward. This Benefit is not available for Modern Treatment.

Sum Insured (Rs.)	Limit (Rs.)
1,00,000/- and 2,00,000/-	Not Available
3,00,000/-	75,000/-
4,00,000/-	1,00,000/-
5,00,000/-, 10,00,000/-, 15,00,000/-, 20,00,000/- and 25,00,000/-	1,50,000/-

V. Additional 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 25% subject to a maximum of Rs.5,00,000/- and 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 sum insured shall be available only once during the policy period.
- The additional sum insured shall be available after exhaustion of the **limit of coverage**.
- The additional sum insured can be utilized only for the particular hospitalization following the Road Traffic Accident
- Automatic Restoration of Basic Sum Insured and Recharge Benefit 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 Bonus

W. Bonus (Applicable for A to I, L to Q, S and V) In respect of a claim free year of Insurance, for the Basic Sum Insured options Rs.3,00,000/- and above, the insured would be entitled to benefit of bonus of 25% of the expiring Basic Sum Insured in the second year and additional 10% of the expiring Basic Sum Insured for the subsequent years. The maximum allowable bonus shall not exceed 100% The Bonus will be calculated on the expiring sum insured or on the renewed sum insured whichever is less. Bonus will be given on that part of sum insured which is continuously renewed. If the insured opts to reduce the sum insured at the subsequent renewal, the limit of indemnity by way of such Bonus shall not exceed such reduced sum insured.

Bonus shall be available only upon timely renewal without break or upon renewal within the grace period allowed.

In the event of a claim, such bonus so granted will be reduced at the same rate at which it has accrued. However the Basic sum insured, will not be reduced.

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

Sum Insured in (Rs.)	Uterine artery Embolization and HIFU,	Balloon Sinuplasty,	Deep Brain Stimulation	Oral Chemotherapy* (Sublimits including Pre and Post Hospitalisation)	Immunotherapy-Monoclonal Antibody to be given as injection	Intra Vitreal injections
	Limit per policy period for each treatment / procedure (Rs.)					
1,00,000/-	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/-
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 policy period for each treatment / procedure (Rs.)					
1,00,000/-	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/-
20,00,000/-	4,50,000/-	2,75,000/-				4,50,000/-
25,00,000/-	5,00,000/-	3,00,000/-				5,00,000/-

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

❖ **What is the co-payment under the policy?**

Co-payment (Applicable for A to H, Q and Y): This policy is subject to co-payment of 20% of each and every claim amount for fresh as well as renewal policies for insured persons whose age at the time of entry is 61 years and above.

❖ **What are the Special Features of this policy?**

- Domiciliary Hospitalization
- Organ Donor Expenses
- Cost of Health Checkup
- Hospitalization expenses for treatment of New Born Baby
- Emergency Domestic Medical Evacuation
- Compassionate travel
- Repatriation of Mortal Remains
- Treatment in Preferred Network Hospitals
- Shared accommodation
- AYUSH Treatment
- Second Medical Opinion
- Assisted Reproduction Treatment
- Automatic Restoration of Basic Sum Insured
- Recharge Benefit
- Additional Sum Insured for RTA
- Bonus
- Coverage for Modern treatments

❖ **What are the exclusions available 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 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
- 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
- The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion
- 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;
- a. Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Prolapse of Intervertebral Disc (other than caused by accident), Varicose veins and Varicose ulcers, Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula, all Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies, all types of Hernia, Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele, Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence and Congenital Internal disease / defect
 - b) All treatments (conservative, interventional, laparoscopic and open) related to Hepatopancreato-biliary diseases including Gall bladder and Pancreatic calculi. All types of management for Kidney and Genitourinary tract calculi
 - c) All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries (other than due to cancer), Uterine Bleeding, Pelvic Inflammatory Diseases and Benign diseases of the breast
 - d) 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]
 - e) All types of treatment for Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system
 - f) Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology
 - g) All types of transplant and related surgeries
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 Type 2 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**Note:** Except to the extent covered under Coverage 1S
 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**
- ❖ **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.

❖ **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

❖ **What is renewal procedure?**

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 120 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

❖ **Can the sum insured under the policy be enhanced?**

The sum insured can be enhanced at the time of renewal of this policy subject to no claim being lodged or paid under this policy; both the acceptance for enhancement and the amount of enhancement will be at the discretion of the Company. Where the sum insured is enhanced, the amount of such additional sum insured (including the respective sublimit) shall be subject to the following terms

A Waiting period as under shall apply afresh from the date of such enhancement for the increase in the sum insured, that is, the difference between the expiring policy sum insured and the increased current sum insured.

1. First 30 days as under Exclusion **Code Excl 03**
2. 24 months with continuous coverage without break (with grace period) in respect of diseases / treatments falling under Exclusion **Code Excl 02**
3. 48 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases. Exclusion **Code Excl 01**
4. 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

❖ **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.

❖ **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.

