STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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Chennai - 600 034. ★ Phone : 044 - 28288800 ★ Email : support@starhealth.in
Website : www.starhealth.in ★ CIN : L66010TN2005PLC056649 ★ IRDAI Regn. No. : 129

PROSPECTUS - STAR SPECIAL CARE

Unique Identification No.: SHAHLIP21243V022021

Star Special Care is an indemnity-oriented health policy which provides medical insurance cover for children diagnosed with Autism Spectrum Disorder.

- **Who can take this insurance?**
  Any Child aged between 3 years and 25 years diagnosed with Autism Spectrum Disorder can be covered under this insurance. Beyond 25 years of age insured will be accommodated under regular health policy with continuity of benefits for applicable waiting periods
- **Policy Term :** 1 year
- **Sum Insured:** Rs.3,00,000/-
- **Premium**

Age-band (in years)	Gross Premium Rs. (Excluding Tax)
3-10	4,800
11-20	5,325
21-25	6,075

- **Pre-acceptance medical Screening:** There is no pre-acceptance medical screening. However copy of all the past medical records are to be submitted.
- **What are the benefits available under the insurance?**
  - A. Room, boarding, nursing expenses (all inclusive) as provided by the Hospital / Nursing Home up to Rs.5,000/- per day.
    However if the insured opts to occupy a Shared Accommodation, the insured person shall be paid an amount of Rs.500/- per day subject to a maximum of Rs.2,000/- per hospitalization and Rs.10,000/- per policy period.
    Note: Insured's stay in Intensive Care Unit or High Dependency Units / wards will not be considered as stay in Shared Accommodation.
  - 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 and similar expenses.
  - D. Emergency ambulance charges, actual subject to a maximum 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 however there is an admissible claim under the policy.
  - E. **Post Hospitalization expenses:** A sum equivalent to 7% of the hospitalization expenses or actuals incurred up to 60 days after discharge from the hospital following an admissible claim whichever is higher, provided however such expenses so incurred are in respect of ailment for which the insured person was hospitalized.
    Where package rates are charged by the hospitals the Post-Hospitalization benefit will be calculated after taking the room, boarding and nursing charges at Rs 5,000/- per day.
    The expenses as above are payable only where the in-patient hospitalization is for a minimum period of 24 hours.
    Expenses relating to hospitalization will be considered in proportion to the eligible room rent stated in the policy or actual whichever is less.
  - F. **Sublimits:** The expenses incurred on treatment of the following procedure are payable up-to the limits mentioned hereunder:

Ailment / Treatment	Company's liability per policy period Rs.
AdenoTonsilectomy	Rs.25,000/- per policy period
Hospitalization for Treatment of Seizures	Rs.30,000/- per policy period
Hospitalization for Treatment of fractures requiring surgery	Up to 20% of the sum insured per policy period
Botox injection (Payable when administered during inpatient hospitalization only)	Rs.5000/- per sitting subject to a maximum of Rs.20,000/- per policy period.
Behavioral Therapy, Physiotherapy, Occupational Therapy and Speech Therapy	Up to Rs.1,500/- per policy period

  - G. **Co-payment:** This policy is subject to co-payment of 20% of each and every claim amount for fresh as well as renewal policies.
  - H. **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	Rs.3,00,000/-
Treatment / Procedure	**Limit per person per policy period for each treatment / procedure**
A. Uterine artery Embolization and HIFU	37,500/-
B. Balloon Sinuplasty	15,000/-
C. Deep Brain Stimulation	75,000/-
D. Oral Chemotheraphy*	37,500/-
E. Immunotherapy-Monoclonal Antibody to be given as injection	75,000/-
F. Intra Vitreal injections	15,000/-
G. Robotic surgeries	75,000/-
H. Stereotactic radio surgeries	75,000/-
I. Bronchical Thermoplasty	Up to Sum Insured
J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)	Up to Sum Insured
K. IONM-(Intra Operative Neuro Monitoring)	Up to Sum Insured
L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions	75,000/-

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

- **What are the exclusions under the policy?**
  The Company shall not be liable to make any payments under this policy in respect of any expenses what so ever incurred by the insured person in connection with or in respect of:
  1. **Pre-Existing Diseases - Code Excl 01**
     - 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. Diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, all types of Hernia, all obstructive uropathies, Hydrocele, Fistula / Fissure in ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse and Congenital Internal disease / defect / anomalies
   2. Gall bladder and Pancreatic diseases and 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
   3. Subcutaneous Benign lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal tunnel syndrome, Trigger finger, Lipoma, Neurofibroma, Ganglion and similar pathology
   4. Conservative, operative treatment and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty [other than caused by accident]

