



# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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## PROSPECTUS - MEDICLASSIC ACCIDENT CARE (INDIVIDUAL) INSURANCE POLICY

Unique Identification No.: SHAHLIP21241V052021

### Section I – Health Insurance Coverage

This Policy Provides for Regular Hospitalisation benefit for Individual basis.

#### I. Eligibility

- Any person aged between 16 days and 65 years can take this insurance. Thereafter only renewals will be accepted without capping on the exit age.

- II. **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 even if the age of the insured person is 50 yrs or less. 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.

#### III. What are the Basic sum insured options?

Rs.1,50,000/-; Rs.2,00,000/-; Rs. 3,00,000/-; Rs.4,00,000/-; Rs.5,00,000/-; Rs.10,00,000/-; Rs.15,00,000/-

#### Gold Plan

Rs.3,00,000/-; Rs.4,00,000/-; Rs.5,00,000/-; Rs.10,00,000/-; Rs.15,00,000/-; Rs.20,00,000/-; Rs.25,00,000/-

#### VI. What are the benefits available under the policy

- A. Room, boarding, nursing expenses as provided by the Hospital / Nursing Home as per the limits given below;

Basic Sum Insured (Rs.)	Limits (Rs.)
1,50,000/-	2% of Basic Sum Insured maximum of Rs.5,000/-
2,00,000/-	
3,00,000/-	
4,00,000/-	
5,00,000/-	
10,00,000/-	
15,00,000/-	

- B. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.

- C. Anesthesia, Blood, Oxygen, Operation Theatre charges, ICU Charges, Surgical Appliances, Medicines and Drugs, Diagnostic materials and X-ray, Diagnostic Imaging modalities, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, stent and such other similar expenses. With regard to coronary 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. Ambulance charges up-to Rs. 750/- per hospitalization and overall limit of Rs.1,500/- per policy period for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment, provided there is an admissible claim under 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. The amount payable shall not exceed the sum equivalent to 7% of the hospitalization expenses subject to a maximum of Rs.5000/- per hospitalization. For the purpose of calculation of the 7%, only nursing expenses, surgeon's/consultants fees, diagnostic charges and cost of drugs and medicines will be taken.

- G. Expenses incurred towards Cost of Health checkup up to 1% of the average Basic Sum Insured of the eligible block subject to a maximum of Rs.5000/- is payable. This benefit is available for Basic Sum Insured of Rs.200000/- and above only. The insured person becomes eligible for this benefit subject to continuous coverage under this policy with the Company after every block of 4 claim free years and payable on renewal

Note: Payment under this benefit does not form part of the Basic Sum Insured.

- H. The expenses incurred on treatment of cataract are payable up to the limits mentioned hereunder

Basic Sum Insured (Rs.)	Limit for Cataract Surgery (Rs.)
Up to 2,00,000/-	12,000/- per person per policy period
3,00,000/- to 5,00,000/-	20,000/- per eye per person and not exceeding 30,000/- per person per policy period
10,00,000/- and 15,00,000/-	30,000/- per eye per person and not exceeding 40,000/- per person per policy period

- I. **Psychiatric And Psychosomatic Disorder:** If the insured person is diagnosed with psychiatric or psychosomatic disorder for the first time and hospitalized for minimum period of 5 consecutive days under this policy, then the Company will pay hospitalization expenses up to Basic sum insured, provided the insured person has been covered under this policy for a continuous period of 24 months without any break.

Note: The treatment should be taken at Authorized Psychiatric hospital licensed by Mental Health Authority or any similar Authority of Central or State Government or Union Territory.

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

Sum Insured in Rs.	Uterine artery Embolization and HIFU,	Balloon Sinuplasty,	Deep Brain Stimulation	Oral Chemotherapy* (Sublimits including Pre and Post Hospitalisation)	Immunotherapy-Monoclonal Antibody to be given as injection	Intra Vitreal injections
	Limit per person per policy period for each treatment / procedure Rs.					
1,50,000/-	12,500/-	5,000/-	25,000/-	12,500/-	25,000/-	5,000/-
2,00,000/-	25,000/-	10,000/-	50,000/-	25,000/-	50,000/-	10,000/-
3,00,000/-	37,500/-	15,000/-	75,000/-	37,500/-	75,000/-	15,000/-
4,00,000/-	1,00,000/-	40,000/-	2,00,000/-	1,00,000/-	2,00,000/-	40,000/-
5,00,000/-	1,25,000/-	50,000/-	2,50,000/-	1,25,000/-	2,50,000/-	50,000/-
10,00,000/-	1,50,000/-	1,00,000/-	3,00,000/-	2,00,000/-	4,00,000/-	75,000/-
15,00,000/-	1,75,000/-	1,25,000/-	4,00,000/-	2,50,000/-	5,00,000/-	1,00,000/-

Sum Insured in Rs.	Robotic surgeries	Stereotactic radio surgeries	Bronchical Thermoplasty	Vaporisation of the prostate (Green laser treatment or holmium laser treatment)	IONM-(Intra Operative Neuro Monitoring)	Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions
	Limit per person per policy period for each treatment / procedure Rs.					
1,50,000/-	25,000/-	25,000/-				25,000/-
2,00,000/-	50,000/-	50,000/-				50,000/-
3,00,000/-	75,000/-	75,000/-				75,000/-
4,00,000/-	2,00,000/-	1,75,000/-				2,00,000/-
5,00,000/-	2,50,000/-	2,00,000/-				2,50,000/-
10,00,000/-	3,00,000/-	2,25,000/-				3,00,000/-
15,00,000/-	4,00,000/-	2,50,000/-				4,00,000/-
			Up to Sum Insured			

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

- K. **Cumulative bonus:** The insured person will be eligible for Cumulative bonus calculated at 5% of the basic sum insured for every claim free year subject to a maximum of 25%.

#### Special Conditions

1. The Cumulative bonus will be calculated on the expiring Basic Sum Insured or on the renewed Basic Sum Insured whichever is less.

2. If the insured opts to reduce the Basic Sum Insured at the subsequent renewal, the limit of indemnity by way of such Cumulative bonus shall not exceed such reduced basic sum insured.
3. **In the event of a claim resulting In :-**
  - a. Partial utilization of Basic Sum Insured, such cumulative bonus so granted will be reduced at the same rate at which it has accrued.
  - b. Full utilization of Basic Sum Insured and nil utilization of cumulative bonus accrued, such cumulative bonus so granted will be reduced at the same rate at which it has accrued.
  - c. Full utilization of Basic Sum Insured and partial utilization of cumulative bonus accrued, the cumulative bonus granted on renewal will be the balance cumulative bonus available and will be reduced at the same rate at which it has accrued
  - d. Full utilization of Basic Sum Insured and full utilization of cumulative bonus accrued, the cumulative bonus granted on renewal will be "nil" or "zero".

