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

Kind Attention : Policyholder

Please check whether the details given by you about the insured persons in the proposal form (a copy of which was provided at the time of issuance of cover for the first time) are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the person/s covered would be taken as correct.

So also the coverage details may also be gone through and in the absence of any communication from you within 15 days from the date of receipt of this policy, it would be construed that the policy issued is correct and the claims if any arise under the policy will be dealt with based on proposal / policy details.

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Customer Information Sheet - YOUNG STAR INSURANCE POLICY

Unique Identification No. : SHAHLIP20132V011920

S.No.	Title	Description	Refer to Policy Clause Number
	Product Name	Young Star Insurance Policy	
		Coverage Applicable for both Silver and Gold Plan	
1	What am I covered for	a. In-patient Treatment- Covers hospitalisation expenses for period more than 24 hrs.	I (A,B,C)
		b. **Emergency Road Ambulance -** Expenses incurred for transportation of the insured person by private ambulance service to go to the hospital and transportation from one hospital to another hospital.	I (D)
		c. Pre-Hospitalisation- Medical Expenses incurred up to 60 days prior to the date of hospitalisation,	I (E)
		d. Post-Hospitalisation- Medical Expenses incurred up to 90 days from the date of discharge from the hospital	I (F)
		e. All Day care procedures are covered	I (G)
		f. **E-Medical Opinion:** The Insured Person is given the facility of obtaining a "E Medical Opinion" from the Company's expert panel.	I (H)
		g. **Health check Up -** Expenses incurred towards cost of health check-up up to the limits mentioned.	I (I)
		h. **Automatic Restoration:** Automatic restoration of the Basic Sum Insured by 100% once during the policy period, immediately upon partial/full utilization of the limit of coverage	I (J)
		i. **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 25% subject to a maximum of Rs.10,00,000/-	I (L)
		j. **Star Wellness Program:** Renewal discount for healthy life style	I (M)
		Coverage Applicable only for Gold Plan	
		a. **Delivery Expenses:** Expenses for a Delivery including Delivery by Caesarean section (including pre-natal and post natal expenses) up-to Rs.30,000/- per delivery is payable	II (A)
		b. **Hospital Cash Benefit:** 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	II (B)

S.No.	Product Name	Description	Refer to Policy Clause Number
2	What are the Major Exclusions in the policy	i. Any hospital admission primarily for investigation diagnostic purpose	V (11)
		ii. Pregnancy, infertility	V (20)
		iii. Domicilary treatment, treatment outside India	VI (22)
		iv. Circumcision, sex change surgery, cosmetic surgery & plastic surgery	V (1), V (16), V (17)
		v. Refractive error correction, hearing impairment correction, corrective & cosmetic dental surgeries	V (23), V (19)
		vi. Substance abuse, self-inflicted injuries	V (5),V (4)
		vii. Hazardous sports, war, terrorism, civil war or breach of law	V (7)
		viii. Any kind of service charge, surcharge, admission fees, registration fees levied by the hospital.	V (26)
		(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)	
3	Waiting Periods	Initial Waiting Period: 30 days	IV (I)
		Specific waiting period: 12 months	IV (II)
		Pre-existing diseases: 12 months	IV (III)
4	Payment basis	Reimbursement of covered expenses up to specified limits	I (A,B,C)
		Fixed amount on the occurrence of a covered event	II (B)
5	Loss Sharing	In case of a claim, this policy requires you to share the following costs: Expenses exceeding the followings Sublimits 1.Room/ICU charges 2.For the following specified diseases: 3.Deductible of one day 4.% of each claim as Co-payment	 I (A) Nil Note: under II (2) (B) Nil
6	Renewal Conditions	Lifelong Renewal	VI (10)
		Grace period of 30 days for renewing the policy is provided	
7	Renewal Benefits	Health Checkup: Expenses incurred for health check-up up-to the limits mentioned in the table	I (I)
		Cumulative Bonus: Cumulative bonus calculated at 20% of basic sum insured for each claim free year subject to a maximum of 100% of the basic sum insured.	I (K)
8	Cancellation	The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in the proposal form and/or claim form at the time of claim and non co-operation of the insured by sending the Insured 30 days notice	VI (17)
9	Claims	For Cashless Service:	VI (8)
		For Reimbursement of claim:	
10	Policy servicing /Grievances /Complaints	Company Officials IRDAI/(IGMS/Call Centre): Ombudsman (Note: Please provide the contact details Toll free number/e-mail)	VI (26) and VI (28)
11	Insured's Rights	Free Look:	VI (15)
		Implied renewability	VI (10)
		Migration and Portability	VI (18 & 19)
		Increase in SI during policy term	Nil
		Turn Around Time (TAT) for issue of Pre-Auth and Settlement of Reimbursement	VI (5)
12	Instalment Option	Insured has the option to pay the premium in instalments. Relaxation period of 7 days is applicable for the policy issued on instalment basis.	VI (3)
12	Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.	VI (7)
		Disclosure of Material Information during the policy period such as change in occupation (Note: If applicable, please provide details of the format & to whom the form is to be sent)	Not Applicable

LEGAL DISCLAIMER NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail

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YOUNG STAR INSURANCE POLICY
Unique Identification No. : SHAHLIP20132V011920

The proposal, declaration and other documents if any given by the proposer shall be the basis of this Contract and is deemed to be incorporated herein.

In consideration of the premium paid, subject to the terms, conditions, exclusions and definitions contained herein the Company agrees as under :-

If during the period stated in the Schedule, the insured person shall contract any disease or suffer from any illness or sustain bodily injury through an accident and if such disease or injury shall require the insured Person, upon the advice of a duly **Qualified Medical Practitioner** to incur Hospitalization expenses for medical/surgical treatment at any Hospital in India as an in-patient, the Company will pay to the Insured Person/s the amount of such expenses as are reasonably and necessarily incurred up-to the **Limit of Coverage** mentioned in the Schedule.

I. COVERAGE:(Applicable for both Silver and Gold Plan)

A. Room (Single Private A/C room), Boarding and Nursing Expenses as provided by the Hospital.
Important Note: Hospitalisation expenses which vary based on the room rent occupied by the insured person will be considered in proportion to the room rent limit / room category stated in the policy or actuals whichever is less.

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 cost of stent as per the Drug Price Control Order (DPCO) / National Pharmaceuticals Pricing Authority (NPPA) Capping.

D. **Emergency Road Ambulance**: Subject to an admissible hospitalization claim, Emergency Road Ambulance expenses incurred for the following are payable :-
   i. for transportation of the insured person by private ambulance service to go to hospital when this is needed for medical reasons
   or
   ii. for transportation of the insured person by private ambulance service from one hospital to another hospital for better medical treatment

E. **Pre-hospitalization Expenses:** Medical expenses incurred up to 60 days immediately before the insured person is hospitalized.

