

## P R O S P E C T U S

# SUPER STAR

Unique Identification No: SHAHLIP25036V012425

### ◆ Entry Age

#### a. Floater Sum Insured

- For Adults – Minimum – 18 years & Maximum – Any age
- For Dependent Children – Minimum – 91 days & Maximum – Up to 25 years

#### b. Individual Sum Insured

- Minimum – 18 years & Maximum – Any age.

### ◆ Under Floater Sum Insured, Family means: Self + Spouse / Live-in Partner + Dependent Children

### ◆ Maximum Family Size Covered under Floater Policy: 2 Adults + 4 Children

### ◆ Policy Term: One year / Two year / Three year / Four year / Five year

**Note:** Where the policy is issued for more than 1 year, the Sum Insured including sub-limits are without any carry over benefit thereof. The said benefits / covers available for the 2nd year, 3<sup>rd</sup> year, 4<sup>th</sup> year or 5<sup>th</sup> year cannot be utilized in the 1st year itself

### ◆ Long term discount:

- 10% discount is available on 2nd year premium
- 12.5% discount is available on 3rd year premium
- 14% discount is available on 4th Year premium
- 16% discount is available on 5th Year Premium

**Note:** Long term discount will not be available, if premium is paid in instalment mode.

### ◆ Installment Facility: Premium can be paid in Monthly, Quarterly, Half-yearly and Yearly. Premium can also be paid on Single Payment basis.

In case of installment mode of payment, there will be loading on annual premium as given below:

- Monthly: 4%
- Quarterly: 3%
- Half Yearly: 2%
- Yearly: 0%

**Note:** Installment facility is not available for 4 and 5 year policy term

### ◆ Type of Policy: Individual policy, Floater policy and Multi-Individual policy

### ◆ Sum Insured Options: Rs.5,00,000/-, Rs.7,50,000, Rs.10,00,000/-, Rs.15,00,000/-, Rs.20,00,000/-, Rs.25,00,000/-, Rs.50,00,000/-, Rs.1,00,00,000/- & Unlimited Sum Insured

**Note:** SI options 1 Crore & Unlimited can be offered only up to 65 years' age, this condition is applicable at the time of inception of the policy

### ◆ Zone wise premium – Applicable

**Zone A:** Delhi, New Delhi, Faridabad, Gurugram, Shahdara, Ahmedabad, Surat, Vadodara, Gautam Buddha Nagar, Ghaziabad, Mewat, Alwar, Baghpat, Bhiwani, Bulandshahar, Fatehabad, Hisar, Jhajjar, Jind, Kaithal, Karnal, Kurukshetra, Mahendragarh, Meerut, Muzaffar nagar, Palwal, Panchsheel Nagar, Panipat, Rewari, Rohtak, Saharanpur, Sirsa, Sonipat, Mumbai (Including suburban), Rest of Gujarat, Thane, Palghar and Raigad

**Zone B:** Chennai, Ernakulam, Thiruvananthapuram, Bengaluru, Chengalpattu, Kanchipuram, Nashik, Pune, Tiruvallur, Hyderabad, Kollam, Wayanad, Indore, K V Ranga Reddy, Medchal Malkajgiri, Ahmed Nagar and Gwalior

**Zone C:** Rest of India

◆ **Medical Underwriting / Pre-Policy Medical Check-up:** The company may ask the members to be proposed to undergo medical underwriting either through medical tests or any other medium viz tele underwriting etc. This will vary/depend upon the Sum Insured/ Medical History/ Zone/Age and covers chosen

If we accept the proposal, we will reimburse at least 50% of the costs incurred by the member undertaking such Pre-Policy medical check-up.

◆ **Mandatory Co-Pay:** Not Applicable

◆ **Midterm Inclusion Facility:** Is available on payment of proportionate premium for Newly Wedded spouse, New born baby and Legally adopted child.

**Note:**

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

◆ **List of available discounts**

- **Discount on Parents / Parent-in-laws Policy:** If a policyholder buys a policy for self/family and then buys another policy (co-terminus or max within 1 month from time of first purchase) for his parents/ parents-in-law, then a one-time discount of 2.5% (for single parent / parent-in-law policy) & 7.5% (for 2 parents/ parents-in-law policy) under floater / multi-individual will be provided.

