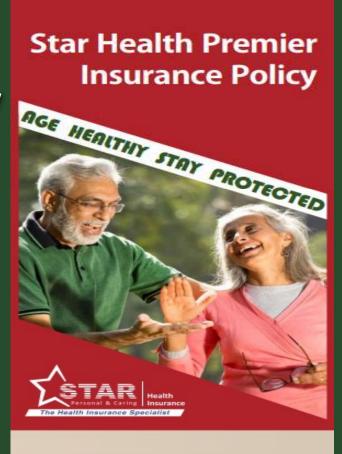




Star Health Premier Insurance Policy

UIN: SHAHLIP22226V012122





BENEFITS





Hospitalization



Air Ambulance



Modern Treatments



Pre & Post-hospitalization



Health Checkup



Domiciliary Hospitalization



Daycare Coverage



Cumulative Bonus



Organ Donor



Cataract



Automatic Restoration



AYUSH



Road Ambulance



Bariatric Surgery



Rehabilitation & Pain Mgmt



BENEFITS





Hospice Care



Home Care Treatment



Coverage for Non medical items



Outpatient



Star Wellness Program



COVERAGE

Who Can Avail?

- Adults: Minimum 50 years (Primary member) and Maximum up to any age
- Dependent children: 91 days to 25 years
- Type of Policy: Individual & Floater
- Family Size: Maximum 2A+3C

Note: In case of dependent children, when they complete 25 years of age, a separate policy has to be taken. Continuity of benefits in terms of waiting period will be provided.

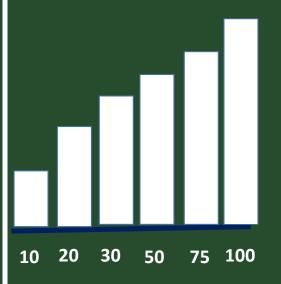
ABOUT THE POLICY I

- Policy Term
 - 1 year/2 years/3 years

Pre Medical Screening

- ContinuityLifetime renewal
- No pre-acceptance Medical
 Screening .Medical examination
 may also be done by the company
 for those who declare adverse
 medical history. At present, 100%
 cost of such medical examination
 is borne by the company
- Instalment Facility: Quarterly, Half-yearly

SUM INURED OPTIONS (in LAKHS)



For persons above 65 years the sum insured is restricted to Rs 50 Lakhs

Δ





ZONE BASED PRICING

Zone 1

Delhi including
Faridabad, Gurgaon,
Ghaziabad and Noida,
Mumbai including
Thane, Ahmedabad,
Surat and Baroda

Zone 2

Rest of India

MID TERM INCLUSION

Newly Married / Wedded spouse: Intimation about the marriage should be given within 45 days from the date of marriage.

Special conditions:

- Permissible on payment of proportionate premium
- Waiting periods as stated in the policy will be applicable from the date of inclusion of such newly married/wedded spouse.
- Subject to underwriter's approval



HOSPITALIZATION



EXPENSES ON HOSPITALIZATION FOR A MINIMUM PERIOD OF 24 HOURS COVERED





HOSPITALIZATION

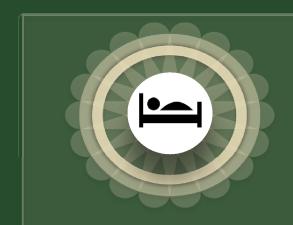


CONNECTED TREATMENT EXPENSES



Professional Fee

- Surgeon
- Consultants
- Anesthetist
- Specialist



Medical Services

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



Medicines

- Drugs
- Medicines
- Implants and such other similar items





ROOM CATEGORY

1% of sum insured or maximum up to Rs 20,000/per day

Sum Insured (Lakhs)	Per Day (Rs)
10	10,000
20	
30	20,000
50	
100	

PRE & POST HOSPITALIZATION



Note: Expenses on hospitalization considered in proportion to eligible room rent/room category stated in policy schedule or actuals whichever is less



DAYCARE

All daycare procedures are covered





CATARACT

Sum Insured (Lakhs)	Limit Per Eye (Rs)	Limit Per Policy Year (Rs)
10/20/30	50,000	80,000
50 & above	60,000	1 Lakh



