



## STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam,  
Chennai - 600 034. ★ Phone : 044 - 28288800 ★ Email : support@starhealth.in  
Website : www.starhealth.in ★ CIN : U66010TN2005PLC056649 ★ IRDAI Regn. No. : 129

### Kind Attention : Policyholder

Please check whether the details given by you about the insured persons in the proposal form (a copy of which was provided at the time of issuance of cover for the first time) are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the person/s covered would be taken as correct.

So also the coverage details may also be gone through and in the absence of any communication from you within 15 days from the date of receipt of this policy, it would be construed that the policy issued is correct and the claims if any arise under the policy will be dealt with based on proposal / policy details.



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### Customer Information Sheet - STAR CANCER CARE GOLD (PILOT PRODUCT)

Unique Identification No.: SHAHLIP18046V011718

TITLE	Description	Refer to Policy Clause Number
What am I Covered for	a. Section 1: Covers recurrence, metastasis, and/or second malignancy	Section 1
	b. Section 2: Covers Surgery and Interventional Therapy (Other than cancer and cancer related ailments)	Section 2
	c. Section 3: Covers Non-Surgery and Non-Interventional Therapy(Other than cancer and cancer related ailments)	Section 3
What are the Major Exclusions in the policy	I. Any hospital admission primarily for investigation diagnostic purpose	D (18)
	II. Pregnancy, infertility	D (12) and D(13)
	III. treatment outside India	F (14)
	IV. Circumcision, Sex change surgery, cosmetic surgery & plastic surgery	D (2), D(24) and D(25)
	V. Refractive error correction, hearing impairment correction, corrective and cosmetic dental surgeries	D (17) and D(5)
	VI. Substance abuse, self inflicted injuries, STDs and HIV/AIDS	D (9) and D (11)
	VII. War, civil war or breach of law	E(1) E(2)
	VIII. Any kind of service charge, surcharge, admission fees, registration fees levied by the hospital	D (27)
	<b>Note: The above is a partial listing of the policy exclusions. Please refer to the policy clause for the full listing</b>	
Waiting Periods	<b>Initial Waiting Period:</b> A waiting period of 30 months from the date of commencement of this policy and its continuous renewal without break will apply. Applicable for Section 1 only	C (I)
	<b>Specific waiting period</b> (Applicable for Section 2 and Section 3): 30 days	C II (1)
	(Applicable for Section 2 and Section 3): 24 months	C II (2)
	<b>Pre-existing diseases</b> (Applicable for Section 2 and Section 3) – 48 months	C II (3)

TITLE	Description	Refer to Policy Clause Number
Payment basis	<b>Section 1: Fixed amount on the occurrence of a covered event</b>	Section 1
	<b>Section 2: Indemnity both cashless and reimbursement (Surgical and Interventional Therapy)</b>	Section 2
	<b>Section 3: Indemnity both cashless and reimbursement (Non Surgical and Non Interventional Therapy)</b>	Section 3
Loss Sharing	In case of a claim, this policy required you to share the costs <b>Sublimits:</b> a. Room expenses upto the cost of Single Standard A/c Room	Section 2 (a) and Section 3
	<b>b. Copayment:</b> 10% of each and every claim applicable to persons aged above 60 years at entry level and the renewals thereafter	Note – (c) Below Section 2 and Section 3
Renewal Conditions	Renewal	F(6)
	Grace period of 30 days for renewing the policy is provided	F (6b)
Renewal Benefits		Nil
Cancellation	Policy can be cancelled on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in proposal form / at the time of claim, or non-co-operation by the insured person, by sending the insured 30 days notice without refund of premium	F (10)
Claims	For Cashless Service:	F (3)
	For Reimbursement of claim:	
Policy servicing /Grievances / Complaints	Company Officials IRDAI/(IGMS/Call Centre) Ombudsman	F(18) and F (19)
Insured's Rights	Free Look:	F (9)
	Implied renewability	F(6)
	Migration and Portability	F (12)
	Increase in SI during policy term	F(7)
	Turn Around Time (TAT) for issue of Pre-Auth and Settlement of Reimbursement	F(2)
Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non disclosure may result in claim not being paid	F (5)
	Disclosure of Material Information during the policy period such as change in occupation	Not Applicable

**(LEGAL DISCLAIMER) NOTE:** The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the Customer Information Sheet and the policy document, the terms and conditions mentioned in the policy document shall prevail



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The proposal, declaration and other documents 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:

### A. Coverage

#### SECTION 1:

If during the period stated in the Schedule the insured person suffers a recurrence, metastasis, and / or a second malignancy unrelated to first cancer, then the Company will pay as lump sum the amount stated in the Schedule for Section 1

