



# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

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

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

## PROSPECTUS - STAR CANCER CARE GOLD (Pilot Product)

Unique Identification No.: SHAHLIP21216V022021

Star Cancer Care Gold is a pilot product which provides cover for recurrence, metastasis, and / or a second malignancy unrelated to first cancer. Also provides indemnity coverage for medical expenses incurred on other than Cancer and Cancer related ailment.

**Policy Term:** 1 year

### Table of Benefits

Section	Sum Insured (Rs.)	Sum Insured (Rs.)
<b>Section 1 – Lumpsum</b>	1,50,000/-	2,50,000/-
<b>*Section 2 – Indemnity Cover</b> Surgical and Interventional Therapy	1,00,000/-	1,50,000/-
<b>*Section 3 – Indemnity Cover</b> Non Surgical and Non Interventional Therapy	50,000/-	1,00,000/-
<b>Total</b>	<b>3,00,000/-</b>	<b>5,00,000/-</b>

**Note:** Sum Insured once opted cannot be changed

**Type of Policy:** Individual

#### ❖ What is meant by Pilot Product?

A pilot product is one which is launched on a test basis for specific period, usually 5 years. Based on the performance, the product may be converted to a regular product or may be modified or withdrawn. However the interest of the policy holder will be protected (Refer Renewal condition)

#### ❖ Who can buy this insurance?

Persons who have been diagnosed with Cancer (Stage 1 or Stage 2) aged between 5 months and 65 years can avail this Insurance. Proposer should be aged 18 years and above.

#### ❖ Is there any pre medical tests involved?

No. There is no pre medical tests irrespective of age. The previous medical records including details of treatment to be submitted along with proposal.

#### ❖ What are the benefits available under the insurance?

**Section 1:** If during the period stated in the Schedule the insured person suffers a recurrence, metastasis, and / or a second malignancy unrelated to first cancer, the Company shall pay an amount as in the table of benefits above

#### Note:

1. Awaiting period of 30 months applies for this Section.
2. Claim under this section is admissible only if treatment for recurrence, metastasis and/or a second malignancy unrelated to first cancer commences after 30 months from first inception of Star Cancer Care Gold (Pilot Product).
3. On an admissible claims for lump-sum, the coverage under Section 1 ceases and the policy will continue for Section 2 and Section 3 for the balance sum insured stated in the table above for the remaining policy period.
4. On an admissible claim for lump-sum under Section 1, the subsequent renewal will be for Section 2 and Section 3

#### Section 2: Surgery and Interventional Therapy

If during the period stated in the Schedule the **insured person** sustains bodily **injury** through **accident** or contracts any **disease** or suffer from any **illness** (other than cancer and cancer related ailment) requiring **Hospitalization** and incurs expenses for **Surgery and Interventional Therapy** at any **Hospital** in India as an **In-patient**, the **Company** will indemnify the **Insured Person** such expenses as are **reasonably and necessarily** incurred under the heads given below but not exceeding the Sum Insured stated.

- a) Room (Single Standard A/c), Boarding, Nursing expenses as provided by the Hospital / Nursing Home.
- 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, cost of pacemaker, stent, similar expenses. With regard to coronary stenting, the company will pay such amount up to the extent of cost of bare metal stent/drug eluting cobalt-chromium stent/drug eluting stainless steel stent. In respect of medicines, Implants and such other similar items, the Company will pay up to the cost of alternate indigenous make.
- d) Emergency Ambulance charges up-to a sum of Rs. 1,500/- per hospitalization and overall limit of Rs. 2,000/- 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) Relevant 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 under the policy.
- f) Post Hospitalization medical expenses incurred for a period of 60 days from the date of discharge from the hospital towards Consultant fees, Diagnostic charges, Medicines and Drugs wherever recommended by the Hospital / Medical Practitioner, where the treatment was taken, following an admissible claim provided however such expenses so incurred are in respect of ailment for which the insured person was hospitalized.

**Section 3:** If during the policy the **insured person** sustains bodily **injury** through **accident** or contracts any **disease** or suffer from any **illness** (other than cancer and cancer related ailment) requiring **Hospitalization** and incurs expenses for **Non-surgical/ Non-interventional therapy** at any **Hospital** in India as an **In-patient**, the **Company** will indemnify the **Insured Person** such expenses as are **reasonably and necessarily** incurred as under Section 2 (a) to (f) above.

#### Note : (Applicable for Section 2 and Section 3)

- a. Expenses incurred on treatment for cancer shall not be payable under Section 2 and Section 3
- b. **Expenses relating to hospitalization will be considered in proportion to the eligible room rent stated in the policy or actual whichever is less.**
- c. **Co-payment:** A co-payment of 10% of each and every claim amount is applicable for fresh as well as renewal policies for insured persons whose age at the time of entry is 61 years and above.
- d. The expenses as above are payable only where the In-patient Hospitalization is for a minimum period of 24 hours. However this time limit will not apply to the day-care treatments.

