



Young Star Insurance Policy

UIN No.: SHAHLIP25035V052425

Easy Premiums - Multiple Benefits - Total Coverage.



STAR

Personal & Caring

Health
Insurance

The Health Insurance Specialist

The age between 18 years and 40 years is always considered as the most progressive in anyone's life. During this period, individuals tend to work hard to expand their horizons and work harder to achieve their goals. It is in this phase of life, the solid foundation of success is laid. While individuals being busy, working their way up on the ladder of success, it is also important to protect the health and well-being of themselves and their families. Because a medical emergency can strike at any time and can pose a huge financial burden, if health insurance is overlooked.

Eligibility

- For Adults: 18yrs – 40 yrs
- For Dependent Child: 91 days – 25 yrs (Only on Floater basis)
- Life Long Renewals

Sum Insured Options

- Available only on Individual basis: Rs.3,00,000/-
- Available on both Individual and Floater basis: Rs.5,00,000/-, Rs.10,00,000/-, Rs.15,00,000/-, Rs.20,00,000/-, Rs.25,00,000/-, Rs.50,00,000/-, Rs.75,00,000/- and Rs.1,00,00,000/-

If the policy is issued on floater basis, the basic sum insured, cumulative bonus and other related benefits float amongst the insured persons.

- Policy Term:** 1 year / 2 year / 3 year. For policies more than one year, the Basic Sum Insured is for each of the year, without any carry over benefit thereof.

- Long Term Discounts:** For 2 year Term - 10% discount on 2nd year premium
For 3 year Term - 11.25% discount on 2nd and 3rd year premium

- Instalment Facility available:** Premium can be paid Monthly, Quarterly and Half-Yearly. Premium can also be paid Annually, Biennial (Once in 2 years) and Triennial (Once in 3 years). For instalment mode of payment, there will be loading as given below:

Monthly 4%| Quarterly 3%| Half Yearly 2%

- Plan Options:** Silver Plan/ Gold Plan.

- Midterm Inclusion of additional person:** Permissible on payment of proportionate premium subject to the following;

- Newly Married / Wedded spouse: Intimation about the marriage should be given within 45 days from the date of marriage
- Legally adopted child: Intimation about the adoption should be given within 45 days from the date of adoption
- New born baby: Intimation about the new born baby should be given within 90 days from the date of birth. The cover for new born commences from 91st day of its birth

Special conditions

- a) Waiting periods as stated in the policy will be applicable from the date of inclusion of such newly married/wedded spouse, new born baby, legally adopted child
- b) Such midterm inclusion will be subject to underwriter's approval

- Pre-acceptance medical screening:** No Pre-acceptance medical screening.

- Day Care Procedures:** All Day Care Procedures are covered.

- Coverage(Applicable for both Silver and Gold Plan)**

- A. Room (Single Private A/C room), Boarding and Nursing Expenses as provided by the Hospital
Note: Hospitalisation 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 or actuals whichever is less.
- 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 cost of stent as per the Drug Price Control Order (DPCO) / National Pharmaceuticals Pricing Authority (NPPA) Capping
- D. **Emergency Road Ambulance:** Subject to an admissible hospitalization claim, Emergency 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
- E. **Pre-hospitalization Expenses:** Medical expenses incurred up to 60 days immediately before the insured person is hospitalized
- F. **Post Hospitalization Expenses:** Medical expenses incurred up to 90 days immediately after the insured person is discharged from the hospital
- G. **E-Medical Opinion:** The Insured Person is given the facility of obtaining a "E Medical Opinion" from the Company's expert panel. 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 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 opinion provided by the Medical Practitioner is outside the scope of this policy
 - Utilizing this facility alone will not amount to making a claim
- H. **Coverage for Modern Treatments:** Expenses are subject to the limits.
(For details please refer website: www.starhealth.in)
- I. **AYUSH Treatment:** Medical expenses for Inpatient Hospitalization incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines in a AYUSH Hospital is payable up to the sum insured.
Note: Claims under Yoga and Naturopathy system of treatment will be payable subject to prior approval from the company

- Cost of Health Check up:** Expenses incurred towards Cost of Health check-up up to the limits mentioned in the table below on completion of each policy year (irrespective of claim) provided health check up is done at a Networked facility;

