



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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Website : www.starhealth.in ★ CIN : L66010TN2005PLC056649 ★ IRDAI Regn. No. : 129

PROSPECTUS - STAR HEALTH GAIN INSURANCE POLICY

Unique Identification No.: SHAHLIP21262V032021

The product provides for regular hospitalization benefits on floater basis as well as on individual basis along with Out-patient benefits.

- ❖ **Policy Term:** 1 year
- ❖ **Sum Insured:** Rs.1,00,000/-, Rs.2,00,000/-, Rs.3,00,000/-, Rs.4,00,000/- and Rs.5,00,000/-
- ❖ **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. Dependent child can be covered from 91 days to 25 years. Beyond 65 years only renewal.
- ❖ **What is the exit age under the policy?**
There is no exit age. Policy can be renewed life long
- ❖ **Pre-acceptance medical Screening:** Applicable for all persons above 50 years of age. Those who declare adverse medical history in the proposal form may also be required to undergo pre-acceptance medical screening at the Company designated Centers. 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. At present 100% of cost of medical screening is borne by the Company. The Company may require the customer to share this cost (maximum 50%), subject to prior approval of the Regulator.
- ❖ **What are the benefits available under the insurance? Section I: In-Patient Hospitalization**
 - A) Room, Boarding, Nursing Expenses all inclusive as provided by the Hospital / Nursing Home up to 1% of the sum insured per day.
 - B) Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees.
 - C) Anaesthesia, Blood, Oxygen, ICU Charges, Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, diagnostic imaging modalities, Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker, stent and such other similar expenses. With regard to coronary stenting, the Company will pay such amount up to the extent of cost of bare metal stent/drug eluting cobalt-chromium stent/drug eluting stainless steel stent. In respect of medicines, Implants and such other similar items, the Company will pay up to the cost of alternate indigenous make.
 - D) Emergency ambulance charges up-to a sum of Rs.750/- per hospitalization and overall limit of Rs.1500/- 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 such hospitalization claim is admissible as per the Policy.
 - E) Pre-Hospitalization medical expenses incurred for a period not exceeding 30 days prior to the date of hospitalization, for the disease/illness, injury sustained following an admissible claim for hospitalization under the policy.
 - F) Post Hospitalization: Medical expenses incurred for a period up to 60 days from the date of discharge from the hospital 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

Expenses on Hospitalization which are medically necessary are only admissible provided the hospitalization is 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 relating to hospitalization will be considered in proportion to the eligible room rent stated in the policy or actual whichever is less.

Expenses incurred on treatment of Cataract is subject to the limit as per the following table

Sum Insured Rs.	Limit per eye (in Rs.)	Limit per policy period (in Rs.)
1,00,000/-	Up to 12,000/- per eye, per policy period	
2,00,000/-		
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/-

- G) **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;

Treatment / Procedure	Uterine artery Embolization and HIFU	Balloon Sinuplasty	Deep Brain Stimulation	Oral Chemotherapy*	Immunotherapy-Monoclonal Antibody to be given as Injection	Intra Vitreal injections
Sum Insured Rs.	Sum Insured on Individual Basis: Limit per person, per policy period for each treatment / procedure Sum Insured on Floater Basis: Limit per policy period for each treatment / procedure Rs.					
1,00,000/-	25,000/-	10,000/-	50,000/-	25,000/-	50,000/-	10,000/-
2,00,000/-	50,000/-	20,000/-	1,00,000/-	50,000/-	1,00,000/-	20,000/-
3,00,000/-	75,000/-	30,000/-	1,50,000/-	75,000/-	1,50,000/-	30,000/-
4,00,000/-	1,00,000/-	40,000/-	2,00,000/-	1,00,000/-	2,00,000/-	40,000/-
5,00,000/-	1,25,000/-	50,000/-	2,50,000/-	1,25,000/-	2,50,000/-	50,000/-
Treatment / Procedure	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
Sum Insured Rs.	Sum Insured on Individual Basis: Limit per person, per policy period for each treatment / procedure Sum Insured on Floater Basis: Limit per policy period for each treatment / procedure Rs.					
1,00,000/-	50,000/-	50,000/-	Up to sum insured			50,000/-
2,00,000/-	1,00,000/-	1,00,000/-				1,00,000/-
3,00,000/-	1,50,000/-	1,50,000/-				1,50,000/-
4,00,000/-	2,00,000/-	1,75,000/-				2,00,000/-
5,00,000/-	2,50,000/-	2,00,000/-				2,50,000/-

