STAR COMPREHENSIVE INSURANCE POLICY
UIN: SHAHLIP21025V052021

The proposal, declaration and other documents if any given by the proposer shall be the basis of this Contract and is deemed to be incorporated herein.
In consideration of the premium paid, subject to the terms, conditions, exclusions and definitions contained herein the Company agrees as under :-

1. COVERAGE:

Section 1 Hospitalization

During the period stated in the Schedule, the insured person shall contract any disease or suffer from any illness or sustain bodily injury through accident and if such disease or injury shall require the insured Person, upon the advice of a duly Qualified Medical Practitioner to incur Hospitalization expenses for medical/surgical treatment at any Nursing Home / Hospital in India as an in-patient, the Company will pay to the Insured Person the amount of such expenses as are reasonably and necessarily incurred up-to the limits mentioned in the Schedule.

A. Room (Private Single A/C room), Boarding and Nursing Expenses as provided by the Hospital / Nursing Home
B. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.
C. Anesthesia, Blood, Oxygen, Operation Theatre charges, ICU charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, diagnostic imaging modalities, Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker, stent and such other similar expenses. With regard to coronary stenting, the Company will pay such amount up to the extent of cost of bare metal stent/drug eluting cobalt-chromium stent/drug eluting stainless steel stent.
D. **Road ambulance expenses**: Subject to an admissible hospitalization claim, road ambulance expenses incurred for the following are payable :-
    i. for transportation of the insured person by private ambulance service to go to hospital when this is needed for medical reasons
    or
    ii. for transportation of the insured person by private ambulance service from one hospital to another hospital for better medical treatment
    or
    iii. for transportation of the insured person from the hospital where treatment is taken to their place of residence provided the requirement of an ambulance to the residence is certified by the medical practitioner.
E. **Air Ambulance expenses:** Subject to an admissible hospitalization claim, the Insured Person(s) is/are eligible for reimbursement of expenses incurred towards the cost of air ambulance service up to Rs.2,50,000/- per hospitalization not exceeding Rs.5,00,000/- per policy period ,if the said service was availed on the advice of the treating Medical Practitioner / Hospital. Expenses towards Air ambulance service is payable for only from the place of first occurrence of the illness / accident to the nearest hospital. Such Air ambulance

should have been duly licensed to operate as such by Competent Authorities of the Government/s.

F. Relevant **Pre-Hospitalization** medical expenses incurred for a period not exceeding 60 days prior to the date of hospitalization are payable subject to an admissible hospitalization claim

G. **Post Hospitalization:** Medical expenses incurred for a period up to 90 days from the date of discharge from the hospital wherever recommended by the Medical Practitioner / Hospital, where the treatment was taken are payable, provided

i. such expenses so incurred are following an admissible claim for hospitalization and

ii. such expenses so incurred are in respect of ailment for which the insured person was hospitalized.

H. Expenses of **Medical Consultations as an Out Patient** incurred in a Networked Facility for other than Dental and Ophthalmic treatments, up to the limits mentioned in the table below are payable. Payment under this benefit H does not form part of Sum Insured, and is payable while the policy is in force.

Out-Patient Consultation Section 1-H	
Sum Insured Rs.	**Limit for Out Patient consultation per policy period for other than Dental and Ophthalmic Treatments (up to Rs.)**
5,00,000/-	1200/-
7,50,000/-	1500/-
10,00,000/-	2100/-
15,00,000/-	2400/-
20,00,000/-	3000/-
25,00,000/-	3300/-
50,00,000/-, 75,00,000/- and 1,00,00,000/-	5000/-
Limit of per consultation is Rs.300/-	

I. **Domiciliary hospitalization**: Coverage for medical treatment 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 non-availability of room in a hospital.

However, this benefit shall not cover Asthma, Bronchitis, Chronic Nephritis and Nephritic Syndrome, Diarrhoea and all types of Dysenteries including Gastro-enteritis, Diabetes Mellitus and Insipidus, Epilepsy, Hypertension, Influenza, Cough and Cold, all Psychiatric or Psychosomatic Disorders, Pyrexia of unknown origin for less than 10 days, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharingitis, Arthritis, Gout and Rheumatism. Pre-hospitalisation and Post-hospitalization expenses are not payable for this cover

Section 2 Delivery and New Born

A. Expenses for a Delivery including Delivery by Caesarean section (including pre-natal and post natal expenses) up-to the limits mentioned in the table below per Delivery,subject to a maximum of 2 deliveries in the entire life time of the insured person are payable *while the policy is in force.*

B. Expenses up-to the limits mentioned in the table below, incurred in a hospital/ nursing home on treatment of the New-born for any disease, illness (including any congenital disorders) or accidental injuries are payable provided there is an admissible claim under A of Section-2 above and while the policy is in force.

Section 2 Delivery and New Born			
	Limit for Delivery		
Sum Insured Rs	Normal Delivery Rs.	Delivery by Caesarean Section Rs.	Limit of Company's liability for New Born Cover Rs
5,00,000/-	15000/-	20000/-	100000/-
7,50,000/-	25000/-	40000/-	100000/-
10,00,000/- to 25,00,000/-	30000/-	50000/-	100000/-
50,00,000/- to 10,000,000/-	50000/-	100000/-	200000/-

C. Vaccination expenses for the new born baby are payable up to the limits mentioned in the table below, until the new born baby completes one year of ageand is added in the policy on renewal. Claim under this is admissible only if claim under A of Section-2 above has been admitted and *while the policy is in force.*

Limits for Vaccination	
Sum Insured Rs.	**Limit per policy period (Rs.)**
5,00,000/- to 25,00,000/-	5,000
Above 25,00,000/-	10,000

Special Conditions applicable for this Section

1. Benefit under this section is subject to a waiting period of 24months from the date of first commencement of Star Comprehensive Insurance Policy and its continuous renewal thereof with the Company. A waiting period of 24 months will apply afresh following a claim under "A" of Section-2 above.
2. Pre-hospitalisation and Post Hospitalization expenses and Hospital Cash Benefit are not applicable for this section.
3. This cover is available only when
   i. both Self and Spouse are covered under this policy either on floater basis or on individual basis and both Self and Spouse should have been covered for a continuous period of 24 months under Star Comprehensive Insurance Policy,
   ii. the policy covering the self and spouse are in force when the benefit under this Section becomes payable.
4. Claims under this section will not reduce the Sum Insured and will not impact the benefit under Section 6.

Section 3 Out-patient Dental and Ophthalmic Treatment

Expenses incurred on acute treatment to a natural tooth or teeth or the services and supplies provided by a licensed dentist, up to limits mentioned in the table below are payable.

Expenses incurred for the treatment of the eye or the services or supplies provided by a licensed ophthalmologist, hospital or other provider that are medically necessary to treat eye problem

including cost of spectacles / contact lenses, not exceeding the limit mentioned in the table below are payable.

The insured persons become eligible for this benefit after continuous coverage under Star Comprehensive Insurance Policy with the Company, after every block of 3 years and payable while the policy is in force.

Claims under this section will not reduce the Sum Insured *and will not impact the benefit under Section 6.*

Section 3 Out-patient Dental and Ophthalmic Treatment	
Sum Insured Rs	**Limit for Out Patient Dental and Ophthalmic Treatments for each block of 3 continuous years (up to Rs.)**
5,00,000/- and 7,50,000/-	5000/-
10,00,000/- to 25,00,000/-	10000/-
Above 25,00,000/-	15000/-

Section 4 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.

The coverage limit under this section is over and above the Limit of Coverage and upto the Basic Sum Insured. **This additional Sum Insured can be utilized by the Donor and not by the Insured.**

Section 5 Hospital Cash Benefit: Subject to an admissible Hospitalization claim, Cash Benefit up to the limits mentioned in the table below for each completed day of Hospitalization for a maximum of 7 days per occurrence is payable.

This Benefit is available for a maximum of 120 days during the entire policy period.

This benefit is subject to an excess of first 24 hours of Hospitalization for each and every claim.

Claims under this section will not reduce the Sum Insured.