❖ **Automatic Termination:** The insurance under this policy shall terminate immediately on the earlier of the following events;

- ✓ Upon the death of the Insured Person This means that, the cover for the surviving members of the family will continue, subject to other terms of the policy.
- ✓ Upon exhaustion of the Basic Sum Insured, Basic Sum Insured Plus Bonus, Basic Sum Insured Plus Bonus Plus Restore and/or Recharge Sum Insured

❖ **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;

❖ **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;

PERIOD ON RISK	RATE OF PREMIUM TO BE RETAINED
Up to one month	25% of the annual premium
Exceeding one month up to 3 months	40% of the annual premium
Exceeding 3 months up to 6 months	60% of the annual premium
Exceeding 6 months up to 9 months	80% of the annual premium
Exceeding 9 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.

- 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

❖ **Is there any Income Tax Benefit? :** Insured Person is eligible for relief under Section 80-D of the Income Tax Act in respect of the amount paid by any mode other than cash.

❖ **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

❖ **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

❖ **How to buy this insurance?**

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

5% discount for direct online purchase.

For On-line purchase visit www.starhealth.in

❖ **How to make a claim under this policy?**

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-authorization Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk
- e. The Treating Doctor will complete the hospitalization / treatment information and the hospital will fill up expected cost of treatment
- f. This form is submitted to the Company
- g. The Company will process the request and call for additional documents/clarifications if the information furnished is inadequate
- h. 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
- i. In case of emergency hospitalization information to be given within 24 hours after hospitalization
- j. Cashless facility can be availed only in networked Hospitals

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 permissible reimbursement.

In non-network hospitals payment must be made up-front by Insured /Insured Person and then reimbursement will be effected on submission of documents upon its admissibility.

For Reimbursement Claims:

- a. Duly completed claim form, and
- b. Pre Admission investigations and treatment papers.
- c. Discharge Summary from the hospital in original
- d. Cash receipts from hospital, chemists
- e. Cash receipts and reports for tests done
- f. Receipts from doctors, surgeons, anaesthetist
- g. Certificate from the attending doctor regarding the diagnosis
- h. First Information Report in-case of Road Traffic Accident
- i. Copy of PAN card

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.

Zone 1a means Chennai, Bangalore, Pune, Nasik, Ernakulam, Trivandrum and Rest of Gujarat.