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

- ❖ **Co-payment (Applicable for Section I Only):** 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.

- ❖ **Section II: Outpatient Benefit:** The Company will pay to the insured person/s the amount of such expenses as are **reasonably and necessarily** incurred at any **Networked Facility** in India as here in defined as an **Out-patient** treatment up-to the benefit limit in aggregate as stated in the schedule hereto. The unutilized amount under this benefit can be carried forward to the next policy year on renewal. The maximum period of such carry over shall be limited to one immediately succeeding year only.

Note 1: Admission of a claim under this section II will not prejudice the Company's right to reject a claim under Section I.

Note 2: Payment of any claim under this section shall not be construed as a waiver of Company's right to repudiate any claim on grounds of nondisclosure of material fact or preexisting disease for hospitalization expenses under hospitalization provisions of the policy contract.

❖ **Exclusions (Applicable for Section I):** The Company shall not be liable to make any payments under this policy in respect of any expenses what so ever incurred by the insured person in connection with or in respect of:

1. Pre-Existing Diseases - Code Excl 01

- A. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer
- B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase
- C. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage
- D. Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer

2. Specified disease / procedure waiting period - Code Excl 02

- A. Expenses related to the treatment of the following listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident
- B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase
- C. If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply
- D. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion
- E. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage
- F. List of specific diseases/procedures;
 1. Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Benign diseases of the breast
 2. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology
 3. All treatments (Conservative, Operative treatment) and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty / Joint Replacement [other than caused by accident]
 4. All types of treatment for Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system, Prolapse of Intervertebral Disc (other than caused by accident)
 5. All treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi. All types of management for Kidney and Genitourinary tract calculi
 6. All types of Hernia
 7. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula
 8. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases
 9. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies
 10. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele
 11. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence
 12. Varicose veins and Varicose ulcers
 13. All types of transplant and related surgeries
 14. Congenital Internal disease / defect

3. 30-day waiting period - Code Excl 03

- A. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered
- B. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months
- C. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently

4. Investigation & Evaluation - Code Excl 04

- A. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded
- B. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded

5. Rest Cure, rehabilitation and respite care - Code Excl 05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes;

1. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons
2. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs

6. Obesity/Weight Control - Code Excl 06: Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions;

- A. Surgery to be conducted is upon the advice of the Doctor
- B. The surgery/Procedure conducted should be supported by clinical protocols
- C. The member has to be 18 years of age or older and
- D. Body Mass Index (BMI);
 1. greater than or equal to 40 or
 2. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss
 - a. Obesity-related cardiomyopathy
 - b. Coronary heart disease
 - c. Severe Sleep Apnea
 - d. Uncontrolled Type2 Diabetes

7. Change-of-Gender treatments - Code Excl 07: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

8. Cosmetic or plastic Surgery - Code Excl 08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Bur(ns) 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 following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

12. Treatment for Alcoholism, drug or 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 dioptries.

16. Unproven Treatments - Code Excl 16: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

17. Sterility and Infertility - Code Excl 17 : Expenses related to sterility and infertility. This includes;

- a. Any type of contraception, sterilization
- b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- c. Gestational Surrogacy
- d. Reversal of sterilization

18. Maternity - Code Excl 18

- a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy
- b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period

19. Circumcision (unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident), Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA - Code Excl 19