Section 5 Hospital Cash	
Sum Insured Rs.	**Hospital Cash Benefit - Limit of Company's liability per day (Rs)**
5,00,000/-	500/-
7,50,000/- and 10,00,000/-	750/-
15,00,000/- and 20,00,000/-	1000/-
25,00,000/-	1500/-
50,00,000/-, 75,00,000/- and 10,000,000/-	2500/-

Section 6 Health Check Up: Expenses incurred towards cost of health check-up up to the limits mentioned in the table given below for every claim free year are payable provided

i. the health checkup is done at networkedfacility
and
ii. the policy is in force.

Payment under this benefit does not form part of the sum insured and will not impact the Bonus.

Sum insured (Rs)	**Limit (Up to Rs)**
5,00,000/-	2,000/-
7,50,000/-	2,500/-
10,00,000/-	3,000/-

15,00,000/-	4,000/-
20,00,000/-	4,500/-
25,00,000/-	4,500/-
50,00,000/-; 75,00,000/- and 100,00,000/-	5,000/-

Where the policy is on a floater sum insured basis, if a claim is made either under Section 1 (other than Section 1H) or under Section 4 by any of the insured persons, the health check up benefits will not be available under the policy. However where the policy is on individual sum insured basis a claim made by one insured person will not affect the Health Check-up benefit to other insured persons.

Note: Payment of expenses towards cost of health check up will not prejudice the company's right to deal with a claim in case of non disclosure of material fact and / or Pre-Existing Diseases in terms of the policy

Section 7 Bariatric Surgery

Expenses incurred on hospitalization for bariatric surgical procedure and its complications thereof are payable subject to limits mentioned in the table given below, during the policy period. This maximum limit of Rs.2,50,000/- and Rs.5,00,000/- are inclusive of pre-hospitalization and post-hospitalization expenses.

Sum Insured (Rs.)	Limit per policy period (Rs.)
5,00,000/- to 15,00,000/-	2,50,000/-
Above 15,00,000/-	5,00,000/-

Special conditions:

1. This benefit is subject to a waiting period of 36 months from the date of first commencement of this policy and continuous renewal thereof with the Company.
2. The minimum age of the insured at the time of surgery should be above 18 years.
3. This benefit shall not apply where the surgery is performed for
   a) Reversible endocrine or other disorders that can cause obesity
   b) Current drug or alcohol abuse
   c) Uncontrolled, severe psychiatric illness
   d) Lack of comprehension of risks, benefits, expected outcome, alternatives and lifestyle changes required with bariatric surgery.
   e) Bariatric surgery performed for Cosmetic reasons
4. The indication for the procedure should be found appropriate by two qualified surgeons and the insured person shall obtain prior approval for cashless treatment from the Company.
5. To make a claim, the insured person should satisfy the following criteria as devised by NIH (National Institute of Health)
   a) The BMI should be greater than 40 or greater than 35 with co-morbidities (like Diabetes, High Blood Pressure etc.)
   b) The insured person is unable to lose weight through traditional methods like diet and exercise.

Note: Claims under this section shall be processed only on cashless basis. The limit of cover provided under this section forms part of the sum insured and will impact bonus.

Section 8 Option for Second Medical Opinion

The Insured Person is given the facility of obtaining a Medical Second Opinion from a Doctor in the Company's network of Medical Practitioners. All the medical records provided by the Insured

Person will be submitted to the Doctor chosen by him/her either online or through post/courier and the medical opinion will be made available directly to the Insured by the Doctor.
Subject to the following conditions :-

- This should be specifically requested for by the Insured Person
- This opinion is given without examining the patient, based only on the medical records submitted.
- The second opinion should be only for medical reasons and not for medico-legal purposes.
- Any liability due to any errors or omission or consequences of any action taken in reliance of the second opinion provided by the Medical Practitioner is outside the scope of this policy.
- Utilizing this facility alone will not amount to making a claim.

Section 9 AYUSH Treatment: In patient Hospitalizations Expenses incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines in a Government Hospital or in any institute recognized by the government and/or accredited by the Quality Council of India/National Accreditation Board on Health as in patient is payable up to the limits given below:

Sum Insured Rs.	Limit per policy period Rs
5,00,000/- to 15,00,000	15,000/-
20,00,000/- and 25,00,000/-	20,000/-
50,00,000/-, 75,00,000/- and 10,000,000	30,000/-

Note:

1) Payment under this benefit forms part of the sum insured and also will impact the Bonus
2) Yoga and Naturopathy systems of treatment are excluded from the scope of coverage under AYUSH treatment

Important Note Applicable for Section 1(A) to 1(C), Section2 (B), Section 4, Section 7 and Section 9

1. All Day Care Procedures are covered.
2. Expenses on Hospitalization are payable provided the hospitalization is for minimum period of 24 hours. However this time limit will not apply for treatments / Day Care procedures where taken in the Hospital / Nursing Home and the Insured are discharged on the same day.
3. Hospitalization Expenses which vary based on the room rent occupied by the insured person will be considered in proportion to the room rent limit / room category stated in the policy schedule or actuals whichever is less

Section 10:Accidental Death and Permanent Total Disablement

If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury resulting solely and directly from Accident caused by external, violent and visible means then the Company will pay as under:

1. **Accidental Death of Insured Person**: If following an Accident that causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as compensation the Sum Insured mentioned in the Schedule
2. **Permanent Total Disablement** of the Insured Person: If following an Accident which caused permanent impairment of the Insured's mental or physical capabilities, then the Company will

pay the benefits as provided in the "Table of Benefits – B1", depending upon the degree of disablement provided that:

a) The disablement occurs within 12 Calendar months from the date of the Accident.
b) The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.

Special Conditions:

1. If the Accident affects any physical function, which was already impaired prior to the accident, a deduction as per "Table – B2" will be made in respect of this prior disablement.
2. In the event of Permanent Total Disablement, the Insured Person will be under obligation:
   a) To have himself/herself examined by doctors appointed by the Company / and the Company will pay the costs involved thereof.
   b) To authorize doctors providing treatments or giving expert opinion and any other authority to supply the Company any information that may be required. If the obligations are not met with due to whatsoever reason, the Company may be relieved of its liability to pay.
3. This Section is applicable for the person specifically mentioned in the Schedule.
4. The sum insured for this Section is equal to the sum insured opted for Health Section
5. Where a claim has been paid during the policy period the cover under this Section ceases until the expiry of the policy. Upon renewal the cover applies to the person specifically chosen again. However even if the sum insured under this section is exhausted by way of claim, the coverage under health section will continue until expiry of the policy period.
6. At any point of time only one person will be eligible to be covered under this Section. Dependent Children and persons above 70 years can be covered under this section up to the Sum insured of Rs.10,00,000/-.
7. Any claim under health portion will not affect the Sum Insured under this section.
8. Where there is an admissible claim for Accidental Death during the policy period, the health cover will continue for the remaining insured persons.
9. Where there is an admissible claim for Permanent Total Disability during the policy period, the health cover would continue until the expiry of the policy for all the insured persons covered including the person who has made a claim for Permanent Total Disability and renewal thereof.
10. Where there is an admissible claim for Permanent Total Disability or Death during the policy period, the personal accident cover will be applicable for another person chosen at the time of renewal.

Table of Benefits - B1	
Benefits	**Percentage of the Basic Sum Insured**
1. Death	100%
2. Permanent Total Disablement	100%
Total and irrevocable loss* of	
(i) Sight of both eyes	100%
(ii) Physical separation of two entire hands	100%
(iii) Physical separation of two entire foot	100%
(iv) One entire hand and one entire foot	100%
(v) Sight of one eye and loss of one hand	100%
(vi) Sight of one eye and loss of one entire foot	100%
(vii) Use of two hands	100%
(viii) Use of two foot	100%

(ix) Use of one hand and one foot	100%
(x) Sight of one eye and use of one hand	100%
(xi) Sight of one eye and use of one foot	100%

11. Geographical Scope : The cover under this section applies World Wide

Section 11: Star Wellness Program: This program intends to promote, incentivize and to reward

Table – B2

Physical function already impaired prior to accident			Percentage Of Sum Insured Deducted
1	Loss of toes all	All	20
	Loss of Great toe	both phalanges	5
	Loss of Great toe	one phalanx	2
	Other than Great, if more than		
	One toe lost, for each toe	For each toe	1
2	Loss of hearing both ears	Both ears	75
	Loss of hearing one ear	One ear	30
3	Loss of four fingers and thumbs of One hand		40
4	Loss of four fingers		35
	Loss of thumb both phalanges	Both phalanges	25
		One phalanx	10
5	Loss of index finger three phalanges	Three phalanges	10
	Two phalanges	Two phalanges	8
	One phalanx	One phalanx	4
6	Loss of middle finger	Three phalanges	6
		Two phalanges	4
		One phalanx	2
7	Loss of ring finger	Three phalanges	5
		Two phalanges	4
		One phalanx	2
8	Loss of little finger	Three phalanges Two phalanges One phalanx	4 3 2
9	Loss of metacarpals	First or second	3
		Additional (third fourth or fifth)	2
10	Any other Permanent partial disablement		Percentage as assessed by the Medical Board or by the government doctor

the Insured Persons' healthy life style through various wellness activities. The wellness activities as mentioned below are designed to help the Insured person to earn wellness reward points which will be tracked and monitored by the Company. The wellness points earned by the Insured Person(s) under the wellness program, can be utilized to get discount in premium.
This Wellness Program is enabled and administered online through Star Wellness Platform (digital platform)

Note: The Wellness Activities mentioned in the table below (from Serial Number 1 to 5) are applicable for the Insured person(s) aged 18 years and above only.