Family Size	Age-band in years	Sum Insured in Rs.								
		1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
1A+1C	16days-35	5,010	5,470	6,295	7,150	8,180	10,615	12,525	14,120	15,625
	36-45	5,525	6,050	6,915	7,840	8,905	11,545	13,620	15,350	16,975
	46-50	7,980	8,775	9,835	11,110	12,335	15,940	18,810	21,155	23,365
	51-55	9,505	10,470	11,855	13,470	15,115	19,025	22,670	25,405	27,975
	56-60	12,340	13,620	15,230	17,250	19,200	24,105	28,665	32,120	35,360
	61-65	15,775	17,435	19,315	21,825	24,135	30,250	35,920	40,245	44,295
	66-70	19,845	21,955	24,160	27,250	29,990	37,535	44,520	49,875	54,890
	71-75	22,200	24,575	26,960	30,390	33,380	41,755	49,500	55,450	61,025
	76-80	24,400	27,020	29,580	33,320	36,545	45,695	54,145	60,660	66,750
Above 80	26,335	29,170	31,885	35,900	39,330	49,165	58,235	65,240	71,790	
1A+2C	16days-35	6,595	7,235	8,180	9,260	10,395	13,450	15,875	17,870	19,750
	36-45	7,120	7,815	8,805	9,965	11,130	14,395	16,985	19,115	21,120
	46-50	9,540	10,505	11,685	13,190	14,515	18,730	22,100	24,845	27,420
	51-55	11,395	12,570	14,105	15,990	17,835	22,410	26,670	29,880	32,900
	56-60	14,025	15,490	17,235	19,495	21,620	27,120	32,225	36,105	39,745
	61-65	18,135	20,060	22,125	24,975	27,535	34,480	40,910	45,835	50,445
	66-70	22,115	24,480	26,860	30,275	33,260	41,605	49,320	55,250	60,805
	71-75	24,745	27,400	29,990	33,780	37,040	46,315	54,875	61,475	67,650
	76-80	27,200	30,125	32,910	37,050	40,575	50,710	60,060	67,280	74,035
Above 80	29,360	32,525	35,480	39,930	43,680	54,575	64,625	72,390	79,660	
1A+3C	16days-35	9,080	9,995	11,140	12,575	13,870	17,905	21,125	23,755	26,220
	36-45	10,065	11,090	12,310	13,890	15,250	19,670	23,210	26,085	28,790
	46-50	13,515	14,925	16,420	18,490	20,080	25,850	30,505	34,255	37,775
	51-55	16,380	18,105	20,035	22,630	25,005	31,335	37,200	41,675	45,870
	56-60	20,180	22,330	24,560	27,700	30,475	38,140	45,230	50,675	55,770
	61-65	25,675	28,435	31,095	35,020	38,380	47,980	56,840	63,675	70,070
	66-70	29,495	32,680	35,645	40,110	43,880	54,820	64,915	72,720	80,015
	71-75	33,010	36,585	39,825	44,795	48,935	61,115	72,340	81,035	89,170
	76-80	36,290	40,230	43,730	49,170	53,655	66,990	79,275	88,800	97,710
Above 80	39,180	43,440	47,165	53,015	57,810	72,160	85,375	95,635	105,225	
2A	16days-35	5,590	6,120	6,985	7,925	8,990	11,655	13,755	15,495	17,140
	36-45	6,665	7,315	8,270	9,360	10,500	13,585	16,030	18,045	19,945
	46-50	9,705	10,690	11,885	13,410	14,750	19,025	22,450	25,240	27,855
	51-55	11,985	13,225	14,810	16,780	18,685	23,470	27,915	31,280	34,435
	56-60	15,170	16,760	18,595	21,020	23,265	29,165	34,640	38,810	42,720
