



Unique Identification No.: SHAHLIP23081V082223

Be safe with  
Diabetes Safe

# DIABETES SAFE INSURANCE POLICY



# BENEFITS



Hospitalization



Outpatient Expenses



Personal Accident



Pre & Post-hospitalization



Diabetes-related complications



Modern Treatment



Road Ambulance



Coverage for cardiovascular



Tax benefit



Automatic Restoration



Cataract



# COVERAGE

Section	
Section - 1	Covers hospitalization expenses due to complications of Diabetes
Section - 2	Coverage hospitalization expenses due to Accident and Non Diabetes
Section - 3	Outpatient Expenses
Section - 4	Coverage for Modern Treatments
Section - 5	Personal Accident

Note: Once a plan is opted, change of plan is not possible



## DIFFERENCE BETWEEN PLAN A & PLAN B

Plan A	Plan B
Pre- acceptance medical screening applicable	Not applicable
Cover from day 1 for diabetic complications	Diabetes-related complications for cardiovascular/renal/eye/foot ulcer covered from 13 <sup>th</sup> month
No sub-limit restrictions for cardiovascular complications	Sub-limits for cardiovascular complications

Note: Change of plan is not allowed even at the time of renewals at any time in future 4



## COVERAGE

### Who Can Avail?

- **Adults:** 18 years and 65 years
- **Policy Type:** Individual & Floater

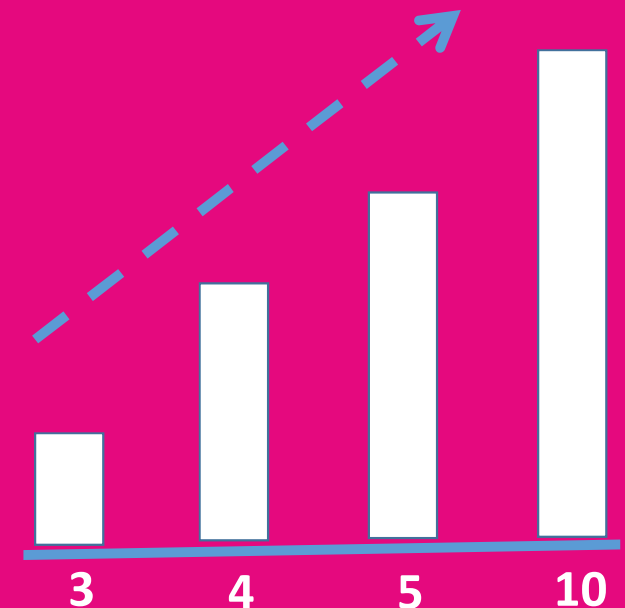
Family means Self, Spouse only provided at-least either of the person is having Diabetes Mellitus

## ABOUT THE POLICY

- **Policy Term**  
1 year/2 years/3 years
- **Continuity**  
Lifetime renewal
- **Instalment Facility**  
Half-yearly, Annual  
Biennial (Once in 2 years) and  
Triennial (Once in 3 years)

Note: If Instalment facility is opted for 2 year and 3 year term policies, the full premium applicable for 2 year and 3 year terms should be paid half yearly within the expiry of the first year

## SUM INSURED OPTIONS (LAKHS)



Note: Applicable for diabetes and regular hospitalization



# HOSPITALIZATION

EXPENSES ON HOSPITALIZATION FOR A MINIMUM PERIOD OF 24 HOURS COVERED



Cashless

Network Hospitals



Reimbursement

Non-Network Hospitals



# HOSPITALIZATION

## CONNECTED TREATMENT EXPENSES



### Professional Fee

- Surgeon
- Consultants
- Médical Practitioner
- Anaesthetist
- Specialist



### Medical Services

- Anesthesia
- Blood
- Oxygen
- OT charges
- ICU charges



### Medicines

- Drugs
- Diagnostic Materials
- Diagnostic Imaging Modalities

Note: Applicable for diabetes and regular hospitalization







## ROAD AMBULANCE

Rs 2000 per policy period for transportation of the insured person to go to hospital for treatment