20. Congenital External Condition / Defects / Anomalies - Code Excl 20

21. Convalescence general debility, run-down condition, Nutritional deficiency states - Code Excl 21

22. Intentional self injury - Code Excl 22

23. Venereal Disease and Sexually Transmitted Diseases (Other than HIV) - Code Excl 23

24. Injury/disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not) - Code Excl 24

25. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials - Code Excl 25

26. Expenses incurred on Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other similar therapies - Code Excl 26

27. Unconventional, Untested, Experimental therapies - **Code Excl 27**
28. 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 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. Cochlear implants and procedure related hospitalization expenses - **Code Excl 35**
36. Any hospitalizations which are not Medically Necessary - **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**
39. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicine other than allopathy - **Code Excl 39**

Note: Exclusion Nos. 15, 17, 18, 31, 32, 33, 35, and 39 are not applicable for Section -2.

- ❖ **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.

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

Claiming process and documents to be submitted in support of claim

A. 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 hospitalisation/ 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
- k. In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents
- l. Prescriptions and receipts for Pre and Post-Hospitalization

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

Please note that 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.

B. For Reimbursement claims: Time limit for submission of

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

- C. Notification of Claim :** Upon the happening of any event, which may give rise to a claim under this policy, notice with full particulars shall be sent to the Company within 24 hours from the date of occurrence of the event.

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

D. Documents to be submitted : The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

- a. Duly completed claim form, and
- b. Pre Admission investigations and treatment papers in original.
- c. Discharge Summary in original from the hospital

- d. Cash receipts in original from hospital, chemists.
- e. Cash receipts and reports for tests done in original
- f. Receipts from doctors, surgeons, anaesthetist in original
- g. Certificate from the attending doctor regarding the diagnosis.
- h. Copy of PAN Card

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

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.

- ❖ **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;

- ❖ **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

- ❖ **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

- ❖ **Revision of Sum Insured:** Reduction or enhancement of sum insured is permissible only at the time of renewal.

Enhancement of sum insured is 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 sublimits 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.

- i) First 30 days as under waiting period **Code- Excl03**
- ii) 24 months with continuous coverage without break (with grace period) in respect of diseases / treatments falling under waiting period **Code- Excl02**
- iii) 48 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases. **Code-Excl 01**
- iv) 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

❖ **Portability (Applicable for Section I):** 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

❖ **Migration (Applicable for Section I):** 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

❖ **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**

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 annual premium
Exceeding one month and Up to three months	40% of annual premium
Exceeding three months and Up to six months	60% of annual premium
Exceeding six months and Up to nine months	80% of annual premium
Exceeding nine 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.

❖ **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 This also means that in case of family floater policy, cover for the other surviving members of the family will continue, subject to other terms of the policy.
- ✓ Upon exhaustion of the sum insured under the policy

❖ **Income Tax Benefits:** Insured Person is eligible for relief under Section 80-D of the Income Tax Act 1961 in respect of the amount paid by any mode other than cash.

❖ **How to buy this insurance?**
 Please contact our nearest Branch Office

❖ **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.

PREMIUM CHART (Service Tax Extra)

Option	Premium Rs
Option 1	15,000/-
Option 2	20,000/-
Option 3	25,000/-
Option 4	30,000/-