F. **Post Hospitalization Expenses:** Medical expenses incurred up to 90 days immediately after the insured person is discharged from the hospital

G. All Day care procedures are covered.

H. **E-Medical Opinion:** The Insured Person is given the facility of obtaining "E Medical Opinion" from the Company's expert panel.
Subject to the following conditions :-
- This should be specifically requested for by the Insured Person
- This opinion is given without examining the patient, based only on the medical records submitted.
- The opinion should be only for medical reasons and not for medico-legal purposes.
- Any liability due to any errors or omission or consequences of any action taken in reliance of the opinion provided by the Medical Practitioner is outside the scope of this policy.
- Utilizing this facility alone will not amount to making a claim.

I. **Cost of Health Check up:** Expenses incurred towards Cost of Health check-up up to the limits mentioned in the table below on completion of each policy year (irrespective of claim), provided health check up is done at a Networked facility.

Sum Insured / Policy Type (Rs.)	Rs.3,00,000/-	Rs.5,00,000/-	Rs.10,00,000/-	Rs.15,00,000/- and above
Individual (Rs.)	1,500/-	2,000/-	3,000/-	3,500/-
Floater (Rs.)	NA	3,000/-	4,000/-	5,000/-

Note :
1. This benefit is payable on renewal and when the renewed policy is in force.
2. The maximum limit for this benefit shall not exceed the limit applicable for the renewed sum insured.
3. Payment under this benefit does not form part of the Basic Sum Insured.
4. Payment of expenses towards cost of health checkup will not prejudice the Company's right to deal with the claim in case of non-disclosure of material fact and /or pre existing diseases in terms of the policy
5. The unutilized amount under this benefit cannot be carried forward

J. **Automatic Restoration of Basic Sum Insured**: There shall be automatic restoration of the Basic Sum Insured once by 100% subject to the following :-
1. The automatic restoration shall be immediately upon partial/full utilization of the limit of coverage.
2. Such Restored basic sum insured can be utilized for all claims during the policy period.
3. The maximum liability of the Company in a Single claim under a policy year shall not exceed the limit of coverage.
4. The unutilized restored sum insured cannot be carried forward

K. **Cumulative Bonus** The insured person will be eligible for Cumulative bonus calculated at 20% of basic sum insured for each claim free year subject to a maximum of 100% of the basic sum insured.

Special Conditions
1. The Cumulative bonus will be calculated on the expiring Basic Sum Insured
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 on renewal will be "nil".

L. **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 25% subject to a maximum of Rs.10,00,000/- and 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 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

M. **Star Wellness Program**: This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities. The wellness activities as mentioned below are designed to help the Insured person to earn wellness reward points which will be tracked and monitored by the Company. The wellness points earned by the Insured Person(s) under the wellness program, can be utilized to get discount in premium. This Wellness Program is enabled and administered online through Star Wellness Platform (digital platform).
Note: The Wellness Activates mentioned in the table below (from Serial Number 1 to 5) are applicable for the Insured person(s) aged 18 years and above only.

The following table shows the discount on renewal premium available under the Wellness Program

Wellness Points Earned	Discount in Premium
200 to 350	2%
351 to 600	5%
601 to 750	7%
751 to 1000	10%

***In case of floater policy the weightage is given as per the following table & noted points:**

Family Size	Weightage
Self, Spouse	1:1
Self, Spouse and Dependent Children (up to 18 years)	1:1:0:0:0
Self, Spouse and Dependent Children (aged above 18 years)	2:2:1:1:1

Note: In case of two year policy, total number of wellness points earned in two year period will be divided by two.

Insured will be given log-in facility, which will be linked to his/ her policy.

*Please refer the Illustrations to understand the calculation of discount in premium, weightage and the calculation in case of two year policy.

The wellness services and activities are categorized as below:

Sr.No.	Activity	Maximum number of Wellness Points that can be earned under each activity in a policy year
1.	**Manage and Track Health**	
	(a) Online Health Risk Assessment (HRA)	**50**
	(b) Preventive Risk Assessment	**200**
2.	**Affinity to Wellness**	
	(a) Participating in Walkathon, Marathon, Cyclothon and similar activities	**100**
	(b) Membership in a health club (for 1 year or more)	**100**
3.	Stay Active – If the Insured member achieves the step count target on mobile app	**200**
4(a).	Weight Management Program (for the Insured who is Overweight / Obese)	**100**
4(b).	Sharing Insured Fitness Success Story through adoption of Star Wellness Program (for the Insured who is not Overweight / Obese)	**50**
5(a).	Chronic Condition Management Program (for the Insured who is suffering from Chronic Condition/s - Diabetes, Hypertension, Cardiovascular Disease or Asthma)	**250**
5(b).	On Completion of De-Stress & Mind Body Healing Program (for the Insured who is not suffering from Chronic Condition/s - Diabetes, Hypertension, Cardiovascular Disease or Asthma)	**125**
Additional Wellness Services		
6.	Virtual Consultation Service	
7.	Medical Concierge Services	
8.	Period & Fertility Tracker	
9.	Digital Health Vault	
10.	Wellness Content	
11.	Health Quiz & Gamification	
12.	Post-Operative Care	
13.	Discounts from Network Providers	

1. Manage and Track Health:

(a) Completion of Health Risk Assessment (HRA):
The Health Risk Assessment (HRA) questionnaire is an online tool for evaluation of health and quality of life of the Insured. It helps the Insured to introspect his/ her personal lifestyle. The Insured can log into his/her account on the website **www.starhealth.in** and complete the HRA questionnaire. The Insured can undertake this once per policy year.

On Completion of online HRA questionnaire, the Insured earns **50 wellness points.**

Note: To get the wellness points mentioned under HRA, the Insured has to complete the entire HRA within one month from the time he/she started HRA Activity.

(b) Preventive Risk Assessment:
The Insured can also earn wellness points by undergoing diagnostic / preventive tests during the policy year. These tests should include the four mandatory tests mentioned below. Insured can take these tests at any diagnostic centre at Insured's own expenses.

- If all the results of the submitted test reports are within the normal range, **Insured earns 200 wellness points.**
- If the result of any one test is not within the normal range as specified in the lab report, **Insured earns 150 wellness points**.
- If two or more test results are not within the normal range, **Insured earns 100 wellness points only.**

List of mandatory tests under Preventive Risk Assessment
1. Complete Haemogram Test
2. Blood Sugar (Fasting Blood Sugar (FBS) + Postprandial (PP) [or] HbA1c)
3. Lipid profile (Total cholesterol, HDL, LDL, Triglycerides, Total Cholesterol / HDL Cholesterol Ratio)
4. Serum Creatinine

Note: These tests reports should be submitted together and within 30 days from the date of undergoing such Health Check-Up.

