



# Star Cancer Care Platinum Insurance Policy

UIN: SHAHLIP22031V022122



**Stop Worrying  
Start Recovering**



# BENEFITS



Hospitalization



Lumpsum Cover for Cancer



Pre & Post-hospitalization



Modern Treatment



Daycare Coverage



Rehabilitation & Pain Management



Cataract



Hospice Care



Road Ambulance



Wellness Service



Health Check-up



Medical Second Opinion



No-Claim Bonus



# ABOUT THE POLICY

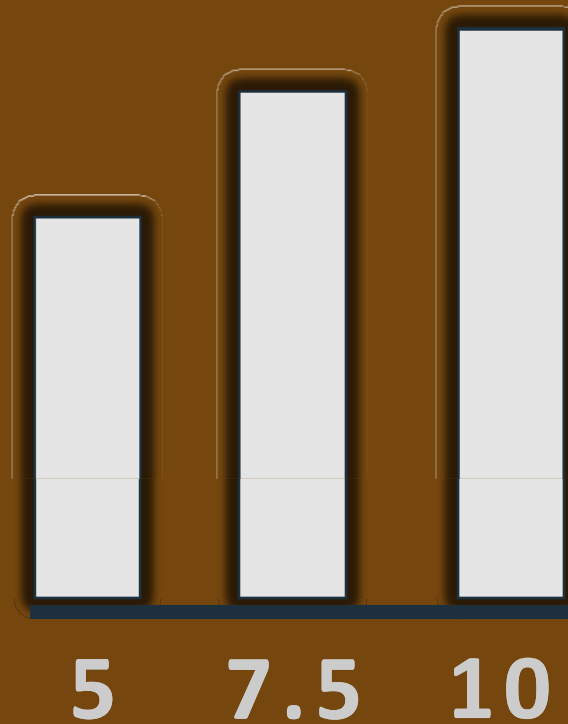
- **Eligibility:** Persons diagnosed with cancer, aged between 5 months to 65 years.
- **Policy Term:** 1 year
- **Policy Type:** Individual
- **Pre-Medical Screening:** Not required.  
Previous medical records including details of treatment is must.
- **Premium Payment Options:** Quarterly, Half-yearly & Yearly





# SUM INSURED (in LAKH)

## SECTION 1 (INDEMNITY COVER)



### Section 1

Indemnity Cover (Applicable for treatment of Cancer and Non-cancerous ailments)

### Section 2

Lumpsum Cover for Cancer (On payment of additional premium)



# HOSPITALIZATION

EXPENSES ON HOSPITALIZATION FOR A MINIMUM PERIOD OF 24 HOURS COVERED

**1**

**Cashless**

**Network Hospitals**

**2**

**Reimbursement**

**Non-Network Hospitals**

# HOSPITALIZATION

## CONNECTED TREATMENT EXPENSES

### APPLICABLE FOR CANCER AND NON-CANCEROUS AILMENTS



#### Professional Fee

- Surgeon
- Consultant
- Anesthetist
- Specialist



#### Medical Services

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



#### Medicines

- Drugs
- Cost of implants
- Cost of pacemaker

# ROOM RENT

- Single standard A/C room for hospital stay
- Single occupancy A/C room with attached washroom and couch for attendant, may have television and telephone
- ICU actuals



# PRE & POST-HOSPITALIZATION



Post-hospitalization: Upto 2% of basic sum insured per hospitalization



# DAYCARE

All daycare procedures are covered



# CATARACT

Sum Insured (Lakh)	Limit (Per Eye) (Rs)	Limit (Per Policy Period) [Rs]
5	30,000	40,000
7.5 & 10	40,000	60,000