**Note:**

- Sum Insured of parents / parents-in-law policy can not be more than the primary policy holder's sum insured.
- This will be applicable only if parents / parents-in-law policy is a first-time purchase with us. (not a ported/ migrated policy).
- This discount will not be available if Unlimited Sum Insured is opted for parents / parents-in-law policy.
- Cancellation of base policy in the first year will be permitted if it is jointly done with Parents and/or Parents-in-law policy if purchased and availed this discount.
- This discount is not applicable for subsequent renewals
- **Cibil Score Discount:** Available at Inception and during 1st and 2nd renewal of policy, applicable for persons aged up to 50 years only. This discount can be availed only under one 'Super Star' policy, available only if proposer is also one of the insured under the policy. CIBIL Score discount is not applicable for NRIs/ OCIs. This discount is not available incase of instalment premium payment.

Cibil Score	Discount
Up to 700	No discount
701 to 750	2.5%
751 to 800	5%
801 and 849	7.5%
850 and above	15%

- **Online Discount:** 5% discount on the applicable premium is available during inception and its renewals if purchased directly from our website [www.starhealth.in](http://www.starhealth.in)
- **Early Renewal Discount:** 2.5% discount if the insured/ policy holder renewed 30 days before the premium due date.  
**Note:** This Early Renewal Discount is available only for first 3 renewals and will be available only if there is no claim under In-patient / Day care treatment under the expiring policy.
- **Health Questionnaire Discount:** We will provide discount up to 10% (5% + 5%) on the applicable premium during inception and its renewal if the following health questionnaires related to lifestyle and habits are answered by the insured at the time of purchase and its renewal of this policy.  
**Note:** The discount will be given only if all the Adult Members proposed for Insurance answered the questions at the time of purchase and its renewal of this policy.

Health Questionnaire - 1	
	Activity Related Questions
1.	How many days in a week you do physical exercise for at least 20 minutes? a) Never or Rarely b) 1 – 2 times a week c) More than 3 times a week
2	How many hours do you sleep at night on daily basis ? a) Less than 6 hours a day b) 6 – 7 hours a day c) More than 8 hours a day
3	Do you walk at least half an hour daily ? a) Yes b) No
Life Style related Questions	
4	Are you able to spend quality time with your family on daily basis ? a) Yes b) No
5	How often do you feel stressed out due to work pressure ? a) Rarely b) Frequently
Nutrition related Questions	
6	How many glasses of water do you drink on daily basis ? a) Less than 6 glasses b) 6 – 7 glasses c) More than 7 glasses
7	Do you eat protein (Green vegetable (or) Dairy Products, Chicken, Pulses, Eggs) two or more times a week ? a) Yes b) No

Health Questionnaire - 2	
	Activity Related Questions
1.	At what intensity (how hard) do you usually exercise? a) Light (casual walk) b) Moderate (brisk walk)Vigorous (jog/run) c) Vigorous (jog/run)
2	How would you rate the quality of your sleep? a) Average b) Good c) Excellent
3	How many total hours sitting do you have each day (including at work and school)? a) Less than 6 hours a day b) 6 – 7 hours a day c) More than 8 hours a day
Life Style related Questions	
4	Do you regularly engage in activities that help you relax (e.g., hobbies, reading, and meditation)? a) Yes b) No

5	Do you engage in regular preventive health check-ups or screenings? a) Regularly b) Rarely c) Never
Nutrition related Questions	
6	Do you regularly include healthy fats in your diet (e.g., nuts, seeds, olive oil, and avocado)? a) Regularly b) Rarely c) Never
7	How often do you consume processed or high-sugar foods? a) Regularly b) Rarely c) Never

**Note:** The above mentioned discounts combined will be capped at 15% of the premium

LIST OF OPTIONAL COVERS UNDER THE POLICY

SL	Name of the Optional cover	When this optional can be opted -At First purchase/ At Renewal/ Both	Once Opted Can Insured Opted out during renewal	Premium to be Paid	Once Opted out whether insured can opt in again?	Is Medical Underwriting Mandatory
1	Smart Network	Both	Yes	Not Applicable	No	No
2	Quick shield	At first purchase	Not Applicable	Up to 5 policy years, (If there is an admissible claim within the five years, we will deduct the balance premium from the claim amount)	Not Applicable	Yes
3	Coverage for Non-Medical Items (Consumables cover Table I (68 items))	Within the first three policy years	Yes	Every Year	No	No
4	Future Shield	At first purchase	Yes (But to get the benefits Insured should continue till he/ she adds the newly wedded spouse)	Payable till the newly wedded spouse added in the policy	No	(Required during addition of spouse)

