



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 : L66010TN2005PLC056649 ★ IRDAI Regn. No. : 129

PROSPECTUS - STAR EXTRA PROTECT – ADD ON COVER

Unique Identification No.: SHAHLIA23061V012223

"Star Extra Protect - Add on Cover" enhances the limits of existing covers in addition to offering new features to the **Base Policy** as mentioned below.

☛ Benefits available under Star Extra Protect - Add on Cover

Section - I

- Enhanced Room Rent
- Claim Guard (Consumables cover)
- Enhanced Limit for Modern Treatments
- Enhanced Limit for Ayush Treatment
- Home care treatment
- Bonus Guard

Section - II

- Option to choose Aggregate Deductible

Note

- Insured can opt Section I (or) Section II (or) Both
- If Section I in the Add on Cover is opted, Insured cannot opt-out of the same at the time of renewal

☛ Eligibility

- This Add on Cover can be purchased along with the **Base Policy** only either at inception or during Renewal of the **Base Policy**.
- Add on Cover is available for Insured having a minimum Sum Insured of Rs.10,00,000/- under the **Base Policy**

Note: During renewal, if Insured reduces the **Base Policy** Sum Insured to below Rs.10,00,000/-, the Add on Cover will not be available

☛ Base Policy – Family Health Optima Insurance Plan / Star Comprehensive Insurance Policy / Medi Classic Insurance Policy (Individual)

☛ Age/Family Size Applicability – As per Base Policy

☛ Add on Cover Term – As per Base Policy

☛ Premium details for Section - I

Product Name	Family Health Optima Insurance Plan	Star Comprehensive Insurance Policy	Medi Classic Insurance Policy (Individual)
Percentage on the Base Policy premium		15%	

☛ Discount details for Section - II

Sum insured (Rs.)	Aggregate Deductible Option (Rs.)	Discount offered on Premium		
		Family Health Optima Insurance Plan	Star Comprehensive Insurance Policy	Medi Classic Insurance Policy (Individual)
10,00,000/- to 20,00,000/-	25,000		15%	
	50,000		20%	
	1,00,000		30%	
Above 20,00,000/-	25,000		12%	
	50,000		18%	
	1,00,000		25%	

☛ What are the benefits available under this Add on Cover?

SECTION - I

A. Enhanced Room Rent: Room, boarding, nursing expenses all inclusive as provided by the hospital / nursing home as per the limits given below:

Sum insured (Rs.)	10,00,000/- to 20,00,000/- (as per Base Policy)	Above 20,00,000/- (as per Base Policy)
Room Rent Eligibility	Any Room (Except for suite room and above the category of suite room)	Any Room

B. CLAIM GUARD (Coverage for Non-medical Items (Consumables)): If there is an admissible claim under the **Base Policy**, then the expenses towards the following items will become payable.

Sl.No.	ITEM
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/BRACES
5	BUDS
6	COLD PACK / HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)

Sl.No.	ITEM
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG / SHORT / HINGED)
46	KNEE IMMOBILIZER / SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES
53	SUGAR FREE TABLETS
54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLEY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

The amount payable under this clause shall be part of the Sum Insured under the **Base Policy** and not in addition to the same.

C. Enhanced Limit for Modern treatments: The following procedures covered under the **Base Policy** with sub-limits are covered up to sum insured of the **Base Policy**.

1.	Uterine Artery Embolization and HIFU
2.	Balloon Sinuplasty
3.	Deep brain stimulation
4.	Oral Chemotherapy
5.	Immunotherapy - Monoclonal antibody to be given as injection

6.	Intra Vitreal injections
7.	Robotic surgeries
8.	Stereotactic radio surgeries
9.	Bronchical Thermoplasty
10.	Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
11.	IONM - (Intra Operative Neuro Monitoring)
12.	Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions
The amount payable under this clause shall be part of the Sum Insured under the Base Policy and not in addition to the same.	

D. Enhanced Limit for Ayush treatment: Medical expenses for In-patient Hospitalization incurred on treatment under Ayurveda, Unani, Siddha and Homeopathy systems of medicines in a AYUSH Hospital is payable **up to sum insured** of the **Base Policy**.

Note

- Yoga and naturopathy systems of treatments are excluded from the scope of coverage under AYUSH treatment.
- The amount payable under this clause shall be part of the Sum Insured under the **Base Policy** and not in addition to the same.

