



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam,

Chennai - 600 034. ★ Phone : 044 - 28288800 ★ Email : support@starhealth.in

Website : www.starhealth.in ★ CIN : U66010TN2005PLC056649 ★ IRDAI Regn. No. : 129

PROSPECTUS - STAR NET PLUS

Unique Identification No.: SHAHLP21267V022021

Star HIV Care Insurance policy provides hospitalization benefits like any other medical insurance policy under Section II and also provides lump sum payment if the insured person is medically declared as AIDS patient under Section I.

❖ What is unique about this insurance?

Section I (HIV Section)

This policy pays its first of its kind providing insurance for those who are already infected with Human Immuno Virus.

This policy pays the Sum Insured as the lump sum. Thus there is no need for submission of bills and / or reimbursements. This amount is meant to take of the future contingencies of the insured person in the light of the dreaded disease.

Section II – Medical Section

- Room, Boarding Expenses as provided by the Hospital / Nursing Home at 2% of the sum insured.
- Nursing expenses.
- Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees.
- Anaesthesia, Blood, Oxygen, Operation Theatre charges, ICU charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker and similar expenses.
- Emergency ambulance charges up-to a sum of Rs. 750/- per hospitalisation 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 such hospitalisation claim is admissible as per the Policy.
- Relevant Pre-Hospitalization medical expenses incurred for a period not exceeding 30 days prior to the date of Hospitalisation, on the disease/illness, injury sustained following an admissible claim under the policy
- A Sum equivalent to 7% of the hospitalisation expenses incurred comprising of Nursing charges, Surgeon/consultant fees, Diagnostic charges, Medicines and Drugs only subject to a maximum of Rs. 5,000/- per occurrence towards **Post Hospitalisation** Medical expenses wherever recommended by the attending Medical Practitioner.
- Coverage for Modern Treatment: The expenses payable during the entire policy period for in respect of the following treatment / procedures conditions (either as a day care or as in-patient exceeding 24hrs of admission in the hospital) are covered up to sum insured
 - a) Uterine artery Embolization and HIFU
 - b) Balloon Sinuplasty
 - c) Deep Brain Stimulation
 - d) Oral Chemotherapy (including pre & Post Hospitalization)
 - e) Immunotherapy-Monoclonal Antibody to be given as injection
 - f) Intra Vitreal injections
 - g) Robotic surgeries
 - h) Stereotactic radio surgeries
 - i) Bronchical Thermoplasty
 - j) Vaporization of the prostate (Green laser treatment or holmium laser treatment)
 - k) IONM-(Intra Operative Neuro Monitoring)
 - l) Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions
- AYUSH: In patient Hospitalizations Expenses incurred for treatment of diseases / illness / accidental injuries by system of medicines other than allopathic is payable up to 25% of sum insured.
- Where package rates are charged by the hospitals the Post-Hospitalisation benefit will be calculated after taking the room and boarding charges at 2% of the Sum Insured per day.

Note: Company's liability in respect of all claims admitted during the period of insurance shall not exceed the Sum Insured per person mentioned (under Section II – Medical Section) in the Schedule

❖ What is the cover offered under this insurance?

If the insured person is medically declared as having reached the stage of AIDS (i.e., the cd4 count falls below 150), the sum insured will be paid as a lump sum, without obtaining the bills, receipts, vouchers, etc.

❖ What are the sum insured options available?

The insurance is available for sum insured as follows,

| Option | Section I (Lump Sum) | Section II (Hospitalization Cases) |
|----------|----------------------|------------------------------------|
| Option 1 | Rs.30,000/- | Rs.30,000/- |
| Option 2 | Rs.50,000/- | Rs.50,000/- |
| Option 3 | Rs. 5,000/- | Rs. 15,000/- |
| Option 4 | Rs. 5,000/- | Rs. 10,000/- |

❖ What are the heads of benefits payable under the insurance?

- Hospitalisation expenses for any sickness/ illness / accidental injuries other than for opportunistic infections.
- Since policy provides for lump sum payment, once the claim is admitted, the entire sum insured will be paid.

❖ Who can take this insurance?

Any person irrespective of age who is already infected with HIV but who have not reached the stage of AIDS can be covered under this insurance as a group. To be eligible for cover under this policy, the CD4 count should be over 500. The Proposer / Insured can be Governments / NGOs / Agencies active in the field of serving people with HIV / AIDS. Cost of test borne by the Company. Where the report of the ART centre are within 45 days prior to the date of cover such reports are acceptable.

❖ Is there any Pre-Acceptance Medical screening?

Yes. This is to confirm the HIV infection and also to ensure that the insured person has not already reached the stage of AIDS.

❖ What are the exclusions under the policy?

Exclusions (Applicable for Section II): 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:

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.

The expenses on treatment of Cataract, Hysterectomy for Menorrhagia or Fibromyom, Knee replacement Surgery (other than caused by an accident), Joint Replacement Surgery (other than caused by an accident), Prolapse of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers.