Sum Insured / Policy Type (Rs.)	Rs.3,00,000	Rs.5,00,000	Rs.10,00,000	Rs.15,00,000 and above
Individual (Rs.)	Rs.1,500	Rs.2,000	Rs.3,000	Rs.3,500
Floater (Rs.)	NA	Rs.3,000	Rs.4,000	Rs.5,000

Note:

- This benefit is payable on renewal and when the renewed policy is in force
- The maximum limit for this benefit shall not exceed the limit applicable for the renewed sum insured
- Payment under this benefit does not form part of the Basic Sum Insured
- Payment of expenses towards cost of health checkup will not prejudice the Company's right to deal with the hospitalisation claim in case of non-disclosure of material fact and /or pre existing diseases in terms of the policy
- The unutilized amount under this benefit cannot be carried forward

- Automatic Restoration of Basic Sum Insured:** The basic sum insured shall be automatically restored by 100% subject to the following;

- The automatic restoration shall be immediately upon partial/full utilization of the limit of coverage
- Such Restored basic sum insured can be utilized for all claims during the policy period
- The maximum liability of the Company in a Single claim under a policy year shall not exceed the limit of coverage
- The unutilized restored sum insured cannot be carried forward
- This Benefit is not available for Modern Treatment

- Cumulative Bonus:** The insured person will be eligible for Cumulative bonus calculated at 20% of the basic sum insured for each claim free year subject to a maximum of 100% of the basic sum insured;

Special Conditions

- The Cumulative bonus will be calculated on the expiring Basic Sum Insured
- 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.
- In the event of a claim resulting in;
 - Partial utilization of Basic Sum Insured, such cumulative bonus so granted will be reduced at the same rate at which it has accrued
 - 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
 - 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.
 - Full utilization of Basic Sum Insured and full utilization of cumulative bonus accrued, the cumulative bonus granted on renewal will be "nil"

- ✦ **Additional Basic Sum Insured for Road Traffic Accident (RTA):** If the insured person meets with a Road Traffic Accident resulting in in-patient hospitalization, then the Basic Sum Insured shall be increased by 25% subject to a maximum of Rs.10,00,000/- and subject to the following;
- It is evidenced that the insured person was wearing helmet and was either riding or travelling as pillion rider in a two wheeler at the time of accident as evidenced by Police record and Hospital record
 - The additional Basic Sum Insured shall be available only once during the policy period
 - The additional Basic Sum Insured shall be available after exhaustion of the limit of coverage
 - The additional Basic Sum Insured can be utilized only for that particular hospitalization following the Road Traffic Accident
 - Automatic Restoration of Basic Sum Insured shall not apply for this benefit
 - This benefit shall not be applicable for day care treatment
 - The unutilized balance cannot be carried forward for the remaining policy period or for renewal
 - Claim under this benefit will impact the Cumulative bonus

- ✦ **Star Wellness Program:** This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities. The wellness activities as detailed in the website 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.
- 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%

- For more information, Please visit our website : www.starhealth.in.
- ✦ **Coverage available only under Gold Plan**

- **Delivery Expenses:** Expenses for a Delivery including Delivery by Caesarean section (including pre-natal and post natal expenses) up-to Rs.30,000/- per delivery is payable, subject to the following;
 1. This benefit is available only for a maximum of 2 deliveries during the life time under this policy
 2. This Benefit is subject to a waiting period of 36 months from the date of first commencement of Young Star Insurance Policy and its continuous renewal thereof with the Company
 3. A waiting period of 24 months will apply afresh following a claim under this benefit
 4. Pre-hospitalisation and Post Hospitalization expenses and Hospital Cash Benefit are not applicable for this section.
 5. This cover is available only when;
 - i. both Self and Spouse are covered under this policy either on floater basis or on individual basis
 - ii. both Self and Spouse have been covered for a continuous period of 36 months under Young Star Insurance Policy
 - iii. the policy covering the self and spouse are in force when this benefit becomes payable
 6. Claims under this section will not reduce the Basic Sum Insured
 7. Claim under this section will impact the Cumulative bonus
- **Hospital Cash Benefit:** The Company will pay a Cash Benefit of Rs 1000/-for each completed day of hospitalization subject to a maximum of 7 days per hospitalization and 14 days per policy period, provided, there is a valid claim for hospitalization under this policy.

