



STAR CARDIAC CARE INSURANCE POLICY

Unique ID: SHAHLIP21264V042021





NEW ADDITIONS



Policy Term : 1 year/ 2 years/ 3 years



Instalment Facility
Premium can be paid Monthly, Quarterly, Half-yearly.
Premium can also be paid Annually, Biennial (Once in 2 years)
and Triennial (Once in 3 years)



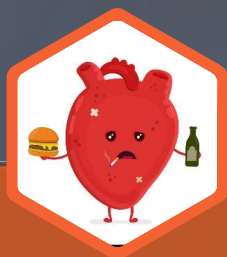
Coverage for Modern Treatments
Based on the Sum insured limits differ



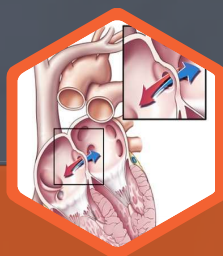
Moratorium Period
Applicable

ELIGIBILITY CONDITIONS

10 years to 65 years



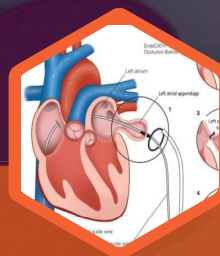
PTCA (Percutaneous Transluminal Coronary Angioplasty) / CABG (Coronary Artery Bypass Graft) within 7 years prior to Policy commencement



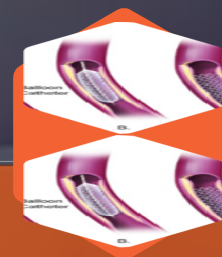
ASD (Atrial Septal Defect) or VSD (Ventricular Septal Defect) that has been corrected



PDA (Patent Ductus Arteriosus) that has been treated



RF Ablation or RF Ablation done to correct the underlying Cardiac condition



Had an Angiogram done but no intervention was found medically necessary



PLAN OPTIONS



Gold Plan	Silver Plan
Section 1: Hospitalization expenses for Accident and Non-Cardiac Ailments: Room, Boarding & Nursing expenses Rs.5000/- per day	
Section 2:	
Hospitalization expenses for any Cardiac related complications necessitating surgery OR intervention PLUS Cardiac Medical Management	Hospitalization expenses for any Cardiac related complications necessitating surgery / intervention
Section 3: Out patient Expenses of Rs. 500/- per event. Policy Limit: Rs. 1500/-	
Section 4: Personal Accident (Death Cover)	

SUM INSURED (Rs)



FEATURES



Benefit limits can be utilized for treatment of heart diseases (Sec 2) or any health conditions (Sec 1)



FEATURES

Common to Both Section 1 & Section 2



Room Rent, Nursing
& Boarding Charges

Rs.5,000/- per day



Emergency Ambulance

Rs.750 per
hospitalization
(Rs.1500 per policy
period)



Pre-Hospitalization

30 days



Post-Hospitalization

60 days (7% of hospital
expenses. Max limit
Rs.5000 per
hospitalisation)



WAITING PERIOD



Section 1 (Regular Hospitalization Cover)	Section 2 (Hospitalization in respect of cardiac conditions)	Sections 3 & 4 (OP & PA)
FIRST 30 DAYS (for the 1 st year policy - for hospitalization – Not applicable for hospitalizations arising out of accidents)	90 days	NONE
FIRST 2 YEARS of the policy (For listed conditions and diseases)		
FIRST 4 YEARS for PED cover		



OTHER RELEVANT INFORMATION

**All Daycare
Procedures
are covered**

**Co-Payment
(Applicable for Section 1 only)**

**10% of claim amount.
(Lifetime co-pay for those who buy the policy first time
after age 61)**



COVERAGE



Section 1

Hospitalization expenses for illnesses/sicknesses/diseases and accidental injuries (except complications of cardiac ailments).

Section 2

Exclusively hospitalization expenses for cardiac related complications.

Section 3

Outpatient Expenses

Section 4

Personal Accident



FEATURES



Two Sum Insured Options (Rs)

3 Lac

4 Lac

Entry Age:

10Yrs to 65 Yrs. No cap on the exit age

Benefit limits can be utilized for treatment of heart conditions or for any other diseases.

Policy Term:

1 year/ 2 years/ 3 years



FEATURES



No Sub-limits except for Cataract, which are:

- Rs.20,000/- per hospitalization
- Rs.30,000/- for entire policy period



MODERN TREATMENT



Coverage for Modern Treatment		
Sum Insured	Rs.3,00,000/-	Rs.4,00,000/-
Treatment / procedure	Limit per person, per policy period for each treatment / procedure Rs.	
Uterine artery Embolization and HIFU	37,500/-	1,00,000/-
Balloon Sinuplasty	15,000/-	40,000/-
Deep Brain Stimulation	75,000/-	2,00,000/-
Oral Chemotherapy*	37,500/-	1,00,000/-
Immunotherapy-Monoclonal Antibody to be given as injection	75,000/-	2,00,000/-
Intra Vitreal injections	15,000/-	40,000/-
Robotic surgeries	75,000/-	2,00,000/-
Stereotactic radio surgeries	75,000/-	1,75,000/-
Bronchical Thermoplast	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/-