SL	Name of the Optional cover			When this optional can be opted –At First purchase/ At Renewal/ Both	Once Opted Can Insured Opted out during renewal	Premium to be Paid	Once Opted out whether insured can opt in again?	Is Medical Underwriting Mandatory
5	Maternity Expenses	Delivery Expenses (with 24 months waiting period) and New Born Cover	Delivery Expenses Limit per delivery Option 1 – Rs.50,000/- Option 2 – Rs.1,00,000/-	Both	Yes	Every year (Coverage for maternity expenses will be available till this optional cover is renewed)	Yes (Waiting period will apply afresh)	No
		Delivery Expenses (with 12 months waiting period) and New Born Cover	Delivery Expenses Covered up to Rs.30,000/- per delivery					
		Assisted Reproduction Treatment						
6	Women Care			At first purchase	Not Applicable	Only Once	Not Applicable	Yes
7	High-end Diagnostics			Within the first three policy years	Yes	Every year	No	Yes (Medical underwriting is required where PED is declared)
8	Personal Accident Cover For earning member – Sum Insured limit is up to Two times of basic indemnity sum insured subject to maximum of Rs. 2 Crore.  For dependent spouse – Up to 50% of earning spouse SI (or) Max Up to Rs.15 Lakh; Entry Age – From 18 years to 65 years and renewal is available up to 75 years.		Option A – Accidental Death Cover	Both	Yes	Every year	Yes	Yes (Medical underwriting is required where PED is declared and Financial Underwriting is required if Sum Insured opted is more than Rs.25 Lakh)
			Option B – Accidental Death and Permanent Total Disablement Cover					
9	Annual Health Check-up			Within the first three policy years	No	Every year	Not Applicable	No
10	Voluntary Co-payment		10% /20% /30% /40% /50%	Both	No	Not Applicable	Not Applicable	No

SL	Name of the Optional cover		When this optional can be opted -At First purchase/ At Renewal/ Both	Once Opted Can Insured Opted out during renewal	Premium to be Paid	Once Opted out whether insured can opt in again?	Is Medical Underwriting Mandatory
11	Voluntary Deductible	10k / 25k / 50k / 1L / 2L / 3L / 4L / 5L	Both	No	Not Applicable	Not Applicable	No
12	Room Rent Modification	Single Private AC Room	Both	Available (only during 1 <sup>st</sup> renewal)	Not Applicable	No	No
		Shared Room					
		General Ward					
13	E- International Second Opinion		Both	Yes	Every year	Yes	No
14	Durable Medical Equipment Cover (Lifetime limit of Rs 5Lakh)		Within the first three policy years	Yes	Every year till limit is exhausted	No	No
15	Compassionate Visit		Both	Yes	Every year	Yes	No
16	Hospital Cash	Limits Per day - Rs. 1,000 / 2,000 / 3,000 / 4,000 / 5,000 No. of hospital cash days in a policy year - 30 days / 60 days / 90 days / 180 days	Both	Yes	Every year	No	No
17	Reduction of Specified Disease / Procedure Waiting Period	24 months to 12 months	At first purchase	Not Applicable	Two years	Not Applicable	Yes
18	Reduction of Pre-Existing Diseases Waiting Period (Other than those listed under Quick shield if opted)	36 months to 24 months	At first purchase	Not Applicable	Three years	Not Applicable	Yes
		36 months to 12 months			Two years		
19	Limitless Care		Within the first three policy years	Yes	Payable till a claim is paid under this optional cover	No	Yes (Medical underwriting is required where PED is declared)
20	Super Star Bonus (Guaranteed Bonus)		Both	Yes	Every year	No	Yes (Medical underwriting is required where PED is declared)
21	NRI Advantage		Both	Yes	Not Applicable	Yes	No