Note:

1. A waiting period of 30 months applies for this Section.
2. Claim under this section is admissible only if treatment for recurrence, metastasis and/or a second malignancy unrelated to first cancer commences after 30 months from first inception of Star Cancer Care Gold (Pilot Product)
3. On an admissible claim for lump-sum, the coverage under Section 1 ceases and the policy will continue with Section 2 and Section 3 for the sum insured stated in the schedule for the remaining policy period.
4. On an admissible claim for lump-sum under Section 1, the subsequent renewal, will be for Section 2 and Section 3

#### SECTION 2:

If during the period stated in the Schedule the **insured person** sustains bodily **injury** through **accident** or contracts any **disease** or suffer from any **illness** (other than cancer and cancer related ailment) requiring Hospitalization and incurs expenses for **Surgery and Interventional Therapy** at any **Nursing Home / Hospital** in India as an **In-patient**, the **Company** will indemnify the **Insured Person** such expenses as are **reasonably and necessarily** incurred under the heads given below but not exceeding the Sum Insured stated in the schedule.

- a) Room (Single Standard A/c), Boarding, Nursing expenses as provided by the Hospital / Nursing Home.
- b) Surgeon, Anesthetist, **Medical Practitioner**, Consultants, Specialist Fees.
- c) Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical appliances, Medicines and Drugs, Diagnostic materials and X-ray, Diagnostic imaging modalities, cost of pacemaker, stent, similar expenses. With regard to coronary stenting, the company will pay such amount up to the extent of the cost of bare metal stent/drug eluting cobalt-chromium stent/drug eluting stainless steel stent. In respect of medicines, Implants and such other similar items, the Company will pay up to the cost of alternate indigenous make.
- d) Emergency Ambulance charges up-to a sum of Rs. 1,500/- per hospitalization and overall limit of Rs. 2,000/- per policy period for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment, provided however there is an admissible claim under the policy.
- e) Relevant **Pre-Hospitalization** medical expenses incurred for a period not exceeding 30 days prior to the date of hospitalization, for the disease/illness, injury sustained following an admissible claim under the policy.
- f) **Post Hospitalization** medical expenses incurred for a period of 60 days from the date of discharge from the hospital towards Consultant fees, Diagnostic charges, Medicines and Drugs wherever recommended by the Hospital / Medical Practitioner, where the treatment was taken, following an admissible claim provided however such expenses so incurred are in respect of ailment for which the insured person was hospitalized.

#### SECTION 3

If during the period stated in the Schedule the **insured person** sustains bodily **injury** through **accident** or contracts any **disease** or suffer from any **illness** (other than cancer and cancer related ailment) requiring **Hospitalization** and incurs expenses for **Non-surgical/ Non-interventional therapy** at any **Nursing Home / Hospital** in India as an **In-patient**, the **Company** will indemnify the **Insured Person's** such expenses as are **reasonably and necessarily** incurred as under Section 2 (a) to (f) above.

**Note: (Applicable for Section 2 and Section 3)**

- a. Expenses incurred on treatment for cancer shall not be payable under Section 2 and Section 3
- b. Expenses relating to hospitalization will be considered in proportion to the eligible room rent stated in the policy or actual whichever is less.
- c. **Co-payment:** A copayment of 10% of each and every claim amount is applicable for fresh as well as renewal policies for insured persons whose age at the time of entry is above 60 years
- d. The expenses as above are payable only where the In-patient Hospitalization is for a minimum period of 24 hours. However this time limit will not apply to the day-care treatments.

## B. Definitions

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

**Cashless Service** means a facility extended by the insurer to the insured where the payments, of the costs 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 is approved.

**Company** means Star Health and Allied Insurance Company Limited.

**Cancer** means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded from the scope of this definition

- i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii. Malignant melanoma that has not caused invasion beyond the epidermis;
- iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic lymphocytic leukaemia less than Rai stage 3
- vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- ix. All tumors in the presence of HIV infection

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

**Co-payment** means 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.

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

**a) Internal Congenital Anomaly:** Congenital anomaly which is not in the visible and accessible parts of the body.

**b) External Congenital Anomaly:** Congenital anomaly which is in the visible and accessible parts of the body.

**Day Care Centre** means any institution established for day care treatment of illness and / or injuries or a medical set up with 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 criterion as under

- i) has qualified nursing staff under its employment;
- ii) has qualified medical practitioner/s in charge;
- iii) has a fully equipped operation theatre of its own where surgical procedures are carried out;
- iv) maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

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

- i. undertaken under General or Local anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
- ii. 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 related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

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

**Disclosure to information norm:** The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

**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.

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

**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:

- i. has qualified nursing staff under its employment round the clock;
- ii. 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;
- iii. has qualified medical practitioner(s) in charge round the clock;
- iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
- v. 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 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours

**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.

**Interventional Therapy:** Any Therapeutic, Interventional, Radiological/Endovascular/Endoscopic Procedures.

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

**Insured Person** means the name/s of persons 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.

**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.

**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.

**Medical Practitioner** means 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 there by entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.

**Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:

- i. is required for the medical management of the illness or injury suffered by the insured;
- ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- iii. must have been prescribed by a medical practitioner;
- iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

**Metastasis** is spread of cancer from the part of the body where it started (the primary site) to other parts of the body.

**Network Hospital** means hospitals or health care providers enlisted by an insurer, TPA or jointly by an insurer and TPA to provide medical services to an insured by a cashless facility.

**Non-Network Hospital** means any hospital, day care center or other provider that is not part of the network.

**Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

**Pre-Existing Disease** means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.

**Pre-hospitalization** means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

**Post-Hospitalization** means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:

- i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
- ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

**Portability** means the right accorded to an individual health insurance policyholder (including family cover), to transfer the credit gained for pre existing condition and time bound exclusions, from one insurer to another or from one plan to another plan of the same insurer

**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.

**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

**Recurrence of cancer** means the same cancer coming back after some period of time

**Renewal** means 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 gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

**Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

**Single Standard 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 a deluxe room or a suite

**Sum Insured** means the Sum Insured Opted for and for which the premium is paid.

**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 from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner

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

## C. Waiting periods

### I. Applicable for Section 1

A waiting period of 30 months from the date of commencement of this policy and its continuous renewal without break will apply.

For policies which are issued with continuity of benefits under portability guidelines either from existing health products of the Company or from any other General / Standalone Health Insurance Company, this waiting period of 30 months will apply from the commencement of Star Cancer Care Gold and its renewal without break.

### II. Applicable for Section 2 and Section 3

1. A waiting period of 30 days from the inception of this policy will apply in respect of disease / illness contracted by the insured person during this period.
2. A waiting period of 24 consecutive months of continuous coverage from the inception of this policy will apply to the following specified ailments / illness / diseases:-
  - 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) Treatments (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) 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) Treatment (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) Treatments (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
  - m) All types of transplant and related surgeries.
  - n) Congenital Internal disease / defect

If these are pre-existing at the time of proposal they will be covered subject to waiting period 3 below
3. Pre Existing Diseases, as defined in the policy until 48 consecutive months of continuous coverage have elapsed since inception of the first policy with any Indian General/ Health Insurer.

The waiting period 1,2 and 3 above are subject to Portability regulations.

## D. Exclusions (Applicable for Section 2 and Section 3)

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. Treatment for Cancer and Cancer related ailments.
2. Circumcision, Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA
3. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons)
4. Congenital External Condition / Defects / Anomalies
5. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable)
6. Convalescence, general debility, run-down condition or rest cure, Nutritional deficiency states.

7. Psychiatric, mental and behavioral disorders.
8. Intentional self injury
9. Use of intoxicating substances, substance abuse, drugs / alcohol, smoking and tobacco chewing
10. Venereal Disease and Sexually Transmitted Diseases,
11. All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympho Tropic Virus type III (HTLV- III) or Lymphadenopathy Associated Virus (LAV) or HIV/AIDS.
12. Treatment arising from or traceable to pregnancy, childbirth, family planning, miscarriage, abortion and complications of any of these (other than ectopic pregnancy).
13. Treatment for Sub-Fertility, Assisted Conception and or other related complications of the same.
14. Expenses incurred on weight control services including surgical procedures such as Bariatric Surgery and /or medical treatment of obesity.
15. Treatment of Sleep apnea, treatment for genetic and endocrine disorders.
16. 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 herein under exclusion no. 16.
17. Expenses incurred on Lasik Laser or other procedures Refractive Error Correction and its complications, all treatment for disorders of eye requiring intra-vitreous injections.
18. 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.
19. 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.
20. Naturopathy, Unconventional, Untested, Unproven, Experimental therapies.
21. Stem cell Therapy, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy.
22. Immuno therapy and Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted.
23. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicines other than Allopathy
24. All types of Cosmetic, Aesthetic treatment of any description, all treatment for erectile dysfunctions, Change of Sex.
25. Plastic surgery (other than as necessitated due to an accident or as a part of any illness),
26. Cost of spectacles and contact lens, hearing aids, walkers and crutches, wheel chairs, Nutritional Supplements, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis [CAPD], infusion pump and such other similar aids, Cochlear implants and procedure related hospitalization expenses
27. Hospital registration charges, admission charges, record charges, telephone charges and such other charges
28. Other excluded expenses as detailed in the website "www.starhealth.in"

#### E. Exclusions applicable for all sections

1. 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)
2. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials.