	61-65	18,910	20,920	23,050	26,005	28,650	35,865	42,545	47,665	52,460
	66-70	22,275	24,660	27,055	30,490	33,495	41,895	49,660	55,635	61,225
	71-75	24,925	27,605	30,205	34,020	37,305	46,640	55,260	61,905	68,120
	76-80	26,905	29,800	32,560	36,660	40,150	50,180	59,440	66,585	73,270
Above 80	29,040	32,175	35,100	39,505	43,225	54,005	63,950	71,640	78,830	
2A+1C	16days-35	6,875	7,550	8,520	9,640	10,795	13,960	16,475	18,545	20,490
	36-45	7,920	8,705	9,760	11,030	12,250	15,825	18,680	21,010	23,205
	46-50	11,005	12,135	13,430	15,145	16,570	21,355	25,200	28,315	31,240
	51-55	13,490	14,895	16,600	18,785	20,850	26,160	31,095	34,840	38,355
	56-60	16,945	18,735	20,710	23,390	25,825	32,350	38,395	43,020	47,350
	61-65	20,295	22,455	24,695	27,850	30,640	38,345	45,475	50,945	56,065
	66-70	23,310	25,805	28,280	31,865	34,975	43,745	51,840	58,075	63,910
	71-75	26,080	28,885	31,580	35,560	38,965	48,710	57,700	64,640	71,130
	76-80	28,670	31,760	34,660	39,010	42,690	53,345	63,170	70,765	77,870
Above 80	30,945	34,295	37,370	42,045	45,965	57,420	67,980	76,155	83,795	
2A+2C	16days-35	8,500	9,355	10,450	11,805	13,065	16,870	19,910	22,390	24,720
	36-45	9,425	10,380	11,550	13,035	14,355	18,520	21,855	24,570	27,120
	46-50	12,650	13,965	15,390	17,335	18,870	24,300	28,675	32,210	35,525
	51-55	15,330	16,940	18,785	21,230	23,495	29,450	34,980	39,190	43,135
	56-60	18,885	20,890	23,015	25,970	28,610	35,815	42,490	47,600	52,390
	61-65	22,620	25,040	27,460	30,945	33,985	42,510	50,385	56,445	62,115
	66-70	25,980	28,775	31,460	35,430	38,820	48,530	57,490	64,400	70,870
	71-75	29,075	32,210	35,145	39,550	43,275	54,070	64,025	71,720	78,925
	76-80	31,960	35,420	38,580	43,400	47,425	59,240	70,125	78,555	86,440
Above 80	34,505	38,245	41,600	46,785	51,080	63,790	75,495	84,570	93,055	
2A+3C	16days-35	11,295	12,460	13,780	15,530	16,975	21,875	25,815	29,005	32,000
	36-45	12,530	13,830	15,245	17,175	18,700	24,085	28,420	31,920	35,205
	46-50	16,845	18,625	20,380	22,925	24,735	31,810	37,540	42,135	46,440
	51-55	20,425	22,600	24,850	28,020	30,825	38,575	45,745	51,245	56,400
	56-60	25,175	27,880	30,500	34,355	37,660	47,085	55,785	62,495	68,770
	61-65	30,170	33,430	36,445	41,010	44,850	56,030	66,340	74,315	81,775
	66-70	34,665	38,425	41,795	47,000	51,315	64,080	75,835	84,950	93,475
	71-75	38,800	43,020	46,715	52,510	57,265	71,485	84,575	94,740	104,240
	76-80	42,660	47,305	51,305	57,655	62,820	78,395	92,730	103,875	114,290
Above 80	46,055	51,080	55,350	62,180	67,705	84,480	99,910	111,910	123,130	

A = Adult, C = Child

Zone 2 means Coimbatore, Indore City, and Rest of Kerala.