Note

- Super Star Bonus and Limitless Care are not applicable if insured has opted Unlimited Sum Insured.
- Voluntary co-payment will not be available in case voluntary deductible has been opted
- Voluntary deductible will not be available in case voluntary co-payment has been opted
- Quick shield and Reduction of PED Waiting period (from 36 months to 12 months) will be available for the persons aged up to 65 years only.
- Reduction of Specified Disease/ Procedure Waiting period will be available for the persons aged up to 45 years only.
- Policy holder/ Insured can opt Voluntary deductible option up to 20% of SI, subject to maximum up to Rs.5 lakh
- Voluntary deductible option will not be available for For Unlimited Sum Insured (only voluntary co-pay option will be available)
- Under floater policy for optional covers 'Reduction of Pre-Existing Diseases Waiting Period', 'Quick Shield' and 'Personal Accident Cover' the premium is charged only for those who opted these optional covers.

◆ What are the benefits available under this insurance policy?

Basic Cover

- 1. In-patient Treatment:** We will cover the following Medical Expenses incurred in respect of Hospitalization of the Insured Person during the Policy Period, up to the Sum Insured specified in the Policy Schedule against this In-Patient treatment:  
(i) Room Rent (Any Room), Boarding, Nursing Expenses as provided by the Hospital / Nursing Home  
(ii) Intensive Care Unit (ICU) Charges  
(iii) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees  
(iv) Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, diagnostic materials and X-ray, diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy, cost of pacemaker, stent and similar expenses.
- 2. Day Care Treatment:** We will cover the Medical Expenses incurred in respect of All Day Care Treatments of the Insured Person during the Policy Period up to the Sum Insured as specified in the Policy Schedule if such Day Care treatment requires hospitalization as an in-patient for less than 24 hours.
- 3. Pre-hospitalization Expenses:** Medical expenses incurred up to 90 days immediately before the insured person is hospitalized.
- 4. Post Hospitalization Expenses:** Medical expenses incurred up to 180 days immediately after the insured person is discharged from the hospital.
- 5. Coverage for Modern Treatments:** The following procedures will be covered (wherever medically indicated) either as in-patient or as part of day care treatment in a hospital up to sum insured (including Pre and Post hospitalization expenses) during the policy period;  
a) Uterine artery Embolization and HIFU  
b) Balloon Sinuplasty  
c) Deep Brain Stimulation  
d) Oral Chemotherapy  
e) Immunotherapy- Monoclonal Antibody to be given as injection  
f) Intra Vitreal injections  
g) Robotic surgeries  
h) Stereotactic radio surgeries  
i) Bronchical Thermoplasty,  
j) Vaporisation of the prostate (Green laser treatment or holmium laser treatment)  
k) IONM- (Intra Operative Neuro Monitoring)  
l) Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions

- 6. AYUSH Treatment:** Medical expenses for Inpatient Hospitalization incurred on treatment under Ayurveda, Yoga and Naturopathy, 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



- 7. Road ambulance:** Subject to an admissible hospitalization claim, road ambulance expenses incurred for the following are payable: -
- for transportation of the insured person by private ambulance service to go to hospital when this is needed for medical reasons
  - or
  - for transportation of the insured person by private ambulance service from one hospital to another hospital for better medical treatment
  - or
  - for transportation of the insured person from the hospital where treatment is taken to their place of residence (if it is in same city) provided the requirement of an ambulance to the residence is certified by the medical practitioner.
- 8. Air Ambulance:** 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.5,00,000/- in a policy year, 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.
- 9. Organ Donor Expenses:** In-patient hospitalization expenses incurred for organ transplantation (including Screening expenses) 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 for the Post Donation Complications (if any) for the complications that necessitate a Redo Surgery / ICU admission upto 180 days from the date of discharge from the hospital are also covered.
- Note:** The coverage limit under this benefit is upto the sum insured and over and above the sum insured.
- 10. Home care Treatment:** Payable up to the sum insured in a policy year, for treatment availed by the Insured Person at home, only for the specified conditions mentioned below, which in normal course would require care and treatment at a hospital but is actually taken at home provided that:
- The Medical practitioner advises the Insured person to undergo treatment at home
  - There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment
  - Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained
  - Insured can avail "Home Care Treatment" service on cashless / reimbursement basis, if availed from the list of our Network service providers given in our website "www.starhealth.in"
- List of Conditions covered under Home care treatment:**
- Fever and Infectious diseases which can be managed as In-patient
  - Uncomplicated Urinary tract infections but needing Parenteral Antibiotics
  - Asthma and COPD -Mild Exacerbations needing Home Nebulization
  - Acute Gastritis/Gastroenteritis
  - I.V. Chemotherapy [Where advised by the doctor]
  - Palliative Cancer care requiring medical assistance
  - Acute Vertigo
  - Diabetic foot and Cellulitis
  - IVDP [Cervical and Lumbar disc diseases]
  - Major Surgeries/Arthroplasties needing IV Antibiotics Post Discharge
  - Care for Brain and Spinal Injury Cases Post Discharge
  - Post CVA Care at Home after Discharge
- 11. Domiciliary Hospitalization:** Coverage for medical treatment (including AYUSH) for a period exceeding three days, for an illness/disease/injury, which in the normal course, would require care and treatment at a Hospital but, on the advice of the attending Medical Practitioner, is taken whilst confined at home under any of the following circumstances
- The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
  - The patient takes treatment at home on account of 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 Pharyngitis, Arthritis, Gout and Rheumatism.