**L. Automatic Restoration of Basic Sum Insured:** There shall be automatic restoration of the Basic Sum Insured by 200%, once during the policy period, immediately upon exhaustion of the limit of coverage which has been defined. It is made clear that such restored Basic Sum Insured can be utilized only for illness / disease unrelated to the illness / diseases for which claim/s was / were made. The restored Basic Sum Insured cannot be carried forward. This Benefit is not available for Modern Treatment.

**M. Non Allopathic Treatment / 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 the Basic Sum Insured subject to a maximum of Rs 25000/- during entire policy period.

**Note: The benefits mentioned under IV above are available as a "Family Package Plan" also.**

**The following are the special conditions applicable for "Family Package Plan":-**

- a) Family means the Insured Person, insured spouse and insured dependent children not exceeding two in numbers.
- b) This plan is applicable for Basic Sum Insured of Rs.2,00,000/- and Rs.3,00,000/- only.
- c) Plan is applicable for Age band of 5 months to 45 years.
- d) The Basic Sum Insured is to be equally apportioned among all the persons insured.
- e) Each family member is covered up-to his/her limit only.
- f) No transfer of unutilized balance Basic Sum Insured to other insured persons is permissible.
- g) Health check- up benefit will be calculated on the policy Basic Sum Insured and equally divided among all the insured persons.
- h) Where any insured member has made a claim then he/she would not be eligible for his/her share of Health check-up benefit. However the other insured members can avail the health check-up benefit up-to their respective share.
- i) The automatic restoration of Basic Sum Insured facility is not applicable for this Plan

**V. Optional Covers**

**Gold Plan**

**A.** Room, boarding, nursing expenses as provided by the Hospital / Nursing Home as per the limits given below;

Basic Sum Insured (Rs.)	Limit (Rs.)
3,00,000/-	Up to 5000/- per day
4,00,000/-	
5,00,000/-	
10,00,000/-	Private Single A/c Room
15,00,000/-	
20,00,000/-	
25,00,000/-	

- B.** Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees,
- C.** Anesthesia, Blood, Oxygen, Operation Theatre charges, ICU Charges, Surgical Appliances, Medicines and Drugs, Diagnostic materials and X-ray, Diagnostic Imaging modalities, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, stent and such other similar expenses. With regard to coronary 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.** Ambulance charges up-to Rs. 2,000/- per hospitalization 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.** 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 wherever recommended by the Medical

Practitioner / Hospital, 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

**G. Expenses incurred towards Cost of Health check-up**

Basic Sum Insured (Rs.)	Limit (Rs.)
3,00,000/- to 5,00,000/-	Up to 1,500/- for every claim free year
10,00,000/- and 15,00,000/-	Up to 2,500/- for every claim free year
20,00,000/- and 25,00,000/-	Up to 5,000/- for every claim free year

**Note :**

1. This benefit is payable on renewal and when the renewed policy is in force.
2. Payment under this benefit does not form part of the Basic Sum Insured.

**H.** The Expenses incurred on treatment of cataract are payable up to the limits mentioned hereunder

Basic Sum Insured (Rs.)	Limit for Cataract Surgery (Rs.)
3,00,000/- to 5,00,000/-	30,000/- per eye and not exceeding 40,000/- per person per policy period
10,00,000/- and 15,00,000/-	40,000/- per eye and not exceeding 50,000/- per person per policy period
20,00,000/- and 25,00,000/-	45,000/- per eye and not exceeding 60,000/- per person per policy period

**I. Psychiatric And Psychosomatic Disorder:** If the insured person is diagnosed with psychiatric or psychosomatic disorder for the first time and hospitalized for minimum period of 5 consecutive days under this policy, then the Company will pay hospitalization expenses up to Basic Sum Insured provided the insured person is covered under this policy for a continuous period of 24 months without any break.

**Note:** The treatment should be taken at Authorized Psychiatric hospital licensed by Mental Health Authority or any similar Authority of Central or State Government or Union Territory.

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

Sum Insured in Rs.	Uterine artery Embolization and HIFU,	Balloon Sinuplasty,	Deep Brain Stimulation	Oral Chemotherapy* (Sublimits including Pre and Post Hospitalisation)	Immunotherapy-Monoclonal Antibody to be given as injection	Intra Vitreal injections
	Limit per person per policy period for each treatment / procedure Rs.					
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/-
10,00,000/-	1,50,000/-	1,00,000/-	3,00,000/-	2,00,000/-	4,00,000/-	75,000/-
15,00,000/-	1,75,000/-	1,25,000/-	4,00,000/-	2,50,000/-	5,00,000/-	1,00,000/-
20,00,000/-	2,00,000/-	1,50,000/-	4,50,000/-	2,75,000/-	5,50,000/-	1,25,000/-
25,00,000/-	2,00,000/-	1,50,000/-	5,00,000/-	3,00,000/-	6,00,000/-	1,50,000/-

  

Sum Insured in Rs.	Robotic surgeries	Stereotactic radio surgeries	Bronchical Thermoplasty	Vaporisation of the prostate (Green laser treatment or holmium laser treatment)	IONM-(Intra Operative Neuro Monitoring)	Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions
	Limit per person per policy period for each treatment / procedure Rs.					
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/-
10,00,000/-	3,00,000/-	2,25,000/-				3,00,000/-
15,00,000/-	4,00,000/-	2,50,000/-				4,00,000/-
20,00,000/-	4,50,000/-	2,75,000/-				4,50,000/-
25,00,000/-	5,00,000/-	3,00,000/-				5,00,000/-

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

- K. Cumulative bonus** In respect of a claim free year, the insured person will be eligible for Cumulative bonus calculated 25% of basic sum insured in the second year and additional 20% of the basic sum insured for each subsequent years subject to a maximum of 100% overall