Option 1 : Premium Rs15,000/- Excluding Tax						
Family Size	Age in Yrs	Sum Insured in Rs.				
		1,00,000	2,00,000	3,00,000	4,00,000	5,00,000
1A	3mths-35	10,865	10,480	9,855	9,175	8,635
	36-45	10,410	9,990	9,310	8,575	7,990
	46-55	9,670	9,190	7,955	7,135	6,480
	56-60	8,085	7,480	6,055	5,045	4,230
	61-65	6,305	5,550	3,915	2,685	1,695
	66-70	4,745	3,870	2,045	NA	NA
	71-75	3,215	2,215	NA	NA	NA
	76-80	2,045	NA	NA	NA	NA
	Above 80	NA	NA	NA	NA	NA
1A+1C	3mths-35	9,840	9,375	8,625	7,825	7,185
	36-45	9,275	8,765	7,945	7,075	6,380
	46-55	8,350	7,765	6,370	5,390	4,605
	56-60	6,370	5,625	3,995	2,775	1,795
	61-65	4,140	3,215	1,315	NA	NA
	66-70	2,195	1,115	NA	NA	NA
	71-75	NA	NA	NA	NA	NA
	76-80	NA	NA	NA	NA	NA
	Above 80	NA	NA	NA	NA	NA
1A+2C	3mths-35	8,940	8,405	7,545	6,635	5,905
	36-45	8,275	7,680	6,740	5,750	4,955
	46-55	7,185	6,505	4,975	3,855	2,950
	56-60	4,860	3,990	2,175	NA	NA
	61-65	2,235	1,155	NA	NA	NA
	66-70	NA	NA	NA	NA	NA
	71-75	NA	NA	NA	NA	NA
	76-80	NA	NA	NA	NA	NA
	Above 80	NA	NA	NA	NA	NA
1A+3C	3mths-35	6,840	6,130	5,020	3,855	2,920
	36-45	5,935	5,155	3,935	2,665	1,640
	46-55	4,470	3,570	1,710	NA	NA
	56-60	1,325	NA	NA	NA	NA
	61-65	NA	NA	NA	NA	NA
	66-70	NA	NA	NA	NA	NA
	71-75	NA	NA	NA	NA	NA
	76-80	NA	NA	NA	NA	NA
	Above 80	NA	NA	NA	NA	NA
2A	3mths-35	8,665	8,105	7,210	6,270	5,510
	36-45	7,965	7,350	6,370	5,345	4,520
	46-55	6,830	6,120	4,545	3,380	2,440
	56-60	4,395	3,485	1,620	NA	NA
	61-65	1,650	NA	NA	NA	NA
	66-70	NA	NA	NA	NA	NA
	71-75	NA	NA	NA	NA	NA
	76-80	NA	NA	NA	NA	NA
	Above 80	NA	NA	NA	NA	NA
2A+1C	3mths-35	7,090	6,405	5,325	4,190	3,280
	36-45	6,220	5,460	4,275	3,040	2,040
	46-55	4,800	3,925	2,105	NA	NA
	56-60	1,755	NA	NA	NA	NA
	61-65	NA	NA	NA	NA	NA
	66-70	NA	NA	NA	NA	NA
	71-75	NA	NA	NA	NA	NA
	76-80	NA	NA	NA	NA	NA
	Above 80	NA	NA	NA	NA	NA
2A+2C	3mths-35	5,705	4,905	3,660	2,360	1,310
	36-45	4,680	3,795	2,425	1,005	NA
	46-55	3,010	1,990	NA	NA	NA
	56-60	NA	NA	NA	NA	NA
	61-65	NA	NA	NA	NA	NA
	66-70	NA	NA	NA	NA	NA
	71-75	NA	NA	NA	NA	NA
	76-80	NA	NA	NA	NA	NA
	Above 80	NA	NA	NA	NA	NA
2A+3C	3mths-35	2,470	1,410	NA	NA	NA
	36-45	1,085	NA	NA	NA	NA
	46-55	NA	NA	NA	NA	NA
	56-60	NA	NA	NA	NA	NA
	61-65	NA	NA	NA	NA	NA
	66-70	NA	NA	NA	NA	NA
	71-75	NA	NA	NA	NA	NA
	76-80	NA	NA	NA	NA	NA
	Above 80	NA	NA	NA	NA	NA

A - Adult | C - Child | 2A - Self+Spouse | NA - Policy Not Available Amount in Rs.