The following table shows the discount on premium available under the Wellness Program:

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

*In case of floater policy the weightage is given as per the following table :

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

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

Each Insured Person will be given an Individual log-in facility, which will be linked to his/ her policy.

*Please refer the Illustrations to understand the calculation of discount in premium, weightage and the calculation in case of two year policy.

The wellness services and activities are categorized as below:

Sr. No.	Activity	Maximum number of Wellness Points that can be earned under each policy in a policy year
1.	Manage and Track Health	
	a) Online Health Risk Assessment (HRA)	50
	b) Preventive Risk Assessment	200
2.	Affinity to Wellness	
	a) Participating in Walkathon, Marathon, Cyclothon and similar activities	100
	b) 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
4.	a) Weight Management Program (for the Insured who is Overweight / Obese)	100
	b) 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
	b) 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	
6.	Online Chat with Doctor	
7.	Medical Concierge Services	
8.	Period & Fertility Tracker	
9.	Digital Health Vault	
10.	Wellness Content	
11.	Health Quiz & Gamification	
12.	Post-Operative Care	
13.	Discounts from Network Providers	

1. Manage and Track Health:
   a) Completion of Health Risk Assessment (HRA):
   The Health Risk Assessment (HRA) questionnaire is an online tool for evaluation of health and quality of life of the Insured. It helps the Insured to introspect his/ her personal lifestyle. The Insured can log into his/her account on the website www.starhealth.in and complete the HRA questionnaire. The Insured can undertake this once per policy year.
   On Completion of online HRA questionnaire, the Insured earns 50 wellness points.
   Note: To get the wellness points mentioned under HRA, the Insured has to complete the entire HRA within one month from the time he/she started HRA Activity.
   b) Preventive Risk Assessment:
   The Insured can also earn wellness points by undergoing diagnostic / preventive tests during the policy year. These tests should include the five mandatory tests mentioned below. Insured can take these tests at any diagnostic centre at Insured's own expenses.
   - If all the results of the submitted test reports are within the normal range, Insured earns 200 wellness points.
   - If the result of any one test is not within the normal range as specified in the lab report, Insured earns 150 wellness points.
   - If two or more test results are not within the normal range, Insured earns 100 wellness points only.

   Note: These tests reports should be submitted together and within 30 days from the date of undergoing such Health Check-Up.

List of mandatory tests under Preventive Risk Assessment
1. Complete Haemogram Test 2. Blood Sugar (Fasting Blood Sugar (FBS) + Postprandial (PP) [or] HbA1c) 3. Lipid profile (Total cholesterol, HDL, LDL, Triglycerides, Total Cholesterol / HDL Cholesterol Ratio) 4. Serum Creatinine

2. Affinity towards wellness: Insured earns wellness points for undertaking any of the fitness and health related activities as given below.List of Fitness Initiatives and Wellness points:

	Initiative	Wellness Points
a.	Participating in Walkathon, Marathon, Cyclothon and similar activities - On submission of BIB Number along with the details of the entry ticket taken to participate in the event.	100
b.	Membership in a health club (for 1 year or more) - In a Gym / Yoga Centre / Zumba Classes / Aerobic Exercise/ Sports Club/ Pilates Classes/ Swimming / Tai Chi/ Martial Arts / Gymnastics/ Dance Classes	100

Note: In case if Insured is not a member of any health club, he/she should join into club within 3 months from the date of the policy risk commencement date. Insured person should submit the health club membership.

3. Stay Active: Insured earns wellness points on achieving the step count target on star mobile application as mentioned below:

Average number of steps per day in a policy year	Wellness Points
• If the average number of steps per day in a policy year are between - 5000 and 7999	100
• If the average number of steps per day in a policy year are between - 8000 and 9999	150
• If the average number of steps per day in a policy year are - 10000 and above	200

Note:
- First month and last month in each policy year will not be taken into consideration for calculation of average number of steps per day under Stay Active.
- The mobile app must be downloaded within 30 days of the policy risk start date to avail this benefit.
- The average step count completed by an Insured member would be tracked on star wellness mobile application.

4. Weight Management Program:
   a) This Program will help the Insured persons with Over Weight and Obesity to manage their Body Mass Index (BMI) through the empanelled wellness experts who will guide the Insured in losing excess weight and maintain their BMI.
      - On acceptance of the Weight Management Program, Insured earns 50 wellness points.
      - An additional 50 wellness points will be awarded in case if the results are achieved and maintained as mentioned below.

Sr. No.	Name of the Ailment	Values to submitted	Criteria to get the Wellness points
1.	Obesity (If BMI is above 29)	Height & Weight (to calculate BMI)	Achieving and maintaining the BMI between 18 and 29
2.	Overweight (If BMI is between 25 and 29)	Height & Weight (to calculate BMI)	Reducing BMI by two points and maintaining the same BMI in the policy year
- Values (for BMI) shall be submitted for every 2 months (up to 5 times in each policy year)			

   b) Incase if the Insured is not Overweight / Obese, the Insured can submit his/her Fitness Success Story through adoption of Star Wellness Activities with us. On submission of the Fitness Success Story through adoption of Star Wellness Activities, Insured earns 50 wellness points.

5. Chronic Condition Management Program:
   a) This Program will help the Insured suffering from Diabetes, Hypertension, Cardiovascular Disease or Asthma to track their health through the empanelled wellness experts who will guide the insured in maintaining/ improving the health condition.
   - On acceptance of the Chronic Condition Management Program, Insured earns 100 wellness points.

- The Insured has to submit the test result values for every 3 months maximum up to 3 times in a policy year.
- If the test result values are within +/- 10% range of the values given below, for at least 2 times in a policy year, an additional 150 wellness points will be awarded.
- These tests reports to be submitted within 1 month from the date of undergoing the Health Check-Up

Sr.No.	Name of the Ailment	Test to be submitted	Values Criteria to get the additional Wellness points
1.	Diabetes(Insured can submit either HbA1c test value (or) Fasting Blood Sugar (FBS) Range and Postprandial test value)	HbA1c	≤ 6.5
		Fasting Blood Sugar (FBS) Range and Postprandial test value	100 to 125 mg/dl below 160 mg/dl
2.	Hypertension	Measured with - BP apparatus	Systolic Range - 110 to 140 mmHg Diastolic Range - 70 to 90 mmHg
3.	Cardiovascular Disease	LDL Cholesterol and Total Cholesterol / HDL Cholesterol Ratio	100 to 159 mg/dl ≤ 4.0
4.	Asthma	PFT (Pulmonary Function Test)	FEV1 (PFC) is 75% or more FEV1/ FVC is 70% or more

b) In case if the Insured is not suffering from Chronic Condition/s (Diabetes, Hypertension, Cardiovascular Disease or Asthma) he/she can opt for "De-Stress & Mind Body Healing Program". This program helps the Insured to reduce stress caused due to internal (self-generated) & external factors and increases the ability to handle stress.

- On acceptance of De-stress & Mind Body Healing Program Insured earns 50 wellness points.
- On completion of De-stress & Mind Body Healing Program Insured earns an additional 75 wellness points.

Note: This is a 10 weeks program which insured needs to complete without any break.