**Special Conditions**

- The Cumulative bonus will be calculated on the expiring Basic Sum Insured or on the renewed Basic Sum Insured whichever is less.
  - If the insured opts to reduce the Basic Sum Insured at the subsequent renewal, the limit of indemnity by way of such Cumulative bonus shall not exceed such reduced basic sum insured.
  - In the event of a claim resulting in
    - Partial utilization of Basic Sum Insured, such cumulative bonus so granted will be reduced at the same rate at which it has accrued.
    - Full utilization of Basic Sum Insured and nil utilization of cumulative bonus accrued, such cumulative bonus so granted will be reduced at the same rate at which it has accrued.
    - Full utilization of Basic Sum Insured and partial utilization of cumulative bonus accrued, the cumulative bonus granted on renewal will be the balance cumulative bonus available and will be reduced at the same rate at which it has accrued
    - Full utilization of Basic Sum Insured and full utilization of cumulative bonus accrued, the cumulative bonus granted on renewal will be "nil" or "zero"
- L. Automatic Restoration of Basic Sum Insured:** There shall be automatic restoration of the Basic Sum Insured by 200% once during the policy period, immediately upon exhaustion of the limit of coverage which has been defined. It is made clear that such restored Basic Sum Insured can be utilized only for illness / disease unrelated to the illness / diseases for which claim/s was / were made. The restore Basic Sum Insured cannot be carried forward. This Benefit is not available for Modern Treatment.
- M. Super Restoration:** If the limit of coverage under this policy is exhausted during the policy period, an additional Basic Sum Insured of 100% would be provided once for the remaining policy period for the subsequent hospitalization. This additional basic sum insured can be utilized even for illness / disease for which claim/s was / were made. The unutilized additional Basic Sum Insured cannot be carried forward. This Benefit is not available for Modern Treatment.
- N. Domiciliary hospitalization treatments for a period exceeding three days:** Coverage for medical treatment (including AYUSH) for a period exceeding three days, for an illness / disease / injury, which in the normal course, would require care and treatment at a Hospital but, on the advice of the attending Medical Practitioner, is taken whilst confined at home under any of the following circumstances
- ✓ The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
  - ✓ The patient takes treatment at home on account of non-availability of room in a hospital.
- However, this benefit shall not cover Asthma, Bronchitis, Chronic Nephritis and Nephritic Syndrome, Diarrhoea and all types of Dysenteries including Gastro-enteritis, Diabetes Mellitus and Insipidus, Epilepsy, Hypertension, Influenza, Cough and Cold, all Psychiatric or Psychosomatic Disorders, Pyrexia of unknown origin for less than 10 days, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Arthritis, Gout and Rheumatism.
- O. Organ Donor Expenses:** In patient hospitalization expenses incurred for organ transplantation from the Donor to the recipient insured person are payable provided the claim for transplantation is payable. Donor screening expenses and post-donation complications of the donor are not payable
- P. Shared accommodation:** If the Insured person occupies, a shared accommodation in a networked hospital during in-patient hospitalization, then amount as per the table given below will be payable for each continuous and completed period of 24 hours of stay, provided the hospitalization exceeds 48 hours in such shared accommodation.

Basic Sum Insured (Rs.)	Limit (Rs.)
3,00,000/- 4,00,000/- and 5,00,000/-	500/- per day subject to maximum of 3,000/- per hospitalization
10,00,000/- 15,00,000/- 20,00,000/- and 25,00,000/-	1,000/- per day subject to maximum of 6,000/- per hospitalization

**Note:**

- This benefit is payable only if there is an admissible claim for hospitalization under the policy
  - Insured person's stay in Intensive Care Unit or High Dependency Units / wards will not be counted for this purpose
  - Payment under this benefit does not form part of the Basic sum insured but will impact the Cumulative bonus
  - Date of admission and date of discharge will not be counted for this purpose.
- Q. Additional Basic Sum Insured for Road Traffic Accident (RTA):** If the insured person meets with a Road Traffic Accident resulting in in-patient hospitalization, then the Basic Sum Insured shall be increased by 50% subject to the following:
- It is evidenced that the insured person was wearing helmet and was either riding or travelling as pillion rider in a two wheeler at the time of accident as evidenced by Police record and Hospital record.

- The additional Basic Sum Insured shall be available only once during the policy period.
- The additional Basic Sum Insured shall be available after exhaustion of the limit of coverage.
- The additional Basic Sum Insured can be utilized only for that particular hospitalization following the Road Traffic Accident
- Automatic Restoration of Basic Sum Insured and Super restoration shall not apply for this benefit
- This benefit shall not be applicable for day care treatment
- The unutilized balance cannot be carried forward for the remaining policy period or for renewal
- Claim under this benefit will impact the Cumulative bonus

- R. Hospitalization expenses for treatment of New Born Baby.** The coverage for New Born Baby starts from the 16<sup>th</sup> day after its birth till the expiry date of the policy and is subject to a limit of 10% of the Basic Sum Insured or Rupees Fifty thousand, whichever is less, subject to the availability of the Basic Sum Insured, provided the mother has been insured under the policy for a continuous period of 12 months without break.

**Note:**

- Intimation about the birth of the New Born Baby should be given to the company and policy has to be endorsed for this cover to commence.
- Exclusion no. 3 (Code Excl 03) shall not apply for the New Born Baby
- All other terms, conditions and exclusions shall apply for the New Born Baby

- S. Non Allopathic Treatment / 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 the Basic Sum Insured subject to a maximum of Rs 25000/- during entire policy period

**VI. What are the Optional Covers available on payment of additional premium?**

**Patient Care:** The Company will pay the cost of engaging one attendant at the residence of the insured person immediately after discharge from the hospital provided the same is recommended by the attending physician. Such expenses are payable up-to Rs 400/- for each completed day up-to 5 days per occurrence and 14 days per policy period. No payment will be made for the first day. This benefit is applicable only for insured persons above 60 years of age and becomes payable only upon a valid claim for hospitalization.

**Hospital Cash:** The Company will pay a Cash Benefit of Rs 1000/- for each completed day of hospitalization subject to a maximum of 7 days per hospitalization and 14 days per policy period, provided however there is a valid claim for hospitalization. For the purpose of this optional cover, the days of admission and discharge will not be taken into account.

No claim under this head shall lie with the Company where the admission is for physiotherapy and/or any epidemic

**Note:** Patient Care and Hospital Cash are available on payment of additional premium under Gold Plan also.

**VII. Important Note Applicable under the policy**

- All Daycare Procedures are covered under this Policy.
- Where Gold Plan is opted, in the event of a claim, the benefits under Gold Plan only shall be applicable.
- Company's liability in respect of all claims admitted during the period of insurance shall not exceed the Limit of Coverage per person mentioned in the schedule
- Expenses relating to hospitalization will be considered in proportion to the eligible room category stated in the policy or actual whichever is less**
- Expenses on Hospitalization for a minimum period of 24 hours only are admissible. However this time limit will not apply for the day care treatments / procedures, where treatment is taken in Hospital/Nursing Home and the Insured is discharged on the same day.
- Co-payment (Not Applicable for Patient Care and Hospital Cash):** This policy is subject to co-payment of 10% of each and every claim amount, for fresh as well as for the policies subsequently renewed for insured persons whose age at the time of entry in to this policy is above 61 years. This co-payment will not apply for those insured persons who have entered the policy before attaining 61 years of age and renew the policy continuously without any break.