Expenses related to the treatment of the following listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 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.

The expenses on treatment of diseases such as Benign Prostate Hypertrophy, Hernia, Hydrocele, Congenital Internal disease/defect, Fistula in anus, Piles, Sinusitis and related disorders, Gallstones and renal stones removal are not payable.

- A. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- B. 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.
- C. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- D. 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.

3. 30-day waiting period - Code Excl 03

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

- 4. Investigation & Evaluation - Code Excl 04**
- A. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- B. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
- 5. Rest Cure, rehabilitation and respite care - Code Excl 05:** Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
1. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 2. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs
- 6. Obesity/ Weight Control - Code Excl 06:** Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:
- A. Surgery to be conducted is upon the advice of the Doctor
 - B. The surgery/Procedure conducted should be supported by clinical protocols
 - C. The member has to be 18 years of age or older and
 - D. Body Mass Index (BMI);
 1. greater than or equal to 40 or
 2. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - a. Obesity-related cardiomyopathy
 - b. Coronary heart disease
 - c. Severe Sleep Apnea
 - d. Uncontrolled Type2 Diabetes
- 7. Change-of-Gender treatments - Code Excl 07:** Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
- 8. Cosmetic or plastic Surgery - Code Excl :08** Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
- 9. Hazardous or Adventure sports - Code Excl 09:** Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
- 10. 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**
- 11. Refractive Error - Code Excl 15:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptrics
- 12. 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.
- 13. Circumcision(unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident) - Code Excl 19**
- 14. Congenital External Condition / Defects / Anomalies - Code Excl 20**
- 15. Convalescence, general debility, run-down condition, Nutritional deficiency states - Code Excl 21**
- 16. Intentional self injury - Code Excl 22**
- 17. 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**
- 18. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/material - Code Excl 25**
- 19. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons - Code Excl 31**
- 20. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable) - Code Excl 32**
- 21. Hospital registration charges, admission charges, telephone charges and such other charges - Code Excl 34**
- 22. Cost of spectacles and contact lens, hearing aids, walkers and crutches, wheel chairs and such other aids - Code Excl 35**
- 23. Other Excluded Expenses as detailed in the website www.starhealth.in - Code Excl 37**
- 24. 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**
- 25. Naturopathy - Code Excl 40**
- 26. Exclusion of medical expenses incurred for treatment of Tuberculosis and Gastro-Enteritis - Code Excl 44**

❖ **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

❖ **Claim Procedure**

Claiming process and documents to be submitted in support of claim:

A. **For Cashless Treatment:**

- i. Call the 24 hour help-line for assistance - 1800 425 2255/1800 102 4477
- ii. Inform the ID number for easy reference
- iii. On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk
- iv. Obtain the Pre-authorization Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
- v. The Treating Doctor will complete the hospitalization / treatment information and the hospital will fill up expected cost of treatment.
- vi. This form is submitted to the Company
- vii. The Company will process the request and call for additional documents/clarifications if the information furnished is inadequate.
- viii. 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.
- ix. In case of emergency hospitalization information to be given within 24 hours after hospitalization
- x. 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.

B. **For Reimbursement claims :** Time limit for submission of

| Sl.no. | Type of Claim | Prescribed time limit |
|--------|---|--|
| 1 | Reimbursement of hospitalization, day care and pre hospitalization expenses | Claim must be filed within 15 days from the date of discharge from the Hospital. |

C. **Notification of Claim:** Upon the happening of the event, notice with full particulars shall be sent to the Company within 24 hours from the date of occurrence of the event irrespective of whether the event is likely to give rise to a claim under the policy or not.

Note: Conditions C and D 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 for Reimbursement:** 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.
- 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. Copy of PAN card

E. **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.

❖ **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:**

- a) The policyholder may cancel this policy by giving 15 days written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

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

- b) 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 shall terminate immediately on the earlier of the following events:

- ✓ Upon the death of the Insured Person
- ✓ Upon exhaustion of the Sum Insured in respect of such person

❖ **Migration (Applicable for Section II only):** 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 (Applicable for Section II only):** 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

❖ **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.
- No loading shall apply on renewals based on individual claims experience

❖ **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.

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

| Option | Section I (Lump Sum) | Section II (Hospitalization Cases) | Premium |
|----------|----------------------|------------------------------------|-------------|
| Option 1 | Rs.30,000/- | Rs.30,000/- | Rs. 2,890/- |
| Option 2 | Rs.50,000/- | Rs.50,000/- | Rs. 4,650/- |
| Option 3 | Rs. 5,000/- | Rs. 15,000/- | Rs. 797/- |
| Option 4 | Rs. 5,000/- | Rs. 10,000/- | Rs. 735/- |

Premium figures are excluding Service Tax

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

- ❖ **Relief under Sec 80D** of Income Tax Act Insured Person is eligible for relief under Section 80-D of the IT Act in respect of the premium paid by any mode other than cash
- ❖ **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.



**Health
Insurance**

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