## DAYCARE PROCEDURES

All daycare procedures are covered



## CATARACT (PLAN A & PLAN B)

Sum Insured (Rs)	Limit per eye per hospitalisation	Limit for the entire policy period
3 Lakhs, 4 Lakhs, 5 Lakhs	20,000	30,000
10 Lakhs	30,000	40,000



## LIMITS FOR CARDIOVASCULAR

Sum Insured (Rs)	Limit per policy period Plan B (Rs)	Limit per policy period Plan A (Rs)
3 Lakhs	2 Lakhs	No sub-limit
4 Lakhs	2.50 Lakhs	
5 Lakhs	3 Lakhs	
10 Lakhs	4 Lakhs	

Note: Applicable for diabetes and regular hospitalization



## SPECIAL CONDITION APPLICABLE FOR SECTION 1 (DIABETES) (PLAN A & PLAN B)

**Additional Benefit - 1**  
**Donor expense coverage for kidney transplantation**  
– Donor screening and post-donation complications of the donor not covered

**Additional Benefit - 2**  
**Dialysis expense coverage - @**  
Rs 1000 per sitting, upto 24 months from the month of recommendation

**Additional Benefit - 3**  
**Cost of artificial limbs – on amputation – up to 10% of sum insured – if amputation surgery claim is admitted**

Note: Only complications of diabetes that are declared by the insured and accepted by the company shall be covered under section 1





# COVERAGE FOR MODERN TREATMENTS



Sum Insured	Rs 3 Lakhs	Rs 4 Lakhs	Rs 5 Lakhs	Rs 10 Lakhs
Treatment/Procedure	Sum Insured on Individual basis: Limit per person, per policy period for each treatment/procedure Sum Insured on Floater basis: Limit per policy period for each treatment/procedure			
Uterine artery Embolization and HIFU	37,500	1,00,000	1,25,000	1,50,000
Balloon Sinuplasty	15,000	40,000	50,000	1,00,000
Deep Brain Stimulation	75,000	2,00,000	2,50,000	3,00,000
Oral Chemotherapy	37,500	1,00,000	1,25,000	2,00,000
Immunotherapy - Monoclonal Antibody to be given as injection	75,000	2,00,000	2,50,000	4,00,000
Intra Vitreal injections	15,000	40,000	50,000	75,000
Robotic surgeries	75,000	2,00,000	2,50,000	3,00,000
Stereotactic radio surgeries	75,000	1,75,000	2,00,000	2,25,000
Bronchial Thermoplasty	Up to Sum Insured			
Vaporisation of the prostate (Green laser treatment or holmium laser treatment)				
IONM (Intra Operative Neuro Monitoring)				
Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions	75,000	2,00,000	2,50,000	3,00,000





## AUTOMATIC RESTORATION

Applicable only for Section 2 under Plan A and Plan B

- Automatic restoration of basic sum insured by 100% immediately upon exhaustion of the basic sum insured
- Such restored sum insured can be utilized only for illness/disease/treatment unrelated to the illness/diseases/treatment for which claim/s was/were made



## PRE-MEDICAL SCREENING

- Plan A: Pre-medical screening is required for all persons
- Plan B: No pre-medical screening is required







# TELECONSULTATION FACILITY

TALK TO STAR IS FREE-OF-COST FACILITY!

FOR OUR CUSTOMERS, AGENTS, SALES MANAGERS AND EMPLOYEES



- Provided by our company in times of need, helping us realize our motto - PERSONAL & CARING
- Unique facility offered by our technology platform
- Provided with specialist doctors during the grim period of COVID-19 pandemic to avoid visiting hospitals
- Consult with specialists in Ophthalmology, Cardiology, Paediatrics, Orthopedics, Gynaecology, Psychiatry, Diabetology, Dentistry, Neurology and Dermatology
- To avail this facility, call 7676905905 or mail to [telemedicine@starhealth.in](mailto:telemedicine@starhealth.in)