2. Affinity towards wellness: Insured earns wellness points for undertaking any of the fitness and health related activities as given below.

	Initiative	Wellness Points
a.	**Participating in Walkathon, Marathon, Cyclothon and similar activities**	**100**
	On submission of BIB Number along with the details of the entry ticket taken to participate in the event.	
b.	Membership in a health club (for 1 year or more) - In a Gym / Yoga Centre / Zumba Classes / Aerobic Exercise / Sports Club / Pilates Classes / Swimming / Tai Chi/ Martial Arts / Gymnastics / Dance Classes	**100**

Note: In case if Insured is not a member of any health club, he/she should join into club within 3 months from the date of the policy risk commencement date. Insured person should submit the health club membership.

3. Stay Active: Insured earns wellness points on achieving the step count target on star mobile application as mentioned below:Average number of steps per day in a policy yearWellness Points

Average number of steps per day in a policy year	Wellness Points
If the average number of steps per day in a policy year are between - 5000 and 7999	**100**
If the average number of steps per day in a policy year are between - 8000 and 9999	**150**
If the average number of steps per day in a policy year are - 10000 and above	**200**

Note:

- First month and last month in each policy year will not be taken into consideration for calculation of average number of steps per day under **Stay Active.**
- The mobile app must be downloaded within 30 days of the policy risk start date to avail this benefit.
- The average step count completed by an Insured member would be tracked on star wellness mobile application.

4(a) Weight Management Program: This Program will help the Insured persons with Over Weight and Obesity to manage their Body Mass Index (BMI) through the empanelled wellness experts who will guide the Insured in losing excess weight and maintain their BMI.

- On acceptance of the Weight Management Program, **Insured earns 50 wellness points.**
- An additional **50 wellness points will be awarded** in case if the results are achieved and maintained as mentioned below.

Sr.No.	Name of the Ailment	Values to be submitted	Criteria to get the Wellness points
1.	Obesity (If BMI is above 29)	Height & Weight (to calculate BMI)	Achieving and maintaining the BMI between 18 and 29
2.	Overweight (If BMI is between 25 and 29)	Height & Weight (to calculate BMI)	Reducing BMI by two points and maintaining the same BMI in the policy year
Values (for BMI) shall be submitted for every 2 months (up to 5 times in each policy year)			

4(b) Incase if the Insured is not Overweight / Obese, the Insured can submit his/her **Fitness Success Story with us, on how the Insured Started / Improved /Maintaining his/her "Active/Healthy Life Style" through adoption of Star Wellness Activities**.
On submission of the Fitness Success Story through adoption of Star Wellness Activities, Insured earns **50** wellness points.

5(a) Chronic Condition Management Program:
This Program will help the Insured suffering from **Diabetes, Hypertension, Cardiovascular Disease or Asthma** to track their health through the empanelled wellness experts who will guide the insured in maintaining/ improving the health condition.

- On acceptance of the Chronic Condition Management Program, **Insured earns 100 wellness points.**
- The Insured has to submit the test result values for every 3 months maximum up to 3 times in a policy year.

- If the test result values are within +/- 10% range of the values given below, for at least 2 times in a policy year, **an additional 150 wellness points will be awarded.**
- These tests reports to be submitted within 1 month from the date of undergoing the Health Check-Up

Sr.No.	Name of the Ailment	Test to be submitted	Values Criteria to get the additional Wellness points
1.	Diabetes (Insured can submit either HbA1c test value (or) Fasting Blood Sugar (FBS) Range & Postprandial test value	HbA1c	≤ 6.5
		Fasting Blood Sugar (FBS) Range & Postprandial test value	100 to 125 mg/dl below 160 mg/dl
2.	Hypertension	Measured with - BP apparatus	Systolic Range - 110 to 140 mmHg Diastolic Range - 70 to 90 mmHg
3.	Cardiovascular Disease	LDL Cholesterol & Total Cholesterol / HDL Cholesterol Ratio	100 to 159 mg/dl ≤ 4.0
4.	Asthma	PFT (Pulmonary Function Test)	FEV1 (PFC) is 75% or more FEV1/ FVC is 70% or more

5(b) In case if the Insured is not suffering from Chronic Condition/s (Diabetes, Hypertension, Cardiovascular Disease or Asthma) he/she can opt for **"De-Stress & Mind Body Healing Program"**. This program helps the Insured to reduce stress caused due to internal (self-generated) & external factors and increases the ability to handle stress.

- On acceptance of De-stress & Mind Body Healing Program Insured earns **50** wellness points.
- On completion of De-stress & Mind Body Healing Program Insured earns an additional **75** wellness points.

Note: This is a 10 weeks program which insured needs to complete without any break.

6. Virtual Consultation Service: 'Medical Consultation' is available through our in-house Medical Practitioners/Empanelled Service providers round the clock to the insured through an online portal, mobile application as a chat service, voice call or a call back service. Consultations including on **'Diet & Nutrition'** and **'Second Medical Opinion'** is available.

7. Medical Concierge Services:

- The Insured can also contact Star Health to avail the following services:
- Emergency assistance information such as nearest ambulance / hospital / blood bank etc.

8. Period & Fertility Tracker: The online easy tracking program helps every woman with their period health and fertility care. The program gives access to trackers for period and ovulation which maps out cycles for months. This helps in planning for conception prevention and tracks peak ovulation if planning pregnancy.

9. Digital Health Vault: A secured Personal Health records system for Insured to store/access and share health data with trusted recipients. Using this portal, Insured can store their health documents (prescriptions, lab reports, discharge summaries etc.), track health data add family members.

10. Wellness Content: The wellness portal provides rich collection of health articles, blogs, tips and other health and wellness content. The contents have been written by experts drawn from various fields. Insured will benefit from having one single and reliable source for learning about various health aspects and incorporating positive health changes

11. Health Quiz & Gamification:

- The wellness portal provides a host of Health & Wellness Quizzes. The wellness quizzes are geared towards helping the Insured to be more aware of various health choices.
- Gamification helps in creating fun and engaging health & wellness experiences. It helps to create a sense of achievement in users and increases motivation levels.

12. Post-Operative Care: It is done through follow up phone calls (primarily for surgical cases) for resolving their medical queries.

13. Discounts from Network Providers: The Insured can avail discounts on the services offered by our network providers which will be displayed in our website.