#### Coverage for Modern Treatments (Applicable only under Section 2 and Section 3):

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

Sum Insured Rs.	Section 2 and Section 3	
	Rs.1,50,000/-	Rs.2,50,000/-
Treatment / Procedure	Limit per person per policy period	
A. Uterine artery Embolization and HIFU	Rs.12,500/-	Rs.25,000/-
B. Balloon Sinuplasty	Rs.5,000/-	Rs.10,000/-
C. Deep Brain Stimulation	Rs.25,000/-	Rs.50,000/-
D. Intra Vitreal injections	Rs.5,000/-	Rs.10,000/-
E. Robotic surgeries	Rs.25,000/-	Rs.50,000/-
F. Stereotactic radio surgeries	Rs.25,000/-	Rs.50,000/-
G. Bronchial Thermoplasty	Up to Sum Insured	
H. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)		
I. IONM-(Intra Operative Neuro Monitoring)		
J. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions	Rs.25,000/-	Rs.50,000/-

#### ❖ What are the Important Exclusions?

- A. Exclusion Applicable for Section 1:** The company shall not liable to make any payment under this policy until the expiry of 30 months from the date of commencement of this policy and its continuous renewal without break.  
For policies which are issued with continuity of benefits under portability guidelines either from existing health products of the Company or from any other General / Standalone Health Insurance Company, this waiting period of 30 months will apply from the commencement of Star Cancer Care Gold and its renewal without break.
- B. Exclusions Applicable for Section 2 and Section 3:** The Company shall not be liable to make any payments under this policy in respect of any expenses what so ever incurred by the insured person in connection with or in respect of;
  - 1. Pre-Existing Diseases - Code Excl 01**
    - A. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer
    - B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase

- C. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage
- D. Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer
- 2. Specified disease / procedure waiting period - Code Excl 02**
- A. Expenses related to the treatment of the following listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident
- B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase
- C. If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply
- D. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion
- E. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage
- F. List of specific diseases/procedures;
1. Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Benign diseases of the breast
  2. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology
  3. All treatments (Conservative, Operative treatment) and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty / Joint Replacement [other than caused by accident]
  4. All types of treatment for Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system, Prolapse of Intervertebral Disc (other than caused by accident)
  5. All treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi. All types of management for Kidney and Genitourinary tract calculi
  6. All types of Hernia
  7. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula
  8. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases
  9. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies
  10. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele
  11. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence
  12. Varicose veins and Varicose ulcers
  13. All types of transplant and related surgeries
  14. Congenital Internal disease / defect
- 3. 30-day waiting period - Code Excl 03**
- A. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered
- B. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months
- C. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently
- 4. Investigation & Evaluation - Code Excl 04**
- A. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded
- B. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded
- 5. Rest Cure, rehabilitation and respite care - Code Excl 05:** Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes;
1. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
  2. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- 6. Obesity / Weight Control - Code Excl 06:** Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions;
- A. Surgery to be conducted is upon the advice of the Doctor
  - B. The surgery/Procedure conducted should be supported by clinical protocols
  - C. The member has to be 18 years of age or older and
- D. Body Mass Index (BMI);
    1. greater than or equal to 40 or
    2. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss;
      - a. Obesity-related cardiomyopathy
      - b. Coronary heart disease
      - c. Severe Sleep Apnea
      - d. Uncontrolled Type2 Diabetes
- 7. Change-of-Gender treatments - Code Excl 07:** Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
- 8. Cosmetic or plastic Surgery - Code Excl 08:** Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, 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 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:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 diopters - **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), 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**
- Applicable for all Sections**
- 24. Injury/disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not) - Code Excl 24**
- 25. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials - Code Excl 25**
- 26. Expenses incurred on Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other similar therapies - Code Excl 26**

27. Unconventional, Untested, Experimental therapies - **Code Excl 27**
28. Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy - **Code Excl 28**
29. Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted - **Code Excl 29**
30. All treatment for erectile dysfunctions - **Code Excl 30**
31. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons) - **Code Excl 31**
32. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable) - **Code Excl 32**
33. 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, walkers and crutches, wheel chairs, Nutritional Supplements, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis [CAPD], infusion pump and such other similar aids, Cochlear implants and procedure related hospitalization expenses - **Code Excl 35**
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. Treatment of diseases / illness / accidental injuries by systems of medicines other than Allopathy - **Code Excl 39**
39. Naturopathy - **Code Excl 40**
40. Treatment for Cancer and Cancer related ailments - **Code Excl 43**

❖ **Moratorium Period:** After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.

The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

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

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

A. **For Cashless Treatment(For section 2 and 3):**

- a. Call the 24 hour help-line for assistance-1800 425 2255 / 1800 102 4477
- b. Inform the ID number for easy reference
- c. On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk
- d. Obtain the Pre-authorization Form from the Hospital Helpdesk, complete the Patient Information and resubmit to the Hospital Help Desk.
- e. The Treating Doctor will complete the hospitalization / treatment information and the hospital will fill up expected cost of treatment.
- f. This form is submitted to the Company
- g. The Company will process the request and call for additional documents/clarifications if the information furnished is inadequate.
- h. Once all the details are furnished, the Company will process the request as per the terms and conditions as well as the exclusions therein and either approve or reject the request based on the merits.
- i. In case of emergency hospitalization information to be given within 24 hours after hospitalization

Denial of a Pre-authorization request is in no way to be construed as denial of treatment or denial of coverage. The Insured Person can go ahead with the treatment, settle the hospital bills and submit the claim for a permissible reimbursement.