Family Size	Age-band in years	Sum Insured in Rs.								
		1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
1A+1C	16days-35	4,695	5,125	6,025	6,845	7,885	10,350	12,210	13,765	15,240
	36-45	5,180	5,660	6,610	7,505	8,590	11,250	13,270	14,960	16,550
	46-50	7,470	8,210	9,390	10,620	11,925	15,515	18,305	20,595	22,750
	51-55	8,895	9,790	11,330	12,880	14,505	18,525	22,075	24,745	27,245
	56-60	11,545	12,740	14,545	16,480	18,430	23,455	27,895	31,260	34,420
	61-65	14,755	16,300	18,435	20,840	23,180	29,425	34,940	39,150	43,095
	66-70	18,560	20,525	23,045	26,000	28,805	36,500	43,285	48,495	53,375
	71-75	20,760	22,975	25,715	28,995	32,070	40,595	48,120	53,910	59,335
	76-80	22,815	25,260	28,210	31,785	35,110	44,420	52,635	58,965	64,895
Above 80	24,625	27,270	30,400	34,240	37,790	47,785	56,605	63,415	69,785	
1A+2C	16days-35	6,175	6,770	7,820	8,855	10,035	13,105	15,460	17,405	19,245
	36-45	6,665	7,315	8,415	9,525	10,750	14,020	16,535	18,615	20,570
	46-50	8,930	9,830	11,160	12,595	14,040	18,225	21,505	24,175	26,690
	51-55	10,665	11,755	13,470	15,280	17,120	21,810	25,955	29,085	32,025
	56-60	13,120	14,485	16,455	18,620	20,760	26,385	31,350	35,130	38,675
	61-65	16,960	18,755	21,110	23,835	26,445	33,530	39,785	44,575	49,060
	66-70	20,680	22,885	25,620	28,885	31,950	40,445	47,945	53,715	59,120
	71-75	23,140	25,615	28,600	32,220	35,585	45,020	53,340	59,760	65,765
	76-80	25,430	28,165	31,380	35,335	38,980	49,285	58,375	65,395	71,965
Above 80	27,450	30,405	33,825	38,080	41,970	53,040	62,805	70,360	77,425	
1A+3C	16days-35	8,500	9,350	10,635	12,010	13,415	17,425	20,555	23,120	25,525
	36-45	9,420	10,375	11,755	13,265	14,755	19,140	22,580	25,385	28,015
	46-50	12,645	13,960	15,665	17,645	19,440	25,140	29,660	33,315	36,740
	51-55	15,320	16,930	19,120	21,605	24,015	30,475	36,180	40,540	44,620
	56-60	18,875	20,880	23,430	26,430	29,275	37,085	43,980	49,275	54,230
	61-65	24,010	26,585	29,655	33,405	36,875	46,635	55,250	61,895	68,115
	66-70	27,580	30,550	33,985	38,250	42,160	53,280	63,090	70,675	77,775
	71-75	30,865	34,200	37,965	42,715	47,025	59,390	70,300	78,750	86,660
	76-80	33,930	37,610	41,685	46,880	51,560	65,095	77,030	86,290	94,950
Above 80	36,630	40,605	44,955	50,540	55,555	70,115	82,955	92,925	1,02,245	
2A	16days-35	5,235	5,725	6,680	7,585	8,675	11,360	13,400	15,100	16,705
	36-45	6,245	6,845	7,905	8,950	10,140	13,235	15,610	17,580	19,430
	46-50	9,085	10,000	11,345	12,805	14,265	18,515	21,845	24,560	27,110
	51-55	11,215	12,370	14,140	16,030	17,940	22,840	27,170	30,445	33,520
	56-60	14,190	15,675	17,750	20,070	22,340	28,370	33,695	37,755	41,560
	61-65	17,685	19,560	21,990	24,815	27,515	34,875	41,370	46,355	51,020
	66-70	20,835	23,055	25,805	29,090	32,175	40,730	48,280	54,090	59,530
	71-75	23,310	25,805	28,805	32,455	35,840	45,335	53,715	60,175	66,225
	76-80	25,155	27,860	31,045	34,965	38,575	48,775	57,770	64,720	71,225
Above 80	27,155	30,080	33,465	37,675	41,530	52,490	62,155	69,630	76,620	
2A+1C	16days-35	6,440	7,065	8,140	9,220	10,425	13,600	16,040	18,060	19,960
	36-45	7,415	8,145	9,320	10,540	11,840	15,410	18,180	20,455	22,595
	46-50	10,300	11,350	12,820	14,460	16,030	20,775	24,510	27,550	30,395
	51-55	12,620	13,930	15,845	17,940	20,020	25,455	30,255	33,905	37,325
	56-60	15,850	17,520	19,765	22,325	24,800	31,460	37,345	41,840	46,055
	61-65	18,980	20,995	23,555	26,575	29,435	37,285	44,215	49,535	54,520
	66-70	21,795	24,125	26,975	30,400	33,600	42,525	50,395	56,460	62,135
	71-75	24,390	27,005	30,115	33,920	37,440	47,345	56,085	62,830	69,145
	76-80	26,805	29,695	33,050	37,205	41,020	51,845	61,395	68,780	75,685
Above 80	28,935	32,060	35,630	40,095	44,170	55,805	66,065	74,010	81,440	
2A+2C	16days-35	7,960	8,750	9,980	11,280	12,630	16,425	19,375	21,795	24,065
	36-45	8,820	9,710	11,025	12,450	13,885	18,025	21,265	23,910	26,400
	46-50	11,835	13,060	14,685	16,545	18,265	23,635	27,890	31,330	34,555
	51-55	14,340	15,840	17,930	20,270	22,560	28,650	34,025	38,125	41,965
	56-60	17,660	19,530	21,955	24,785	27,480	34,830	41,315	46,290	50,950
	61-65	21,150	23,410	26,190	29,525	32,645	41,325	48,980	54,875	60,395
	66-70	24,295	26,900	30,000	33,790	37,300	47,170	55,880	62,600	68,890
	71-75	27,185	30,115	33,505	37,720	41,580	52,550	62,225	69,710	76,710
	76-80	29,885	33,110	36,780	41,385	45,575	57,570	68,150	76,345	84,010
Above 80	32,260	35,750	39,660	44,610	49,090	61,985	73,360	82,180	90,430	
2A+3C	16days-35	10,570	11,655	13,150	14,830	16,425	21,285	25,110	28,215	31,135
	36-45	11,725	12,935	14,545	16,390	18,100	23,425	27,640	31,050	34,250
	46-50	15,755	17,415	19,435	21,870	23,960	30,930	36,490	40,965	45,155
	51-55	19,100	21,130	23,705	26,740	29,610	37,505	44,475	49,830	54,845
	56-60	23,540	26,065	29,085	32,770	36,185	45,770	54,225	60,750	66,855
	61-65	28,210	31,250	34,745	39,110	43,095	54,450	64,470	72,225	79,475
	66-70	32,410	35,920	39,840	44,815	49,310	62,265	73,695	82,555	90,840
	71-75	36,275	40,215	44,530	50,060	55,035	69,455	82,175	92,055	101,290
	76-80	39,880	44,220	48,900	54,960	60,375	76,165	90,095	100,925	111,045
Above 80	43,055	47,750	52,750	59,270	65,070	82,070	97,065	108,730	119,630	