Option 2 : Premium Rs.20,000/- Excluding Tax						
Family Size	Age in Yrs	Sum Insured in Rs.				
		1,00,000	2,00,000	3,00,000	4,00,000	5,00,000
1A	3mths-35	15,865	15,480	14,855	14,175	13,635
	36-45	15,410	14,990	14,310	13,575	12,990
	46-55	14,670	14,190	12,955	12,135	11,480
	56-60	13,085	12,480	11,055	10,045	9,230
	61-65	11,305	10,550	8,915	7,685	6,695
	66-70	9,745	8,870	7,045	5,630	4,485
	71-75	8,215	7,215	5,205	3,610	2,310
	76-80	7,045	5,950	3,795	2,060	NA
Above 80	5,755	4,555	2,245	NA	NA	
1A+1C	3mths-35	14,840	14,375	13,625	12,825	12,185
	36-45	14,275	13,765	12,945	12,075	11,380
	46-55	13,350	12,765	11,370	10,390	9,605
	56-60	11,370	10,625	8,995	7,775	6,795
	61-65	9,140	8,215	6,315	4,830	3,625
	66-70	7,195	6,115	3,980	2,260	NA
	71-75	5,285	4,045	1,685	NA	NA
	76-80	3,820	2,460	NA	NA	NA
Above 80	2,205	NA	NA	NA	NA	
1A+2C	3mths-35	13,940	13,405	12,545	11,635	10,905
	36-45	13,275	12,680	11,740	10,750	9,955
	46-55	12,185	11,505	9,975	8,855	7,950
	56-60	9,860	8,990	7,175	5,775	4,645
	61-65	7,235	6,155	4,025	2,310	NA
	66-70	4,945	3,680	1,280	NA	NA
	71-75	2,695	1,250	NA	NA	NA
	76-80	NA	NA	NA	NA	NA
Above 80	NA	NA	NA	NA	NA	
1A+3C	3mths-35	11,840	11,130	10,020	8,855	7,920
	36-45	10,935	10,155	8,935	7,665	6,640
	46-55	9,470	8,570	6,710	5,265	4,090
	56-60	6,325	5,175	2,935	1,110	NA
	61-65	2,785	1,345	NA	NA	NA
	66-70	NA	NA	NA	NA	NA
	71-75	NA	NA	NA	NA	NA
	76-80	NA	NA	NA	NA	NA
Above 80	NA	NA	NA	NA	NA	
2A	3mths-35	13,665	13,105	12,210	11,270	10,510
	36-45	12,965	12,350	11,370	10,345	9,520
	46-55	11,830	11,120	9,545	8,380	7,440
	56-60	9,395	8,485	6,620	5,160	3,980
	61-65	6,650	5,520	3,320	1,535	NA
	66-70	4,255	2,930	NA	NA	NA
	71-75	1,900	NA	NA	NA	NA
	76-80	NA	NA	NA	NA	NA
Above 80	NA	NA	NA	NA	NA	
2A+1C	3mths-35	12,090	11,405	10,325	9,190	8,280
	36-45	11,220	10,460	9,275	8,040	7,040
	46-55	9,800	8,925	7,105	5,700	4,560
	56-60	6,755	5,635	3,450	1,675	NA
	61-65	3,325	1,925	NA	NA	NA
	66-70	NA	NA	NA	NA	NA
	71-75	NA	NA	NA	NA	NA
	76-80	NA	NA	NA	NA	NA
Above 80	NA	NA	NA	NA	NA	
2A+2C	3mths-35	10,705	9,905	8,660	7,360	6,310
	36-45	9,680	8,795	7,425	6,005	4,850
	46-55	8,010	6,990	4,955	3,330	2,015
	56-60	4,425	3,115	NA	NA	NA
	61-65	NA	NA	NA	NA	NA
	66-70	NA	NA	NA	NA	NA
	71-75	NA	NA	NA	NA	NA
	76-80	NA	NA	NA	NA	NA
Above 80	NA	NA	NA	NA	NA	
2A+3C	3mths-35	7,470	6,410	4,775	3,085	1,715
	36-45	6,085	4,910	3,110	1,255	NA
	46-55	3,830	2,470	NA	NA	NA
	56-60	NA	NA	NA	NA	NA
	61-65	NA	NA	NA	NA	NA
	66-70	NA	NA	NA	NA	NA
	71-75	NA	NA	NA	NA	NA
	76-80	NA	NA	NA	NA	NA
Above 80	NA	NA	NA	NA	NA	

A - Adult | C - Child | 2A - Self+Spouse | NA - Policy Not Available Amount in Rs.