#### F. Conditions (Applicable for all Sections):

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 hospitalization, notice with full particulars shall be sent to the Company within 24 hours from the time / date of occurrence of the event.
 

**Applicable for Section 1:** Claim must be filed within 15 days from the date of commencement of treatment and must be supported by clinical, radiological, histological, pathological, histo-pathological and laboratory evidence.

**Applicable for Section 2 and Section 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 60 days from the date of discharge from hospital

**Note:** This is condition 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.
3. 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.

**For Section 1**

- a. Certificate from the Treating Doctor confirming the Cancer diagnosis
- b. Clinical, radiological, histological, pathological, histopathological and laboratory reports in support.
- c. Supporting documents confirming the treatment.

**For Section 2 and Section 3**

Documents to be submitted in support of claim are.

**For Reimbursement Claims:**

- a. Duly completed claim form, and
- b. Pre Admission investigations and treatment papers.
- c. Discharge Summary from the hospital in original
- d. Cash receipts from hospital, chemists
- e. Cash receipts and reports for tests done
- f. Receipts from Doctors, Surgeons, Anaesthetist
- g. Certificate from the attending doctor regarding the diagnosis.
- h. Copy of PAN Card
- i. NEFT details

**For Cashless Treatment:**

- a. Call the 24 hour help-line for assistance - **1800 425 2255/ 1800 102 4477**
- b. Inform the ID number for easy reference
- c. On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk
- d. Obtain the Pre-authorization Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
- e. The Treating Doctor will complete the hospitalization / treatment information and the hospital will fill up expected cost of treatment.
- f. This form is submitted to the Company
- g. The Company will process the request and call for additional documents/ clarifications if the information furnished is inadequate.
- h. 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.
- i. In case of emergency hospitalization information to be given within 24 hours after hospitalization
- j. Cashless facility can be availed only in networked Hospitals.

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 permissible reimbursement.

In non-network hospitals payment must be made up-front by Insured /Insured Person and then reimbursement will be effected on submission of documents upon its admissibility.

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

In case of delay in payment of any claim that has been admitted as payable under the Policy terms and conditions, beyond the time period as prescribed under IRDA (Protection of Policyholders Regulation), 2017, the Company shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim has fallen due. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.

4. Any medical practitioner authorized by the company shall be allowed to examine the **Insured Person/s** 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 the 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. Renewal:****IMPORTANT:**

1. Where a claim is paid / payable under Section 1 the coverage under Section 1 will cease. However the policy will continue until the date of expiry with coverage under Section 2 and Section 3. Thereafter the policy will be renewed with Section 2 and Section 3 only.
2. This policy is offered on a pilot basis. Therefore renewal under this policy shall be upto the time the pilot product is offered. Until the product is withdrawn, 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. The Company may withdraw the product at any time in case it is found unviable to continue. In the event of the Company withdrawing the product the insured will be intimated three months in advance prior to their renewal due date and the insured person shall be offered a suitable alternate product as decided by the Company with the specific exclusion of the disease / condition for which the pilot product



was introduced and the coverage will be subject to the terms and conditions of the alternate product. Credit period shall be provided for time bound waiting period in the alternate product for the duration the pilot product policy was in force.

- b. 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 waiting periods stated will be available. Any Disease/illness contracted or injury sustained during the grace period will be deemed as Pre-existing and will be subject to waiting period as stated under C-I and C-II(3) from the date of payment of renewal premium.

**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

7. **Enhancement of Sum insured:** Sum insured once opted cannot be enhanced even on renewal.

8. **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.

9. **Free Look Period:** A free look period of 15 days from the date of receipt of the policy by the insured is available to the insured to review the terms and conditions of the policy. In case the insured is not satisfied with the terms and conditions, the insured may seek cancellation of the policy and in such an event the Company may allow refund of premium paid after adjusting stamp duty charges and proportionate risk premium for the period concerned provided no claim has been made until such cancellation.