A = Adult, C = Child

Zone 3 means Rest of India

Family Size	Age-band in years	Sum Insured in Rs.								
		1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
1A+1C	16days-35	4,215	4,590	5,530	6,290	7,400	9,730	11,475	12,950	14,340
	36-45	4,645	5,070	6,065	6,890	8,055	10,565	12,460	14,050	15,550
	46-50	6,695	7,345	8,590	9,720	11,140	14,515	17,125	19,275	21,295
	51-55	7,965	8,755	10,370	11,805	13,335	17,325	20,665	23,160	25,505
	56-60	10,330	11,385	13,295	15,080	16,905	21,895	26,050	29,195	32,145
	61-65	13,195	14,570	16,830	19,040	21,220	27,420	32,575	36,500	40,180
	66-70	16,590	18,340	21,020	23,735	26,335	33,970	40,300	45,155	49,700
	71-75	18,560	20,525	23,450	26,455	29,300	37,760	44,780	50,170	55,215
	76-80	20,395	22,565	25,715	28,995	32,070	41,305	48,955	54,850	60,365
Above 80	22,010	24,360	27,710	31,225	34,500	44,420	52,635	58,965	64,895	
1A+2C	16days-35	5,535	6,055	7,160	8,120	9,395	12,280	14,485	16,320	18,045
	36-45	5,975	6,545	7,700	8,725	10,055	13,125	15,485	17,440	19,275
	46-50	7,995	8,790	10,195	11,520	13,100	17,025	20,085	22,590	24,940
	51-55	9,540	10,510	12,320	13,990	15,715	20,370	24,255	27,180	29,930
	56-60	11,735	12,950	15,030	17,025	19,020	24,605	29,250	32,780	36,085
	61-65	15,165	16,760	19,265	21,765	24,190	31,220	37,060	41,520	45,705
	66-70	18,485	20,450	23,360	26,355	29,195	37,625	44,615	49,985	55,015
	71-75	20,680	22,885	26,070	29,390	32,500	41,860	49,610	55,580	61,170
	76-80	22,730	25,160	28,600	32,220	35,585	45,810	54,275	60,800	66,915
Above 80	24,530	27,165	30,825	34,715	38,305	49,285	58,375	65,395	71,965	
1A+3C	16days-35	7,610	8,360	9,720	10,985	12,520	16,280	19,210	21,605	23,865
	36-45	8,430	9,275	10,735	12,125	13,760	17,870	21,080	23,705	26,170
	46-50	11,310	12,475	14,295	16,110	18,100	23,425	27,640	31,050	34,250
	51-55	13,700	15,130	17,455	19,740	21,980	28,390	33,720	37,785	41,595
	56-60	16,875	18,655	21,370	24,125	26,760	34,510	40,945	45,875	50,490
	61-65	21,455	23,750	27,030	30,465	33,670	43,355	51,380	57,560	63,345
	66-70	24,645	27,290	30,965	34,870	38,475	49,505	58,635	65,690	72,290
	71-75	27,580	30,550	34,585	38,930	42,895	55,165	65,315	73,170	80,515
	76-80	30,315	33,590	37,965	42,715	47,025	60,445	71,545	80,150	88,195
Above 80	32,725	36,270	40,940	46,045	50,655	65,095	77,030	86,290	94,950	
2A	16days-35	4,700	5,125	6,125	6,960	8,135	10,665	12,580	14,185	15,700
	36-45	5,595	6,125	7,235	8,205	9,490	12,400	14,630	16,475	18,220
	46-50	8,130	8,945	10,365	11,710	13,310	17,290	20,400	22,940	25,330
	51-55	10,035	11,060	12,930	14,670	16,455	21,320	25,380	28,440	31,315
	56-60	12,690	14,010	16,205	18,340	20,460	26,445	31,420	35,210	38,760
	61-65	15,810	17,475	20,060	22,660	25,165	32,465	38,530	43,170	47,515
	66-70	18,620	20,600	23,530	26,545	29,400	37,885	44,925	50,335	55,395
	71-75	20,835	23,055	26,260	29,600	32,730	42,150	49,955	55,970	61,595
	76-80	22,485	24,890	28,295	31,880	35,215	45,335	53,715	60,175	66,225
Above 80	24,265	26,870	30,495	34,345	37,905	48,775	57,770	64,720	71,225	
2A+1C	16days-35	5,770	6,320	7,455	8,450	9,750	12,740	15,030	16,925	18,710
	36-45	6,640	7,285	8,525	9,650	11,065	14,415	17,005	19,140	21,150
	46-50	9,215	10,150	11,705	13,210	14,945	19,385	22,870	25,710	28,375
	51-55	11,290	12,455	14,480	16,405	18,350	23,745	28,235	31,640	34,835
	56-60	14,175	15,655	18,040	20,395	22,695	29,305	34,800	38,990	42,920
	61-65	16,970	18,760	21,485	24,255	26,905	34,695	41,160	46,115	50,760
	66-70	19,485	21,555	24,590	27,735	30,695	39,550	46,885	52,530	57,810
	71-75	21,795	24,125	27,450	30,935	34,185	44,010	52,150	58,425	64,300
	76-80	23,955	26,525	30,115	33,920	37,440	48,180	57,070	63,935	70,355
Above 80	25,855	28,635	32,460	36,545	40,300	51,845	61,395	68,780	75,685	
2A+2C	16days-35	7,130	7,825	9,125	10,320	11,795	15,355	18,115	20,380	22,515
	36-45	7,895	8,680	10,075	11,385	12,955	16,840	19,865	22,345	24,670
	46-50	10,590	11,675	13,400	15,110	17,015	22,035	25,995	29,210	32,225
	51-55	12,825	14,155	16,370	18,525	20,660	26,700	31,725	35,550	39,135
	56-60	15,790	17,450	20,035	22,630	25,130	32,425	38,480	43,110	47,455
	61-65	18,910	20,915	23,880	26,940	29,830	38,435	45,575	51,060	56,195
	66-70	21,715	24,035	27,345	30,820	34,055	43,850	51,960	58,215	64,065
	71-75	24,295	26,900	30,530	34,385	37,945	48,830	57,840	64,795	71,305
	76-80	26,705	29,580	33,505	37,720	41,580	53,480	63,320	70,940	78,060
Above 80	28,825	31,935	36,125	40,650	44,775	57,570	68,150	76,345	84,010	
2A+3C	16days-35	9,460	10,420	12,005	13,545	15,310	19,855	23,425	26,330	29,055
	36-45	10,490	11,560	13,275	14,970	16,860	21,840	25,765	28,950	31,940
	46-50	14,090	15,560	17,720	19,950	22,290	28,785	33,960	38,130	42,040
	51-55	17,075	18,880	21,620	24,405	27,065	34,900	41,405	46,390	51,060
	56-60	21,040	23,285	26,515	29,890	33,045	42,550	50,430	56,500	62,180
	61-65	25,210	27,915	31,660	35,650	39,325	50,590	59,920	67,125	73,865
	66-70	28,960	32,085	36,290	40,835	44,980	57,830	68,455	76,690	84,385
	71-75	32,410	35,920	40,550	45,610	50,180	64,485	76,310	85,485	94,065
	76-80	35,630	39,495	44,530	50,060	55,035	70,700	83,645	93,700	103,095
Above 80	38,465	42,645	48,025	53,980	59,305	76,165	90,095	100,925	111,045	