3. **30-day waiting period - Code Excl 03**
   A. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered
   B. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months
   C. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently
4. **Investigation & Evaluation - Code Excl 04**
   A. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded
   B. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded
5. **Rest Cure, rehabilitation and respite care - Code Excl 05:** Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes;
   1. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons
   2. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs
6. **Obesity/ Weight Control - Code Excl 06:** Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions;
   A. Surgery to be conducted is upon the advice of the Doctor
   B. The surgery/Procedure conducted should be supported by clinical protocols
   C. The member has to be 18 years of age or older and
   D. Body Mass Index (BMI);
      1. greater than or equal to 40 or
      2. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss
         a. Obesity-related cardiomyopathy
         b. Coronary heart disease
         c. Severe Sleep Apnea
         d. Uncontrolled Type2 Diabetes
7. **Change-of-Gender treatments - Code Excl 07:** Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
8. **Cosmetic or plastic Surgery - Code Excl 08:** Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
9. **Hazardous or Adventure sports - Code Excl 09:** Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
10. **Breach of law - Code Excl 10:** Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
11. **Excluded Providers:** 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 **- Code Excl 11**
12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof **- Code Excl 12**
13. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons **- Code Excl 13**
14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure **- Code Excl 14**
15. **Refractive Error:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7. 5 dioptres **- Code Excl 15**
16. **Unproven Treatments:** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness **- Code Excl 16**
17. **Sterility and Infertility - Code Excl 17:** Expenses related to sterility and infertility. This includes;
    a. Any type of contraception, sterilization
    b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
    c. Gestational Surrogacy
    d. Reversal of sterilization
18. **Maternity - Code Excl 18**
    a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy
    b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period
19. Circumcision (unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident), Preputio plasty, Frenuloplasty **- Code Excl 19**
20. Congenital External diseases/condition/defects or anomalies **- Code Excl 20**
21. Convalescence, general debility, run-down condition, Nutritional deficiency states **- Code Excl 21**
22. Venereal disease, Sexually transmitted diseases(Other than HIV) **- Code Excl 23**
23. 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**
24. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials **- Code Excl 25**
25. Cerebral palsy, Mental retardation, Chromosomal and Genetic abnormalities **- Code Excl 41**
26. Unconventional, untested, experimental therapies **- Code Excl 27**
27. Chondrocyte Implantation, Bone marrow transplatntsion **- Code Excl 28**
28. Naturopathy Treatment **- Code Excl 40**
29. All treatment for erectile dysfunctions **- Code Excl 30**
30. Inoculation or Vaccination (except for post–bite treatment and for medical treatment for therapeutic reasons) **- Code Excl 31**
31. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable) **- Code Excl 32**
32. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicines other than Allopathy **- Code Excl 39**
33. Hospital registration charges, admission charges, record charges, telephone charges and such other charges **- Code Excl 34**
34. Cost of spectacles and contact lens, hearing aids, walkers and crutches, wheel chairs, Muscle relaxing pump such as Baclofen Pump or any ITB Therapy, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pumpand such other similar aids, Cochlear implants and procedure related hospitalization expenses **- Code Excl 35**
35. Any hospitalizations which are not medically necessary **- Code Excl 36**
36. Other excluded expenses as detailed in the website www.starhealth.in **- Code Excl 37**
37. 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**
38. Out Patient Medical Expenses. This exclusion does not apply to Behavioral Therapy, Physiotherapy, Occupational Therapy and Speech Therapy **- Code Excl 42**

❖ **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..

❖ **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.

❖ **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

❖ **Cancellation**
1. 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.
2. 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

❖ **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

❖ **Automatic Expiry**: The insurance under this policy with respect to each relevant insured person shall cease immediately on the earlier of the following events;
✓ Upon the death of the Insured Person
✓ 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

❖ **Claims Procedure**

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-authorisation 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 should be 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

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.

For Out Patient Treatment (Applicable for Behavioral Therapy, Physiotherapy, Occupational Therapy and Speech Therapy)
1. Prescription recommending the therapy from the treating Doctor.
2. Receipt

For Reimbursement claims
Documents to be submitted in support of claim are (as applicable)
a. Duly completed claim form, and
b. Pre Admission investigations and treatment papers.
c. Discharge Summary in original from the hospital
d. Cash receipts from hospital, chemists
e. Cash receipts and reports for tests done
f. Receipts from doctors, surgeons, anesthetist
g. Prescriptions and receipts for Post-Hospitalization Expenses
h. Certificate from the attending doctor regarding the diagnosis.
i. Copy of PAN Card

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

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.

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

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

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