ROAD AMBULANCE

Actuals

- For transportation of the insured person to go to hospital when this is needed for medical reasons
 - or
- From one hospital to another hospital for better medical treatment

or

 From the hospital where treatment is taken to their place of residence



AIR AMBULANCE

- Rs 2.50 Lakhs per hospitalisation and maximum Rs 5 lakhs per policy year
- Life threatening emergency health condition/s of the insured person
- It is prescribed by a Medical Practitioner and is Medically Necessary
- The insured person is in India and the treatment is in India only
- Duly licensed to operate as such by Competent Authorities of the Government/s

COVERAGE FOR COVERAGE FOR NON MEDICAL ITEMS

If there is an admissible claim then items as per list 1 (refer policy wording) will be become payable



ORGAN DONOR

- In patient hospitalization expenses incurred for organ transplantation from the Donor to the Recipient Insured Person are payable provided the claim for transplantation is payable.
- In addition, the expenses incurred by the Donor, (if any) for the complications that necessitate a Redo Surgery / ICU admission will be covered.
- Coverage limit under this benefit is over and above the Limit of Coverage and upto the Sum Insured.
- Additional sum insured can be utilized by the Donor and not by the Insured

AYUSH

- In patient hospitalizations/day care treatment expenses incurred for treatment of diseases / illness / accidental injuries by AYUSH treatment is covered up to the Sum Insured
- Yoga and Naturopathy system of medicines are not covered

BARIATRIC SURGERY TO THE HEALTH PROPERTY TO T



Expenses incurred on hospitalization for bariatric surgical procedure and its complications are payable

Sum Insured (Rs)	Limit Per Policy Period (Rs)	
10 Lakhs & 20 Lakhs	2.50 Lakhs	
Above 20 Lakhs	5 Lakhs	

- Waiting Period: 2 years
- Claims shall be processed only on cashless basis subject to the fulfillment of conditions in Exclusion Obesity/ Weight Control: Code-Excl 06 specified in this policy



MODERN TREATMENT



Sum Insured (Rs) Lakhs	10	20	30	50	75	100
Uterine artery Embolization and HIFU						
Balloon Sinuplasty						
Deep Brain Stimulation						
Oral Chemotheraphy						
Immunotheraphy- Monoclonal Antibody to be given as injection			Upto 50%	of sum insur	ed	
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						

12



- Coverage for medical treatment (Including AYUSH) for a period exceeding three days, for an illness/disease/injury, which in the normal course, would require care and treatment at a Hospital but, on the advice of the attending Medical Practitioner, is taken whilst confined at home under any of the following circumstances
- 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 nonavailability of room in a hospital

AUTOMATIC RESTORATION

- Available immediately upon partial/full utilization of the limit of coverage.
- Maximum up to 100% of sum insured
- Can be utilized for all claims for subsequent hospitalization during the policy period.
- The maximum liability of the company in a single claim under a policy year shall not exceed the limit of coverage.
- The unutilized restored sum insured cannot be carried forward

CUMULATIVE BONUS



 20% of sum insured for each claim free year subject to a maximum of 100% sum insured

Claims under Outpatient Medical expenses and Health checkup will not impact Cumulative bonus



HEALTH CHECK UP

 Payable on renewal after every claim free year

Sum	Limit Up to (Rs)		
Insured (Rs)	Individual (Rs)	Floater (Rs)	
10 Lakhs	3000	4000	
20 Lakhs	4000	6000	
30 Lakhs	4500	6500	
50 Lakhs	5000	7500	
75 Lakhs	7000	10000	
100 Lakhs	7000	10000	

OUTPATIENT

Day 1 covered

Sum	Limit Up to (Rs)		
Insured (Rs)	Individual (Rs)	Floater (Rs)	
10 Lakhs	3000	4000	
20 Lakhs	4000	6000	
30 Lakhs	4500	6500	
50 Lakhs	5000	7500	
75 Lakhs	7000	10000	
100 Lakhs	7000	10000	

STAR WELLNESS PROGRAM



- This program intends to promote, incentivize and to reward the Insured
 Persons' healthy life style through various wellness activities.
- The wellness reward points which will be tracked and monitored by the Company.
- Can be utilized to get discount in premium.
- Will be enabled and administered online through Star Wellness Platform through Star Health customer mobile app "Star Power" and through Star Health Customer Portal. (digital platform)
- Note: Applicable for the Insured person(s)
 aged 18 years and above only