In non-network hospitals payment must be made up-front by Insured /Insured Person and then reimbursement will be effected on submission of documents upon its admissibility.

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

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

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

C. **Notification of Claim:** Upon hospitalization, notice with full particulars shall be sent to the Company within 24 hours from the time / date of occurrence of the event.

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

D. **Documents to be submitted (For section 2 and 3):** The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

**Duly completed claim form, and**

- a. Pre Admission investigations and treatment papers.
- b. Discharge Summary from the hospital in original
- c. Cash receipts from hospital, chemists
- d. Cash receipts and reports for tests done
- e. Receipts from Doctors, Surgeons, Anaesthetist
- f. Certificate from the attending doctor regarding the diagnosis
- g. Copy of PAN Card
- h. NEFT details

E. **For Section 1:** Duly completed claim form and

- i. Certificate from the Treating Doctor confirming the Cancer diagnosis
- ii. Clinical, radiological, histological, pathological, histopathological and laboratory reports in support.
- iii. Supporting documents confirming the treatment.

F. **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.

❖ **Enhancement of Sum Insured:** There is no option to enhance the Sum Insured. Sum insured once opted cannot be enhanced even in the subsequent renewal.

❖ **What is Free-look Period?**

**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 of policy**

A. **Applicable for Section 1:** Where a claim is paid / payable under Section 1 the coverage under Section 1 will cease. However the policy will continue until the date of expiry with coverage under Section 2 and Section 3. Thereafter the policy will be renewed with Section 2 and Section 3 only.

B. **Applicable for Section 2 and Section 3:** 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

C. **Special Condition for Pilot product (Applicable for all Sections):** This policy is offered on a pilot basis. Therefore renewal under this policy shall be up to the time the pilot product is offered. Until the product is withdrawn, the policy will be renewed except on grounds of misrepresentation / Non-disclosure of material fact as declared in the proposal form and at the time of claim, fraud committed / moral hazard or non-cooperation of the insured.

The Company may withdraw the product at any time in case it is found unviable to continue. In the event of the Company withdrawing the product the insured will be intimated three months in advance prior to their renewal due date and the insured



person shall be offered a suitable alternate product as decided by the Company with the specific exclusion of the disease / condition for which the pilot product was introduced and the coverage will be subject to the terms and conditions of the alternate product. Credit period shall be provided for time bound waiting period in the alternate product for the duration the pilot product policy was in force.

- ❖ **Portability: (Applicable for Section 2 and 3 only):** The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability. For details contact "portability@starhealth.in" or call Telephone No +91-044-28288869.

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

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

- ❖ **Migration (Applicable for Section 2 and 3 only):** The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the Policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

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

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

- ❖ **Automatic Expiry:** The insurance under this policy with respect to each relevant Insured Person policy shall terminate immediately on the earlier of the following events:
  - ✓ Upon the death of the Insured Person.
  - ✓ Upon exhaustion of the sum insured under the policy.
- ❖ **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.
- ❖ **Disclosure to information norms:** The policy shall become void and all premium paid thereon shall be forfeited to the Company, in the event of mis-representation, mis description or non-disclosure of any material fact by the policy holder

#### ❖ Cancellation

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

Period On Risk	Rate of Premium to be Retained
Up to one-month	25% of annual premium
Exceeding one month and Up to three months	40% of annual premium
Exceeding three months and Up to six months	60% of annual premium
Exceeding six months and Up to nine months	80% of annual premium
Exceeding nine months	Full annual premium

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

- ii. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the insured person by giving 15 days written notice.

There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud

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

#### ❖ How to buy this insurance?

All that needs to be done is to call the nearest office

- ❖ **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.
- ❖ **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 Excluding Tax

Age Band in(years)	Premium (before Claim under Section 1) Rs. (Excluding Tax)	
	Sum Insured Rs.3,00,000/	Sum Insured Rs.5,00,000/
5 mths - 29	17,400	27,300
30 - 39	17,800	27,900
40 - 49	18,900	29,200
50 - 59	21,000	32,000
60 - 65	23,200	35,100
66 - 69*		
Above 69	25,300	38,300
Age Band in(years)	Premium for Section 2 and Section 3 (Post claim under Section 1) Rs. (Excluding Tax)	
	Sum Insured Rs.1,50,000/	Sum Insured Rs.2,50,000/
5 mths - 29	12,250	18,700
30 - 39	12,650	19,300
40 - 49	13,750	20,600
50 - 59	15,850	23,400
60 - 65	18,050	26,500
66 - 69*		
Above 69	20,150	29,700

\*Applicable for renewals only