

STAR CARE MICRO INSURANCE POLICY

Unique Id : IRDAI/HLT/SHAI/P-H. MICRO/V.I/1/2017-18

Star Care is a health insurance plan that gives protection for individuals as well as the entire family, on the payment of a single premium under a single sum insured. The Single Annual sum insured of Rs.1,00,000/- covers all your family members, if it is a floater policy.

* Eligibility

- Any person aged between 18 years and 65 years, from Tier-1 & Tier-2 Places in India, can take this insurance
- Beyond 65 years, policy can be renewed for life time.
- Children from 2 years covered along with parents.

(Tier-1 places means those places where the population as per census 2011 is between 5,00,000 and 10,00,000. Tier-2 places means those places where the population as per census 2011 is less than 5,00,000).

* Policy Benefits

• Hospitalisation Benefits:

- Room, Boarding, Nursing Expenses at 0.75% of sum insured either private room or shared accommodation.
- ICU charges upto Rs.2,000/- subject to maximum of Rs.10,000/- per hospitalization.
- Surgeon, Anesthetist, Medical Practitioner, Consultants & Specialist Fees.
- Anesthesia, Blood, Oxygen, Operation Theatre charges, cost of Pacemaker etc.
- Cost of Medicine and drugs.
- Emergency ambulance charges for transporting the covered patient to the hospital up to a sum of Rs.500/- per hospitalisation and overall limit of Rs.1000/- per policy period.
- Hospital Cash will be paid at the rate of One Thousand Rupees per day of hospitalization subject to a maximum of 14 days, where the treatment is taken in Government Hospital. This will be paid only for covered surgeries done as in-patient, whether any claim is made on indemnity basis or not. Payment of claim under hospital cash benefit will not reduce the Sum Insured.

- Treatment for specific diseases/illness as detailed below:-

Ailment	Limit of indemnity per policy period
Medical Management (Major diseases)	₹ 15, 000
Medical Management (Other diseases)	₹ 7, 500
Cataract	₹ 8, 500
Accidental grievous injuries (either surgery or medical management)	₹ 40, 000
Major Surgeries	₹ 40, 000
Other Surgeries	₹ 20, 000

• Benefit Illustration:

Let us take the example of a family floater cover with following medical expenses during the policy period:

Description	Hospital Bill (Rs.)	Amount payable as per policy (Rs)
Surgery for Cancer (Major Surgery) for self	55000	40000
Accidental grievous injury for spouse	45000	40000
Admission of son for Jaundice	8500	7500
Minor Surgery for draining of large sub-cutaneous abscess for self	19000	12500 (Balance of sum insured of Rs. 1,00,000/-)
Maximum Liability		Rs. 1,00,000/-

* Pre & Post Hospitalization

Pre-hospitalization medical expenses incurred up to 30 days prior to the date of admission are payable.

Post-hospitalization up to 60 days from the date of discharge from the hospital. A lump sum calculated @7% of the hospitalization expenses (excluding room charges) subject to a maximum of Rs.3,000/- is payable.

Minimum period of hospitalisation is 24 hours. This time limit is waived where the treatment is taken for specified day care treatments listed in the policy.

- Pre Acceptance Medical Screening:** There is no pre acceptance medical screening.
- Pre Existing Disease:** Pre existing diseases are covered after 48 months of continuous insurance with any Indian Insurance Company.
- Day Care Treatment:** 405 day care treatments are allowed.
- Portability:** This policy is portable. If the insured is desirous of porting this policy to another Insurer towards renewal, application in the appropriate form should be made to the Company at least before 45 days from the date when the renewal is due.

Where the outcome of acceptance of portability is still waiting from the new insurer on the date of renewal, the existing policy will be extended on the request of the Insured person, for a period not less than one month on pro rata premium. Such extended cover will be cancelled only on the written request by the Insured Person, subject to a minimum pro rata premium for one month. If the Insured Person requests in writing to continue the policy with the Company without porting, it will be allowed by charging the regular premium with the same terms as per the expiring policy. In case of a claim made by the Insured person and admitted by the Company during such extension, the policy will be extended for the remaining period by charging the regular premium. Portability is not possible during the policy period. For details contact "portability@starhealth.in" or call Telephone No +91-044-28288869.