Terms and conditions under wellness activity

- Any information provided by the Insured in this regard shall be kept confidential.
- There will not be any cash redemption against the wellness reward points.
- Insured should notify and submit relevant documents, reports, receipts etc for various wellness activities within 1 month of undertaking such activity/test.
- No activity, report, document, receipt can be submitted in the last month of each policy year.
- For services that are provided through empanelled service provider, Star Health is only acting as a facilitator; hence would not be liable for any incremental costs or the services.
- All medical services are being provided by empanelled health care service provider. We ensure full due diligence before empanelment. However Insured should consult his/her doctor before availing/taking the medical advices/services. The decision to utilize these advices/services is solely at Insured person's discretion.
- We reserve the right to remove the wellness reward points if found to be achieved in unfair manner.
- Star Health, its group entities, or affiliates, their respective directors, officers, employees, agents, vendors, are not responsible or liable for, any actions, claims, demands, losses, damages, costs, charges and expenses which a Member claims to have suffered, sustained or incurred, by way of and / or on account of the Wellness Program.
- Services offered are subject to guidelines issued by IRDAI from time to time.

ILLUSTRATION OF BENEFITS:

Lets look how the Insured can avail discount on premium through the "Star Wellness Program"

Scenario – 1

A 24 year old Individual Ramesh buys **Young Star Insurance** Policy on 15th July, 2019 with Sum Insured of 25 Lacs, let's understand how he can earn **Wellness Points** by doing different wellness activities. Ramesh has declared that his Body Mass Index (BMI) as 25. Ramesh enrolled under the Star Wellness Program and completed the following **wellness activities**.

Sr.No.	Name of the wellness activity taken up during the policy year	Wellness Points Earned
1.	Completed Online Health Risk Assessment (HRA)	50
2.	Submitted Health Check-Up Report (one test result is not within normal range)	150
3.	Participated in Walkathon	100
4.	Attended to Yoga Classes	100
5.	Achieved 10,000 average number of steps per day during the policy year	200
6.	Ramesh accepted the Weight management program and reached 23 BMI	100
7.	Ramesh has completed De-stress & Mind Body Healing Program	125
	Total Number of Wellness Points earned	825
Based on the number of Wellness Points earned Ramesh is eligible to get 10% discount on renewal premium.		

ILLUSTRATION OF BENEFITS:

Lets look how the Insured can avail discount on premium through the "Star Wellness Program"

Scenario – 2

A 26 year old Individual Suresh and his wife Lakshmi aged 25 years buy **Young Star** Insurance Policy (Floater Sum Insured) on 10th, July,2019 with sum insured of 50 Lacs, let's understand how they can earn **Wellness Points** under the Floater Policy. Suresh has declared his Body Mass Index (BMI) as 26 & Lakshmi has declared her BMI as 25. Suresh and Lakshmi enrolled under the Star wellness program and completed the following **wellness activities**

Sr.No.	Name of the wellness activity taken up during the policy year	Wellness Points Earned by Suresh	Wellness Points Earned by Lakshmi
1.	Completed Online Health Risk Assessment (HRA)	50	50
2.	Submitted Health Check-Up Report	200	200
3.	Participation in Marathon	100	100
4.	Attended to Aerobic Exercise	100	100
5.	On achieving the step count target	200	150
6.	Suresh accepted the Weight management program and reached 24 BMI Lakshmi accepted the Weight management program and reached 23 BMI	100	100
7.	Suresh & Lakshmi has completed De-stress & Mind Body Healing Program	125	125
	Total Number of Wellness Points earned	875	825
	No of wellness points based upon weightage - 1:1	437 (875X1/2)	412 (825X1/2)
Total Number of Wellness Points earned by Suresh and Lakshmi = 849 (437+412) Based on the no of Wellness Points earned, Suresh & Lakshmi are eligible to get 10% discount on renewal premium			

ILLUSTRATION OF BENEFITS:

Lets look how the Insured can avail discount on premium through the "Star Wellness Program

Scenario – 3
A 35 year old Individual Umesh buys **Young Star** Insurance Policy for two year period, with Sum Insured of 1Crore, let's understand how he can earn **Wellness Points** by doing different wellness activities. He is suffering from Hypertension. Umesh enrolled under the Star Wellness Program and completed the following **wellness activities**

Sr.No.	Name of the wellness activity taken up during the policy year	Wellness Points Earned in the First Year	Wellness Points Earned in the Second Year
1.	Completed Online Health Risk Assessment (HRA)	50	50
2.	Submitted Health Check-Up Report	200	200
3.	Participated in Walkathon	100	100
4.	Attended to Tai Chi Classes	100	100
5.	Achieved 10,000 average number of steps per day during the policy year	200	150
6.	Submitted his fitness success story	100	100
7.	Managed Hypertension through Chronic management program	125	125
	Total Number of Wellness Points earned	875	825
Total Number of Wellness Points earned by Umesh = 1800 (950+850) Calculation of Wellness Points as per two year policy condition = 900 (1800/2)			
Based on the number of Wellness Points earned, Umesh is eligible to get 10% discount on renewal premium			

II. Coverage available only under Gold Plan

A. **Delivery Expenses :** Expenses for a Delivery including Delivery by Caesarean section (including pre-natal and post natal expenses) up-to Rs.30,000/- per delivery is payable, subject to the following :-
   1. This benefit is available only for a maximum of 2 deliveries in the life time under this policy.
   2. This Benefit is subject to a waiting period of 36 months from the date of first commencement of Young Star Insurance Policy and its continuous renewal thereof with the Company.
   3. A waiting period of 24 months will apply afresh following a claim under this benefit.
   4. Pre-hospitalisation and Post Hospitalization expenses and Hospital Cash Benefit are not applicable for this section.
   5. This cover is available only when
      i. both Self and Spouse are covered under this policy either on floater basis or on individual basis and both Self and Spouse have been covered for a continuous period of 36 months under Young Star Insurance Policy.
      ii. the policy covering the self and spouse are in force when this benefit becomes payable.
   6. Claims under this section will not reduce the Sum Insured
   7. Claim under this section will impact the Cumulative bonus

B. **Hospital Cash Benefit:** 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, there is a valid claim for hospitalization under this policy
   Note:
   1. This benefit is subject to 1 day Deductible.
   2. Payment under this benefit does not form part of the Basic sum insured
   3. Claim under this section will impact the Cumulative bonus

III. DEFINITIONS

Accident means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

Any one Illness means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.

Basic Sum Insured: means the sum insured opted for and for which the premium is paid.

Cashless Facility means a facility extended by the insurer to the insured where the payments, of the cost of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved

Company means Star Health and Allied Insurance Company Limited

Condition Precedent means the policy term or condition upon which the insurer's liability under the policy is conditional upon.

Congenital Anomaly: means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
a) **Internal Congenital Anomaly** means congenital anomaly which is not in the visible and accessible parts of the body.
b) **External Congenital Anomaly** means congenital anomaly which is in the visible and accessible parts of the body

Cumulative Bonus shall mean any increase in the sum insured granted by the insurer without an associated increase in premium.