Note:

 1. This benefit is subject to 1 day Deductible
 2. Payment under this benefit does not form part of the Basic sum insured
 3. Claim under this section will impact the Cumulative bonus
- **Add-on cover: Young Star Extra Protect –**
Add on cover | UIN: SHAHLIA23171V012223 and its subsequent revisions.
This Add on cover can be availed along with this Product. Please ask for the Prospectus and Proposal Form of the same at the time of purchase. All terms and conditions of the Add-on cover will apply.

- ✦ **Special Features (Applicable for both Silver and Gold Plan):** If the Insured person avails this policy before the age of 36 years and has continuously renewed without any break, then, on completion of 40 years of age the insured person will be offered a discount of 10% on the premium applicable at renewal at the age of 40 years for the sum insured opted at the inception of this policy. This discount is available for all the subsequent renewals. The discount is not cumulative. This discount will not be given if the insured person migrates to any other policy offered by the Company. If an individual policy is converted into family floater policy at the time of renewal, then the discount is available on the family floater policy only if the age of the insured person added under the family floater policy is less than the age of 36 years. If individual members are covered for different sum insureds, then the discount is available on the premium paid for the lowest of all the sum insureds at the first inception of the policy.
- ✦ **Exclusions (Applicable for both Silver and Gold Plan):** 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. **Pre-Existing Diseases - Code Excl 01**
 - A. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first policy with insurer
 - B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase
 - C. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage
 - D. Coverage under the policy after the expiry of 12 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer
 2. **Specified disease / procedure waiting period - Code Excl 02**
 - A. Expenses related to the treatment of the following listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident
 - B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase
 - C. If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply
 - D. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion
 - E. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage
 - F. List of specific diseases/procedures;
 - i. Diseases of ENT and Thyroid
 - ii. All types of Hydrocele, Hernia, Varicocele, Piles, Fistula, and Fissure in Ano
 - iii. Diseases of Female Reproductive system
 - iv. Calculus diseases of the Gall Bladder, Kidney and Urinary Tract
 3. **30-day waiting period - Code Excl 03**
 - A. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered
 - B. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months
 - C. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently
 4. **Investigation & Evaluation - Code Excl 04**
 - A. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded
 - B. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded
 5. **Rest Cure, rehabilitation and respite care - Code Excl 05:** Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes;
 1. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons

2. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs
6. **Obesity/ Weight Control - Code Excl 06:** Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions;
 - A. Surgery to be conducted is upon the advice of the Doctor
 - B. The surgery/Procedure conducted should be supported by clinical protocols
 - C. The member has to be 18 years of age or older and
 - D. Body Mass Index (BMI);
 1. greater than or equal to 40 or
 2. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss;
 - a. Obesity-related cardiomyopathy
 - b. Coronary heart disease
 - c. Severe Sleep Apnea
 - d. Uncontrolled Type2 Diabetes
7. **Change-of-Gender treatments - Code Excl 07:** Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
8. **Cosmetic or plastic Surgery - Code Excl 08:** Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
9. **Hazardous or Adventure sports - Code Excl 09:** Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
10. **Breach of law - Code Excl 10:** Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
11. **Excluded Providers - Code Excl 11:** Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
12. **Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof - Code Excl 12**
13. **Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons - Code Excl 13**
14. **Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure - Code Excl 14**
15. **Refractive Error:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres - **Code Excl 15**
16. **Unproven Treatments - Code Excl 16:** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
17. **Sterility and Infertility - Code Excl 17:** Expenses related to sterility and infertility. This includes;
 - a Any type of contraception, sterilization
 - b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization
18. **Maternity - Code Excl 18:** (Except to the extent covered under Delivery Section – Gold plan)
 - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period
19. Circumcision(unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident), Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA - **Code Excl 19**
20. Congenital External Disease / Defects / Anomalies - **Code Excl 20**
21. Convalescence, general debility, run-down condition, Nutritional deficiency states - **Code Excl 21**
22. Intentional self injury - **Code Excl 22**
23. Venereal Disease and Sexually Transmitted Diseases(Other than HIV) - **Code Excl 23**
24. 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) - **Code Excl 24**
25. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials - **Code Excl 25**
26. Expenses incurred on Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other therapies - **Code Excl 26**
27. Unconventional, Untested, Experimental therapies - **Code Excl 27**
28. Autologous derived Stromal vascular fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy and other such similar therapies - **Code Excl 28**
29. Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted - **Code Excl 29**
30. All treatment for Priapism and erectile dysfunctions - **Code Excl 30**
31. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons) - **Code Excl 31**
32. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable) - **Code Excl 32**
33. Medical and / or surgical treatment of endocrine disorders - **Code Excl 33**
34. Hospital registration charges, admission charges, record charges, telephone charges and such other charges - **Code Excl 34**
35. Cost of spectacles and contact lens, hearing aids, Cochlear implants and procedure related hospitalization expenses, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids - **Code Excl 35**
36. Any hospitalizations which are not Medically Necessary / does not warrant Hospitalization - **Code Excl 36**
37. Other Excluded Expenses as detailed in the website www.starhealth.in - **Code Excl 37**
38. Existing disease/s, disclosed by the Insured and mentioned in the policy schedule under Permanent Exclusion (based on Insured's consent) - **Code Excl 38**
- ✦ **Moratorium Period:** After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.
- ✦ **Renewal:** The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person;
 1. Renewal: shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years
 2. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period
 3. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy
 4. Coverage is not available during the grace period
 5. No loading shall apply on renewals based on individual claims experience
- ✦ **Discounts: Wellness Discount upto 10% is available on the Renewal Premiums.**
- ✦ **Possibility of Revision of Terms of the Policy Including the Premium Rates:** The Company, may revise or modify the terms of the policy including the premium rates, as per the extant Guidelines. The insured person shall be notified thirty days before the changes are effected.