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



PERSONAL ACCIDENT COVER

- Covers Accidental Death
- Death Sum Insured is equal to Health Sum Insured



PERSONAL ACCIDENT COVER

- Covers Accidental Death
- Death Sum Insured is equal to Health Sum Insured



OUTPATIENT CONSULTATION

**Medical Consultation Rs.500 per consultation
max Rs.1500 per policy year at Network hospitals**

UNDERWRITING GUIDELINES



No Pre-acceptance
Medical Screening



Centralized Underwriting
At Corporate Office

	First Name	Last Name
	Username	
	Email	
	Tel. Number	
	Password	

Proposal Form



UNDERWRITING GUIDELINES



The following documents are mandatory

Discharge Summary of PTCA/CABG already undergone + CD given at the time of discharge

Echo Cardiogram not older than 3 months. (If older, a fresh Echo & ECG required at Company's cost).

All investigations done prior to, during hospitalization and at the time of follow up.

Serum Creatinine and Urine routine tests

All other tests as per package applicable for Mediclassic/ FHO

EXCLUSIONS





WAITING PERIOD

Certain diseases/conditions/treatments are not paid for

New policy holders have to wait some time for getting full benefits under the policy.

- **For the first 30 days of cover, no treatment benefits for any diseases/surgeries (Code Excl 03) (Other than Accidents) (Applicable for Section 1 for both plans)**
- **For the first 24 months of cover, certain identified surgeries/ medical conditions/diseases (Code Excl 02) not paid for (Applicable for Section 1 for both plans)**
- **For the first 48 months of cover – Pre-Existing Diseases (Code Excl 01) – Declared and Endorsed in Policy (Applicable for Section 1 for both plans)**



SPECIFIED DISEASE 2 years (Applicable for Section 1 for both plans)

Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid

Desmoid tumour of anterior abdominal wall, Gall bladder and Pancreatic diseases and all treatments

All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Uterus, Fallopian tubes

Conservative, operative treatment and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint

Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system

Subcutaneous Benign lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal tunnel syndrome

Any transplant and related surgery

PERMANENT EXCLUSIONS

- Investigation & Evaluation - Code Excl 04
- 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 Condition / Defects / Anomalies - Code Excl 20

TAX BENEFITS

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



TELECONSULTATION FACILITY

- 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 and 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**





INSTALLMENT OPTIONS



- Grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
- No interest will be charged if the instalment premium is not paid on due date
- In case of 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
- The company has the right to recover and deduct all the pending installments from the claim amount due under the policy



CLAIM PROCEDURE

For cashless Claim: Documents Required

Call the 24 hour help-line 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-authorisation Form – from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk	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	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 and 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 www.starhealth.in or contact the nearest branch

PREMIUM CHART (INCLUDING TAX 18%)

One Year				
Sum Insured	3 Lac		4 Lac	
Plan/ Age Band in Yrs	Silver Plan	Gold Plan	Silver Plan	Gold Plan
10-60 yrs	21240	30680	25960	35400
61-65 yrs	22420	33040	29500	40120
For Renewals only				
66-70 yrs	24780	35400	31860	43660
71-80 yrs	27140	37760	35400	48380
Above 80 yrs	35282	52864	46020	67732

PREMIUM CHART (INCLUDING TAX 18%)

Two Year

Sum Insured	3 Lac		4 Lac	
Plan/ Age Band in Yrs	Silver Plan	Gold Plan	Silver Plan	Gold Plan
10 - 59	27203	36265	31092	41447
60	29244	38986	33423	44554
61- 64	31285	41707	35753	47661
65	33630	44833	38431	51236

Renewals Only

66-69	35975	47961	41109	54812
70	37775	50359	43164	57553
71-79	39575	52757	45220	60293
80	41553	55396	47483	63309
Above 80	43531	58035	49745	66324

PREMIUM CHART (INCLUDING TAX 18%)

Three Year

Sum Insured	3 Lac		4 Lac	
Plan/ Age Band in Yrs	Silver Plan	Gold Plan	Silver Plan	Gold Plan
10-58 yrs	39536	52705	45188	60237
59 yrs	41514	55342	47446	63248
60 yrs	43491	57979	49704	66258
61-63 yrs	45469	60616	51962	69269
64 yrs	47741	63645	54557	72733
65 yrs	50013	66674	57151	76197
Renewals Only				
66-68 yrs	52285	69704	59746	79662
69 yrs	54028	72027	61738	82317
70 yrs	55772	74351	63729	84972
71-78 yrs	57516	76674	65721	87628
79 yrs	59433	79231	67913	90550
80 yrs	61350	81789	70106	93471
Above 80 yrs	63266	84346	72298	96393



STAR CARDIAC CARE – BRIEF NOTE



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AML – ANTI-MONEY LAUNDERING



_Version 1.0_Apr 20



PROPOSAL FORM



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