- 12. E- Domestic Second Medical Opinion:** The Insured Person can obtain a Second Medical Opinion from a Doctor in the Company's network of Medical Practitioners practicing in India. All the medical records provided by the Insured Person will be submitted to the Doctor chosen by him/her online and the medical opinion will be made available directly to the Insured by the Doctor. To utilize this benefit, all medical records should be forwarded to the mail-id: [e\\_medicalopinion@starhealth.in](mailto:e_medicalopinion@starhealth.in) or through Post/Courier.

**Special Conditions: -**

- This should be specifically requested by the Insured Person
- This opinion is given based only on the medical records submitted without examining the patient
- 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

**Note:** Medical Records / Documents submitted for utilizing this facility will not prejudice the Company's right to reject a claim in terms of policy.

- 13. Premium waiver:** During the policy year, if proposer who is also an insured is diagnosed (first diagnosis) with any of the critical illness specified under Annexure - I (or) in case of Death of insured due to Accident, Premium will be waived off during renewal for the next one policy year and such premium waiver will be given up to the expiring sum insured and optional covers (if opted) once in a life time of the policy.

**Note**

- In case of floater policy, if the proposer who is also insured under the policy is diagnosed with the specified critical illness / in case of death of the insured due to Accident, the premium waiver will be available on the floater policy premium.
- In case of multi-individual policy, if the proposer who is also insured under the policy is diagnosed with the specified critical illness / in case of death of the insured due to Accident, the premium waiver will be available on the multi-individual policy premium.

- 14. Cumulative Bonus:** The insured person will be eligible for cumulative bonus calculated at 50% of sum insured for each claim free year and maximum up to 100% of the sum insured.

**Special Conditions:**

- The Cumulative bonus will be calculated on the expiring Sum Insured
- If the insured opts to reduce the Sum Insured at the subsequent renewal, the limit of indemnity by way of such Cumulative bonus will be considered as per the reduced sum insured
- Cumulative bonus will not be reduced unless the same is utilized in the event of claim
- During renewal, Cumulative bonus will be reduced only to the extent of utilized portion and the unutilized Cumulative bonus will be carried forward to the next policy year.
- This benefit is not applicable to policies with Unlimited Sum insured.

- 15. Automatic Restoration of Sum Insured:** The policy provides automatic restoration of sum insured subject to the following condition:

- Sum Insured will be restored unlimited number of times and maximum up to 100% each time, which can be utilized for a subsequent hospitalization.
- The restoration will trigger immediately upon partial/ full utilization of the sum insured, which can be utilized for a subsequent hospitalization.
- On partial utilization of the Sum Insured, it will be restored up to extent of utilization.
- On full utilization of the Sum Insured, it will be restored to 100%.
- The Restored Sum Insured can be used for all claims including for modern treatment, but for a subsequent hospitalization.
- The maximum payable amount for a single claim under restoration benefit shall not be more than the Sum Insured.
- The unutilized restored sum insured cannot be carried forward to the next policy year.
- This benefit is not applicable to policies with Unlimited Sum insured.

Unlimited Restoration – illustration

If there are 2 insured members with Sum Insured of 10 Lacs each, lets understand how restoration benefit will apply to each under different circumstances.