Day Care Centre means any institution established for day care treatment of illness and / or injuries or a medical set up within a hospital and which has been registered with the local authorities, wherever applicable and is under the supervision of a Registered and Qualified Medical Practitioner and must comply with all minimum criteria as under :-
- has qualified nursing staff under its employment;
- has qualified medical practitioner/s in charge;
- has a fully equipment operation theatre of its own where surgical procedures are carried out.
- maintains daily records of patients and will make these accessible to the insurance company's authorized personal

Day Care treatment means medical treatment and/or surgical procedure which is;
1. Undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
2. Which would have otherwise required a hospitalization of more than 24 hours

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

Deductible means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured

Dental Treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

Dependent Child means a child (natural or legally adopted) who is financially dependent and does not have his or her independent source of income and not over 25 years

Diagnosis means Diagnosis by a registered **medical practitioner**, supported by clinical, radiological and histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable, acceptable to the Company.

Disclosure to information norms means the policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of mis-representation, mis description or non disclosure of any material fact.

DPCO/NPPA: Drug Price Control Order / National Pharmaceuticals Pricing Authority

Family means Insured Person, spouse, dependent children, (between 91 days to 25 years of age).

Grace Period means the specified period of time immediately following premium due date during which the payment can be made to renew or continue the policy in force without loss of continuity benefits such as waiting period and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received

Hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act or complies with all minimum criteria as under:
a. Has qualified nursing staff under its employment round the clock;
b. Has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
c. Has qualified medical practitioner(s) in charge round the clock;
d. Has a fully equipped operation theatre of its own where surgical procedures are carried out;
e. Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

Hospitalization means admission in a hospital for a minimum period of 24 consecutive 'In patient care' hours except for specified procedures/treatment where such admission could be for a period of less than 24 consecutive hours.

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
(a) **Acute condition**- Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
(b) **Chronic condition**- A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
   1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
   2. it needs ongoing or long-term control or relief of symptoms
   3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
   4. it continues indefinitely
   5. it recurs or is likely to recur

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

Insured Person means the name/s of person/s shown in the schedule of the Policy.

In-Patient means an Insured Person who is admitted to Hospital and stays there for a minimum period of 24 hours for the sole purpose of receiving treatment.

ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

Instalment means Premium amount paid through monthly/ Quarterly/ Half-yearly mode by the Policy Holder/ Insured

Intensive Care Unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
Note: Such facility must be separate and apart from surgical recovery room and from rooms' beds and wards customarily used for patient confinement.

Limit of Coverage means Basic Sum Insured plus the Cumulative Bonus earned, wherever applicable.

Maternity expense shall include a) Medical treatment expenses traceable to child birth (including complicated deliveries and caesarean sections) incurred during Hospitalization b) expenses towards the lawful medical termination of pregnancy during the Policy Period.

Medical Advise means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

Medical expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

Migration means, the right accorded to health insurance policyholders (including all members under family cover and members of group Health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

Medically Necessary means any treatment, tests, medication or stay in hospital or part of a stay in a hospital which – is required for the medical management of the illness or injury suffered by the Insured – must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity – must have been prescribed by a Medical Practitioner – must conform to the professional standards widely accepted in international medical practice or by the medical community In India.

Network Hospital means all such hospitals or other providers that the Company have mutually agreed with, to provide services like cashless access to policyholders. The list is available with the Company and subject to amendment from time to time.

New Born Baby means baby born during the policy period and is aged up to 90 days

Non Network Hospital means any hospital or other provider that is not part of the network

Networked Facility means hospitals, day care centers, clinics, diagnostic centers that the Company has mutually agreed with to provide medical services

Notification of claim is the process of notifying a claim to the insurer by specifying the timelines as well as the address / telephone number to which it should be notified.

Pre-Existing Disease means any Condition, ailment or injury or related condition (s) for which the insured person had signs or symptoms, and/or was diagnosed, and/or received medical advice / treatment within 48 months prior to the insured person's first policy with any Indian insurer.

Pre-hospitalization Expenses means medical expenses incurred immediately before the insured person is hospitalized, provided that

a. Such medical expenses are incurred for the same condition for which the insured person's hospitalization was required and
b. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company

Post Hospitalization Expenses: means medical expenses incurred immediately after the insured person is discharged from the hospital provided that

a. Such medical expenses are incurred for the same condition for which the insured person's hospitalization was required and
b. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

Policy Term: means the period between the Commencement Date and Expiry Date specified in the Schedule

Policy Year/ Policy Period: means a year following the Commencement Date and its subsequent annual anniversary.

Portability means transfer by an individual health insurance policy holder (including family cover) of the credit gained for pre-existing conditions and time bound exclusions if he/she chooses to switch from one insurer to another.

Qualified Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

Qualified Nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state In India.

Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved

Relaxation Period: means 7 consecutive days immediately following the premium instalment due date during which a payment can be made to continue a policy in force. Policy stands automatically terminated if the due instalment is not received within this 7 days period. Coverage will not be available during this period. There shall be no renewal permissible of such lapsed policy of insurance, by subsequent payment of premium. Only a fresh and separate policy of insurance shall be issued as in any other case of mediclaim contract of insurance

Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

Room Rent means the amount charged by a Hospital for towards Room and Boarding expenses and shall include associated medical expenses.

Single Private A/c Room means a single occupancy air-conditioned room with attached rest room and a couch for the attendant. The room may have a television and /or a telephone. Such room must be the most economical of all accommodations available in that hospital as single occupancy. This does not include Deluxe room or a suite

Surgery/Surgical Operation means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner

Sum Insured wherever it appears shall mean Basic Sum Insured, except otherwise expressed.

Unproven/Experimental treatment: Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

IV. Waiting periods (Applicable for both Silver and Gold Plan)

The Company shall not be liable to make any payment under this policy if the hospitalization is directly or indirectly for

I. any disease contracted by the insured person during the first 30 days from the commencement date of this policy. This waiting period is not applicable for Accidents.
II. the following specified ailments / illnesses / diseases for 12 consecutive months from the inception date of this policy:-
   A. Diseases of ENT and Thyroid
   B. All types of Hydrocele, Hernia, Varicocele, Piles, Fistula, and Fissure In Ano.
   C. Diseases of Female Reproductive System
   D. Calculus diseases of the Gall Bladder, Kidney and Urinary Tract
III. Pre Existing Diseases as defined in the policy until 12 consecutive months of continuous coverage have elapsed since inception of the first policy with any Indian General/Health Insurer.

The above mentioned waiting periods are subject to Portability Regulations.

