



MEDI CLASSIC INSURANCE POLICY (INDIVIDUAL) GOLD PLAN

SHAHLIP23037V072223



GOLD PLAN BENEFITS



Hospitalization



Shared Accommodation



Road Traffic Accident



Pre & Post-hospitalization



Health Check-up



Newborn Baby Cover



Daycare Coverage



Cumulative Bonus



Organ Donor



Cataract



Automatic Restoration



AYUSH



Road Ambulance



Super Restoration



Domiciliary Hospitalization



COVERAGE

Who Can Avail?

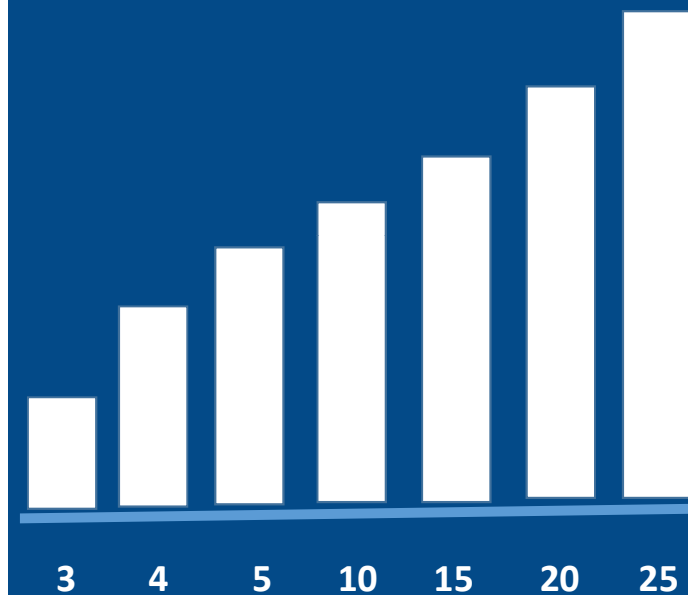
- **Adults:** 18 years to 65 years
- **Dependent children**
16 days to 25 years
- **Policy Type:** Individual

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 or 3 year terms should be paid either quarterly or half yearly within the expiry of the first year

SUM INSURED OPTIONS (in LAKHS)





HOSPITALIZATION

EXPENSES ON HOSPITALIZATION FOR A MINIMUM PERIOD OF 24 HOURS COVERED

1

Cashless

Network Hospitals

2

Reimbursement

Non-Network Hospitals

Note: Expenses on hospitalization considered in proportion to eligible room rent



HOSPITALIZATION

CONNECTED TREATMENT EXPENSES



Professional Fee

- Surgeon
- Consultants
- Medical Practitioner
- Anesthetist
- Specialist



Medical Services

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



Medicines

- Drugs
- Medicines
- Implants and such other similar items



ZONE-BASED PRICING

Zone 1

Mumbai, Thane

Delhi (Including Faridabad, Gurgaon, Ghaziabad and Noida)

Ahmedabad, Baroda and Surat

Zone 2

Rest of India (Other than those mentioned in Zone 1)

ROOM RENT



Sum Insured (Rs)	Room Rent (Per day)
3 Lakhs & 4 Lakhs	Rs 5,000
5 Lakhs & above	Private Single A/C Room



Definition_Associated Medical Expense



PRE & POST-HOSPITALIZATION

30 Days



60 Days



DAYCARE

All daycare procedures are covered



CATARACT



Sum Insured (Rs)	Limit Per Eye (Rs)	Limit Per Policy Period (Rs)
3 Lakhs to 5 Lakhs	30,000	40,000
10 Lakhs & 15 Lakhs	40,000	50,000
20 Lakhs & 25 Lakhs	45,000	60,000



ROAD AMBULANCE

Rs 2000 per hospitalization



SHARED ACCOMMODATION

- If the Insured person occupies, a shared accommodation in a networked hospital during in-patient hospitalization, then amount as per the table given below will be payable
- Days of stay in ICU or high-dependency units will not be counted
- Date of admission and date of discharge will not be counted
- Payment under this benefit does not form part of the Basic sum insured