**VIII. What are the exclusions applicable?**

The Company shall not be liable to make any payments under this policy in respect of any expenses what so ever incurred by the insured person in connection with or in respect of:-

**1. Pre-Existing Diseases - Code Excl 01**

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



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

- 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 (other than retinal detachment), 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, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.**9. Hazardous or Adventure sports - Code Excl 09:** Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.**10. Breach of law - Code Excl 10:** Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.**11. Excluded Providers - Code Excl 11:** Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.**12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof - Code Excl 12****13. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons - Code Excl 13****14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure - Code Excl 14****15. Refractive Error - Code Excl 15:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 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 therapies similar to those mentioned herein under this exclusion - Code Excl 26****27. Unconventional, Untested, Experimental therapies - Code Excl 27**

28. Autologous derived Stromal vascular fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy - **Code Excl 28**
29. Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted - **Code Excl 29**
30. All treatment for Priapism and erectile dysfunctions - **Code Excl 30**
31. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons) - **Code Excl 31**
32. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable) - **Code Excl 32**
33. Medical and / or surgical treatment of Sleep apnea, treatment for endocrine disorders - **Code Excl 33**
34. Hospital registration charges, admission charges, record charges, telephone charges and such other charges - **Code Excl 34**
35. Cost of spectacles and contact lens, hearing aids, Cochlear implants and procedures, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids - **Code Excl 35**
36. Any hospitalization which are not medically necessary / does not warrant hospitalization - **Code Excl 36**
37. Other Excluded Expenses as detailed in the website www.starhealth.in - **Code Excl 37**
38. Existing disease/s, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), for specified ICD codes - **Code Excl 38**

**IX. 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.

**X. Claim Procedure**

Claiming process and documents to be submitted in support of claim

**For Cashless Treatment**

- Call the 24 hour help-line for assistance - 1800 425 2255/1800 102 4477
- Inform the ID number for easy reference
- On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk
- Obtain the Pre-authorization Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
- The Treating Doctor will complete the hospitalisation/ treatment information and the hospital will fill up expected cost of treatment. This form is submitted to the Company
- The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate.
- 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.
- In case of emergency hospitalization information to be given within 24 hours after hospitalization
- Cashless facility can be availed only in networked Hospitals. For details of Networked Hospitals, the insured may visit www.starhealth.in or contact the nearest branch

In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents

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

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

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 possible reimbursement.

**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
2	Reimbursement of Post hospitalization	within 15 days after completion of 60 days from the date of discharge from hospital

**Provision of Penal Interest**

- 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.
- 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.

- 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.
- 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.
- "Bank rate" shall mean the rate fixed by the Reserve Bank of India.

**XI. What is renewal procedure?**

**Renewal:** The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.

- The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- 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.
- Coverage is not available during the grace period.
- No loading shall apply on renewals based on individual claims experience

**XII. Can the sum insured under the policy be reduced or enhanced?**

Reduction or enhancement of sum insured is permissible only at the time of renewal.

The acceptance for enhancement and the amount of enhancement will be at the discretion of the Company. Where the basic sum insured is enhanced, the amount of such additional basic sum insured including the respective sublimits shall be subject to the following terms

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.

- First 30 days as per exclusion **Code Excl 03**
- 24 months with continuous coverage without break (with grace period) in respect of diseases / treatments as per exclusion **Code Excl 02**
- 48 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases as per exclusion **Code Excl 01**
- 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

**XIII. 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.

**XIV. Withdrawal of the policy:**

- 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.
- 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.

**XV. 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

- 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
- 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
- Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

**XVI. 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/fmGuidelines\\_Layout.aspx?page=PageNo3987](https://www.irdai.gov.in/ADMINCMS/cms/fmGuidelines_Layout.aspx?page=PageNo3987)

**XVII. 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 +91-044-2828869.

**For Detailed Guidelines on portability, kindly refer the link**

[https://www.irdai.gov.in/ADMINCMS/cms/fmGuidelines\\_Layout.aspx?page=PageNo3987](https://www.irdai.gov.in/ADMINCMS/cms/fmGuidelines_Layout.aspx?page=PageNo3987)

**XVIII. 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.

**XIX. Cancellation:**

- 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;

Policy Term with 1 year	
Period on risk	Rate of premium to be retained
Up to one month	30% of the policy premium
Exceeding one month up to 3 months	40% of the policy premium
Exceeding 3 months up to 6 months	60% of the policy premium
Exceeding 6 months up to 9 months	80% of the policy premium
Exceeding 9 months	Full of the policy premium
Policy Term with 2 years	
Period on risk	Rate of premium to be retained
Up to 1 Month	25% of the policy premium
Exceeding one month up to 3 months	30% of the policy premium
Exceeding 3 months up to 6 months	40% of the policy premium
Exceeding 6 months up to 9 months	50% of the policy premium
Exceeding 9 months up to 12 months	60% of the policy premium
Exceeding 12 months up to 15 months	70% of the policy premium
Exceeding 15 months up to 18 months	80% of the policy premium
Exceeding 18 months up to 21 months	90% of the policy premium
Exceeding 21 months	Full Policy 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.

- 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

**XX. Automatic Expiry**

**Applicable for VI Coverage:** The insurance under this policy with respect to each relevant Insured Person shall expire immediately on the earlier of the following events:

- ✓ Upon the death of the Insured Person.
- ✓ Upon exhaustion of Limit of Coverage Plus Restored Basic Sum Insured wherever applicable

**Applicable for Gold Plan:** The insurance under this policy with respect to each relevant Insured Person shall expire immediately on the earlier of the following events:

- ✓ Upon the death of the Insured Person.
- ✓ Upon exhaustion of Limit of Coverage Plus Restored Basic Sum Insured wherever applicable
- ✓ Upon exhaustion of Limit of Coverage Plus Restored Basic Sum Insured Plus Super Restored Basic Sum Insured, wherever applicable

**XXI. How much does it cost to take this insurance?**

The premium sheet is attached

**XXII. What is the policy term?**

The policy is available for one year and two year term.

**XXIII. What are the discount available under the policy?**

**Family Discount(Available only if Gold Plan is chosen):** 5% discount is available if 2 or more family members are covered under this policy

**Major Organ Donor Discount(Available only if Gold Plan is chosen):** If at the time of renewal if the insured person submits proofs that he / she has donated a major organ, a discount of 25% of the premium is available at the time of renewal. This discount is available even for subsequent renewals also.

**Online discount:** 5% discount for purchase Online.

**XXIV. Is there any Income Tax Benefit?**

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

## Section II – Accident Care Coverage

**Eligibility:** Any person aged between 18 Years and 70 years can take this insurance. Lifelong Renewal. Maximum Renewal age for dependent children is 25 years and for adult no exit age.

Family Plan is available for Insured Person, Spouse and Dependent children (form 5months). A discount 10% is available on the total premium, if family is covered.

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

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

**What are the benefits available under the Insurance?**

This Policy Provides for the following benefits depending on the table of cover chosen: Table A– Covers Accidental Death

Table B – Covers Accidental Death and Permanent Disablement

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

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

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

**Permanent Total Disablement:** Very Often the Consequences of any accident are not fatal but disablement, which is worse than fatal. This benefit pays 150% of the Policy sum insured plus the earned cumulative Bonus (such Bonus however will be calculated only on 100% sum insured) when the insured person sustains such Permanent Total Disablement.