# ROAD AMBULANCE



- For shifting patient to hospital
- There should be admissible claim
- Actuals

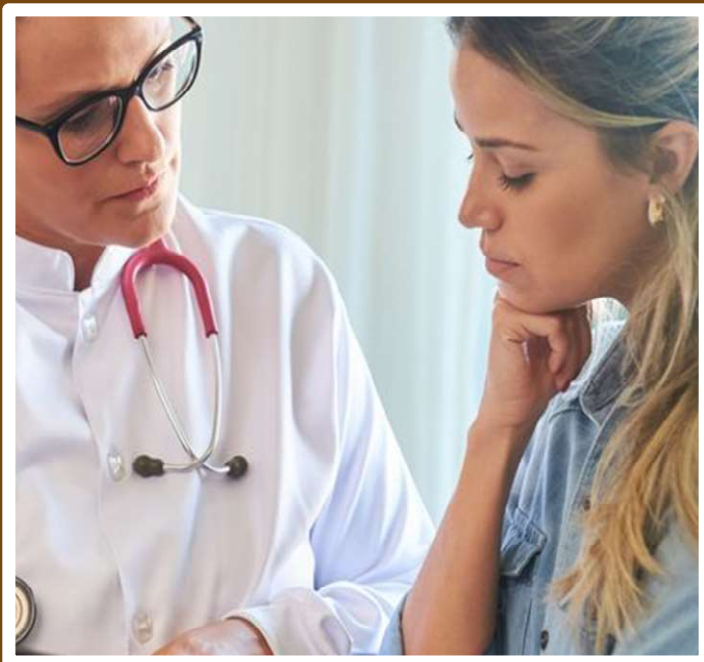






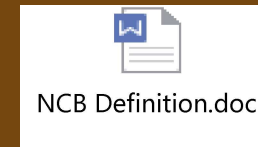
# HEALTH CHECK-UP

- Payable upto Rs 2,500
- Available every claim-free year
- Payment under this benefit does not form part of sum insured and will not impact bonus



# NO-CLAIM BONUS

5% of basic sum insured every claim-free year, subject to a maximum of 50% of basic sum insured





# LUMP SUM COVER FOR CANCER

## OPTIONAL COVER ON PAYMENT OF ADDITIONAL PREMIUM

- 50% of Section 1 sum insured. (Sum insured under Section 2 cannot vary)
- If the insured suffers a recurrence, metastasis and/or a second malignancy unrelated to the first cancer, lumpsum amount is paid
- This benefit is in addition to the sum insured of indemnity cover under Section 1
- Payable only if treatment for recurrence, metastasis and/or a second malignancy unrelated to first cancer commences after 30 months from first inception of this policy
- If admissible lumpsum claim coverage ceases, policy continues with Section 1 for the remaining period and subsequent renewal will be for Section 1 only



# MODERN TREATMENTS



Sum Insured (Lakh)	5	7.5	10
<b>Limit per person, per policy period for each treatment/procedure</b>			
<b>Uterine artery embolization and HIFU</b>	<b>1.25 Lakh</b>	<b>1.35 Lakh</b>	<b>1.50 Lakh</b>
<b>Balloon Sinuplasty</b>	<b>0.50 Lakh</b>	<b>0.75 Lakh</b>	<b>1 Lakh</b>
<b>Deep Brain Stimulation</b>	<b>2.50 Lakh</b>	<b>2.75 Lakh</b>	<b>3 Lakh</b>
<b>Oral Chemotherapy*</b>	<b>Up to 50% of the sum insured</b>		
<b>Immunotherapy - Monoclonal Antibody to be given as injection</b>			
<b>Intravitreal injections</b>	<b>0.50 Lakh</b>	<b>0.65 Lakh</b>	<b>0.75 Lakh</b>
<b>Robotic surgeries</b>	<b>2.50 Lakh</b>	<b>2.75 Lakh</b>	<b>3 Lakh</b>
<b>Stereotactic radio surgeries</b>	<b>2 Lakh</b>	<b>2.15 Lakh</b>	<b>2.25 Lakh</b>
<b>Bronchial Thermoplast</b>	<b>Covered upto Sum Insured</b>		
<b>Vaporisation of the prostate (Green laser treatment or holmium laser treatment)</b>			
<b>IONM - (Intraoperative Neuromonitoring)</b>			
<b>Stem-cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions</b>	<b>Up to 50% of the Sum Insured</b>		

\*Sub-limits all inclusive with or without hospitalization, wherever hospitalization includes pre and post-hospitalization.