V. Exclusions (Applicable for both Silver and Gold Plan)

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. 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
2. Congenital External Disease / Defects / Anomalies
3. Convalescence, general debility, run-down condition or rest cure, Nutritional deficiency states.
4. Intentional self injury
5. Use of intoxicating substances, substance abuse, drugs / alcohol, smoking and tobacco chewing
6. Venereal Disease and Sexually Transmitted Diseases(Other than HIV)
7. 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)
8. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
9. Expenses incurred on weight control services including surgical procedures such as Bariatric Surgery and /or medical treatment of obesity

10. 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, VAX-D, Low level laser therapy, Photodynamic therapy and such other therapies similar to those mentioned under this exclusion .
11. Charges incurred on diagnostics that are not consistent with the treatment for which the insured is admitted in the hospital / nursing home. Admission primarily for diagnostic purpose with no positive existence of sickness / disease / ailment / injury and no further treatment is indicated.
12. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician of the hospital where the insured underwent treatment.
13. Unconventional, Untested, Unproven, Experimental therapies.
14. Stem cell Therapy, Autologous derived Stromal vascular fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy and other such similar therapies.
15. Oral Chemotherapy, Immuno therapy and Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted.
16. All types of Cosmetic, Aesthetic treatment of any description, all treatment for Priapism and erectile dysfunctions, Change of Sex.
17. Plastic surgery (other than as necessitated due to an accident or as a part of any illness),
18. Inoculation or Vaccination (except for post–bite treatment and for medical treatment for therapeutic reasons).
19. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable).
20. Treatment arising from or traceable to childbirth, family planning, miscarriage, abortion and complications of any of these (Other than ectopic pregnancy) except to the extent covered under "Delivery Expenses" under Gold Plan
21. Treatment for Sub-Fertility, Assisted Conception and or other related complications of the same.
22. Medical and / or surgical treatment of Sleep apnea, treatment for endocrine disorders.
23. Expenses incurred on Lasik Laser or other procedures Refractive Error Correction and its complications, all treatment for disorders of eye requiring intra-vitreal injections.
24. Cochlear implants and procedure related hospitalization expenses
25. Cost of spectacles and contact lens, hearing aids, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids
26. Hospital registration charges, admission charges, record charges, telephone charges and such other charges
27. Any hospitalizations which are not Medically Necessary / does not warrant Hospitalization
28. Other Excluded Expenses as detailed in the website www.starhealth.in

VI. CONDITIONS:

1. If the Insured person avails this policy before the age of 36 years and has continuously renewed without any break, then, on completion of 40 years of age the insured person will be offered a discount of 10% on the premium applicable at renewal at the age of 40 years for the sum insured opted at the inception of this policy. This discount is available for all the subsequent renewals. The discount is not cumulative. This discount will not be given if the insured person migrates to any other policy offered by the Company.
   If an individual policy is converted into family floater policy at the time of renewal, then the discount is available on the family floater policy only if the age of the insured person added under the family floater policy is less than the age of 36 years.
   Note : If individual members are covered for different sum insureds, then the discount is available on the premium paid for the lowest of all the sum insureds at the first inception of the policy.
2. The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance of fulfillment of the terms, provision, conditions and endorsements of this policy by the Insured Person/s, in so far as they relate to anything to be done or complied with by the Insured Person/s, shall be a condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions, and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.
3. If the Insured / proposer chooses to pay the premium in instalments, the following conditions will apply.
   a. It is hereby made clear that in the event of a claim being found admissible / considered for settlement, the Company would automatically deduct the premiums due for all future instalments, until date of expiry of policy from the claim amount payable. This clause will not apply to claims arising under "Cost of Health Check up" and E-Medical Opinion.
   b. In the event of the claim amount payable is less than the sum total of future instalments payable under the policy, the claim amount will be paid only if the insured remits the entire future instalments immediately. Instalment facility cannot be availed for midterm inclusion of family members.
   c. Insured has relaxation period of 7 consecutive days immediately following the premium instalment due date during which a payment can be made to continue a policy in force. Coverage will not be available during this relaxation period. However the continuity of benefits with reference to waiting periods will be allowed.
   d. A prorate refund of premium will be made on expiry of the policy for the period coverage was not available during the relaxation period.
   e. Policy stands automatically terminated if the due instalment is not received within the relaxation period of 7 days. There shall be no renewal permissible of such lapsed policy of insurance, by subsequent payment of premium. Only a fresh and separate policy of insurance shall be issued as in any other case of mediclaim contract of insurance
4. Upon the happening of the event, notice with full particulars shall be sent to the Company within 24 hours from the date of occurrence of the event irrespective of whether the event is likely to give rise to a claim under the policy or not.
5. Claim must be filed within 15 days from the date of discharge from the Hospital.
   Post hospitalization bills are to be submitted within 15 days after completion of 90 days from the date of discharge from hospital
   Note:
   Conditions 4 and 5 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.
6. Any medical practitioner authorized by the Company shall be allowed to examine the Insured Person in case of any alleged injury or diseases requiring Hospitalization when and as often as the same may reasonably be required on behalf of the Company at Company's cost.
7. The Company shall not be liable to make any payment under the policy in respect of any claim if information furnished at the time of proposal is found to be incorrect or false or such claim is in any manner fraudulent or supported by any fraudulent means or device, misrepresentation whether by the Insured Person or by any other person acting on his behalf.
8. The Insured Person/s shall obtain and furnish the Company with all original bills, receipts and other documents upon which a claim is based and shall also give the Company such additional information and assistance as the Company may require in dealing with the claim.
   Claiming process and documents to be submitted in support of claim:

   For Reimbursement claims:
   a. Duly completed claim form, and
   b. Pre Admission investigations and treatment papers.
   c. Discharge Summary from the hospital
   d. Cash receipts from hospital, chemists
   e. Cash receipts and reports for tests done
   f. Receipts from doctors, surgeons, anesthetist
   g. Certificate from the attending doctor regarding the diagnosis.
   h. Proof of Identity and Address proof
   i. NEFT details

   For Cashless Treatment:
   a. Call the 24 hour help-line for assistance - 1800 425 2255/1800 102 4477
   b. Inform the ID number for easy reference
   c. On admission in the hospital, produce the customer ID Card issued by the Company at the Hospital Helpdesk
   d. Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
   e. The Treating Doctor will complete the hospitalisation/ treatment information and the hospital will fill up expected cost of treatment. This form is submitted to the Company
   f. The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate.
   g. 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.
   h. In case of emergency hospitalization information to be given within 24 hours after hospitalization
   i. 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 or refer to the list of Networked Hospitals provided with the policy document.

   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.

   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.

   The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy

9. Any medical practitioner authorized by the **Company** shall be allowed to examine the Insured Person in case of any alleged injury or diseases requiring hospitalization when and as often as the same may reasonably be required on behalf of the Company at Company's Cost.