A = Adult, C = Child

Claim Illustration for Restoration of Sum Insured

Scenario 1								
	Policy Period	Basic Sum Insured Rs.	Limit of Coverage Rs.	Ailment / Diseases	Hospitalization Amount Rs.	Restore Rs.	Claim Payable Rs.	Balance Limit of Coverage
Claim 1	1.1.2017 to 31.12.2017	3,00,000	3,75,000	By Pass	4,00,000	0	3,75,000	0
Claim 2	1.1.2017 to 31.12.2017		0	Jaundice	1,00,000	3,00,000	1,00,000	2,00,000
Claim 3	1.1.2017 to 31.12.2017		2,00,000	Breathing Problem	2,00,000	0	2,00,000	0
Claim 4	1.1.2017 to 31.12.2017		0	Stroke	4,00,000	3,00,000	3,00,000	0
Claim 5	1.1.2017 to 31.12.2017		0	COPD	5,00,000	3,00,000	3,00,000	0
Scenario 2								
Claim 1	1.1.2017 to 31.12.2017	3,00,000	3,75,000	Jaundice	4,00,000		3,75,000	0
Claim 2	1.1.2017 to 31.12.2017		0	Heart Valve Replacement	5,00,000	3,00,000	3,00,000	
Claim 3	1.1.2017 to 31.12.2017		2,00,000	Relapse of Jaundice	1,25,000	0 (Restoration of sum insured will not apply for same ailment / disease)	0	0
Claim 4	1.1.2017 to 31.12.2017		0	COPD	4,00,000	3,00,000	3,00,000	0

Claim Illustration for Road Traffic Accident

Basic Sum Insured (Rs.)	Limit of Coverage (Rs.)	RTA Claim (Rs.)	Maximum payable without RTA benefit (Rs.)	RTA amount triggers 25% of Basic Sum Insured (Rs.)	Total Now payable (Rs.)
300000	375000	450000	375000	75000	450000

Assuming the policy is first year renewal and the bonus earned is 25%

Section -II

Who can take this insurance?

Any person aged between 18 years and 70 years can take this insurance. Life-long renewal. Maximum renewal age for dependent children is 25 years and for adult no exit age.

Family plan is available for Insured Person, spouse and dependent children (from 5 months). A discount of 10% is available on the total premium, if family is covered.

The sum insured for non-earning spouse will not exceed 50% of the sum insured of the proposer and for dependent children it will not exceed 25% of the sum insured of the proposer.

Note: Where the policy is issued covering the family, the benefits are applicable individually for each person covered

What are the benefits available under the insurance?

The policy provides for the following benefits depending on the Table of cover chosen:
Table A- Covers Accidental Death

Table B- Covers Accidental Death And Permanent Disablement

Table C- Covers Accidental Death, Permanent Disablement and Temporary Total Disablement (Weekly Compensation)

The proposer has the option to choose coverage under more than one of the tables above

Accidental Death: This provides payment of the policy sum insured together with the Cumulative Bonus in the unfortunate event of accidental death of the Insured Person. The Company will pay an amount as compensation 100% of the Capital Sum Insured.

Permanent Total Disablement: Very often the consequences of any Accident are not fatal but disablement, which is worse than fatal. This Benefit pays 150% of the policy sum insured plus the earned cumulative Bonus (Such Bonus however will be calculated only on 100% sum insured.) when the Insured Person sustains such Permanent Total Disablement.

For details of Permanent Total Disability and the respective benefit limit are available in Table of Benefits B1.

Permanent Partial Disablement: Partial disablement benefits provide for specified percentage of the sum insured when the Insured Person sustains partial disablement following accidental injuries.

Disablement	Percentage of the sum insured payable
Loss of all toes	20%
Loss of hearing of one ear	30%
Loss of hearing of both ears	75%
Loss of four fingers and thumbs of One hand	40%

The above is only illustrative list. Details of Permanent Partial Disability and the respective benefit limit are available in Table of Benefits B2

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, up-to 100 weeks in all, under all Personal Accident policies, if such injury be the sole and direct cause of Temporary Total Disablement.

What are the additional benefits available under the policy?

Educational Grant

A maximum of Rs.10,000/- per child up to 2 children

A maximum of Rs.20,000/- in case there are two or more dependent children below the age of 18 years, is payable following accidental death of the Insured Person.

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 as a lump sum

Either

- Towards ambulance charges for emergency treatment to go to the hospital in case of injury
Or
in case of Death
- 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, irrespective of the number of policies held by the insured. This lump sum amount is payable in addition to the sum insured.

Travel Expenses for One Relative (Applicable for Death claims only): The Company will pay 1% of Total Sum insured up to Rs.50,000/-, subject to actual, for the transport expenses to one relative of the Insured Person following an admissible claim under the policy for Accidental Death.

This amount is payable in addition to the sum insured.

Vehicle and / or Residence Modification: The Company will pay up to 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.

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.

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

Transportation of Imported Medicines: The Company will pay up to 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;

- There is an admissible claim under the policy
- The medicines, formulations or alternatives of the imported medicines are not available in India, and
- The medicines are necessary for the medical/surgical treatment of the Insured person in a Hospital following the Accident.
- The medicines which are imported should be permissible under Government Regulation
- 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

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 grace period. Cumulative bonus is not applicable on the ADDITIONAL BENEFITS OR OPTIONAL BENEFITS

What is the minimum and maximum sum insured?