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

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

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

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

**Temporary Total Disablement:** If at any time during the period of insurance the insured person/s shall sustain Grievous injury arising solely and directly from an accident and resulting in hospitalization, then the insured person will be paid a sum calculated at 1% of the sum insured under Table C per completed week but not exceeding Rs.15,000/- per

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

**Special Conditions (Applicable to all Tables)**

- If the Accident affects any physical or mental function, which was already impaired prior to the accident, a deduction as certified by a Government Doctor will be made in respect of this prior disablement.
- If the accident impairs a number of physical or mental functions, the degree of disablement given in the Table of Benefits will be added together, but liability in any case shall not exceed 100% of the Sum Insured (150% in case of Permanent Total Disablement)
- In case of Permanent Partial Disablement claim the Sum Insured under the policy will be reduced by the amount of admissible claim under the policy in respect of the Insured Person to whom such sum shall become payable.
- In the event of Permanent Disablement, the Insured Person will be under obligation:
  - To have himself/herself examined by doctors appointed by the Company / and the Company will pay the costs involved thereof.
  - To authorize doctors providing treatments or giving expert opinion and any other authority to supply the Company any information that may be required. If the obligations are not met with due to whatsoever reason, the Company may be relieved of its liability to pay. Provided however the insured shall be deemed to have discharged his duties/obligations if he authorizes / gives consent to the treating doctor/s or the experts who gave opinion. Any subsequent failure on the part of the treating doctor/experts who gave opinion / hospital will not be held up against the insured.
- Where a claim for 100% of the Capital Sum Insured (150% for Permanent Total Disablement) is admitted / admissible the coverage under the policy ceases and the policy cannot be renewed for such relevant person.
- Where a claim for less than 100% of the Sum Insured is admitted / admissible, the coverage under the policy will continue until expiry for the balance sum insured and Company would exclude such disability on renewal in respect of such relevant person

**What are the benefits available under the policy? Educational Grant**

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

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

**Ambulance Charges/Transportation Expenses of Mortal Remains:** Following an admissible claim under the policy due to an Accident outside the place of the insured's residence, the Company shall pay during the policy period as a lumpsum

Either

- Towards ambulance charges for emergency treatment to go to the hospital in case of injury
- Or in case of Death



b) Towards transportation of the mortal remains of the insured person (including the cost of embalming and coffin charges) to the residence of the insured,

The limit of Company's liability towards either Ambulance charges or Transportation of mortal remains is Rs.5,000/- only during the policy period. This lump sum amount is payable in addition to the sum insured

**Travel Expenses for one Relative (Applicable for Death Claims only):** The Company will pay 1% of the Total sum insured up to Rs.50,000/- subject to actual, for the transport expenses to one relative of the Insured Person following an admissible claim under the policy for Accidental Death. This amount is payable in addition to the sum insured

**Vehicle and / or Residence Modification:** The Company will pay up to 10% of Table B and Table C sum insured subject to a maximum of Rs.50,000/- towards the expenses incurred to modify the Insured Person's residential accommodation or vehicle as long as the modification have been carried out in India and certified by a Doctor to be necessary and directly required as a result of the Accident for which there is an admissible claim. This benefit is applicable only where there is an admissible claim for Permanent Total Disablement This amount is payable in addition to the sum insured.

**Purchase of Blood:** The Company will pay up to 5% of the sum insured under relevant table/tables opted subject to a maximum of Rs.10,000/- whichever is less towards the expenses incurred in purchasing blood through a Hospital or Government approved blood bank for the purpose of the Insured Person's medical or surgical treatment provided there is an admissible claim under this policy. This amount is payable in addition to the sum insured

**Transportation of Imported Medicines:** The Company will pay up to 5% of Total sum insured subject to a maximum of Rs.20,000/- towards the expenses incurred on freight charges for importing medicines to India, provided that:

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

This amount is payable in addition to the sum insured

**Cumulative Bonus:** Compensation payable for an admissible claim for Death or Permanent Total disablement arising out of accidental injuries shall be increased by 5% thereof in respect of each completed year during which the policy shall have been in force prior to the occurrence of an accident for which the capital sum insured becomes payable but the amount of such increase shall not exceed 50% of the sum insured stated in the schedule. The cumulative bonus is applicable to that part of the sum insured which is renewed continuously without break.

The Cumulative Bonus will not be lost if the policy is renewed within 30 days. Cumulative Bonus is not applicable for the Additional Benefits Or Optional Benefits

#### What is the minimum and maximum sum insured?

Minimum sum insured is Rs. 1,00,000. Sum insured is available in multiples of Rs. 10,000/- Maximum sum insured will vary depending upon the earning capacity of the insured person.

#### What are the optional covers available on payment of additional premium?

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

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

**Hospital Cash:** The Company will pay Cash Benefit of Rs 1000/- for each completed day of Hospitalization provided such hospitalization happens within 30 days from the date of accident. The maximum period for which the benefit is payable is 15 days per occurrence and 60 days per policy period. Where the policy term is more than one year, this benefit limit is applicable for each year. This benefit cannot be cumulated or carried forward to the next year. For the purpose of cash benefit the days of admission and discharge will not be taken into account. This amount is payable in addition to the sum insured.

This benefit is optional and effective only if there is an admissible claim under the policy.

**Home Convalescence:** The company will pay Rs 500/- for each completed day subject to a maximum of 15 days per occurrence and 60 days per policy period towards the cost of engaging one attendant at residence immediately after discharge from the hospital provided the same is recommended by the attending physician. Where the policy term is more than one year, this benefit limit is applicable for each year. This benefit cannot be cumulated or carried forward to the next year.

This amount is payable in addition to the sum insured.

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

#### What are the exclusions under this policy?

- Any payment, in case of more than one claim under the Policy, during any one period of insurance by which the maximum liability of the Company in that period would exceed the capital sum insured payable under this Policy except in case of Permanent Total Disability claim, in which case the amount payable is 150% of the sum insured. This exclusion will not apply to payments made under medical expenses extension, Hospital cash, Home Convalescence, Educational Grant, Ambulance Charges /Transportation of mortal remains, Travel expenses of the one Relative and Expenses for Vehicle and /or residence Modification, Purchase of Blood and Transportation of Imported Medicine.
- Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.

3. Any injuries/conditions which are Pre-existing Conditions.

4. Any claim for Death or Disablement of the Insured Person from (a) intentional self-injury / suicide or attempted suicide or (b) whilst under the influence of intoxicating liquor or drugs or (c) self-endangerment unless in self-defense or to save life.

5. Any claim arising out of mental disorder, suicide or attempted suicide self inflicted injuries, or sexually transmitted conditions, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immunodeficiency Virus) and / or any HIV related illness including AIDS (Acquired Immunodeficiency Syndrome), insanity and / or any mutant derivative or variations thereof howsoever caused.

6. Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on boarding an aircraft for the purpose of flying therein or alighting there from.

7. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detentions of all kings princes and people of whatever nation, condition or quality whatsoever.

8. Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.

9. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:

- Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel.
- Nuclear weapons material
- The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
- Nuclear, chemical and biological terrorism

10. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.

11. Participation in Hazardous Sport / Hazardous Activities

12. Persons who are physically and mentally challenged, unless specifically agreed and endorsed in the policy.

13. Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.

**Renewal Condition:** The policy will be renewed except on grounds of misrepresentation / fraud committed.

A grace period of 30 days from the date of expiry of the policy is available for renewal. If renewal is made within this 30 days period the continuity of benefits will be allowed. However the actual period of cover will start only from the date of payment of premium. In other words no protection is available between the policy expiry date and the date of payment of premium for renewal.