6. Online Chat with Doctor: Insured can consult qualified healthcare professionals at their convenience. The Doctor Chat feature allows Insured to "Chat" with qualified Doctors, available from Monday to Friday between 9.00 AM and 6.00 PM to help Insured with advice and quick consultations including on Diet & Nutrition and Second Medical Opinion. They do not prescribe any medications or diagnose any health issues.
7. Medical Concierge Services: The Insured can also contact Star Health to avail the following services:- Emergency assistance information such as nearest ambulance / hospital / blood bank etc.
8. Period & Fertility Tracker: The online easy tracking program helps every woman with their period health and fertility care. The program gives access to trackers for period and ovulation which maps out cycles for months. This helps in planning for conception prevention and tracks peak ovulation if planning pregnancy.
9. Digital Health Vault: A secured Personal Health records system for Insured to store/access and share health data with trusted recipients. Using this portal, Insured can store their health documents (prescriptions, lab reports, discharge summaries etc.), track health data add family members.

10. Wellness Content: The wellness portal provides rich collection of health articles, blogs, tips and other health and wellness content. The contents have been written by experts drawn from various fields. Insured will benefit from having one single and reliable source for learning about various health aspects and incorporating positive health changes.
11. Health Quiz & Gamification:
    - The wellness portal provides a host of Health & Wellness Quizzes. The wellness quizzes are geared towards helping the Insured to be more aware of various health choices.
    - Gamification helps in creating fun and engaging health & wellness experiences. It helps to create a sense of achievement in users and increases motivation levels.
12. Post Operative Care: It is done through follow up phone calls (primarily for surgical cases) for resolving their medical queries.
13. Discounts from Network Providers: The Insured can avail discounts on the services offered by our network providers which will be displayed in our website.

Terms and conditions under wellness activity

- Any information provided by the Insured in this regard shall be kept confidential.
- There will not be any cash redemption against the wellness reward points.
- Insured should notify and submit relevant documents, reports, receipts etc for various wellness activities within 1 month of undertaking such activity/test.
- No activity, report, document, receipt can be submitted in the last month of each policy year.
- For services that are provided through empanelled service provider, Star Health is only acting as a facilitator; hence would not be liable for any incremental costs or the services.
- All medical services are being provided by empanelled health care service provider. We ensure full due diligence before empanelment. However Insured should consult his/her doctor before availing/taking the medical advices/services. The decision to utilize these advices/services is solely at Insured person's discretion.
- We reserve the right to remove the wellness reward points if found to be achieved in unfair manner.
- Star Health, its group entities, or affiliates, their respective directors, officers, employees, agents, vendors, are not responsible or liable for, anyactions, claims, demands, losses, damages, costs, charges and expenses which a Member claims to have suffered, sustained or incurred, by way ofand / or on account of the Wellness Program.
- Services offered are subject to guidelines issued by IRDA from time to time.

ILLUSTRATION OF BENEFITS:

Lets look how the Insured can avail discount on premium through the "Star Wellness Program"

Scenario – 1 *A 40 year old Individual Ramesh buys Star Comprehensive Insurance Policy (Individual Sum Insured) on 15th March, 2019 on payment of Rs.17,615/- per year (excluding taxes), with Sum Insured 25 Lacs, let's understand how he can earn **Wellness Points** by doing different wellness activities. Ramesh has declared that his Body Mass Index (BMI) as 24 and he is a Diabetic. Ramesh enrolled under the Star Wellness Program and completed the following **wellness activities**.*		
Sr.No	***Name of the wellness activity taken up during the policy year***	***Wellness Points Earned***

1.	*Completed Online Health Risk Assessment (HRA)*	***50***
2.	*Submitted Health Check-Up Report (two test results are not within normal values)*	***100***
3.	*Participated in Walkathon*	***100***
4.	*Attended to Gym*	***100***
5.	*Achieved 10,000 average number of steps per day during the policy year*	***200***
6.	*Shared his fitness success story*	***50***
7.	*Managed Diabetes through Chronic Condition Management Program*	***250***
	Total Number of Wellness Points earned	***850***
Based on the number of Wellness Points earned Ramesh is eligible to get 10% discount on renewal premium.		

ILLUSTRATION OF BENEFITS:

Lets look how the Insured can avail discount on premium through the "Star Wellness Program"

Scenario – 2

A 42 year old Individual Suresh and his wife Lakshmi along with their two dependent children (aged below 18 yrs) buy a Star Comprehensive Insurance Policy (Floater Sum Insured) on 20th, March, 2019 on payment of Rs.34,220/- per year (excluding taxes), with Sum Insured 25 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****.*

Sr. No	***Name of the wellness activity taken up during the policy year***	***Wellness Points Earned by Ramesh***	***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 BMI* *Lakshmi 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 (900X1/2)***

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

ILLUSTRATION OF BENEFITS:

Lets look how the Insured can avail discount on premium through the "Star Wellness Program"

Scenario – 3

A 27 year old Individual Umesh buys Star Comprehensive Insurance Policy (Individual Sum Insured) for two year period, with Sum Insured 25 Lacs, let's understand how he can earn ***Wellness Points*** *by doing different wellness activities. Umesh has declared that his Body Mass Index (BMI) is 24 and he is not suffering with any Chronic Condition. Umesh enrolled under the Star Wellness Program and completed the following* ***wellness activities****.*

Sr.No	***Name of the wellness activity taken up during the policy year***	***Wellness Points Earned in the First Year***	***Wellness Points Earned in the Second Year***
1.	*Completed Online Health Risk Assessment (HRA)*	***50***	***50***
2.	*Submitted Health Check-Up Report*	***200***	***200***
3.	*Participated in Walkathon*	***100***	***100***
4.	*Attended to Yoga Classes*	***100***	***100***
5.	*Achieved 10,000 average number of steps per day during the policy year*	***200***	***200***
6.	*Submitted his fitness success story*	***50***	***50***
7.	*Completed De-stress & Mind Body Healing Program*	***125***	***125***
	Total Number of Wellness Points earned	***825***	***825***

Total Number of Wellness Points earned by Umesh = 2000 (1000+1000)

Calculation of Wellness Points as per two year policy condition = 1000 (2000/2)

Based on the number of Wellness Points earned, Umesh is eligible to get 10% discount on renewal premium.

Section 12: Optional Cover (Buy back of Pre existing Disease Waiting Period)

On payment of additional premium the Insured Person has the option to opt for reduction of waiting period in respect of Pre-Existing Diseases from 36 months to 12 months. This option is available only for the first purchase of this Star Comprehensive Insurance Policy and also only uptoSum Insured chosen at that time. This option is not available for renewal or policies ported from other Insurance Companies. The Insured person has to undergo pre-acceptance medical screening at Company's nominated centre. At present 100% of cost of the pre-acceptance medical screening will be borne by the Company. The Company may require the prospect to share this cost (maximum50%).

Where the Insured personhas opted for this benefit the Waiting Periods shall read as follows :-

The Company shall not be liable to make any payment under this policy if the hospitalization is directly or indirectly for

I. Any disease contracted by the insured person during the first 30 days from the commencement date of this policy

II. The following specified ailments / illness / diseases for 24 consecutive months from the inception date of this policy:-

A. 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.

B. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology

C. All treatments (Conservative, Operative treatment) and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty / Joint Replacement [other than caused by accident].

D. All types of treatment for Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system, Prolapse of Intervertebral Disc (other than caused by accident),

E. All treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi. All types of management for Kidney and Genitourinary tract calculi.

F. All types of Hernia,

G. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula,

H. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases

I. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies,

J. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele,

K. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence

L. Varicose veins and Varicose ulcers

A. All types of transplant and related surgeries(Other than Bone Marrow Transplant for acute hematological malignancies and acute medical emergencies when indicated)

M. Congenital Internal disease / defect

Note: Such of those Pre-Existing Diseases which fall under waiting period ii (A) to ii (N) above will be covered only after 24 consecutive months of continuous coverage from the inception of this policy.

III. A waiting period of 12 consecutive months of continuous coverage from the inception of this policy will apply in respect of Pre Existing Diseases as defined in the policy.

2. DEFINITIONS

Accident means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

Any one Illness means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken

AYUSH Treatment refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

Basic Sum Insured: means the sum insured opted for and for which the premium is paid.