Minimum sum insured is Rs.1,00,000

Maximum sum insured will vary depending upon the earning capacity of the insured person.

What are the optional benefits available on payment of additional premium?

Medical Expenses Extension: This benefit pays for any medical expenses necessarily and reasonably incurred, whether as an In Patient or as an out Patient, an amount up to 25% of the valid claim or 10% of the sum insured or actuals whichever is less, subject to a overall limit of Rs.5,00,000/- per policy period, following an admissible claim under the policy. Where the policy term is more than one year, this benefit is applicable for each year.

This amount is payable in addition to the sum insured.

Coverage for winter sports: This extension can be granted for the period the Insured person proposes to participate in such sports.

Hospital Cash: 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 is applicable for each year. This benefit cannot be cumulated or carried forward to the next year.

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 there is an admissible claim under the policy.

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 is applicable for each year. This benefit cannot be cumulated or carried forward to the next year.

This amount is payable in addition to the sum insured.

This benefit becomes payable only if Insured Person is hospitalized arising out of Accident and there is an admissible claim under the policy.

What are the exclusions under the policy?

- 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.
- Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
- Any injuries/conditions which are Pre-existing conditions
- 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 human life.
- 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.
- 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 boarding an aircraft for the purpose of flying therein or alighting there from.
- 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 detentions of all kings princes and people of whatever nation, condition or quality whatsoever.
- 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.
- Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from;
 - 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.
 - Nuclear weapons material
 - The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 - Nuclear, chemical and biological terrorism
- 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.
- Participation in Hazardous Sport / Hazardous Activities
- Persons who are physically and mentally challenged, unless specifically agreed and endorsed in the policy.
- 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.

Renewal Condition: 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.

However in respect Permanent Partial Disability claims the Company would exclude such disability on renewal in respect of such relevant person. Where a claim for Permanent Total Disability is admitted / admissible, the policy can not be renewed for 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.

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

How much does it cost to take this insurance?

Please refer the premium table below.

For the purpose of rating under the different Tables of coverage the persons proposed for insurance can be classified under the following groups depending on their occupation:

Risk Group I - Persons engaged primarily in administrative functions

Risk Group II - Persons engaged in manual work other than what is specifically provided for under Group III

Risk Group III - Persons working in explosives industry, mine and /or Magazine workers, high tension electric supply, horse racing including jockeys, athletes and occupations of similar hazard.

Table A - Covers Accidental Death Only

Table B - Covers Accidental Death And Permanent Disablement

Table C - Covers Accidental Death, Permanent Disablement And Temporary Total Disablement: (Weekly Compensation)

What are the policy tenure options available?

The policy is available in 1 year / 2 year / 3 year tenure

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 relateable 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

Premium Table (Service Tax Extra)

For 1 Year policy			
Coverage/ Risk group	Premium (in Rs.) per mille sum insured		
	Group I	Group II	Group III
Table A	0.43	0.60	0.80
Table B	0.70	1.30	1.75
Table C	1.25	1.75	2.00
For 2 Year policy			
Coverage/ Risk group	Premium (in Rs.) per mille sum insured		
	Group I	Group II	Group III
Table A	0.83	1.16	1.54
Table B	1.35	2.51	3.38
Table C	2.41	3.38	3.86

For 3 Year policy			
Coverage/ Risk group	Premium (in Rs.) per mille sum insured		
	Group I	Group II	Group III
Table A	1.20	1.68	2.24
Table B	1.96	3.63	4.89
Table C	3.49	4.89	5.59

* per mille means per thousand sum insured.

Rate for Optional Covers

- Extension for participation in Winter Sports and Rallies : 100% of the policy premium per person
- Medical Expenses Extension: 10% of the final premium per year per person
- Hospital Cash Rs.40/- per year per person
- Home Convalescence Rs.15/- per year per person.

How to buy this insurance?

Please contact our nearest Branch Office or visit our website www.starhealth.in for online purchase A discount of 5% on premium excluding service tax is available if purchased online.

How to make a claim under the policy?

Call the 24 hour help-line for assistance – 1800 425 2255

- Inform the Policy Number for easy reference
Documents to be submitted in support of claim are (as applicable) Duty 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

For Ambulance charges / transportation expenses of mortal remains

- Death Certificate or
- Proof of Hospitalization
- Proof of utilized services of either Ambulance or Mortuary Van

For Educational grant

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

For Travel expenses for one relative

- Proof of expenses incurred (original)

For 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

For Purchase of Blood

- Original receipt for purchase of blood (wherever applicable)

For Transportation of Imported Medicine

- 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

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.

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

Table of Benefits B1	
Benefits	Percentage of Sum Insured
1. Permanent Total Disablement	150%#
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.

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

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		
2	One toe lost, for each toe	For each toe	1
	Loss of hearing both ears	Both ears	75
3	Loss of hearing one ear	One ear	30
	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	

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.