Every renewal premium (which shall be paid and accepted in respect of this policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to the Insured that may result to enhance the risk of the Company under the insurer.

Where a claim for 100% of the Capital Sum Insured is admitted / admissible, the policy cannot be renewed for such relevant person.

Where a claim for less than 100% of the Sum Insured is admitted / admissible, the Company would exclude such disability on renewal in respect of such relevant person.

In the event of this policy being withdrawn / modified with revised terms and/or premium with the prior approval of the Competent Authority, the insured will be intimated three months in advance and accommodated in any other equivalent insurance policy offered by the Company, if requested for by the Insured Person, at the relevant point of time.

Renewal premium is subject to change with prior approval from the Regulator. Change of options/plans within same product are permissible only at the time of renewal.

**Cancellation/ Termination:** The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in proposal form and/or claim form at the time of claim or non-co-operation of the insured person, by sending the Insured 30 days notice by registered letter at the Insured person's last known address and no refund of premium will be made. The insured may at any time cancel this policy and in such event the Company shall allow refund after retaining premium at Company's short period rate only (table given below) provided no claim has occurred up to the date of cancellation

#### \*Short period scales:

For policy with one year term	
Period on Risk	Rate of premium to be retained
For a period not exceeding 15 days	10% of the Annual Premium
For a period not exceeding 1 month	15% of the Annual Premium
For a period not exceeding 2 months	30% of the Annual Premium
For a period not exceeding 3 months	40% of the Annual Premium
For a period not exceeding 4 months	50% of the Annual Premium
For a period not exceeding 5 months	60% of the Annual Premium
For a period not exceeding 6 months	70% of the Annual Premium
For a period not exceeding 7 months	75% of the Annual Premium
For a period not exceeding 8 months	80% of the Annual Premium
Exceeding 8 months	Full Annual Premium

For policy with two year term	
Period on Risk	Rate of premium to be retained
Up to 1 year	65% of the premium
Up to 2 years	Full Premium
For policy with three year term	
Period on Risk	Rate of premium to be retained
Up to 1 year	45% of the premium
Up to 2 years	85% of the premium
Up to 3 years	Full Premium

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

Please refer the premium table.

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

Risk Group I-Persons engage primarily in administrative functions

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

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

Table A – Covers Accidental Death

Table B – Covers Accidental Death and Permanent Disablement

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

**How to buy this insurance?**

Please contact our nearest Branch or visit our website [www.starhealth.in](http://www.starhealth.in) for online purchase. A discount of 5% on premium excluding the service tax is available if purchased online.

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

Call the 24hour help-line for assistance-1800 425 2255/1800 102 4477

**1. Inform the Policy Number for easy reference**

Documents to be submitted in support of claim are (as applicable) Duty completed claim form and

**For Death Claims:-**

- Death Certificate
- Post-mortem Certificate, if conducted
- FIR (wherever required)
- Police Investigation report (wherever required)
- Viscera Sample Report (wherever required)
- Forensic Science Laboratory report (wherever required)
- Legal Heir Certificate
- Succession Certificate (wherever required)

**For Disability Claims:**

- Certificate from Government doctor not below the rank of Civil Surgeon, confirming the disability and its percentage.
- Note:** The Company authorized doctor may examine the insured if required
- Certificate from the employer confirming leave of absence from duty

**Travel expenses for one relative**

- Proof of expenses incurred (original)

**Vehicle and/or residence modification**

- Certificate from the doctor confirming the Disability and the requirement of modification
- Estimate from Workshop
- Cash receipt for having carried the vehicle modification
- Estimate from civil engineer
- Cash receipt for completion of the civil work modification

**Purchase of blood:**

- Original receipt for purchase of blood (wherever applicable)

**Transportation of imported medicines**

- Prescription of the treating doctor with confirmation that the medicine is not available in India.
- Original receipt for the freight incurred for import of the medicine, along with a copy of invoice

**Educational grant**

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

**Ambulance charges / transportation expenses of mortal remains**

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

**For Claim under Optional benefits:****Medical expenses due to accident:**

- Original Discharge Summary (wherever applicable)
- Original Medical Reports
- Original Invoices/Bills,
- Original Payment Receipts

**Hospital Cash and Home Convalescence**

- Discharge Summary (Where original is required for other purposes, a certified copy may be submitted)
- Recommendation by the treating doctor for appointing an attendant at home for continuation of treatment.
- Cash receipt for payment made to the attendant

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

**Important Note**

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

Table of Benefits B1	
Benefits	Percentage of Sum Insured
1. Permanent Total Disablement	150%
Total and irrevocable loss* of	
(i) Sight of both eyes	100%
(ii) Physical separation of two entire hands	100%
(iii) Physical separation of two entire foot	100%
(iv) One entire hand and one entire foot	100%
(v) Sight of one eye and loss of one hand	100%
(vi) Sight of one eye and loss of one entire foot	100%
(vii) Use of two hands	100%
(viii) Use of two foot	100%
(ix) Use of one hand and one foot	100%
(x) Sight of one eye and use of one hand	100%
(xi) Sight of one eye and use of one foot	100%
(xii) Sight of one eye	50%
(xiii) Physical separation of one entire hand	50%
(xiv) Physical separation of one entire foot	50%
(xv) Use of one hand without physical separation	50%
(xvi) Use of one foot without physical separation	50%

Loss of foot / hand means total severance through or above the ankle/ wrist joints respectively. Loss of eye means entire and irrevocable loss of sight. Thumb and index finger means severance through or above the joint that meets the hand at the palm

#payable only when the insured person, following accidental injuries is unable to engage in each and every occupation or employment for compensation or profit for which he is reasonably qualified by education, training or experience for the rest of his life. If at the time of loss the insured person is unemployed, Permanent Total Disability shall mean the total and permanent inability to perform all of the usual and customary duties and activities of a person of like age and sex even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication

Permanent Partial Disablement - Table of Benefits B2			
	Benefits		Percentage of Sum Insured
1	Loss of toes all	All	20
	Loss of Great toe	both phalanges	5
	Loss of Great toe	one phalanx	2
	Other than Great, if more than one toe lost, for each toe	For each toe	1
2	Loss of hearing both ears	Both ears	75
	Loss of hearing one ear	One ear	30
3	Loss of four fingers and thumbs of One hand		40
4	Loss of four fingers		35
	Loss of thumb both phalanges	Both phalanges	25
		One phalanx	10
5	Loss of index finger three phalanges	Three phalanges	10
	Two phalanges	Two phalanges	8
	One phalanx	One phalanx	4
6	Loss of middle finger	Three phalanges	6
		Two phalanges	4
		One phalanx	2
7	Loss of ring finger	Three phalanges	5
		Two phalanges	4
		One phalanx	2
8	Loss of little finger	Three phalanges	4
		Two phalanges	3
		One phalanx	2
9	Loss of metacarpals	First or second	3
		Additional (third fourth or fifth)	2
10	Any other Permanent partial disablement	Percentage as assessed by the Medical Board or by the government doctor	



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

**Prohibition of Rebates:** Section 41 of Insurance Act 1938 (Prohibition of rebates): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take

out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs rupees.