Cashless Facility means a facility extended by the insurer to the insured where the payments, of the cost of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved

Company means Star Health and Allied Insurance Company Limited

Condition Precedent means the policy term or condition upon which the insurer's liability under the policy is conditional upon.

Congenital Anomaly: means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

a) **Congenital Internal** means congenital anomaly which is not in the visible and accessible parts of the body.
b) **Congenital External** means congenital anomaly which is in the visible and accessible parts of the body

Co-payment is a cost-sharing requirement under a health insurance policy that provides that the insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the sum insured.

Cumulative Bonus shall mean any increase in the sum insured granted by the insurer without an associated increase in premium.

Day Care Centre means any institution established for day care treatment of illness and / or injuries or a medical set up within a hospital and which has been registered with the local authorities, wherever applicable and is under the supervision of a Registered and Qualified Medical Practitioner and must comply with all minimum criteria as under :-

-has qualified nursing staff under its employment;
-has qualified medical practitioner/s in charge;
-has a fully equipment operation theatre of its own where surgical procedures are carried out.
-maintains daily records of patients and will make these accessible to the insurance company's authorized personal

Day Care treatment means medical treatment and/or surgical procedure which is;

1. Undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
2. Which would have otherwise required a hospitalization of more than 24 hours

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

Dental Treatment means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.

Dependent Child means a child (natural or legally adopted) who is financially dependent and does not have his or her independent source of income and not over 25 years

Diagnosis means Diagnosis by a registered **medical practitioner**, supported by clinical, radiological and histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable, acceptable to the Company.

Disclosure to information norms means the policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of mis-representation, mis description or non disclosure of any material fact.

Domiciliary hospitalisation means medical treatment 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 non-availability of room in a hospital.

Grace Period means the specified period of time immediately following premium due date during which the payment can be made to renew or continue the policy in force without loss of continuity benefits such as waiting period and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received

Hazardous Sport / Hazardous Activities means engaging whether professionally or otherwise in any sport or activity, which is potentially dangerous to the Insured Persoolon (whether trained, or not). Such Sport/Activity including but not limited to Winter sports, Ice hockey, Skiing, Skydiving, Parachuting, Ballooning, Scuba Diving, Bungee Jumping, Mountain Climbing, Riding or Driving in Races or Rallies, caving or pot holing, hunting or equestrian activities, diving or under-water activity, rafting or canoeing involving rapid waters, yachting or boating outside coastal waters, jockeys, horseback, Polo, Circus personnel, army/navy/air force personnel and policemen whilst on duty, persons working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high-tension supply, nuclear installations, handling hazardous chemicals.

Hospital/Nursing Home means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act or complies with all minimum criteria as under:

a. Has qualified nursing staff under its employment round the clock;
b. Has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
c. Has qualified medical practitioner(s) in charge round the clock;
d. Has a fully equipped operation theatre of its own where surgical procedures are carried out;
e. Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

Hospitalization means admission in a hospital for a minimum period of 24 in patient care consecutive hours except for specified procedures/treatment where such admission could be for a period of less than 24 consecutive hours.

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

(a) **Acute condition**- Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery

(b) **Chronic condition**- A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
2. it needs ongoing or long-term control or relief of symptoms
3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
4. it continues indefinitely
5. it recurs or is likely to recur

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

Insured Person means the name/s of person/s shown in the schedule of the Policy.

In-Patient means an Insured Person who is admitted to Hospital and stays there for a minimum period of 24 hours for the sole purpose of receiving treatment.

ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

Intensive Care Unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

Note: Such facility must be separate and apart from surgical recovery room and from rooms' beds and wards customarily used for patient confinement.

Limit of Coverage means Basic Sum Insured plus the Cumulative Bonus earned plus Restored sum insured, wherever applicable.

Medical Advise means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

Medical expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

Medically Necessary means any treatment, tests, medication or stay in hospital or part of a stay in a hospital which – is required for the medical management of the illness or injury suffered by the Insured – must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity – must have been prescribed by a Medical Practitioner – must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Qualified Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.

Maternity expense shall include a) Medical treatment expenses traceable to child birth (including complicated deliveries and caesarean sections) incurred during Hospitalization b) expenses towards the lawful medical termination of pregnancy during the Policy Period.

Network Hospital means all such hospitals or other providers that the Company have mutually agreed with, to provide services like cashless access to policyholders. The list is available with the Company and subject to amendment from time to time.

New Born Baby means baby born during the policy period and is aged above 15 days

Non Network Hospital means any hospital or other provider that is not part of the network

Notification of claim is the process of notifying a claim to the insurer by specifying the timelines as well as the address / telephone number to which it should be notified.

Out-patient treatment is one in which the Insured visits a clinic/hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a medial practitioner. The insured is not admitted as a day care or in-patient.

Pre-Existing Disease means any Condition, ailment or injury or related condition (s) for which the insured person had signs or symptoms, and/or was diagnosed, and/or received medical advice / treatment within 48 months prior to the insured person's first policy with any Indian insurer.

Pre-hospitalization Expenses means medical expenses incurred immediately before the insured person is hospitalized, provided that

a. Such medical expenses are incurred for the same condition for which the insured person's hospitalization was required and
b. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company

Post Hospitalization Expenses: means medical expenses incurred immediately after the insured person is discharged from the hospital provided that

a. Such medical expenses are incurred for the same condition for which the insured person's hospitalization was required and
b. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

Portability means transfer by an individual health insurance policy holder (including family cover) of the credit gained for pre-existing conditions and time bound exclusions if he/she chooses to switch from one insurer to another.

Private Single A/c Room means a single occupancy air-conditioned room with attached wash room and a couch for the attendant. The room may have a television and /or a telephone. Such room must be the most economical of all accommodations available in that hospital as single occupancy. This does not include Deluxe room or a suite

Qualified Nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

Relaxation Period: means 7 consecutive days immediately following the premium instalment due date during which a payment can be made to continue a policy in force. Policy stands automatically terminated if the due instalment is not received within this 7 days period. Coverage will not be available during this period. There shall be no renewal permissible of such lapsed policy of insurance, by subsequent payment of premium. Only a fresh and separate policy of insurance shall be issued as in any other case of mediclaim contract of insurance.

Reasonable and Customary charges. means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved

Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

Room Rent means the amount charged by the hospital for occupancy of a bed on per day (24 hrs) basis and shall include associated medical expenses.

Surgery/Surgical Operation means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner

Unproven/Experimental treatment: Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

Sum Insured wherever it appears shall mean Basic Sum Insured, except otherwise expressed.

3. **Waiting periods Applicable for Section 1, Section 4 and Section 9**

The Company shall not be liable to makeany payment under this policy if the hospitalization is directly or indirectly for

I. Any disease contracted by the insured person during the first 30 days from the commencement date of this policy

II. The following specified ailments / illness / diseases for 24 consecutive months from the inception date of this policy:-

B. 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.

C. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology

D. All treatments (Conservative, Operative treatment) and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty / Joint Replacement [other than caused by accident].

E. All types of treatment for Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system, Prolapse of Intervertebral Disc (other than caused by accident),

F. All treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi. All types of management for Kidney and Genitourinary tract calculi.

G. All types of Hernia,

H. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula,

I. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases

J. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies,

K. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele,

L. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence

M. Varicose veins and Varicose ulcers

N. All types of transplant and related surgeries(Other than Bone Marrow Transplant for acute hematological malignancies and acute medical emergencies when indicated)

O. Congenital Internal disease / defect

Note: Such of those Pre-Existing Diseases which fall under waiting period ii (A) to ii (N) above will be covered only after36 consecutive months of continuous coverage from the inception of this policy.

III. A waiting period of 36 consecutive months of continuous coverage from the inception of this policy will apply in respect of Pre Existing Diseases as defined in the policy.

The waiting periods I,II and III above are subject to Portability Regulations.