Option 3 : Premium Rs.25,000/- Excluding Tax						
Family Size	Age in Yrs	Sum Insured in Rs.				
		1,00,000	2,00,000	3,00,000	4,00,000	5,00,000
1A	3mths-35	20,865	20,480	19,855	19,175	18,635
	36-45	20,410	19,990	19,310	18,575	17,990
	46-55	19,670	19,190	17,955	17,135	16,480
	56-60	18,085	17,480	16,055	15,045	14,230
	61-65	16,305	15,550	13,915	12,685	11,695
	66-70	14,745	13,870	12,045	10,630	9,485
	71-75	13,215	12,215	10,205	8,610	7,310
	76-80	12,045	10,950	8,795	7,060	5,645
Above 80	10,755	9,555	7,245	5,355	3,815	
1A+1C	3mths-35	19,840	19,375	18,625	17,825	17,185
	36-45	19,275	18,765	17,945	17,075	16,380
	46-55	18,350	17,765	16,370	15,390	14,605
	56-60	16,370	15,625	13,995	12,775	11,795
	61-65	14,140	13,215	11,315	9,830	8,625
	66-70	12,195	11,115	8,980	7,260	5,865
	71-75	10,285	9,045	6,685	4,735	3,145
	76-80	8,820	7,460	4,920	2,795	1,065
Above 80	7,205	5,715	2,985	NA	NA	
1A+2C	3mths-35	18,940	18,405	17,545	16,635	15,905
	36-45	18,275	17,680	16,740	15,750	14,955
	46-55	17,185	16,505	14,975	13,855	12,950
	56-60	14,860	13,990	12,175	10,775	9,645
	61-65	12,235	11,155	9,025	7,310	5,915
	66-70	9,945	8,680	6,280	4,290	2,665
	71-75	7,695	6,250	3,575	1,315	NA
	76-80	5,970	4,385	1,505	NA	NA
Above 80	4,075	2,330	NA	NA	NA	
1A+3C	3mths-35	16,840	16,130	15,020	13,855	12,920
	36-45	15,935	15,155	13,935	12,665	11,640
	46-55	14,470	13,570	11,710	10,265	9,090
	56-60	11,325	10,175	7,935	6,110	4,630
	61-65	7,785	6,345	3,680	1,430	NA
	66-70	4,695	3,005	NA	NA	NA
	71-75	1,660	NA	NA	NA	NA
	76-80	NA	NA	NA	NA	NA
Above 80	NA	NA	NA	NA	NA	
2A	3mths-35	18,665	18,105	17,210	16,270	15,510
	36-45	17,965	17,350	16,370	15,345	14,520
	46-55	16,830	16,120	14,545	13,380	12,440
	56-60	14,395	13,485	11,620	10,160	8,980
	61-65	11,650	10,520	8,320	6,535	5,085
	66-70	9,255	7,930	5,445	3,375	1,685
	71-75	6,900	5,390	2,620	NA	NA
	76-80	5,095	3,435	NA	NA	NA
Above 80	3,110	1,290	NA	NA	NA	
2A+1C	3mths-35	17,090	16,405	15,325	14,190	13,280
	36-45	16,220	15,460	14,275	13,040	12,040
	46-55	14,800	13,925	12,105	10,700	9,560
	56-60	11,755	10,635	8,450	6,675	5,235
	61-65	8,325	6,925	4,330	2,145	NA
	66-70	5,330	3,690	NA	NA	NA
	71-75	2,390	NA	NA	NA	NA
	76-80	NA	NA	NA	NA	NA
Above 80	NA	NA	NA	NA	NA	
2A+2C	3mths-35	15,705	14,905	13,660	12,360	11,310
	36-45	14,680	13,795	12,425	11,005	9,850
	46-55	13,010	11,990	9,955	8,330	7,015
	56-60	9,425	8,115	5,650	3,600	1,925
	61-65	5,390	3,755	NA	NA	NA
	66-70	1,870	NA	NA	NA	NA
	71-75	NA	NA	NA	NA	NA
	76-80	NA	NA	NA	NA	NA
Above 80	NA	NA	NA	NA	NA	
2A+3C	3mths-35	12,470	11,410	9,775	8,085	6,715
	36-45	11,085	9,910	8,110	6,255	4,750
	46-55	8,830	7,470	4,935	2,810	1,080
	56-60	3,995	2,245	NA	NA	NA
	61-65	NA	NA	NA	NA	NA
	66-70	NA	NA	NA	NA	NA
	71-75	NA	NA	NA	NA	NA
	76-80	NA	NA	NA	NA	NA
Above 80	NA	NA	NA	NA	NA	