Sum Insured (Rs)	Limit (Rs)
3 Lakhs, 4 Lakhs, 5 Lakhs	500 per day, subject to maximum of 3,000 per hospitalization
10 Lakhs & above	1,000 per day, subject to maximum of 6,000 per hospitalization

HEALTH CHECK-UP



- Health checkup is available when policy is in force and it is payable on renewal
- Every claim-free year

Sum Insured (Rs)	Upto Limit per Policy Period (Rs)
3 Lakhs to 5 Lakhs	1500
10 Lakhs and 15 Lakhs	2500
20 Lakhs and 25 Lakhs	5000

Note: Payment under this benefit does not form part of the sum insured and will not impact the bonus



CUMULATIVE BONUS

- 25% of basic sum insured in the second year
- Additional 20% of the basic sum insured for each subsequent years
- Maximum of 100% overall
- Cumulative bonus is available after every claim free year

Sum Insured (Rs)	Cumulative Bonus in First Year (Rs)	Subsequent Years (Rs)	Maximum Accumulation (Rs)
3 Lakhs	75,000	60,000	3 Lakhs
4 Lakhs	1 Lakh	80,000	4 Lakhs
5 Lakhs	1.25 Lakhs	1 Lakhs	5 Lakhs
10 Lakhs	2.5 Lakhs	2 Lakhs	10 Lakhs
15 Lakhs	3.75 Lakhs	3 Lakhs	15 Lakhs
20 Lakhs	5 Lakhs	4 Lakhs	20 Lakhs
25 Lakhs	6.25 Lakhs	5 Lakhs	25 Lakhs

* Applicable for every claim free year

AUTOMATIC RESTORATION



- 200% of basic sum insured once during the policy period, immediately upon exhaustion of the limit of coverage (Basic Sum Insured + Cumulative Bonus)
- Restored basic sum insured can be utilized only for illness / disease unrelated to the illness / diseases for which claim/s was / were made
- Restored basic sum insured cannot be carried forward
- This benefit is not available for Modern Treatment



NCB Definition.doc



SUPER RESTORATION

- If the limit of coverage under this policy is exhausted during the policy period, an additional basic sum insured of 100% would be provided once, for the remaining policy period for the subsequent hospitalization
- Can be utilized even for illness / disease for which claim/s was / were made
- The unutilized additional basic sum insured cannot be carried forward
- Not available for Modern Treatment



ROAD TRAFFIC ACCIDENT

- For road traffic accident resulting in in-patient hospitalisation, the basic sum insured shall be increased by 50% subject to the following
- 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
- Available only once during the policy period
- Additional basic sum insured shall be available after exhaustion of the limit of coverage
- Automatic Restoration of basic sum insured and Super restoration shall not apply for this benefit
- The unutilized balance cannot be carried forward for the remaining policy period or for renewal



MODERN TREATMENTS



Sum Insured in Rs.	Uterine artery Embolization and HIFU	Balloon Sinuplasty	Deep Brain Stimulation	Oral Chemotherapy* (Sublimits including Pre and Post Hospitalisation)	Immunotherapy-Monoclonal Antibody to be given as injection	Intra Vitreal injections	Robotic surgeries	Stereotactic radio surgeries	Bronchical Thermoplasty	Vaporisation of the prostate (Green laser treatment or holmium laser treatment)	IONM-(Intra Operative Neuro Monitoring)	Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions
	Limit per person per policy period for each treatment / procedure Rs.											
3,00,000/-	75,000/-	30,000/-	1,50,000/-	75,000/-	1,50,000/-	30,000/-	1,50,000/-	1,50,000/-	Upto Sum Insured			1,50,000/-
4,00,000/-	1,00,000/-	40,000/-	2,00,000/-	1,00,000/-	2,00,000/-	40,000/-	2,00,000/-	1,75,000/-		2,00,000/-		
5,00,000/-	1,25,000/-	50,000/-	2,50,000/-	1,25,000/-	2,50,000/-	50,000/-	2,50,000/-	2,00,000/-		2,50,000/-		
10,00,000/-	1,50,000/-	1,00,000/-	3,00,000/-	2,00,000/-	4,00,000/-	75,000/-	3,00,000/-	2,25,000/-		3,00,000/-		
15,00,000/-	1,75,000/-	1,25,000/-	4,00,000/-	2,50,000/-	5,00,000/-	1,00,000/-	4,00,000/-	2,50,000/-		4,00,000/-		
20,00,000/-	2,00,000/-	1,50,000/-	4,50,000/-	2,75,000/-	5,50,000/-	1,25,000/-	4,50,000/-	2,75,000/-		4,50,000/-		
25,00,000/-	2,00,000/-	1,50,000/-	5,00,000/-	3,00,000/-	6,00,000/-	1,50,000/-	5,00,000/-	3,00,000/-		5,00,000/-		