4. Exclusions

A. Applicable for Section 1 to 9

The Company shall not be liable to make any payments under this policy in respect of any expenses what so ever incurred by the insured person in connection with or in respect of:

1. Circumcision, Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA

2. Congenital External Condition / Defects / Anomalies (except to the extent provided under Section 2 for New Born)
3. Convalescence, general debility, run-down condition or rest cure, Nutritional deficiency states.
4. Intentional self injury
5. Use of intoxicating substances, substance abuse, drugs / alcohol, smoking and tobacco chewing
6. Venereal Disease and Sexually Transmitted Diseases,
7. Injury/disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not)
8. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
9. Expenses incurred on weight control services including surgical procedures such as Bariatric Surgery and /or medical treatment of obesity (except to the extent provided as per "Coverage" under Section 7).
10. Expenses incurred on High Intensity Focused Ultra Sound, Uterine Fibroid Embolisation, Balloon Sinoplasty, Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Deep Brain Stimulation, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other therapies similar to those mentioned under this exclusion .
11. Charges incurred on diagnostics that are not consistent with the treatment for which the insured is admitted in the hospital / nursing home. Admission primarily for diagnostic purpose with no positive existence of sickness / disease / ailment / injury and no further treatment is indicated.
12. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician of the hospital where the insured underwent treatment.
13. Unconventional, Untested, Unproven, Experimental therapies.
14. Stem cell Therapy,Autologous derived Stromal vascular fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy.
15. Oral Chemotherapy, Immuno therapy and Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted.
16. All types of Cosmetic, Aesthetic treatment of any description, all treatment for Priapism and erectile dysfunctions, Change of Sex.
17. Plastic surgery (other than as necessitated due to an accident or as a part of any illness),
18. Hospital record charges and such other charges
19. Inoculation or Vaccination (except for post–bite treatment and for medical treatment for therapeutic reasons).
20. Dental treatment or surgery (in excess of what is specifically provided) unless necessitated due to accidental injuries and requiring hospitalization.
21. Treatment arising from or traceable to pregnancy, childbirth, family planning, miscarriage, abortion and complications of any of these (other than ectopic pregnancy and to the extent covered under Section 2).
22. Treatment for Sub-Fertility, Assisted Conception and or other related complications of the same.
23. Medical and / or surgical treatment of Sleep apnea, treatment for genetic and endocrine disorders.
24. Expenses incurred on Lasik Laser or other procedures Refractive Error Correction and its complications, all treatment for disorders of eye requiring intra-vitreal injections.

25. Cochlear implants and procedure related hospitalization expenses
26. Cost of spectacles and contact lens(in excess of what is specifically provided), hearing aids, Cochlear implants and procedures, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids
27. Hospital registration charges, admission charges, telephone charges and such other charges
28. Any hospitalizations which are not Medically Necessary / doesnot warrant Hospitalization
29. Other Excluded Expenses as detailed in the website www.starhealth.in

B. Applicable for Section 10

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
2. Any injuries/conditions which are Pre-existing conditions
3. Any claim arising out of Accidents that the Insured Person has caused
   i. intentionally or
   ii. by committing a crime / involved in it or
   iii. as a result of / in a state of drunkenness or addiction (drugs, alcohol).
4. Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from.
5. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detainments of all kings princes and people of whatever nation, condition or quality whatsoever.
6. Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
7. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
8. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel.
9. Nuclear weapons material
10. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
11. Nuclear, chemical and biological terrorism
12. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.
13. Participation in Hazardous Sport / Hazardous Activities
14. Persons who are physically and mentally challenged, unless specifically agreed and endorsed in the policy.
15. Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.
16. Any payment in case of more than one claim under the policy during the period of insurance by which the maximum liability of the Company in that period would exceed the amount specified in the Schedule

17. Any other claim after a claim has been admitted by the Company and becomes payable for Death or Permanent Total Disablement, as mentioned in Table.
18. Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly.
19. Any claim for Death or Permanent Total Disablement of the Insured Person from self-endangerment unless in self-defense or to save human life.

5. CONDITIONS:

1. The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance of fulfillment of the terms, provision, conditions and endorsements of this policy by the Insured Person/s, in so far as they relate to anything to be done or complied with by the Insured Person/s, shall be a condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions, and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.
2. Upon the happening of the event, notice with full particulars shall be sent to the Company within 24 hours from the date of occurrence of the event irrespective of whether the event is likely to give rise to a claim under the policy or not.
3. Claim must be filed within 15 days from the date of discharge from the Hospital.
   Post hospitalization bills are to be submitted within 15 days after completion of 90 days from the date of discharge from hospital
   Note: Conditions 2 and 3 are precedent to admission of liability under the policy.
   However the Company will examine and relax the time limit mentioned in these conditions depending upon the merits of the case.
4. Any medical practitioner authorized by the Company shall be allowed to examine the Insured Person in case of any alleged injury or diseases requiring Hospitalization when and as often as the same may reasonably be required on behalf of the Company at Company's cost.
5. The Company shall not be liable to make any payment under the policy in respect of any claim if information furnished at the time of proposal is found to be incorrect or false or such claim is in any manner fraudulent or supported by any fraudulent means or device, misrepresentation whether by the Insured Person or by any other person acting on his behalf.
6. The Insured Person/s shall obtain and furnish the Company with all original bills, receipts and other documents upon which a claim is based and shall also give the Company such additional information and assistance as the Company may require in dealing with the claim.
   Claiming process and documents to be submitted in support of claim:
   For Reimbursement claims:
   a. Duly completed claim form, and
   b. Pre Admission investigations and treatment papers.
   c. Discharge Summary from the hospital
   d. Cash receipts from hospital, chemists
   e. Cash receipts and reports for tests done
   f. Receipts from doctors, surgeons, anesthetist
   g. Certificate from the attending doctor regarding the diagnosis.
   h. Copy of PAN card

For Cashless Treatment:

a. Call the 24 hour help-line for assistance - 1800 425 2255/1800 104 2277
b. Inform the ID number for easy reference
c. On admission in the hospital, produce the customer ID Card issued by the Company at the Hospital Helpdesk
d. Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
e. 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
f. The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate.
g. 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.
h. In case of emergency hospitalization information to be given within 24 hours after hospitalization
i. 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 or refer to the list of Networked Hospitals provided with the policy document.

In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents

Note: The Company reserves the right to call for additional documents wherever required.

Denial of a Pre-authorization request is in no way to be construed as denial of treatment or denial of coverage. The Insured Person can go ahead with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.

Claims of Out Patient Consultations / treatments will be settled on a reimbursement basis on production of cash receipts.

For Accidental Death Claims:-

a. Death Certificate
b. Post-mortem Certificate, if conducted
c. FIR (wherever required)
d. Police Investigation report (wherever required)
e. Viscera Sample Report (wherever required)
f. Forensic Science Laboratory report (wherever required)
g. Legal Heir Certificate
h. Succession Certificate (wherever required)

For Permanent Total Disablement Claims:

Certificate from Government doctor confirming the disability and its percentage

Note:

1. The Company authorized doctor may examine the insured if required
2. The Company reserves the right to call for additional documents wherever required

The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy

7. Any medical practitioner authorized by the **Company** shall be allowed to examine the Insured Person in case of any alleged injury or diseases requiring hospitalization when

and as often as the same may reasonably be required on behalf of the Company at Company's Cost.

8. **Renewal:** The policy will be renewed except on grounds of misrepresentation / Non-disclosure of material fact as declared in the proposal form and at the time of claim, fraud committed / moral hazard or non cooperation of the insured. A grace period of 30 days from the date of expiry of the policy is available for renewal. If renewal is made within this 30 days period, the continuity of benefits with reference to waiting periods 3 (I), 3 (II) and 3 (III) will be allowed.
   Note: 1. The actual period of cover will start only from the date of payment of premium.
   2**.** Renewal premium is subject to change with prior approval from Regulator
9. **Modification of the terms of the policy**
   The Company reserves the right to modify the policy terms and conditions or modify the premium of the policy with the prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance
10. **Withdrawal of the policy:** The Company reserves the right to withdraw the product with prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance and the insured shall have the option to choose to be covered by an equivalent or similar policy offered by the Company.