### Premium Chart for Health Section I

PREMIUM CHART (Excluding Tax) for 1 year Policy Term							Premium In Rs.
Zone 1 Mumbai, Thane, Delhi (including Faridabad, Gurgaon, Ghaziabad and Noida), Ahmedabad, Baroda and Surat							
Sum Insured Rs / Age in yrs	150,000/-	2,00,000/-	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-
5m-35	4,015	4,160	5,159	5,778	6,298	8,187	9,825
36-45	4,537	4,701	5,830	6,529	7,117	9,252	11,102
46-50	6,714	6,958	8,628	9,663	10,533	13,693	16,431
51-55	8,494	8,802	10,914	12,224	13,324	17,321	20,785
56-60	10,957	11,354	14,079	15,769	17,188	22,344	26,813
61-65	14,682	15,215	18,866	21,130	23,032	29,941	35,930
66-70	20,114	20,844	25,847	28,948	31,554	41,020	49,223
71-75	24,741	25,638	31,791	35,606	38,811	50,454	60,545
76-80	29,689	30,766	38,150	42,728	46,573	60,545	72,654
Above 80	34,142	35,381	43,872	49,137	53,559	69,627	83,552
Zone 2 rest of India (other than those mentioned in Zone 1)							
Sum Insured Rs / Age in yrs	150,000/-	2,00,000/-	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-
5m-35	3,137	3,250	4,485	5,450	5,995	7,793	9,352
36-45	3,544	3,673	5,069	6,158	6,774	8,806	10,568
46-50	5,246	5,436	7,501	9,114	10,026	13,033	15,640
51-55	6,636	6,876	9,489	11,530	12,682	16,487	19,785
56-60	8,560	8,870	12,241	14,873	16,360	21,269	25,522
61-65	11,470	11,886	16,403	19,930	21,923	28,500	34,200
66-70	15,714	16,284	22,472	27,304	30,034	39,045	46,854
71-75	19,329	20,030	27,641	33,584	36,942	48,025	57,630
76-80	23,195	24,036	33,169	40,301	44,331	57,630	69,156
Above 80	26,674	27,641	38,145	46,346	50,980	66,275	79,530
PREMIUM CHART (Excluding Tax) for 2 year Policy Term							Premium In Rs.
Zone 1 Mumbai, Thane, Delhi (including Faridabad, Gurgaon, Ghaziabad and Noida), Ahmedabad, Baroda and Surat							
Sum Insured Rs / Age in yrs	150,000/-	2,00,000/-	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-
5m-34	7,749	8,029	9,957	11,152	12,155	15,801	18,962
35	8,253	8,551	10,604	11,876	12,945	16,829	20,195
36-44	8,756	9,073	11,252	12,601	13,736	17,856	21,427
45	10,857	11,251	13,952	15,625	17,032	22,142	26,569
46-49	12,958	13,429	16,652	18,650	20,329	26,427	31,712
50	14,676	15,208	18,858	21,121	23,022	29,929	35,913
51-54	16,393	16,988	21,064	23,592	25,715	33,430	40,115
55	18,770	19,451	24,118	27,013	29,444	38,277	45,932
56-59	21,147	21,913	27,172	30,434	33,173	43,124	51,749
60	24,742	25,639	31,792	35,608	38,812	50,455	60,547
61-64	28,336	29,365	36,411	40,781	44,452	57,786	69,345
65	33,578	34,797	43,148	48,325	52,675	68,477	82,173
66-69	38,820	40,229	49,885	55,870	60,899	79,169	95,000
70	43,285	44,855	55,621	62,295	67,902	88,272	1,05,926
71-74	47,750	49,481	61,357	68,720	74,905	97,376	1,16,852
75	52,525	54,430	67,493	75,592	82,396	1,07,114	1,28,537
76-79	57,300	59,378	73,630	82,465	89,886	1,16,852	1,40,222
80	61,597	63,832	79,151	88,650	96,627	1,25,616	1,50,739
Above 80	65,894	68,285	84,673	94,834	1,03,369	1,34,380	1,61,255

## Zone 2 rest of India (other than those mentioned in Zone 1)

Sum Insured Rs / Age in yrs	150,000/-	2,00,000/-	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-
5m-34	6,054	6,273	8,656	10,519	11,570	15,040	18,049
35	6,447	6,681	9,220	11,202	12,322	16,018	19,223
36-44	6,840	7,089	9,783	11,885	13,074	16,996	20,396
45	8,482	8,790	12,130	14,737	16,212	21,075	25,291
46-49	10,125	10,491	14,477	17,590	19,350	25,154	30,185
50	11,466	11,881	16,395	19,921	21,913	28,487	34,185
51-54	12,807	13,271	18,314	22,253	24,476	31,820	38,185
55	14,664	15,195	20,969	25,479	28,026	36,435	43,721
56-59	16,521	17,119	23,625	28,705	31,575	41,049	49,257
60	19,329	20,030	27,641	33,585	36,943	48,027	57,632
61-64	22,137	22,940	31,658	38,465	42,311	55,005	66,006
65	26,233	27,184	37,514	45,581	50,139	65,181	78,217
66-69	30,328	31,428	43,371	52,697	57,966	75,357	90,428
70	33,816	35,043	48,359	58,757	64,632	84,023	1,00,827
71-74	37,305	38,658	53,347	64,817	71,298	92,688	1,11,226
75	41,036	42,524	58,682	71,299	78,428	1,01,957	1,22,348
76-79	44,766	46,389	64,016	77,781	85,559	1,11,226	1,33,471
80	48,124	49,868	68,818	83,614	91,975	1,19,568	1,43,482
Above 80	51,481	53,347	73,620	89,448	98,391	1,27,911	1,53,493

## Family Package Plan (One Year Premium) (Excluding Tax)

Sum Insured Rs Family Size / Age in yrs	2,00,000/-			3,00,000/-		
	2A	2A+1C	2A+2C	2A	2A+1C	2A+2C
5m-25	5,538	7,694	10,002	6,136	8,306	10,521
26-30	5,680	7,891	10,258	6,293	8,519	10,791
31-35	5,822	8,088	10,515	6,451	8,732	11,061
36-40	6,257	8,361	10,652	6,934	9,026	11,205
41-45	6,578	8,789	11,198	7,289	9,489	11,780

## Family Package Plan (Two Years Premium) (Excluding Tax)

Sum Insured Rs Family Size / Age in yrs	2,00,000/-			3,00,000/-		
	2A	2A+1C	2A+2C	2A	2A+1C	2A+2C
5m-24	10,688	14,849	19,304	11,842	16,031	20,306
25	10,825	15,039	19,551	11,994	16,237	20,567
26-29	10,962	15,230	19,799	12,146	16,442	20,827
30	11,099	15,420	20,046	12,298	16,648	21,087
31-34	11,236	15,611	20,294	12,449	16,854	21,348
35	11,656	15,873	20,426	12,916	17,137	21,487
36-39	12,077	16,136	20,559	13,382	17,421	21,626
40	12,387	16,550	21,086	13,725	17,867	22,181
41-44	12,696	16,963	21,613	14,068	18,314	22,735