* Premium Chart

Age (in years)	(Amount in Rs.)					
	Plan					
	1A	1A+1C	1A+2C	2A	2A+1C	2A+2C
2-25	905	1,290	1,620	1,400	1,705	1,995
26-40	1,100	1,665	2,090	1,805	2,200	2,500
41-50	1,600	2,395	2,945	2,600	3,100	3,500
51-60	2,200	3,320	4,180	3,605	4,400	5,000
61-65	3,080	4,540	5,700	4,930	6,000	6,780
66-70	3,665	5,400	6,795	5,865	7,150	8,065
Above 70	4,290	6,320	7,955	6,865	8,370	9,440
Tax Extra						
Renewal premium subject to change with prior approval from IRDA.						

- Tax Benefits:** Payment of premium by any mode other than cash for this insurance is eligible for relief under Section 80D of the Income Tax Act 1961.
- Family:** Proposer, spouse, dependent children up to 25 years (those who are economically dependent on their parents)
- Renewal Condition:** Lifelong renewal of the policy is offered, except on grounds such as moral hazard, misrepresentation / Non Disclosure or fraud committed.

A grace period of 30 days from the date of expiry of the policy is available for renewal. Any change in sum insured is possible only at the time of renewal. If the policy is to be renewed or ported from other Indian Insurance Company for enhanced sum insured then the waiting period as applicable to a fresh policy will apply to additional sum insured as if a separate policy has been issued for the difference. In other words the enhanced sum insured will not be available for an illness, disease, injury already contracted under the preceding policy period.

However in respect of disease / sickness / illness for which the claim/s has/have been made, the sum insured will be restricted to sum insured under the policy when the signs or symptoms was/were first diagnosed / received medical advice / treatment.

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 health insurance policy offered by the Company, if requested for by the Insured Person, at the relevant point of time.

* EXCLUSIONS

- Pre Existing Diseases as defined in the policy until 48 consecutive months of continuous coverage have elapsed; since inception of the first policy with any Indian Insurer. However the limit of the Company's liability in respect of claim for pre-existing diseases shall be limited to the sum insured under the first policy with any Indian Insurance Company.
 - Any disease contracted by the insured person during the first 30 days from the commencement date of the policy. This exclusion shall not apply in case of the insured person having been covered under any health insurance policy (Individual or Group insurance policy) with any of the Indian Insurance companies for a continuous period of preceding 12 months without a break.
 - During the first two years of continuous operation of insurance cover any expenses on
 - Cataract, Retinal detachment, Glaucoma, diseases of ENT, Mastoidectomy, Tympanoplasty, Stapedectomy diseases related to Thyroid, Prolapse of intervertebral disc (other than caused by accident), varicose veins and varicose ulcers, all diseases of prostate, Stricture Urethra, all obstructive-uropathies, all types of hernia, varicocele, hydrocele, fistula/fissure in ano, Hemorrhoids, Pilonidal sinus and fistula, Rectal Prolapse, stress incontinence and Congenital Internal disease / defect.
 - Gall bladder diseases and all treatments (conservative, interventional, laparoscopic and open) related to Hepato pancreato-biliary including gall bladder and pancreatic calculi. All types of management for kidney and genitourinary tract calculi.
 - All treatments (conservative, interventional, laparoscopic and open) related to all diseases of uterus, fallopian tubes, cervix and ovaries, dysfunctional uterine bleeding, pelvic inflammatory diseases, benign breast diseases.
 - Conservative, operative treatment and all types of intervention for diseases related to tendon, ligament, fascia, bones and joint [other than caused by accident]
 - Degenerative disc and vertebral diseases including replacement of bones and joints and degenerative diseases of the musculo-skeletal system
 - Subcutaneous benign lumps, sebaceous cyst, dermoid cyst, lipoma, neurofibroma, fibroadenoma, ganglion and similar pathology
 - Any transplant and related surgery
- This waiting period shall not however apply in the case of the Insured person/s having been covered under any Individual health insurance scheme with any of the Indian Insurer for a continuous period of preceding 24 months without any break.
- The claim for such illnesses/diseases/disabilities contracted/suffered if admitted will be processed as per the sum insured of the immediately preceding 24 months policy only. Where there is a change in the sum insured in the second continuous policy year the lower of the sum insured will apply.
- If these are pre-existing at the time of proposal they will be covered subject to Exclusion No 1 above.
- Circumcision, Inoculation or Vaccination (except for post-bite treatment and for medical treatment other than for prevention of diseases.)
 - Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable)
 - Convalescence, general debility, run-down condition or rest cure, nutritional deficiency states, psychiatric, mental and behavioral disorders, congenital external disease or defects or anomalies, venereal disease and sexually transmitted diseases, intentional self injury and use of intoxicating drugs / alcohol, smoking and tobacco chewing.
 - 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).
 - Injury or disease directly or indirectly caused by or contributed to by nuclear weapons / materials .
 - All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympho Tropic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
- It is however made clear that such of those who are positive for HIV (Human Immuno Deficiency Virus) would be entitled for expenses incurred for treatment, other than for opportunistic infections and for treatment of HIV/AIDS, provided at the time of first commencement of insurance under this policy, their CD4 count is not less than 350.
- Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of