		Insured 1	Insured 2
	Sum Insured (in Rs.)	10,00,000	10,00,000
	No Claim Bonus (NCB)	0	5,00,000
	Total Available amount	10,00,000	15,00,000 (Sum Insured 10 Lac + NCB 5Lac)
1 <sup>st</sup> Claim	1 <sup>st</sup> Claim	5,00,000	5,00,000
	Claim paid amount	5,00,000	5,00,000
	Will the restoration kick in? Yes, Why – Since there is partial utilization of Sum Insured.	5,00,000 (Restored Sum Insured)	5,00,000 (Restored Sum Insured)
	Available amount for next claim	10,00,000 (Restored SI 5Lac + Balance SI 5Lac)	15,00,000 (Restored SI 5Lac + Balance SI 5Lac+ NCB 5L)
2 <sup>nd</sup> Claim	2 <sup>nd</sup> Claim (For Same / different illness)	15,00,000	15,00,000
	Claim paid amount	10,00,000	15,00,000
	Will the restoration kick in? Yes, Why – Since there is full utilization of Sum Insured.	10,00,000 (Restored Sum Insured)	10,00,000 (Restored Sum Insured)
	Available amount for next claim	10,00,000 (SI is Restored up to 100%)	10,00,000 (SI Restored up to 100%)
3 <sup>rd</sup> Claim	3 <sup>rd</sup> Claim (For Same / different illness)	11,00,000	11,00,000
	Claim paid amount	10,00,000	10,00,000
	Will the restoration kick in? Yes, Why – Since there is full utilization of Sum Insured.	10,00,000 (Restored Sum Insured)	10,00,000 (Restored Sum Insured)

16. **a) Tele-Consultation (audio/video/text) facility:** Insured can avail tele-consultations (unlimited times) by using Star Health Mobile App with
  - General Medical Practitioner
  - Specialist Medical Practitioner
  - Phycologist / Psychiatrist
  - Dietician & Nutritionist
- b) **AI driven Face Scan:** Insured can avail, AI-driven face scan facility by using Star health mobile app to know the vital parameters such as heart rate, oxygen saturation, respiration rate up to two times per month per insured in a policy year.

**Note:** The AI-driven face scan facility is a software/ AI based assessment and should not be used as substitute for professional medical advice.
17. **Dental Check-up & Cleaning:** Expenses incurred towards cost of Consultation & Dental X-ray (IOPA) and scaling are payable only for one Insured Person under each policy in a policy year, available only on cashless basis.

**Note:** This facility is available only in 2nd & 3rd policy year for those who purchased this policy for the first time (as a new policy) with us.

Incase of multi individual policy each insured can avail this benefit once in a year in 2<sup>nd</sup> & 3<sup>rd</sup> policy year.
18. **Value Added Services:** Insured can avail discounts on the services offered by our network providers on Star health mobile application
  - Discounts on Pharmacy
  - Discounts on Diagnostics
  - Discounts on Consultations

19. **Freeze Your Age:** Insured age is locked at entry when they buy the policy, till a claim is paid under In-patient Treatment / Day care treatment / Ayush Treatment under Basic Cover.

**E.g.** if Insured buy the policy at 25 years, they will keep paying the premium applicable for 25-year-old at each renewal, till a claim is paid in the policy. Post the claim is paid, the premium charged will be as per Insured's current age and we will continue to charge as per the age at renewal.

**Note:** This benefit will be available for those purchased this policy up to the age of 50 years. Once insured crosses the age of 55 years irrespective of claim premium charged will be as per Insured's current age and we will continue to charge as per the age at renewal.

- In case of long term policies, the premium for the entire tenure will be charged as per the entry age. No additional premium will be charged In the middle of the tenure in case of claims.

At the time of renewal (in case of a claim), the premium will be charged as per the current age of the insured at renewal.
- If a floater policy, splits into multiple policies, then we will carry forward the locked age at which the floater policies were taken by individuals
- In a multi individual policy, the age will unlock only for the individuals who claim.
- In a floater policy, if a claim is paid for anyone in the plan then we will unlock the age for the entire policy.

20. **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 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 during the renewal.

This Wellness Program is enabled and administered online through Star Health Mobile Applications.