**PREMIUM CHART Gold Plan (Excluding Tax) for 1 year Policy Term****Premium In Rs.****Zone 1 Mumbai, Thane, Delhi (including Faridabad, Gurgaon, Ghaziabad and Noida), Ahmedabad, Baroda and Surat Premium in Rs**

Sum Insured Rs / Age in yrs	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-	20,00,000/-	25,00,000/-
16days-35	5,685	6,357	6,935	9,118	10,712	12,316	13,792
36-45	6,355	7,108	7,754	10,183	11,990	13,785	15,437
46-50	9,154	10,242	11,170	14,623	17,319	19,913	22,300
51-55	11,440	12,803	13,961	18,252	21,673	24,921	27,909
56-60	14,605	16,348	17,825	23,275	27,701	31,853	35,672
61-65	19,392	21,709	23,669	30,872	36,817	42,336	47,414
66-70	26,373	29,527	32,190	41,950	50,111	57,624	64,537
71-75	32,317	36,186	39,448	51,385	61,432	70,644	79,119
76-80	38,675	43,307	47,210	61,476	73,541	84,569	94,715
Above 80	44,398	49,716	54,196	70,557	84,439	97,102	1,08,752

**Zone 2 rest of India (other than those mentioned in Zone 1) Premium in Rs**

Sum Insured Rs / Age in yrs	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-	20,00,000/-	25,00,000/-
16days-35	5,011	6,029	6,632	8,724	10,239	11,772	13,182
36-45	5,594	6,738	7,411	9,737	11,455	13,170	14,748
46-50	8,027	9,694	10,663	13,964	16,528	19,004	21,281
51-55	10,015	12,109	13,319	17,418	20,672	23,770	26,620
56-60	12,767	15,452	16,997	22,199	26,410	30,368	34,010
61-65	16,929	20,509	22,560	29,431	35,087	40,347	45,186
66-70	22,998	27,883	30,671	39,976	47,741	54,899	61,485
71-75	28,167	34,163	37,579	48,956	58,518	67,292	75,365
76-80	33,695	40,880	44,968	58,561	70,044	80,547	90,210
Above 80	38,671	46,925	51,617	67,205	80,417	92,476	1,03,571

**PREMIUM CHART Gold Plan (Excluding Tax) for 2 years Policy Term****Premium In Rs.****Zone 1 Mumbai, Thane, Delhi (including Faridabad, Gurgaon, Ghaziabad and Noida), Ahmedabad, Baroda and Surat Premium in Rs**

Sum Insured Rs / Age in yrs	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-	20,00,000/-	25,00,000/-
16d - 34	10,972	12,269	13,385	17,598	20,674	23,770	26,619
35	11,619	12,994	14,175	18,625	21,907	25,187	28,206
36-44	12,265	13,718	14,965	19,653	23,141	26,605	29,793
45	14,966	16,743	18,262	23,938	28,283	32,519	36,416
46-49	17,667	19,767	21,558	28,222	33,426	38,432	43,039
50	19,873	22,238	24,251	31,724	37,627	43,265	48,452
51-54	22,079	24,710	26,945	35,226	41,829	48,098	53,864
55	25,133	28,131	30,673	40,074	47,646	54,787	61,356
56-59	28,188	31,552	34,402	44,921	53,463	61,476	68,847
60	32,807	36,725	40,042	52,252	62,260	71,592	80,178
61-64	37,427	41,898	45,681	59,583	71,057	81,708	91,509
65	44,163	49,443	53,904	70,273	83,886	96,461	1,08,033
66-69	50,900	56,987	62,127	80,964	96,714	1,11,214	1,24,556
70	56,636	63,413	69,131	90,068	1,07,639	1,23,779	1,38,628
71-74	62,372	69,839	76,135	99,173	1,18,564	1,36,343	1,52,700
75	68,507	76,711	83,625	1,08,911	1,30,249	1,49,781	1,67,750
76-79	74,643	83,583	91,115	1,18,649	1,41,934	1,63,218	1,82,800
80	80,165	89,767	97,857	1,27,412	1,52,451	1,75,313	1,96,346
Above 80	85,688	95,952	1,04,598	1,36,175	1,62,967	1,87,407	2,09,891



## Zone 2 rest of India (other than those mentioned in Zone 1)

Sum Insured Rs / Age in yrs	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-	20,00,000/-	25,00,000/-
16d-34	9,671	11,636	12,800	16,837	19,761	22,720	25,441
35	10,234	12,320	13,551	17,815	20,935	24,069	26,952
36-44	10,796	13,004	14,303	18,792	22,108	25,418	28,464
45	13,144	15,857	17,441	22,871	27,004	31,048	34,768
46-49	15,492	18,709	20,580	26,951	31,899	36,678	41,072
50	17,411	21,040	23,143	30,284	35,898	41,277	46,224
51-54	19,329	23,370	25,706	33,617	39,897	45,876	51,377
55	21,985	26,596	29,255	38,230	45,434	52,243	58,508
56-59	24,640	29,822	32,804	42,844	50,971	58,610	65,639
60	28,657	34,702	38,173	49,823	59,345	68,240	76,424
61-64	32,673	39,582	43,541	56,802	67,718	77,870	87,209
65	38,530	46,698	51,368	66,978	79,929	91,912	1,02,938
66-69	44,386	53,814	59,195	77,154	92,140	1,05,955	1,18,666
70	49,374	59,874	65,861	85,819	1,02,540	1,17,914	1,32,060
71-74	54,362	65,935	72,527	94,485	1,12,940	1,29,874	1,45,454
75	59,697	72,416	79,658	1,03,754	1,24,062	1,42,665	1,59,780
76-79	65,031	78,898	86,788	1,13,023	1,35,185	1,55,456	1,74,105
80	69,833	84,732	93,205	1,21,364	1,45,195	1,66,967	1,86,999
Above 80	74,635	90,565	99,621	1,29,706	1,55,205	1,78,479	1,99,892

## Premium for Add-ons Excluding Tax

Premium in Rs.

Name of the add-on	Hospital Cash	Patient Care
Premium for 1 Year	730	580
Premium for 2 years	1,409	1,119

## Premium Chart for Accident Section II

## For 1 Year policy

Coverage / Risk group	Premium (in Rs.) per mille sum insured		
	Group I	Group II	Group III
Table A	0.43	0.60	0.80
Table B	0.70	1.30	1.75
Table C	1.25	1.75	2.00

## For 2 Year policy

Coverage / Risk group	Premium (in Rs.) per mille sum insured		
	Group I	Group II	Group III
Table A	0.83	1.16	1.54
Table B	1.35	2.51	3.38
Table C	2.41	3.38	3.86

## For 3 Year policy

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

\* per mille means per thousand sum insured.

## RATE FOR OPTIONAL COVERS

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