E. Home Care Treatment: Payable up to 10% of sum insured of the **Base Policy**, subject to maximum of Rs.5,00,000/- in a policy year, for treatment availed by the insured person at home, only for the specified conditions mentioned below, which in normal course would require care and treatment at a hospital but is actually taken at home provided that:

- A) the medical practitioner advises the insured person to undergo treatment at home
- B) there is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment
- C) daily monitoring chart including records of treatment administered duly signed by the treating doctor are maintained
- D) Insured can avail "Home Care Treatment" service on cashless / reimbursement basis, if availed from our network service providers given in our website "www.starhealth.in"

List of treatments / conditions covered under Home Care Treatment:

1. Fever and infectious diseases which can be managed as In-patient
2. Uncomplicated urinary tract infections but needing parenteral antibiotics
3. Asthma and COPD-Mild Exacerbations needing Home Nebulization
4. Acute Gastritis/Gastroenteritis
5. I.V. Chemotherapy [Where advised by the doctor]
6. Palliative Cancer Care requiring medical assistance
7. Acute Vertigo
8. Diabetic Foot and Cellulitis
9. IVDP [Cervical and Lumbar Disc diseases]
10. Major surgeries/Arthroplasties needing IV Antibiotics Post Discharge
11. Care for Brain and Spinal Injury Cases Post Discharge
12. Post CVA Care at Home after discharge

The amount payable under this clause shall be part of the Sum Insured under the **Base Policy** and not in addition to the same.

F. Bonus Guard

- i. Cumulative bonus available under **Base Policy** will not be reduced at the time of renewals unless the bonus is utilized.
- ii. On full utilization of sum insured and nil utilization of cumulative bonus accrued, such cumulative bonus so granted under the **Base Policy** will not be reduced
- iii. On full utilization of sum insured and partial utilization of cumulative bonus accrued, the cumulative bonus granted under the **Base Policy** on renewal will be the balance cumulative bonus available
- iv. On full utilization of Sum Insured and full utilization of cumulative bonus accrued, the cumulative bonus granted under the **Base Policy** on renewal will be "nil"

SECTION - II

A. Option to choose aggregate deductible: If the insured chooses any of the following deductibles, the Company will provide discount on premium.

Sum insured (Rs.)	Aggregate Deductible Options (Rs.)	Discount offered on Premium		
		Family Health Optima Insurance Plan	Star Comprehensive Insurance Policy	Medi Classic Insurance Policy (Individual)
10,00,000/- to 20,00,000/-	25,000		15%	
	50,000		20%	
	1,00,000		30%	
Above 20,00,000/-	25,000		12%	
	50,000		18%	
	1,00,000		25%	
The Company will be liable under the Base Policy only if admissible claim/s exceeds the aggregate deductible limit.				

Note: Aggregate Deductible means the aggregate of admissible hospitalisation expenses in a policy year up to which the Company is not liable.

General Conditions (Applicable to both Section I and Section II)

1. The Add on Cover can be purchased along with the **Base Policy** only (with Rs.10,00,000/- and above Sum Insured) either at Inception or during Renewal of the **Base Policy**.
2. The Add on Cover shall be available only if the same is specifically mentioned in the **Base Policy** Schedule.
3. Any claim under this Add on Cover will be subject to an admissible claim under the **Base Policy**.
4. Wherever the benefits mentioned in the Add on Cover (Section I Benefits) are already available in the **Base Policy**, the Add on Cover benefits shall supersede the existing benefits.
5. The limits under the Add on Cover shall not be in addition to the limits under the **Base Policy**.
6. Wherever the benefits mentioned in the Add on Cover are not available in the **Base Policy**, the Add on Cover benefits will get added to the existing benefits of the **Base Policy**.
7. During renewal, if insured reduces the **Base Policy** Sum Insured to below Rs.10,00,000/-, the Add on Cover will not be available.
8. In case if insured migrates from the existing **Base Policy** to any other product offered by the Company, providing of the Add on Cover is subject to the availability of Add on Cover in the migrated product.
9. If Section I in the Add on Cover is opted, Insured cannot opt-out of the same at the time of renewal provided the Sum Insured is Rs.10,00,000/- and above.

- ❖ **Disclosure of Information:** The policy shall be 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.
- ❖ **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.
- ❖ **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
- ❖ **Withdrawal of 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
- ❖ **Terms, Conditions, Exclusions, Waiting Periods and Cancellation**
 - All other terms, conditions, exclusions, waiting periods and cancellation will apply as per the **Base Policy**.
- ❖ **Relief under Section 80-D:** 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:** 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.