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



NEWBORN BABY COVER

- Coverage for newborn baby starts from 16th day after its birth till the expiry date of the policy
- 10% of the sum insured or Rs 50,000, whichever is less
- Mother is insured for a continuous period of 12 months without break
- Intimation about the birth of the newborn is a must
- 30-day waiting period shall not apply for the newborn



ORGAN DONOR



- In-patient hospitalization expenses incurred for organ transplantation from donor to insured recipient are payable, provided the claim for transplantation is payable
- Donor screening expenses and post-donation complications of the donor are not payable





AYUSH TREATMENT

- 25% of the basic sum insured, subject to a maximum of Rs 25,000 during entire policy period
- Yoga & Naturopathy systems of treatments are excluded

PSYCHIATRIC AND PSYCHOSOMATIC DISORDER

- Diagnosed for the first time and hospitalized for minimum period of 5 consecutive days
- Covered up to basic sum insured
- Insured person is covered under this policy for a continuous period of 24 consecutive months

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



DOMICILIARY HOSPITALIZATION

- Coverage for medical treatment (Including AYUSH) for a period exceeding three days
- On the advice of the attending medical practitioner, treatment is taken at home
- The condition of the patient is such that he/she is not in a condition to be removed to a hospital or
- The patient takes treatment at home on account of non-availability of room in a hospital



HOSPITAL CASH

(Optional Cover)

- Rs 1000 for each completed day, subject to a maximum of 7 days per hospitalisation and 14 days per policy period
- The day of admission and the day of discharge will not be taken into account



PATIENT CARE

(Optional Cover)

Cost of engaging one attendant at residence immediately after discharge from hospital

Conditions

- Should be recommended by the attending physician
- Insured persons above 60 years of age
- Payable only upon a valid claim for hospitalization
- Benefit of Rs 400 for each completed day
- Upto 5 days per occurrence and 14 days per policy term
- No payment will be made for the first day



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
- Consult with specialists in Ophthalmology, Cardiology, Paediatrics, Orthopedics, Gynaecology, Psychiatry, Diabetology, Dentistry, Neurology and Dermatology
- To avail this facility, call 7676-905-905 or mail to telemedicine@starhealth.in



DISCOUNT ON PREMIUM

Family Discount

- 5% discount if 2 or more family members are covered

Major Organ Donor Discount

- If, at the time of renewal, the insured submits proofs that he/she has donated a major organ, a discount of 25% of the premium is available at the time of renewal
- This discount is available even for subsequent renewals

Long Term Discount

- If the policy term opted is 2 years, discount available is 10% on 2nd year premium and if policy term opted is 3 years, discount available is 11.25% on 2nd and 3rd year premium

CO-PAY



- 10% of each and every claim amount for fresh as well as renewal policies
- Applicable for insured persons whose age at the time of entry is 61 years and above



Note: Not applicable for Patient care and Hospital cash



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

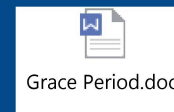
PRE-ACCEPTANCE MEDICAL SCREENING

Persons above 50 years of age will have to undergo pre-acceptance health screening at the company's nominated centres.