## MEDICAL SECOND OPINION

- Specifically requested by the insured
- Opinion is based only on the medical records submitted
- Only for medical reasons and not for medico-legal purposes
- Mail to [e\\_medicalopinion@starhealth.in](mailto:e_medicalopinion@starhealth.in) or through post/courier



## REHABILITATION AND PAIN MANAGEMENT

- Covered up to the sub-limit (or) maximum up to 10% of sum insured, whichever is less
- Can avail in authorized centers as an in-patient/outpatient and if there is an admissible claim for in-patient hospitalization for an injury, disease or illness as specified below
  - Poly Trauma
  - Head injury
  - Diseases of the spine
  - Stroke
- Treatment can be taken only at the authorized centers mentioned in the website [www.starhealth.in](http://www.starhealth.in)



# PAIN MANAGEMENT

Pain Management Cover	Sub-limits (Per Policy Period)	
	[Lakh]	
Coverage	5	7.5 and 10
Lumbar and cervical medial branch block with RF ablation for lumbar and cervical facet joint arthritis	50,000	65,000
Caudal epidural injection for discogenic pain	30,000	40,000
Lumbar and cervical selective nerve root block for lumbar and cervical radicular pain	40,000	50,000
Caudal neuroplasty for failed back spine surgery	70,000	85,000
Stellate ganglion ablation for upper limb CRPS	50,000	65,000
Occipital nerve pulsed RF lesioning for migraines, cluster headache and cervicogenic headaches	50,000	65,000
Lumbar sympathetic chain RF ablation for lower limb CRPS, diabetic periphery painful neuropathy and ischemic limb pain	50,000	65,000



# PAIN MANAGEMENT

Pain Management Cover	Sub-limits (Per Policy Period) [Lakh]	
Coverage	5	7.5 and 10
Gasserian ganglion ablation for trigeminal neuralgia	50,000	65,000
Intercostal nerve Ablation for post thoracotomy pain and Thoracic malignancy pain	30,000	65,000
Coeliac plexus ablation for upper gastrointestinal malignancies pain	40,000	65,000
Superior hypogastric plexus ablation for lower gastrointestinal malignancies pain	40,000	65,000
Ganglion impar ablation for perineal cancer pain and coccydynia	50,000	65,000
Cooled RF ablation of genicular nerve for grade 1 and 2 osteoarthritis knee and hip	75,000	1,00,000
Suprascapular nerve RF ablation for rotator cuff partial tear and peri-arthritis shoulder pain	40,000	65,000



# HOSPICE CARE

- Payable upto 20% of sum insured at network providers on indemnity basis, payable once in lifetime
- A special kind of care focuses on the quality of life of patients (as well as their caregivers) with advanced, life-limiting cancers
- Provides compassionate care for cancer patients during their last phases of life so that they can live as fully and comfortably as possible
- Waiting period: One year



# WELLNESS SERVICE

- Program intends to promote, incentivize and to reward the insured persons' healthy lifestyle
- Diet and Nutrition Program:  
To strengthen/restore the immune system
- Weight Management Program:  
To maintain healthy weight
- Specialist Consultation:  
Available through Star Telehealth app
- To avail this facility, call 7676905905 or mail to [telemedicine@starhealth.in](mailto:telemedicine@starhealth.in)



# TELECONSULTATION

- 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, Pediatrics, Orthopedics, Gynecology, Psychiatry, Diabetology, Dentistry, Neurology and Dermatology
- To avail this facility, call 7676905905 or mail to [telemedicine@starhealth.in](mailto:telemedicine@starhealth.in)

**At No Cost**

**Talk to Star**  
— From Illness to Wellness —

Download the **Talk to Star App**

Download on the **App Store** GET IT ON **Google Play**

**7676-905-905**  
8 AM to 10 PM on all days





# CO-PAYMENT

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



# TAX BENEFITS

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





# WAITING PERIOD



**Initial waiting period:** For first **30 days** of cover, no treatment benefits for any diseases/surgeries (Other than accidents) (Code Excl 03)

**Specific diseases:** For first **24 consecutive months** of cover, certain identified surgeries/medical conditions/diseases (Code Excl 02)

**PED (Including Cancer):** For first **30 consecutive months** - Declared and endorsed in the policy (Code Excl 01)

**Hospice Care:** For first **12 consecutive months**





# SPECIFIED DISEASE/PROCEDURE WAITING PERIOD - CODE EXCL 02

- Treatment of cataract and diseases of the anterior and posterior chamber of the eye, diseases of ENT, diseases related to thyroid, benign diseases of the breast
- Subcutaneous benign lumps, sebaceous cyst, dermoid cyst, mucous cyst, lip/cheek, carpal tunnel syndrome, trigger finger, lipoma, neurofibroma, fibroadenoma
- All treatments (Conservative, Operative treatments) and all types of intervention for diseases related to tendon, ligament, fascia, bones and joint including arthroscopy
- All types of treatment for degenerative disc and vertebral diseases, including replacement of bones and joints & degenerative diseases of the musculo-skeletal system
- All treatments (conservative, interventional, laparoscopic and open) related to hepatopancreatobiliary diseases, including gall bladder and pancreatic calculi
- All types of hernia