✦ **Revision in Sum Insured:** Any revision in sum insured is permissible only at the time of renewal. The Insured Person can propose such revision and may be allowed subject to Company's approval and payment of appropriate premium.

✦ **Medical Underwriting Loading:** Company may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance).

- The quantum of loading / discount shall be applied as per the extant of U/W guidelines
- This loading is applied from the Commencement Date of the Policy including subsequent renewal(s) with the Company.
- Company will inform about the applicable risk loading or exclusion or both as the case may be through a counter offer.
- The Insured need to revert to the Company with consent and additional premium (if any), within 7 days of the receipt of such counter offer.
- In case, the Insured neither accept the counter offer nor revert to the Company within 7 days, the Company shall cancel the Insured's proposal and refund the premium.
- The Company will issue Policy only after getting Insured's consent and additional premium (if any).

✦ **Free Look Period:** The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of thirty days from date of receipt of the policy document whether electronically or otherwise to review the terms and conditions of the policy, and to return the same if not acceptable.

- If the insured has not incurred any claim during the Free Look Period, the insured shall be entitled to a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

✦ **Redressal of Grievance:** In case of any grievance the insured person may contact the Company through

Website : www.starhealth.in

E-mail : gro@starhealth.in, grievances@starhealth.in

Ph. No. : 044-69006900

Senior Citizens may call at 044-69007500

Courier : 4th Floor, Balaji Complex, No.15, Whites Lane, Whites Road, Royapettah, Chennai - 600014

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at 044-43664600.

For updated details of grievance officer, kindly refer the link
<https://www.starhealth.in/grievance-redressal>

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 20 17, as amended from time to time

Grievance may also be lodged at IRDAI Integrated Grievance Management System -
<https://bimabharosa.irdai.gov.in/>

✦ **Disclosure to information norms:** The policy shall become void and all premium paid thereon shall be forfeited to the Company, in the event of mis-representation, mis description or non-disclosure of any material fact by the policy holder.

✦ **Cancellation:**

- The Policyholder may cancel his policy any time during the term by giving 7 days written notice. In such an event, The Company shall
 - refund proportionate premium for unexpired policy period, if policy term is upto one year and there is no claim (s) made during the policy period.
 - refund premium for the unexpired policy period, in respect of policies with policy term more than 1 year and risk coverage for such policy years has not commenced.
- The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud

Note: In case of long term policies the refund will be given after adjusting the long term discount availed by the insured/ policyholder.