PREMIUM PAYMENT OPTIONS



- Grace period of 7 days allowed (Instalment Facility)
- During such grace period, coverage will not be available
- In case instalment premium due not received within the grace period, the policy will get cancelled
- In the event of a claim, all subsequent premium instalments shall immediately become due and payable





WAITING PERIOD

Initial Waiting Period (Code Excl 03)	30 days (Other than Accidents)
Specified Diseases (Code Excl 02)	2 Years
Pre-existing Diseases (Code Excl 01)	4 Years



SPECIFIED DISEASES - FIRST 2 YEARS' EXCLUSIONS (CODE EXCL 02)

Cataract, Diseases of ENT, Diseases related to thyroid, Benign diseases of the breast

Subcutaneous benign lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip/cheek

Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty

Vertebral diseases, including replacement of bones and joints

All types of management for Kidney calculi and Genitourinary tract calculi

All types of Hernia

Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula

All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies

Note: For complete list, please refer to the policy



PERMANENT EXCLUSIONS



- Investigation & Evaluation - Code Excl 04
- Rest Cure, rehabilitation and respite care – Code Excl 05
- Obesity/Weight Control - Code Excl 06

- Treatments received in health spas, nature cure clinics, spas - Code Excl 13
- Dietary supplements and substances that can be purchased without prescription - Code Excl 14

- Change-of-Gender treatments - Code Excl 07
- Cosmetic or plastic surgery - Code Excl 08
- Hazardous or Adventure sports - Code Excl 09

- Refractive Error - Code Excl 15
- Unproven Treatments - Code Excl 16
- Sterility and Infertility - Code Excl 17
- Maternity - Code Excl 18

- Breach of law - Code Excl 10
- Excluded Providers - Code Excl 11
- Treatment for alcoholism, drug or substance abuse - Code Excl 12

- Convalescence, general debility, run-down condition - Code Excl 21
- Intentional self-injury - Code Excl 22



PERMANENT EXCLUSIONS



- Injury or disease caused by or contributed to by nuclear weapons/materials – Code Excl 25

- Expenses incurred on Enhanced External Counter-pulsation Therapy and related therapies, Chelation therapy - Code Excl 26

- Unconventional, Untested, Experimental therapies – Code Excl 27

- Autologous derived stromal vascular fraction, Chondrocyte Implantation - Code Excl 28

- Biologicals, except when administered as an in-patient, when clinically indicated & hospitalization warranted - Code Excl 29



CLAIM PROCEDURE

FOR REIMBURSEMENT CLAIMS: DOCUMENTS REQUIRED

S. No.	Type of Claim	Prescribed Time Limit
1	Reimbursement of hospitalization, daycare and pre-hospitalization expenses	Claim must be filed within 15 days from the date of discharge from the hospital
2	Reimbursement of post-hospitalization expenses	Within 15 days after completion of 60 days from the date of discharge from hospital



CLAIM PROCEDURE FOR CASHLESS

Call the 24-hour helpline for assistance - 1800 425 2255/044-69006900
Senior Citizens may call 044-40020888

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

In case of emergency hospitalization, information to be given within 24 hours after hospitalization

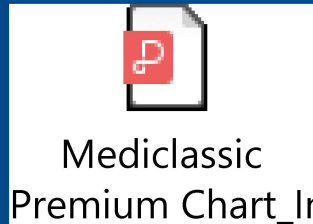
Once all the details are furnished, the company will process the request as per the terms and conditions, as well as the exclusions therein, and either approve or reject the request based on the merits

The company will process the request and call for additional documents/clarifications if the information furnished is inadequate

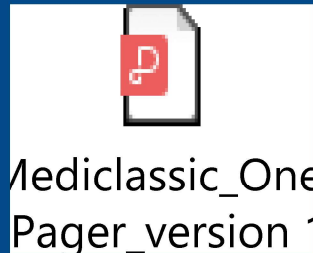
The treating doctor will complete the hospitalization/treatment information and the hospital will fill up expected cost of treatment. This form is submitted to the company



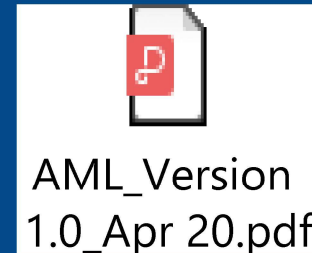
ONE-PAGER, PREMIUM CHART, AML – ANTI-MONEY LAUNDERING



PREMIUM CHART



ONE PAGER



AML