10. **Renewal:** 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. A grace period of 30 days from the date of expiry of the policy is available for renewal.
Note:
1. The actual period of cover will start only from the date of payment of premium
2. Renewal premium is subject to change with prior approval from Regulator

If renewal is made within this 30 days period, the continuity of benefits with reference to waiting periods will be allowed.

11. **Modification of the terms of the policy:** The Company reserves the right to modify the policy terms and conditions or modify the premium of the policy with the prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance

12. **Withdrawal of the policy:** The Company reserves the right to withdraw the product with prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance and the insured shall have the option to choose to be covered by an equivalent or similar policy offered by the Company.

13. **Revision of Basic Sum Insured** is permissible only at the time of renewal, subject to underwriter's approval. If the policy is renewed for enhanced sum insured, then waiting period will apply afresh to this enhanced sum insured (that is for the difference between the expiring basic sum insured and renewed basic sum insured) from the effective date of such enhancement.

14. **Midterm Inclusion:** Permissible on payment of proportionate premium subject to the following;
    a. **Newly Married / Wedded spouse and/or legally adopted child:** Intimation about the marriage/adoption should be given within 45 days from the date of marriage or date of adoption.
    b. **New born baby**: Intimation about the new born baby should be given within 90 days from the date of birth. The cover for new born commences from 91st day of its birth.

    Special conditions:
    a. Waiting periods as stated in the policy will be applicable from the date of inclusion of such newly married/wedded spouse, new born baby, legally adopted child.
    b. Such midterm inclusion will be subject to underwriter's approval

15. **Free Look Period:** At the time of inception of the policy, the Insured will be allowed a period of 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the policy if not acceptable. In such a case , the premium refund shall be as follows :
    If the Insured has not made any claim during the free look period, the Insured shall be entitled to –
    1) a refund of the premium paid less any expenses incurred by the Insurer on medical examination of the insured persons and the stamp duty charges
    or
    2) where the risk has already commenced and the option of return of the policy is exercised by the policy holder, a deduction towards the proportionate risk premium for period on cover
    or
    3) where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

    Free look period shall not be applicable at the time of renewal

16. **Disclosure to information norms:** The policy shall become void and all premium paid hereon shall be forfeited to the Company, in the event of non disclosure of any material fact and/or mis-representation, fraud, moral hazard, mis description as declared in the proposal form and/or claim form at the time of claim.

17. **Cancellation**: The Company may cancel this policy on grounds of non co-operation of the insured by sending the Insured 30 days notice by registered letter at the Insured person's last known address in which case the refund of premium will be on pro-rata basis. 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

Cancellation table applicable if the premium is paid Quarterly	
Period on risk	Rate of premium to be retained
Up to one month	100% of the total premium received
Exceeding one month up to 4 months	92.5% of the total premium received
Exceeding 4 months up to 6 months	100% of the total premium received
Exceeding 6 months up to 7 months	90.0% of the policy premium received
Exceeding 7 months up to 10 months	87.5% of the policy premium received
Exceeding 10 months	100% of the total premium received
Cancellation table applicable if the premium is paid Half yearly	
Period on risk	Rate of premium to be retained
Up to one month	55.0% of the total premium received
Exceeding one month up to 4 months	92.5% of the total premium received
Exceeding 4 months up to 6 months	100% of the total premium received
Exceeding 6 months up to 7 months	70.0% of the total premium received
Exceeding 7 months up to 10 months	87.5% of the total premium received
Exceeding 10 months	100% of the total premium received
Cancellation table applicable if the premium is paid annual (Policy Term 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
Cancellation table applicable if the premium is paid annual (Policy Term 2 Years)	
Period on risk	Rate of premium to be retained
Up to one 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

Note: *If the premium is paid Monthly, cancellation of policy will be on "No Refund Basis"*

18. **Migration:**
    The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per extant Guidelines related to 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, as per Guidelines on migration, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as per below:
    i. The waiting periods specified in Section 6 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
    ii. Migration benefit will be offered to the extent of sum of previous sum insured and accrued bonus/multiplier benefit (as part of the base sum insured), migration benefit shall not apply to any other additional increased Sum Insured.

19. **Portability:** This policy is portable. If the insured is desirous of porting this policy, application in the appropriate form should be made to the Company at least 45 days before but not earlier than 60 days from the date when the renewal is due. For details contact "portability@starhealth.in" or call Telephone No +91-44-40178440.

20. **Automatic Expiry**: 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. This also means that in case of family floater policy, cover for the other surviving members of the family will continue, subject to other terms of the policy.
    ✓ Upon exhaustion of the Limit of Coverage Plus Restored Basic Sum Insured under the policy

21. **Arbitration** If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.
    It is clearly agreed and understood that no difference or dispute shall be referrable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.
    It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.
    It is also further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not, within three years from the date of such disclaimer have been made the subject matter of a suit in a Court of Law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

22. All claims under this policy shall be payable in Indian currency. All treatments under this policy shall have to be taken In India.

23. **Relief under Section 80-D**: Insured Person is eligible for relief under Section 80-D of the IT Act in respect of the premium paid by any mode other than cash.

24. **IMPORTANT NOTE**
    a) Where the policy is issued for more than 1 year, the Basic Sum Insured is for each of the year, without any carry over benefit thereof

b) Where the policy is issued on floater basis, the basic sum insured cumulative bonus and other related benefits floats amongst the insured persons.

c) The Policy Schedule and any Endorsement are to be read together and any word or such meaning wherever it appears shall have the meaning as stated in the Act / Indian Laws

d) The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract, must be complied with and applies to each relevant insured person. Failure to comply with may result in the claim being denied.

e) The attention of the policy holder is drawn to our website www.starhealth.in for anti fraud policy of the company for necessary compliance by all stake holders.

25. Policy disputes: Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law.

26. Notices : Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile/email to Star Health and Allied Insurance Company Limited, No 1 New Tank Street, Vallurvar Kottam High Road Nungambakkam Chennai 600034. Fax 044-28319100 Toll Free Fax No. 1800 425 5522, E-Mail support@starhealth.in

Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

27. Customer Service If at any time the Insured Person requires any clarification or assistance, the insured may contact the offices of the Company at the address specified, during normal business hours

28. Grievances: In case the Insured Person is aggrieved in any way, the Insured may contact the Company at the specified address, during normal business hours.

Grievance Department: Star Health and Allied Insurance Company Limited, No 1, New Tank Street, ValluvarKottam High Road, Nungambakkam, Chennai - 600034. or Call 044-28243921 during normal business hours or Send e-mail to grievances@starhealth.in Senior Citizens may call 044-28243923

In the event of the following grievances:

a. any partial or total repudiation of claims by an insurer;
b. any dispute in regard to premium paid or payable in terms of the policy;
c. any dispute on the legal construction of the policies in so far as such disputes relate to claims;
d. delay in settlement of claims;
e. non-issuance of any insurance document to customer after receipt of the premium.