A - Adult | C - Child | 2A - Self+Spouse | NA - Policy Not Available Amount in Rs.

Option 4 : Premium Rs.30,000/- Excluding Tax

Family Size	Age in Yrs	Sum Insured in Rs.				
		1,00,000	2,00,000	3,00,000	4,00,000	5,00,000
1A	3mths-35	25,865	25,480	24,855	24,175	23,635
	36-45	25,410	24,990	24,310	23,575	22,990
	46-55	24,670	24,190	22,955	22,135	21,480
	56-60	23,085	22,480	21,055	20,045	19,230
	61-65	21,305	20,550	18,915	17,685	16,695
	66-70	19,745	18,870	17,045	15,630	14,485
	71-75	18,215	17,215	15,205	13,610	12,310
	76-80	17,045	15,950	13,795	12,060	10,645
Above 80	15,755	14,555	12,245	10,355	8,815	
1A+1C	3mths-35	24,840	24,375	23,625	22,825	22,185
	36-45	24,275	23,765	22,945	22,075	21,380
	46-55	23,350	22,765	21,370	20,390	19,605
	56-60	21,370	20,625	18,995	17,775	16,795
	61-65	19,140	18,215	16,315	14,830	13,625
	66-70	17,195	16,115	13,980	12,260	10,865
	71-75	15,285	14,045	11,685	9,735	8,145
	76-80	13,820	12,460	9,920	7,795	6,065
Above 80	12,205	10,715	7,985	5,665	3,775	
1A+2C	3mths-35	23,940	23,405	22,545	21,635	20,905
	36-45	23,275	22,680	21,740	20,750	19,955
	46-55	22,185	21,505	19,975	18,855	17,950
	56-60	19,860	18,990	17,175	15,775	14,645
	61-65	17,235	16,155	14,025	12,310	10,915
	66-70	14,945	13,680	11,280	9,290	7,665
	71-75	12,695	11,250	8,575	6,315	4,470
	76-80	10,970	9,385	6,505	4,035	2,020
Above 80	9,075	7,330	4,225	1,530	NA	
1A+3C	3mths-35	21,840	21,130	20,020	18,855	17,920
	36-45	20,935	20,155	18,935	17,665	16,640
	46-55	19,470	18,570	16,710	15,265	14,090
	56-60	16,325	15,175	12,935	11,110	9,630
	61-65	12,785	11,345	8,680	6,430	4,600
	66-70	9,695	8,005	4,970	2,350	NA
	71-75	6,660	4,720	1,325	NA	NA
	76-80	4,330	2,205	NA	NA	NA
Above 80	1,770	NA	NA	NA	NA	
2A	3mths-35	23,665	23,105	22,210	21,270	20,510
	36-45	22,965	22,350	21,370	20,345	19,520
	46-55	21,830	21,120	19,545	18,380	17,440
	56-60	19,395	18,485	16,620	15,160	13,980
	61-65	16,650	15,520	13,320	11,535	10,085
	66-70	14,255	12,930	10,445	8,375	6,685
	71-75	11,900	10,390	7,620	5,265	3,340
	76-80	10,095	8,435	5,450	2,880	NA
Above 80	8,110	6,290	3,065	NA	NA	
2A+1C	3mths-35	22,090	21,405	20,325	19,190	18,280
	36-45	21,220	20,460	19,275	18,040	17,040
	46-55	19,800	18,925	17,105	15,700	14,560
	56-60	16,755	15,635	13,450	11,675	10,235
	61-65	13,325	11,925	9,330	7,145	5,360
	66-70	10,330	8,690	5,735	3,190	1,110
	71-75	7,390	5,510	2,200	NA	NA
	76-80	5,135	3,070	NA	NA	NA
Above 80	2,650	NA	NA	NA	NA	
2A+2C	3mths-35	20,705	19,905	18,660	17,360	16,310
	36-45	19,680	18,795	17,425	16,005	14,850
	46-55	18,010	16,990	14,955	13,330	12,015
	56-60	14,425	13,115	10,650	8,600	6,925
	61-65	10,390	8,755	5,805	3,265	1,195
	66-70	6,870	4,950	1,575	NA	NA
	71-75	3,410	1,205	NA	NA	NA
	76-80	NA	NA	NA	NA	NA
Above 80	NA	NA	NA	NA	NA	
2A+3C	3mths-35	17,470	16,410	14,775	13,085	11,715
	36-45	16,085	14,910	13,110	11,255	9,750
	46-55	13,830	12,470	9,935	7,810	6,080
	56-60	8,995	7,245	4,125	1,420	NA
	61-65	3,545	1,355	NA	NA	NA
	66-70	NA	NA	NA	NA	NA
	71-75	NA	NA	NA	NA	NA
	76-80	NA	NA	NA	NA	NA
Above 80	NA	NA	NA	NA	NA	