## TAX BENEFITS

Insured is eligible for relief under Section 80D of the Income Tax Act when premium is paid by any mode other than cash



## UNDERSTAND THE POLICY 'WAITING PERIOD'

- For the first 30 days of cover, no treatment benefits for any diseases/surgeries (Code Excl 03) [Other than accidents]
- For the first 24 months of cover, certain identified surgeries/medical conditions/diseases (Code Excl 02) are not paid for
- For the first 48 months of cover – Pre-Existing Diseases (Code Excl 01) – Declared and endorsed in policy other than diabetes (Applicable for regular hospitalization and modern treatments)





# DIABETES-RELATED HOSPITALIZATION WAITING PERIOD (SECTION 1)

	Plan B	Plan A
Diabetes-related hospitalization	12 Months	Day 1
Any transplant-related surgery	24 Months	



**SPECIFIED DISEASES (CODE EXCL 02)  
WAITING PERIOD 1 YEAR  
APPLICABLE FOR SECTION 1 UNDER PLAN B**

Cardiovascular System

Renal System

Diseases of Eye

Diabetic Peripheral Vascular Diseases

Foot Ulcer



# SPECIFIED DISEASE/PROCEDURE WAITING PERIOD (CODE EXCL 02)\* APPLICABLE FOR SECTION 2 AND SECTION 4 UNDER PLAN A AND PLAN B

Cataract and diseases of the Anterior and Posterior Chamber of the Eye, Retinal detachment, Glaucoma

Desmoid Tumour of anterior abdominal wall, Gall Bladder and Pancreatic diseases

All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Uterus, Fallopian Tubes, Cervix and Ovaries, Uterine Bleeding

Conservative, operative treatment of all types of intervention for diseases related to tendon, ligament, fascia,

Degenerative disc and vertebral diseases including replacement of bones & joints and degenerative diseases of the musculo-skeletal system

Subcutaneous benign lumps, sebaceous cyst, dermoid cyst, Mucous Cyst lip/cheek, Carpel Tunnel Syndrome,

Any transplant and related surgery

\* For complete list, please refer to the policy wording



# PERMANENT EXCLUSIONS

- Rest Cure, rehabilitation and respite care - Code Excl 05
- Obesity/Weight Control - Code Excl 06
- Change-of-Gender treatments - Code Excl 07
- Cosmetic or plastic surgery - Code Excl 08
- Hazardous or Adventure sports - Code Excl 09
- Breach of law - Code Excl 10

- Excluded Providers - Code Excl 11
- Treatment for alcoholism, drug or substance abuse - Code Excl 12
- Treatments received in health hydros, nature cure clinics, spas - Code Excl 13
- Dietary supplements & substances that can be purchased without prescription - Code Excl 14

- Refractive Error - Code Excl 15
- Unproven Treatments - Code Excl 16
- Sterility and Infertility - Code Excl 17
- Maternity - Code Excl 18
- Circumcision, Preputioplasty, Frenuloplasty - Code Excl 19
- Congenital External Conditions/Defects/Anomalies - Code Excl 20

\* For complete list, please refer to the policy wording



# CLAIM PROCEDURE

Call the 24-hour helpline for assistance - 1800 425 2255/1800 102 4477	Inform the ID number for easy reference	On admission in the hospital, produce the ID card issued by the company at the hospital helpdesk
Obtain the pre-authorization form from the hospital helpdesk, complete the patient information and re-submit to the hospital helpdesk	The treating doctor will complete the hospitalization/treatment information and the hospital will fill up expected cost of treatment. This form is submitted to the company	The company will process the request and call for additional documents/clarifications if the information furnished is inadequate
Once all the details are furnished, the company will process the request as per the terms and conditions as well as the exclusions therein & either approve or reject the request based on the merits	In case of emergency hospitalization, information to be given within 24 hours after hospitalization	Cashless facility can be availed only in networked hospitals. For details of networked hospitals, the insured may visit <a href="http://www.starhealth.in">www.starhealth.in</a> or contact the nearest branch