The insured person may approach the Insurance Ombudsman at the address given below, within whose jurisdiction the branch or office of Star Health and Allied Insurance Company Limited or the residential address or place of the policy holder is located.

List of Insurance Ombudsman

AHMEDABAD

Office of the Insurance Ombudsman,
Jeevan Prakash Building, 6th floor,
Tilak Marg, Relief Road,
Ahmedabad – 380 001.
Tel.: 079 - 25501201 / 02 / 05 / 06
Email: bimalokpal.ahmedabad@ecoi.co.in

JURISDICTION: Gujarat, Dadra & Nagar Haveli, Daman and Diu.

BENGALURU

Office of the Insurance Ombudsman,
Jeevan Soudha Building,PID No. 57-27-N-19
Ground Floor, 19/19, 24th Main Road,
JP Nagar, 1st Phase,
Bengaluru – 560 078.
Tel.: 080 - 26652048 / 26652049
Email: bimalokpal.bengaluru@ecoi.co.in

JURISDICTION: Karnataka.

BHOPAL

Office of the Insurance Ombudsman,
Janak Vihar Complex, 2nd Floor,
6, Malviya Nagar, Opp. Airtel Office,
Near New Market,
Bhopal – 462 003.
Tel.: 0755 - 2769201 / 2769202
Fax: 0755 - 2769203
Email: bimalokpal.bhopal@ecoi.co.in

JURISDICTION: Madhya Pradesh Chattisgarh.

BHUBANESHWAR

Office of the Insurance Ombudsman,
62, Forest park,
Bhubneshwar – 751 009.
Tel.: 0674 - 2596461 / 2596455
Fax: 0674 - 2596429
Email: bimalokpal.bhubaneswar@ecoi.co.in

JURISDICTION: Orissa.

CHANDIGARH

Office of the Insurance Ombudsman,
S.C.O. No. 101, 102 & 103, 2nd Floor,
Batra Building, Sector 17 – D,
Chandigarh – 160 017.
Tel.: 0172 - 2706196 / 2706468
Fax: 0172 - 2708274
Email: bimalokpal.chandigarh@ecoi.co.in

JURISDICTION: Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.

CHENNAI

Office of the Insurance Ombudsman,
Fatima Akhtar Court, 4th Floor, 453,
Anna Salai, Teynampet,
CHENNAI – 600 018.
Tel.: 044 - 24333668 / 24335284
Fax: 044 - 24333664
Email: bimalokpal.chennai@ecoi.co.in

JURISDICTION: Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).

DELHI

Office of the Insurance Ombudsman,
2/2 A, Universal Insurance Building,
Asaf Ali Road,
New Delhi – 110 002.
Tel.: 011 - 23232481 / 23213504
Email: bimalokpal.delhi@ecoi.co.in

JURISDICTION: Delhi

ERNAKULAM

Office of the Insurance Ombudsman,
2nd Floor, Pulinat Bldg.,
Opp. Cochin Shipyard, M. G. Road,
Ernakulam - 682 015.
Tel.: 0484 - 2358759 / 2359338
Fax: 0484 - 2359336
Email: bimalokpal.ernakulam@ecoi.co.in

JURISDICTION: Kerala, Lakshadweep, Mahe-a part of Pondicherry

GUWAHATI

Office of the Insurance Ombudsman,
Jeevan Nivesh, 5th Floor,
Nr. Panbazar over bridge, S.S. Road,
Guwahati – 781001(ASSAM).
Tel.: 0361 - 2632204 / 2602205
Email: bimalokpal.guwahati@ecoi.co.in

JURISDICTION: Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.

HYDERABAD

Office of the Insurance Ombudsman,
6-2-46, 1st floor, "Moin Court",
Lane Opp. Saleem Function Palace,
A. C. Guards, Lakdi-Ka-Pool,
Hyderabad - 500 004.
Tel.: 040 - 67504123 / 23312122
Fax: 040 - 23376599
Email: bimalokpal.hyderabad@ecoi.co.in

JURISDICTION: Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.

JAIPUR

Office of the Insurance Ombudsman,
Jeevan Nidhi – II Bldg., Gr. Floor,
Bhawani Singh Marg,
Jaipur - 302 005.
Tel.: 0141 - 2740363
Email: Bimalokpal.jaipur@ecoi.co.in

JURISDICTION: Rajasthan.

KOLKATA

Office of the Insurance Ombudsman,
Hindustan Bldg. Annexe, 4th Floor,
4, C.R. Avenue,
KOLKATA - 700 072.
Tel.: 033 - 22124339 / 22124340
Fax : 033 - 22124341
Email: bimalokpal.kolkata@ecoi.co.in

JURISDICTION: West Bengal, Sikkim, Andaman & Nicobar Islands.

LUCKNOW

Office of the Insurance Ombudsman,
6th Floor, Jeevan Bhawan, Phase-II,
Nawal Kishore Road, Hazratganj,
Lucknow - 226 001.
Tel.: 0522 - 2231330 / 2231331
Fax: 0522 - 2231310
Email: bimalokpal.lucknow@ecoi.co.in

JURISDICTION: Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.

MUMBAI

Office of the Insurance Ombudsman,
3rd Floor, Jeevan Seva Annexe,
S. V. Road, Santacruz (W),
Mumbai - 400 054.
Tel.: 022 - 26106552 / 26106960
Fax: 022 - 26106052
Email: bimalokpal.mumbai@ecoi.co.in

JURISDICTION: Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.

PUNE

Office of the Insurance Ombudsman,
Jeevan Darshan Bldg., 3rd Floor,
C.T.S. No.s. 195 to 198,
N.C. Kelkar Road, Narayan Peth,
Pune – 411 030.
Tel.: 020-41312555
Email: bimalokpal.pune@ecoi.co.in

JURISDICTION: Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

NOIDA

Office of the Insurance Ombudsman,
Bhagwan Sahai Palace
4th Floor, Main Road,
Naya Bans, Sector 15,
Distt: Gautam Buddh Nagar,
U.P - 201301.
Tel.: 0120-2514250 / 2514252 / 2514253
Email: bimalokpal.noida@ecoi.co.in

JURISDICTION: State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.

PATNA

Office of the Insurance Ombudsman,
1st Floor,Kalpana Arcade Building,,
Bazar Samiti Road,
Bahadurpur,
Patna 800 006.
Tel.: 0612-2680952
Email: bimalokpal.patna@ecoi.co.in

JURISDICTION: Bihar and Jharkhand.

STAR Personal & Caring Health Insurance
The Health Insurance Specialist

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