STAR WELLNESS PROGRAM



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

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

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

No.	Activity	Maximum number of Wellness Points each policy year			
	Manage and Track Health				
1.	a) Online Health Risk Assessment (HRA)	50			
	a) Preventive Risk Assessment	200			
	Affinity to Wellness				
2.	a) Participating in Walkathon, Marathon, Cyclothon and similar activities	100			
	a) 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			
	a) Weight Management Program (for the Insured who is Overweight / Obese)	100			
4.	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			
	a) 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				
	Tele health services				
	Medical Concierge Services				
	Digital Health Vault				
	Wellness Content				
	Post-Operative Care				
	Discounts from Network Providers				

Illustration Scenario – 1

A 50 year old Individual Suresh and his wife Lakshmi along with their two dependent children (aged below 18 yrs) buy a Star Health Premier Insurance Policy with Sum Insured 20 Lacs, let's understand how they can earn Wellness Points under the Floater Policy. Suresh has declared that he is suffering from Diabetes & Hypertension. Suresh has declared his Body Mass Index (BMI) as 30 & Lakshmi has declared her BMI as 25 Suresh and Lakshmi enrolled under the Star wellness program and completed the following wellness activities.

S.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	0
4	Attended to Gym	100	100
5	Achieved 10,000 average number of steps per day during the policy year	200	200
6	Suresh accepted the Weight management program and reached 27 BMILakshmi accepted the Weight management program and reached 23 BMI	100	100
7	Suresh Managed Diabetes & Hypertension through Chronic Condition Management Program; Lakshmi has completed De-stress & Mind Body Healing Program	250	125
	Total Number of Wellness Points earned	1000	775
	No of wellness points based upon weightage - 1:1	500(1000X1/2)	388(775X1/2)
	Total Number of Wellness Points earned by Suresh and Lakshmi = 888 (500+388) Based on the no of Wellness Points earned, Suresh & Lakshmi are eligible to get 10% discount on renewal premium		



REHABILITATION AND PAIN MANAGEMENT



- Covered up to the sub-limit (or) maximum up to 10% of the sum insured whichever is less, per policy year
- If availed at authorized centres as an In-patient/Outpatient, and if there is an admissible claim for Inpatient hospitalization for an injury, disease or illness specified below
 - Poly Trauma
 - Head injury
 - Diseases of the spine
 - Stroke
- Treatment can be taken only at the Authorized centres mentioned in the website www.starhealth.in
- Payment under this benefit forms part of the sum insured and will impact the bonus

Subject - Pain Management Cover	Sub-limits (Per I	Sub-limits (Per Policy Period) (Rs)	
Name of the covered pain management treatment	Rs 10 / 20 Lakhs	Rs 30 Lakhs & above sum insured	
Lumbar and cervical medial branch block with RF ablation for lumbar and cervical facet joint arthritis	65,000	75,000	
Caudal epidural injection for Discogenic pain	40,000	50,000	
Lumbar and cervical selective nerve root block for Lumbar and Cervical radicular pain	50,000	60,000	
Caudal Neuroplasty for Failed back spine surgery	85,000	1,00,000	
Stellate ganglion ablation for upper limb CRPS	65,000	75,000	
Occipital nerve Pulsed RF lesioning for Migraines, Cluster headache and cervicogenic headaches	65,000	75,000	
Lumbar sympathetic chain RF ablation for lower limb CRPS, diabetic periphery painful neuropathy and Ischaemic limb pain	65,000	75,000	



PAIN MANAGEMENT



Subject - Pain Management Cover	Sub-limits (Per Policy Period) (Rs)		
Name of the covered pain management treatment	Rs 10 / 20 Lakhs	Rs 30 Lakhs & above sum insured	
Gasserian ganglion ablation for Trigeminal neuralgia	65,000	75,000	
Intercostal nerve ablation for post thoracotomy pain and Thoracic malignancy pain	65,000	75,000	
Coeliac plexus ablation for upper gastrointestinal malignancies pain	65,000	75,000	
Superior hypogastric plexus ablation for lower Gastro intestinal malignancies pain	65,000	75,000	
Ganglion impar ablation for perineal cancer pain and coccydynia	65,000	75,000	
Cooled RF ablation of genicular nerve for grade 1 and 2 osteoarthritis knee and hip	1,00,000	1,25,000	
Suprascapular nerve RF ablation for rotator cuff partial tear and peri arthritis shoulder pain	65,000	75,000	



HOSPICE CARE

- 10% of the sum insured subject to a maximum of Rs.5 lakhs, if availed at our Networked facility mentioned in our website www.starhealth.in, payable once in life time for each Insured person.
- Waiting period : 2 years
- Note: With regard to admissibility of claim under Hospice Care, the decision of the medical panel will be final