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



# SPECIFIED DISEASE/PROCEDURE WAITING PERIOD - CODE EXCL 02

- Desmoid tumor, umbilical granuloma, umbilical sinus, umbilical fistula
- All treatments (conservative, interventional, laparoscopic and open) related to all diseases of cervix, uterus, fallopian tubes, ovaries, uterine bleeding, pelvic inflammatory diseases
- All diseases of prostate, stricture urethra, all obstructive uropathies
- Benign tumors of epididymis, spermatocele, varicocele, hydrocele
- Fistula, fissure in ano, hemorrhoids, pilonidal sinus and fistula, rectal prolapse, stress incontinence
- Varicose veins and varicose ulcers



# PERMANENT EXCLUSIONS

- Investigation & Evaluation - (Code- Excl 04)
- Rest cure, rehabilitation [except to the extent covered under Section 1(1) 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 or any addictive condition - (Code Excl 12)
- Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home - (Code Excl. 13)

- Dietary supplements and 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, preputial dilatation and removal of SMEGMA - (Code Excl. 19)

- Congenital external conditions/defects/anomalies (except to the extent provided Under Section 2 for newborn) – [Code Excl 20]
- Convalescence, general debility, run-down condition, nutritional deficiency states - (Code Excl. 21)



# CLAIM PROCEDURE

## CASHLESS



<p><b>1</b> Call the 24-hour helpline for assistance - 1800 425 2255/1800 102 4477</p>	<p><b>2</b> Inform the ID number for easy reference</p>	<p><b>3</b> On admission in the hospital, produce the ID card issued by the company at the hospital helpdesk</p>
<p><b>4</b> Obtain the pre-authorization form from the hospital helpdesk, fill in patient information and resubmit to the hospital helpdesk</p>	<p><b>5</b> 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</p>	<p><b>6</b> The company will process the request and call for additional documents/clarifications if the information furnished is inadequate</p>
<p><b>7</b> 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</p>	<p><b>8</b> In case of emergency hospitalization, information to be given within 24 hours after hospitalization</p>	<p><b>9</b> Cashless facility can be availed only in network 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</p>



# CLAIM PROCEDURE



## REIMBURSEMENT

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 hospital
2	Reimbursement of post-hospitalization expenses	Within 15 days after completion of 60 days from the date of discharge from hospital
3	For section II	Within 15 days of diagnosis of cancer



# CLAIM PROCEDURE

## Reimbursement: Documents Required

- Duly completed claim form
- Pre-admission investigations and treatment papers
- Original discharge summary from the hospital
- Cash receipts from hospital, chemists
- Cash receipts and reports for tests done
- Receipts from doctors, surgeons, anesthetist
- Certificate from the attending doctor regarding the diagnosis
- Copy of PAN card
- NEFT details

### For section II

- Certificate from the treating doctor confirming the cancer diagnosis
- Clinical, radiological, histological, pathological, histopathological and laboratory reports in support
- Call the 24-hour helpline for assistance - 1800 425 2255/1800 102 4477, senior citizens may contact 044 40020888





# PREMIUM CHART (INCLUDING TAX)

Base Cover			
Age (years) / Sum Insured (Lakh)	5	7.5	10
5 months-29	16,856	21,234	24,627
30-39	19,104	24,037	27,854
40-49	21,299	26,845	31,081
50-59	23,453	29,653	34,309
60-69	28,827	36,397	42,279
>69	34,208	43,117	50,014

Lumpsum cover for cancer (Optional cover)			
Age (years) / sum insured (Lakh)	5	7.5	10
5 months-29	11,959	17,936	23,913
30-39	11,959	17,936	23,913
40-49	11,959	17,936	23,913
50-59	11,959	17,936	23,913
60-69	11,959	17,936	23,913
>69	11,959	17,936	23,913



# ONE PAGER



Star Cancer Care  
Platinum\_One page

# CANCER GOLD VS PLATINUM



Star Cancer Care  
Gold Vs Star Cance

# AML – ANTI-MONEY LAUNDERING



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# FAQ



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