11. **Revision of Sum Insured:**
    Reduction or enhancement of Basic Sum Insured is permissible only at the time of renewal.
    The acceptance for enhancement and the amount of enhancement will be at the discretion of the Company. Where the basic sum insured is enhanced, the amount of such additional basic sum insured including the respective sublimits shall be subject to the following terms
    Waiting period as under shall apply afresh from the date of such enhancement for the increase in the Basic Sum Insured, that is, the difference between the expiring policy Basic Sum Insured and the increased current Basic Sum Insured.
    a) First 30 days as per Clause 3 (I)
    b) 24 months with continuous coverage without break (with grace period) in respect of diseases / treatments as per clause 3 (II)
    c) 36 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases as per clause 3 (III).
    d) 36 months of continuous coverage without break (with grace period) for diseases / conditions diagnosed / treated irrespective of whether any claim is made or not in the immediately preceding three policy periods
    e) The above applies to each relevant insured person
12. Following an admissible claim under Section-10 the coverage under Personal Accident insurance upon renewal will be applicable for the person to be chosen by the Proposer at the time of renewal, subject to other terms, conditions contained herein
13. **Instalment Premium Options:** If the Insured / proposer chooses to pay the premium in instalments, the following conditions will apply.
    a. It is hereby made clear that in the event of a claim being found admissible / considered for settlement, the Company would automatically deduct the premiums due for all future instalments, until date of expiry of policy from the claim amount payable. This clause will not apply to claims arising under "Cost of Health Check up"
    b. In the event of the claim amount payable is less than the sum total of future instalments payable under the policy, the claim amount will be paid only if the insured remits the entire

future instalments immediately. Instalment facility cannot be availed for midterm inclusion of family members.

c. Insured has relaxation period of 7 consecutive days immediately following the premium instalment due date during which a payment can be made to continue a policy in force. Coverage will not be available during this relaxation period. However the continuity of benefits with reference to waiting periods will be allowed.

d. Policy stands automatically terminated if the due instalment is not received within the relaxation period of 7 days. There shall be no renewal permissible of such lapsed policy of insurance, by subsequent payment of premium. Only a fresh and separate policy of insurance shall be issued as in any other case of mediclaim contract of insurance

e. 80D certificate and deduction will be available on instalment premium paid in any mode other than Cash during the year. Certificate will be issued with each amount paid.

14. **Free Look Period:** At the time of inception of the policy, the Insured will be allowed a period of 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the policy if not acceptable. In such a case , the premium refund shall be as follows :

    If the Insured has not made any claim during the free look period, the Insured shall be entitled to –

    1) a refund of the premium paid less any expenses incurred by the Insurer on medical examination of the insured persons and the stamp duty charges
       or
    2) where the risk has already commenced and the option of return of the policy is exercised by the policy holder, a deduction towards the proportionate risk premium for period on cover
       or
    3) where only a part of the insurance coverage has commenced , such proportionate premium commensurate with the insurance coverage during such period.

    Free look period shall not be applicable at the time of renewal

15. **Cumulative Bonus** (Applicable for Section 1 other than 1H, Section 4 , Section 7 and Section 9)

    Where the sum insured under the policy is Rs.5,00,000/-, the insured person would be entitled to the benefit of Cumulative Bonus calculated at 50% of the basic sum insured under this policy following after every claim free year up to a maximum of 100%.

    Where the sum insured under the policy is Rs.7,50,000/-or above, the insured person would be entitled to the benefit of Cumulative Bonus calculated at 100% of the basic sum insured under this policy following a claim free year. The maximum benefit of bonus is 100% of the basic sum insured.

    Special Conditions

    1. The Cumulative Bonus will be calculated on the expiring Basic Sum Insured or on the renewed Basic Sum Insured whichever is less.

    2. If the insured opts to reduce the Basic Sum Insured at the subsequent renewal, the limit of indemnity by way of such Cumulative Bonus shall not exceed such reduced basic sum insured.

    3. In the event of a claim resulting in :-

    a. Partial utilization of Basic Sum Insured, such cumulative bonus so granted will be reduced at the same rate at which it has accrued.

    b. Full utilization of Basic Sum Insured and nil utilization of cumulative bonus accrued, such cumulative bonus so granted will be reduced at the same rate at which it has accrued.

c. Full utilization of Basic Sum Insured and partial utilization of cumulative bonus accrued, the cumulative bonus granted on renewal will be the balance cumulative bonus available and will be reduced at the same rate at which it has accrued
d. Full utilization of Basic Sum Insured and full utilization of cumulative bonus accrued, the cumulative bonus granted on renewal will be "nil" or "zero

16. **Automatic Restoration of Sum Insured (Applicable for Section 1 Only)**
There shall be automatic restoration of the Basic Sum Insured by 100% immediately upon exhaustion of the Basic Sum Insured and accrued Cumulative Bonus if any, once during the policy period
It is made clear that such restored Sum Insured can be utilized for illness /disease for which claim/s was / were already made.
Such restoration will be available for section 1 other than Section 1H.
17. **Co-payment:** This policy is subject to co-payment of 10% of each and every claim amount for fresh as well as renewal policies for insured persons whose age at the time of entry is above 60 years. This co-payment will not apply for those insured persons who have entered the policy before attaining 60 years of age and renew the policy continuously without any break. This co-payment is applicable for Section 1 A to 1 G, 1 I, Section 4, Section 7 and Section 9
18. **Disclosure to information norms:** The policy shall become void and all premium paid hereon shall be forfeited to the Company, in the event of non disclosure of any material fact and/or mis-representation, fraud, moral hazard, mis description as declared in the proposal form and/or claim form at the time of claim.
19. **Cancellation**: The Company may cancel this policy on grounds of non co-operation of the insured by sending the Insured 30 days notice by registered letter at the Insured person's last known address in which case the refund of premium will be on pro-rata basis. The insured may at any time cancel this policy and in such event the Company shall allow refund after retaining premium at Company's short Period rate only (table given below) provided no claim has occurred up to the date of cancellation

Cancellation table applicable for Policy Term 1 Year without instalment option	
Period on risk	**Rate of premium to be retained**
Up to one mth	22.5% of the policy premium
Exceeding one mth up to 3 mths	37.5% of the policy premium
Exceeding 3 mths up to 6 mths	57.5% of the policy premium
Exceeding 6 mths up to 9 mths	80% of the policy premium
Exceeding 9 mths	Full of the policy premium

Cancellation table applicable for Policy Term 1 Year with instalment option of Half-yearly premium payment frequency	
Period on risk	**Rate of premium to be retained**
Up to 1 Mth	45% of the total premium received
Exceeding one mth up to 4 mths	87.5% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	65% of the total premium received
Exceeding 7 mths up to 10 mths	85% of the total premium received
Exceeding 10 mths	100% of the total premium received

Cancellation table applicable for Policy Term 1 Year with instalment option of Quarterly premium payment frequency	
Period on risk	**Rate of premium to be retained**
Up to 1 Mth	87.5% of the total premium received
Exceeding one mth up to 3 mths	100% of the total premium received
Exceeding 3 mths up to 4 mths	87.5% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	85% of the total premium received
Exceeding 7 mths up to 9 mths	100% of the total premium received
Exceeding 9 mths up to 10 mths	85% of the total premium received
Exceeding 10 mths	100% of the total premium received

Cancellation table applicable for Policy Term 2 Year without instalment option	
Period on risk	**Rate of premium to be retained**
Up to 1 Mth	17.5% of the policy premium
Exceeding one mth up to 3 mths	25% of the policy premium
Exceeding 3 mths up to 6 mths	37.5% of the policy premium
Exceeding 6 mths up to 9 mths	47.5% of the policy premium
Exceeding 9 mths up to 12 mths	57.5% of the policy premium
Exceeding 12 mths up to 15 mths	67.5% of the policy premium
Exceeding 15 mths up to 18 mths	80% of the policy premium
Exceeding 18 mths up to 21 mths	90% of the policy premium
Exceeding 21 mths	Full of the policy premium
Cancellation table applicable for Policy Term 2 Year with instalment option of Half-yearly premium payment frequency	
Up to 1 Mth	45% of the total premium received
Exceeding one mth up to 4 mths	87.5% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	65% of the total premium received
Exceeding 7 mths up to 10 mths	85% of the total premium received
Exceeding 10 mths up to 12 mths	100% of the total premium received
Exceeding 12 mths up to 15 mths	90% of the total premium received
Exceeding 15 mths up to 18 mths	100% of the total premium received
Exceeding 18 mths up to 21 mths	90% of the total premium received
Exceeding 21 mths	100% of the total premium received
Cancellation table applicable for Policy Term 2 Year with instalment option of Quarterly premium payment frequency	
Up to 1 Mth	87.5% of the total premium received