HOME CARE TREATMENT



- Payable up to 10% of the sum insured subject to maximum of Rs 5 Lakhs in a policy year
- For treatment availed by the Insured Person at home, only for the specified conditions, which in normal course would require care and treatment at a hospital but is actually taken at home provided that:
- The Medical practitioner advises the Insured person to undergo treatment at home
- There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment
- Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained
- Insured can avail "Home Care Treatment" service on cashless / reimbursement basis, if availed from the list of our Network service providers given in our website "www.starhealth.in"



LIST OF CONDITIONS COVERED IN HOME CARE TREATMENT



- Fever and Infectious diseases which can be managed as Inpatient
- Uncomplicated Urinary tract infections but needing Parenteral Antibiotics
- Asthma and COPD -Mild Exacerbations needing Home Nebulization
- Acute Gastritis/Gastroenteritis
- I.V. Chemotherapy [Where advised by the doctor]
- Palliative Cancer care requiring medical assistance
- Acute Vertigo
- Diabetic foot and Cellulitis
- IVDP [Cervical and Lumbar disc diseases]
- Major Surgeries/Arthroplasties needing IV Antibiotics Post Discharge
- Care for Brain and Spinal Injury Cases Post Discharge
- Post CVA Care at Home after Discharge



CO - PAYMENT

WAITING PERIOD



- Applicable for Insured persons whose age at the time of entry is above 65 years
- 20% applicable to claim amount admissible and payable

Initial Waiting Period (Code Excl 03)	For 30 days (Other than Accidents)
Specified Diseases (Code Excl 02)	24 months
Pre-existing Diseases (Code Excl 01)	24 months
Bariatric Surgery	24 months
Hospice Care	24 months





List of benefits which are forms part of the sum insured and i	in addition to the sum insured
Description Cover	Forming Part of Sum Insured
Room rent	Forming Part of Sum Insured
All day care procedures	Forming Part of Sum Insured
Non-medical coverage	Forming Part of Sum Insured
Road ambulance expenses	Forming Part of Sum Insured
Air Ambulance	Forming Part of Sum Insured
Pre-hospitalization Expenses	Forming Part of Sum Insured
Post Hospitalization Expenses	Forming Part of Sum Insured
Örgan Donor Expenses	Forming Part of Sum Insured
Cataract Treatment	Forming Part of Sum Insured
Complications necessitating Redo surgery or ICU admission for the Organ donor	In addition to Sum Insured
AYUSH Treatment	Forming Part of Sum Insured
Bariatric Surgery	Forming Part of Sum Insured
Coverage for Modern Treatment	Forming Part of Sum Insured
Automatic Restoration of Sum Insured:	In addition to Sum Insured
Rehabilitation and Pain Management	Forming Part of Sum Insured
Outpatient Expenses	In addition to Sum Insured
Health Check Up	In addition to Sum Insured
Hospice Care	Forming Part of Sum Insured
Home care treatment	Forming Part of Sum Insured



TELE - CONSULTATION FACILITY



TALK TO STAR IS FREE-OF-COST FACILITY! FOR OUR CUSTOMERS, AGENTS, SALES MANAGERS AND EMPLOYEES



- Provided by our company in the time 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*



LONG TERM DISCOUNT

- Two year policy: 10 % discount on 2 nd year premium
- Three year policy: 11.25% on 2 nd and 3rd year premium

FLOATER DISCOUNT

- For Adults aged 50 years and above, if spouse is aged less than 50 years, a family floater cover can be offered by considering the premium of age 50 years discounted by 10% for the spouse
- A Floater discount of 40% is available on the premium for the younger member when 2 adults are covered under the same policy on Floater sum insured basis

Note: Dependent Children from age 91 days to 25 years are covered only on Floater basis. The premium has to be paid for each child based on the age of the child covered.