these (other than ruptured ectopic gestation), family planning treatment and all types of treatment for infertility and its complications thereof.

11. Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control, treatment for metabolic, genetic and endocrine disorders.
12. Expenses incurred on High Intensity Focused Ultra Sound, Uterine fibroid embolisation, Balloon Sinoplasty, Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Deep Brain Stimulation, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, Photodynamic therapy and such other therapies similar to those mentioned herein under exclusion No 12.
13. Expenses incurred on Lasik Laser or Refractive Error Correction and its complications all treatment for disorders of eye requiring intra-vitreous injections and related procedures.
14. Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at hospital/nursing home.
15. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
16. Naturopathy Treatment, unconventional, untested, unproven, experimental therapies
17. Stem cell Therapy and related transplantation, Chondrocyte Implantation, Immunotherapy, Oral Chemo Therapy.
18. Hospital registration charges, admission charges, record charges, telephone charges and such other charges.
19. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicines other than Allopathy.
20. Change of sex or cosmetic or aesthetic treatment of any description, plastic surgery (other than as necessitated due to an accident or as a part of any illness), all treatment for erectile dysfunctions.
21. Cost of spectacles and contact lens, hearing aids, Cochlear implants walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids.
22. Any specific time-bound or life time exclusions applied, specified and accepted by the insured.
23. Other expenses as detailed elsewhere in the policy.

* **Cancellation:** The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact or non cooperation by 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.

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

* **Free Look Period :** A free look period of 15 days from the date of receipt of the policy is available to the insured to review the terms and conditions of the policy. In case the insured is not satisfied with the terms and conditions, the insured may seek cancellation of the policy and in such an event the Company shall allow refund of premium paid after adjusting the cost of pre-acceptance medical screening, stamp duty charges and proportionate risk premium for the period concerned provided no claim has been made until such cancellation.

Free look cancellation is not applicable at the time of renewal of the policy

* **Claims Procedure**

- Call the 24 hour help-line for assistance-1800 425 2255. Inform the ID/Policy number for easy reference
- In case of planned hospitalization, inform 24 hours prior to admission in the hospital
- In case of emergency hospitalization, information to be given within 24 hours of hospitalization
- Cashless facility can be availed in network hospitals in Tier-1 & Tier-2 location.
- In non-network hospitals payment, must be made up-front and then reimbursement will be effected on submission of documents.
- Hospital Cash benefits, if applicable, will be paid on reimbursement basis.

* **The Company:**

Star Health and Allied Insurance Company Ltd commenced its operations in 2006 with the business interests in Health Insurance, Travel and Personal Accident. As an exclusive Health Insurance Company and the first of its kind in India, the Company is committed in setting international bench marks in service and personal caring.

* **Star Advantages**

- No Third Party Administrator, direct in-house claims settlement.
- Faster & hassle-free claim settlement.
- Cashless hospitalization, wherever possible.
- 24X7 Toll Free Helpline.
- Information on health through free health magazine.
- Facility maintaining personal health records in electronic format.

* **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 lakh rupees.

The information provided in this brochure is only indicative. For more details on the risk factors, terms and conditions, please read the policy wordings before concluding sale Or

Visit our website www.starhealth.in

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Unique ID: IRDAI/HLT/SHAI/P-H. MICRO/V.I/1/2017-18

Your health should not depend on your wealth.



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