✦ **Special Conditions**

A. If the Insured person avails this policy before the age of 36 years and has continuously renewed without any break, then, on completion of 40 years of age the insured person will be offered a discount of 10% on the premium applicable at renewal at the age of 40 years for the sum insured opted at the inception of this policy. This discount is available for all the subsequent renewals. The discount is not cumulative. This discount will not be given if the insured person migrates to any other policy offered by the Company. If an individual policy is converted into family floater policy at the time of renewal, then the discount is available on the family floater policy only if the age of the insured person added under the family floater policy is less than the age of 36 years. Note: If individual members are covered for different sum insureds, then the discount is available on the premium paid for the lowest of all the sum insureds at the first inception of the policy.

B. Premium Payment in Installments: If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly or Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

- For monthly instalment option: Grace Period of 15 days would be given to pay the instalment premium due for the policy.
- For Quarterly and Half yearly instalment option: Grace Period of 30 days would be given to pay the instalment premium due for the policy.
- The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period
- No interest will be charged If the instalment premium is not paid on due date
- In case of instalment premium due not received within the grace period, the policy will get cancelled
- In the event of a claim, all subsequent premium instalments shall immediately become due and payable
- The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy
- For premium paid in instalments during the policy period, coverage is available during the grace period also

✦ **Migration:** The insured person will have the option to migrate the policy to other health insurance products/ plans offered by the company by applying for migration of the Policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

✦ **Portability:** The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability. For details contact "portability@starhealth.in" or call Telephone No +91-044-28288869.

✦ **Withdrawal of the policy**

- In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy
- Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break

✦ **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 Coverage Plus Restored Basic Sum Insured under the policy

✦ **Claim Procedure**

- For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255. Senior Citizens may call at 044-40020888

- 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-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk
 - e. In case of emergency hospitalization, information to be given within 24 hours after hospitalization
 - f. In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents
 - g. KYC (Identity proof with Address) of the proposer, as per AML Guidelines
 - h. NEFT documents viz., Customer name, Bank Account No., Name of the Bank, IFSC code
 - i. CKYC No. of the proposer (if available)
- ★ **The Company:** Star Health and Allied Insurance Co. Ltd., commenced its operations in 2006 as India's first Standalone Health Insurance provider. As an exclusive Health Insurer, the Company is providing sterling services in Health, Personal Accident & Overseas Travel Insurance and is committed to setting international benchmarks in service and personal caring.
- ★ **Star Advantages**
- No Third Party Administrator, direct in-house claims settlement
 - Faster and hassle – free claim settlement
 - Cashless hospitalization
- ★ **Tax Benefits:** Payment of premium by any mode other than cash for this insurance is eligible for relief under Section 80D of the Income Tax Act 1961.
- ★ **TAXES ARE SUBJECT TO CHANGES IN TAX LAWS**
- ★ **of rebates:** (Section 41 of Insurance Act 1938): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs rupees.

Benefit Illustration in respect of policies offered on individual and family floater basis

Age of the Members insured (in yrs)	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basiscovering multiple members of thefamily under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (Rs.)	Sum insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)
Illustration 1 - For Gold Plan										
31	6,992	5,00,000	6,992	Nil	6,992	5,00,000	13,455	3,329	10,126	5,00,000
28	6,463	5,00,000	6,463		6,463	5,00,000				
Total Premium for all members of the family is Rs.13,455/-, when each member is covered separately. Sum insured available for each individual is Rs. 5,00,000/-			Total Premium for all members of the family is Rs.13,455/-, when they are covered under a single policy. Sum insured available for each family member is Rs.5,00,000/-				Total Premium when policy is opted on floater basis is Rs.10,126/- Sum insured of Rs.5,00,000/-, is available for the entire family (2A)			
Illustration 2 - For Gold Plan										
46	10,827	5,00,000	10,827	Nil	10,827	5,00,000	26,559	6,491	20,068	5,00,000
44	9,269	5,00,000	9,269		9,269	5,00,000				
18	6,463	5,00,000	6,463		6,463	5,00,000				
Total Premium for all members of the family is Rs.26,559/-, when each member is covered separately. Sum insured available for each individual is Rs. 5,00,000/-			Total Premium for all members of the family is Rs.26,559/-, when they are covered under a single policy. Sum insured available for each family member is Rs.5,00,000/-				Total Premium when policy is opted on floater basis is 20,068 Sum insured of Rs.5,00,000/-, is available for the entire family (2A+1C)			
Note: Premium rates specified in the above illustration are standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable. Floater discount shown here is difference between Premium applicable for Individual Sum Insured and Floater Sum Insured.										
A-Adult, C-Child										

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