DISCOUNT IN PREMIUM FOR SUBMITTING HEALTH CHECKUPS

10% discount applicable

- Stress ECHO Report /TMT (done under guidance)
- BP Report (3 readings)
- Fasting Blood Sugar (FBS) and HbA1C
- Blood urea & creatinine
- Complete Urine Examination (CUE)

Test should have taken 45 days prior to the date of proposal

If the prospect submits these documents at the time of inception, this discount will be given for all subsequent renewals also and if the policy is renewed continuously without break





DISCOUNT

SI.NO	Inception	Renewal
Younger Age Discount	Yes	Yes*
Floater Discount	Yes	Yes
Health Check-up Discount	Yes	Yes, provided the health check-up reports are submitted at the inception of the policy
Wellness Discount	No	Yes

^{*} Applicable until the insured reaches 50 years of age







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

PREMIUM PAYMENT IN INSTALMENT OPTIONS

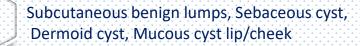
- Insured has option for payment of premium on instalment basis
 ie Quarterly and Half Yearly
- Grace period of 7 days allowed
- During such grace period, coverage will not be available
- In case of instalment premium due not received within the grace period, the policy will get cancelled
- In the event of a claim, all subsequent premium instalments
 shall immediately become due and payable



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

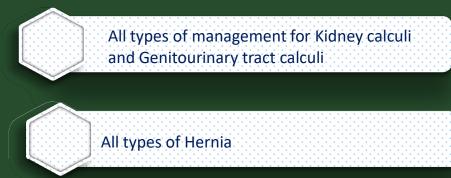


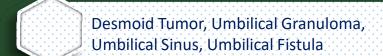














Note: For complete list, please refer to the policy



PERMANENT EXCLUSIONS



- Investigation & Evaluation Code Excl 04
- Rest Cure, rehabilitation (Except to the extent covered under Coverage II - 18) & respite care - Code - Excl 05
- Obesity/Weight Control Code Excl 06 (Except to the extent covered under II coverage - 13)
- Treatments received in health hydros, 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

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

- Maternity- Code -Excl 18
- Circumcision (unless necessary for treatmnt of a disease not excluded under this poliye or necessitated due to an accident) - Code Excl 19

Note: For complete list, please refer to the policy woring



CLAIM PROCEDURE



S. No.	Type of Claim	Prescribed Time Limit
1	Reimbursement of hospitalization, daycare and prehospitalization 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 90 days from the date of discharge from hospital

FOR REIMBURSEMENT CLAIMS

- Duly completed claim form, and
- Pre Admission investigations and treatment papers.
- 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.
- KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines



ILLUSTRATION 1 - FOR FLOATER PREMIUM CALCULATION (SPOUSE AGE IS LESS THAN 50 YEARS)



Sum Insured: Rs.10 Lakhs, Policy Type: Family Floater, Family Size: 2, Adults, Zone: 1, Policy Term: 1 year

Relation	Age in years	Premium Excluding GST (Rs.)	Additional Discount in % for Spouse age (Less than 50 years)	Additional Discount in amount for Spouse age (Less than 50 years) (Rs.)	Premium Excluding GST (Rs.) - After Spouse age discount	Floater Discount in %	Floater discount in Amount (Rs.)	Total Premium Excl. GST (Rs.)
Self (Primary member)	55	28095	0	0	28095	0	0	28095
Spouse	48	21250	10%	2125	19125	40%	7650	11475
Final Premium					39570			

ILLUSTRATION 2 - FOR FLOATER PREMIUM CALCULATION (SPOUSE AGE IS 50 YEARS AND ABOVE)

Sum Insured: Rs.10 Lakhs, Policy Type: Family Floater, Family Size: 2, Adults, Zone: 1, Policy Term: 1 year

Relation	Age in years	Premium Excluding GST (Rs.)	Floater Discount in %	Floater discount in Amount (Rs.)	Total Premium Excl. GST (Rs.)
Self (Primary member)	55	28095	0	0	28095
Spouse	51	22470	40%	40% 8988 134	
		Final Premium			41577



CLAIM PROCEDURE



Call the 24-hour helpline or assistance -1800 425 2255/1800 104 2277 Senior Citizens may call at 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

Cashless facility can be availed only in networked Hospitals. For details of Network Hospitals, the insured may visit v Strictly for Internal Training Purpose only

Star Women Care version 1.0 Mar 22



PRODUCT USP



☐ Maximum age at entry - No restriction (Minimum entry age: 50 years)
☐ Higher Sum Insured up to Rs 1 Cr (For persons below 65 years)
☐ No-Co pay up to age at entry 65 years
☐ No categorization for room rent (1% of sum insured or upto Rs 20,000 per day)
☐ Automatic restoration for all claims
☐ Hospice & Home Care treatment
☐ Outpatient benefits applicable from Day 1



ONE PAGER, PREMIUM CHART, AML