Exceeding 1 mth up to 3mths	100% of the total premium received
Exceeding 3 mths up to 4 mths	87.5% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	85% of the total premium received
Exceeding 7 mths up to 9 mths	100% of the total premium received
Exceeding 9 mths up to 10 mths	85% of the total premium received
Exceeding 10 mths up to 12 mths	100% of the total premium received
Exceeding 12 mths up to 13 mths	97.5% of the total premium received
Exceeding 13 mths up to 15 mths	100% of the total premium received
Exceeding 15 mths up to 16 mths	95% of the total premium received
Exceeding 16 mths up to 18 mths	100% of the total premium received
Exceeding 18 mths up to 19 mths	95% of the total premium received
Exceeding 19 mths up to 21 mths	100% of the total premium received
Exceeding 21 mths up to 22 mths	92.5% of the total premium received
Exceeding 22 mths	100% of the total premium received

Cancellation table applicable for Policy Term 3 Year without instalment option	
Period on risk	**Rate of premium to be retained**
Up to 1 Mth	17.5% of the policy premium
Exceeding one mth up to 3 mths	22.5% of the policy premium
Exceeding 3 mths up to 6 mths	30% of the policy premium
Exceeding 6 mths up to 9 mths	37.5% of the policy premium
Exceeding 9 mths up to 12 mths	42.5% of the policy premium
Exceeding 12 mths up to 15 mths	50% of the policy premium
Exceeding 15 mths up to 18 mths	57.5% of the policy premium
Exceeding 18 mths up to 21 mths	65% of the policy premium
Exceeding 21 mths up to 24 mths	72.5% of the policy premium
Exceeding 24 mths up to 27 mths	80% of the policy premium
Exceeding 27 mths up to 30 mths	85% of the policy premium
Exceeding 30 mths up to 33 mths	92.5% of the policy premium
Exceeding 33	Full of the policy premium
Cancellation table applicable for Policy Term 3 Year with instalment option of Half-yearly premium payment frequency	
Up to 1 Mth	45% of the total premium received
Exceeding 1 mth up to 4 mths	87.5% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	65% of the total premium received
Exceeding 7 mths up to 10 mths	85% of the total premium received
Exceeding 10 mths up to 12 mths	100% of the total premium received
Exceeding 12 mths up to 15 mths	90% of the total premium received
Exceeding 15 mths up to 18 mths	100% of the total premium received
Exceeding 18 mths up to 21 mths	90% of the total premium received
Exceeding 21 mths up to 24 mths	100% of the total premium received
Exceeding 24 mths up to 27 mths	95% of the total premium received
Exceeding 27 mths up to 30 mths	100% of the total premium received
Exceeding 30 mths up to 33 mths	92.5% of the total premium received
Exceeding 33 mths	100% of the total premium received
Cancellation table applicable for Policy Term 3 Year with instalment option of Quarterly premium	

payment frequency	
Up to 1 mth	87.5% of the total premium received
Exceeding 1 mth up to 3 mths	100% of the total premium received
Exceeding 3 mth up to 4mths	87.5% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	85% of the total premium received
Exceeding 7 mths up to 9 mths	100% of the total premium received
Exceeding 9 mths up to 10 mths	85% of the total premium received
Exceeding 10 mths up to 12 mths	100% of the total premium received
Exceeding 12 mths up to 13 mths	97.5% of the total premium received
Exceeding 13 mths up to 15 mths	100% of the total premium received
Exceeding 15 mths up to 16 mths	95% of the total premium received
Exceeding 16 mths up to 18 mths	100% of the total premium received
Exceeding 18 mths up to 19 mths	95% of the total premium received
Exceeding 19 mths up to 21 mths	100% of the total premium received
Exceeding 21 mths up to 22 mths	92.5% of the total premium received
Exceeding 22 mths up to 24 mths	100% of the total premium received
Exceeding 24 mths up to 25 mths	97.5% of the total premium received
Exceeding 25 mths up to 27 mths	100% of the total premium received
Exceeding 27 mths up to 28 mths	97.5% of the total premium received
Exceeding 28 mths up to 30 mths	100% of the total premium received
Exceeding 30 mths up to 31 mths	95% of the total premium received
Exceeding 31 mths up to 33 mths	100% of the total premium received
Exceeding 33 mths up to 34 mths	95% of the total premium received
Exceeding 34 mths	100% of the total premium received

Note : If the premium is paid Monthly, cancellation of policy will be on “No Refund Basis”

20. **Automatic Expiry**: The insurance under this policy with respect to each relevant Insured Person shall expire immediately on the earlier of the following events:
    - ✓ Upon the death of the Insured Person. This also means that in case of family floater policy, cover for the other surviving members of the family will continue, subject to other terms of the policy.
    - ✓ Upon exhaustion of the Limit of CoveragePlus Restored Basic Sum Insured under the policy
21. **Arbitration** If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 daysof any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.
    It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

It is also further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not, within three years from the date of such disclaimer have been made the subject matter of a suit in a Court of Law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

22. All claims under this policy shall be payable in Indian currency. All treatments under this policy shall have to be taken in India.
23. **Relief under Section 80-D**: Insured Person is eligible for relief under Section 80-D of the IT Act in respect of the premium paid by any mode other than cash.
24. **IMPORTANT NOTE**
    a) Where the policy is issued for more than 1 year, the Basic Sum Insured including sublimits, cumulative bonus (if applicable), automatic restoration benefit (if applicable is for each of the year, without any carry over benefit thereof. The said benefits / covers available for the 2nd year or 3 year cannot be utilized in the 1st year itself. The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract, must be complied with and applies to each policy year"
    b) Where the policy is issued on floater basis, the basic sum insured, cumulative bonus and other related benefits floats amongst the insured persons.
    c) The Policy Schedule and any Endorsement are to be read together and any word or such meaning wherever it appears shall have the meaning as stated in the Act / Indian Laws
    d) The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract, must be complied with and applies to each relevant insured person. Failure to comply with may result in the claim being denied.
    e) The attention of the policy holder is drawn to our website www.starhealth.in for anti fraud policy of the company for necessary compliance by all stake holders.
25. **Policy disputes**: Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law.
26. **Notices** : Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile/email to Star Health and Allied Insurance Company Limited, No 1 New Tank Street, ValluvarKottam High Road Nungambakkam Chennai 600034 Fax 04428319100 Toll Free Fax No. 1800 425 5522
    E-Mail support@starhealth.in.
    Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.
27. **Customer Service** If at any time the Insured Person requires any clarification or assistance, the insured may contact the offices of the Company at the address specified, during normal business hours
28. **Grievances**: In case the Insured Person is aggrieved in any way, the Insured may contact the Company at the specified address, during normal business hours.
    Grievance Department: Star Health and Allied Insurance Company Limited, No 1, New Tank Street, ValluvarKottam High Road, Nungambakkam, Chennai - 600034. or Call 044-28233921 during normal business hours or Send e-mail to grievances@starhealth.in. Senior Citizens may call 044-28243923
    In the event of the following grievances:

a. any partial or total repudiation of claims by an insurer;
b. any dispute in regard to premium paid or payable in terms of the policy;
c. any dispute on the legal construction of the policies in so far as such disputes relate to claims;
d. delay in settlement of claims;
e. non-issuance of any insurance document to customer after receipt of the premium.

the insured person may approach the Insurance Ombudsman at the address given below, within whose jurisdiction the branch or office of Star Health and Allied Insurance Company Limited or the residential address or place of the policy holder is located.

List of Ombudsman	
Office Details	Jurisdiction of Office Union Territory,District)
AHMEDABAD - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, JeevanSoudhaBuilding,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka.
BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, JanakVihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR - Shri/Smt..... Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.
CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.

CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of ondicherry).
DELHI - Shri/Smt..... Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi.
GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, JeevanNivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR - Smt. SandhyaBaliga Office of the Insurance Ombudsman, JeevanNidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in	Rajasthan.
ERNAKULAM - Ms.PoonamBodra Office of the Insurance Ombudsman,	Kerala, Lakshadweep,

2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Mahe-a part of Pondicherry.
KOLKATA - Shri/Smt..... Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW -Shri/Smt..... Office of the Insurance Ombudsman, 6th Floor, JeevanBhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, JeevanSevaAnnexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - Shri/Smt..... Office of the Insurance Ombudsman, BhagwanSahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: GautamBuddh Nagar, U.P-201301.	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad,

Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA - Shri/Smt..... Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand.
PUNE - Shri/Smt..... Office of the Insurance Ombudsman, JeevanDarshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.