Free look period is not applicable at the time of renewal of the policy

10. **Cancellation:** The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non-disclosure of material fact as declared in the proposal form and/or claim form at the time of claim and non co-operation of the insured by sending the Insured 30 days notice by registered letter at the Insured person's last known address. No refund of premium will be made except where the cancellation is on the grounds of non-cooperation of the insured, 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

PERIOD ON RISK	RATE OF PREMIUM TO BE RETAINED
Up to one month	25% of the annual premium
Exceeding one month up to 3 months	40% of the annual premium
Exceeding 3 months up to 6 months	60% of the annual premium
Exceeding 6 months up to 9 months	80% of the annual premium
Exceeding 9 months	Full annual premium

11. **Automatic Expiry:** The insurance under this policy with respect to each relevant Insured Person policy shall terminate immediately on the earlier of the following events:

- ✓ Upon the death of the Insured Person. .
- ✓ Upon exhaustion of the sum insured under the policy.

12. **Portability:** This policy is portable. If the insured is desirous of porting this policy, application in the appropriate form should be made to the Company at least 45 days before but not earlier than 60 days from the date when the renewal is due. For details contact "portability@starhealth.in" or call Telephone No +91-044-28288869

13. **Arbitration:** If any dispute or difference shall arise under the contract of insurance such difference shall be referred to the decision of a sole arbitrator to be appointed in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of 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 and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996, as it stands now or may be amended from time to time".

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

14. All claims under this policy shall be payable in **Indian currency**. All investigations/treatments under this policy shall have to be taken in India.

**15. IMPORTANT NOTE:**

- a) 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.
- b) The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract and must be complied with. Failure to comply may result in the claim being denied.
- c) Settlement of claims under the Policy is subject to the provisions of Anti- Money Laundering / Counter Financing of Terrorism (AML/ CFT) policy of the Company. For further details, please visit our website [www.starhealth.in](http://www.starhealth.in)

d) The attention of the policy holder is drawn to our website [www.starhealth.in](http://www.starhealth.in) for anti fraud policy of the company for necessary compliance by all stake holders.

**16. 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.

**17. 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, Valluvar Kottam High Road, Nungambakkam, Chennai-600034. Toll Free Fax No.: 1800 425 5522, Toll Free No.: 1800 425 2255 / 1800 102 4477, E-Mail : [support@starhealth.in](mailto: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.

**18. 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.

**19. 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) 28288821 during normal business hours or Send e-mail to: [grievances@starhealth.in](mailto:grievances@starhealth.in)  
Senior Citizens may call: (044) 28288897

In the event of the following grievances:

- a. any partial or total repudiation of claims by the Company;
- 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
<b>AHMEDABAD</b> 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@gbic.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
<b>BENGALURU</b> Office of the Insurance Ombudsman, Jeevan Soudha Building, 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@gbic.co.in	Karnataka.
<b>BHOPAL</b> Office of the Insurance Ombudsman, Janak Vihar 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@gbic.co.in	Madhya Pradesh, Chattisgarh.
<b>BHUBANESHWAR</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 -2596429 Email:bimalokpal.bhubaneswar@gbic.co.in	Orissa.
<b>CHANDIGARH</b> 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@gbic.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
<b>CHENNAI</b> 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@gbic.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
<b>DELHI</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 -23230858 Email:bimalokpal.delhi@gbic.co.in	Delhi.
<b>GUWAHATI -</b> Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati –781001 (ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 -2732937 Email:bimalokpal.guwahati@gbic.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<b>HYDERABAD -</b> 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 - 65504123 / 23312122 Fax: 040 -23376599 Email:bimalokpal.hyderabad@gbic.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.

## LIST OF OMBUDSMAN

OFFICE DETAILS	JURISDICTION
<b>JAIPUR</b> Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 -2740363 Email: Bimalokpal.jaipur@gbic.co.in	Rajasthan.
<b>ERNAKULAM</b> Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 -2359336 Email: bimalokpal.ernakulam@gbic.co.in	Kerala, Lakshadweep, Mahe- a part of Pondicherry.
<b>KOLKATA</b> 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@gbic.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
<b>LUCKNOW</b> Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 -2231310 Email: bimalokpal.lucknow@gbic.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
<b>MUMBAI</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 -26106552 / 26106960 Fax: 022 -26106052 Email: bimalokpal.mumbai@gbic.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
<b>NOIDA</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P.-201301. Tel.: 0120 - 2514250 / 2514252 / 2514253 Email: bimalokpal.noida@gbic.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kanoor, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur,
<b>PATNA</b> Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@gbic.co.in	Bihar, Jharkhand.
<b>PUNE</b> Office of the Insurance Ombudsman, Jeevan Darshan 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@gbic.co.in	Maharashtra, Area of Navi Mumbai and Thane exclud- ing Mumbai Metropolitan Region.