A - Adult | C - Child | 2A - Self+Spouse | NA - Policy Not Available

Amount in Rs.

Benefit Illustration in respect of policies offered on individual and family floater basis

Age of the Members insured (in yrs)	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount, (if any)	Premium After Discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount, (if any)	Premium After Discount (Rs.)	Sum Insured (Rs.)

Illustration 1

64	15,000	1,00,000	15,000	Nil	15,000	1,00,000	30,000	15,000	15,000	1,00,000
58	15,000	1,00,000	15,000		15,000	1,00,000				
Total Premium for all members of the family is Rs.30,000/- , when each member is covered separately. Sum insured available for each individual is Rs.1,00,000/-			Total Premium for all members of the family is Rs.30,000/- , when they are covered under a single policy. Sum insured available for each family member is Rs.1,00,000/-				Total Premium when policy is opted on floater basis is Rs.15,000/- , Sum insured of Rs.1,00,000/- is available for the entire family (2A)			

Illustration 2

47	15,000	1,00,000	15,000	Nil	15,000	1,00,000	45,000	30,000	15,000	1,00,000
44	15,000	1,00,000	15,000		15,000	1,00,000				
19	15,000	1,00,000	15,000		15,000	1,00,000				
Total Premium for all members of the family is Rs.45,000/- , when each member is covered separately. Sum insured available for each individual is Rs.1,00,000/-			Total Premium for all members of the family is Rs.45,000/- , when they are covered under a single policy. Sum insured available for each family member is Rs.1,00,000/-				Total Premium when policy is opted on floater basis is Rs.15,000/- Sum insured of Rs.1,00,000/- is available for the entire family (2A+1C)			

Note: Premium rates specified in the above illustration are standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable.

A-Adult | C-Child



**Health
Insurance**

The Health Insurance Specialist