**Note:** The Wellness Activities mentioned in the table below (from Serial Number 1 to 6) 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	4%
351 to 600	10%
601 to 750	14%
751 and above	20%

\*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
**Spouse / Live-in Partner	

**Note:** In case of two year, three year, four year and five year policies, total number of wellness points earned in the two year, three year, four year and five year period will be divided by two, three, four and five respectively.

Please refer the Illustrations to understand the calculation of discount in premium, weightage and the calculation. The wellness services and activities are categorized as below:

Sr. No.	Activity	Maximum number of Wellness Points that can be earned under each activity in a policy year
1.	Sign up points for Enrolling to Wellness Program	100
2.	Manage and Track Health	
	a) Online Health Risk Assessment (HRA)	150
	b) Preventive Risk Assessment	200

Sr. No.	Activity	Maximum number of Wellness Points that can be earned under each activity in a policy year
3.	Affinity to Wellness	
	a) Participating in Walkathon, Marathon, Cyclothon and similar activities	200
	b) Membership in a health club	200
4.	Stay Active – If the Insured member achieves the step count target on mobile app	250
5.	Sharing 'Active Life Success Story' through adoption of Star Wellness Program	50
6.	Condition Management Program (CMP): Weight Management, Diabetes Management, Hypertension, De-Stress & Mind Body Healing Program.	150
7.	For Submission of Vaccination Certificate Eg: Vaccine for Covid, HPV, Pneumococcal, Swine Flu (H1N1), Hepatitis etc..	20
8.	For Submission of Preventive Eye Check-up report	20
9.	For Submission of Preventive Dental Check-up report	20
10.	For Submission of Mammography & PAP Test (for Women) report	20
11.	For Submission of Prostate specific antigen (PSA) test report (for Male persons aged > 50 yrs)	20
12.	Glaucoma Screening (for persons aged > 50 yrs)	20

**1. Sign up points for Enrolling to Wellness Program:** Insured person(s) can earn 100 reward points for enrolling in Star Wellness Program through Star Health Mobile application.

**2. 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](http://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 150 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 four mandatory tests mentioned below. Insured can take these tests at any diagnostic centre at Insured's own expenses.
- On submission of the test reports, Insured earns 200 reward points.

**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**

- Complete Haemogram Test
- Blood Sugar (Fasting Blood Sugar (FBS) + Postprandial (PP) [or] HbA1c)
- Lipid profile (Total cholesterol, HDL, LDL, Triglycerides, Total Cholesterol / HDL Cholesterol Ratio)
- Serum Creatinine

**3. Affinity towards wellness:** Insured earns wellness reward 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	200
	- On submission of BIB Number along with the details of the entry ticket taken to participate in the event and/or	
	- On Achieving 20,000 Step count on Star Health Mobile Application	

	Initiative	Wellness Points
b.	Membership in a health club (50 points for each quarter) – In a Gym / Yoga Centre / Zumba Classes / Aerobic Exercise/ Sports Club/ Pilates Classes/ Swimming / Tai Chi/ Martial Arts / Gymnastics/ Dance Classes	200

**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.

**4. Stay Active:** Insured earns wellness reward points on achieving the step count target on 'Star Health Mobile' application as mentioned below:

**Criteria to get reward points**

If the number of steps per day are minimum 8,000 or above for 16 days in a month, it will be considered as one **active month** and insured will get 20 reward points.

**Note:**

- Incase if Insured achieves 10 active months in a policy year, he/ she will get 50 additional points as bonus.
- 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 Mobile Application'.

**5. Condition Management Program**

**(i) 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.
- 150 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 be 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)			

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

**(ii) 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.
- 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, 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

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 completion of De-stress & Mind Body Healing Program 150 wellness points will be awarded.

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

**6. Reward points for Preventive Care:** Insured can earn wellness reward points for submitting the following health check-up reports once in a policy year which he/ she had during the policy year.

**a. Submission of Vaccination Certificate/s:** Insured can earn 20 wellness reward points by submitting the Vaccination certificate related to vaccine that he/she have had during the policy year. **Eg:** Vaccine for Covid, HPV, Swine Flu (H1N1), Hepatitis etc.

**b. Submission of Preventive Eye Check-up report:** Insured can earn 20 wellness reward points for submitting Eye Check-up report which includes near and far vision (visual equity) and Colour vision test.

**c. Submission of Preventive Dental Check-up:** Insured can earn 20 wellness reward points for submitting Dental Check-up report which includes screening of oral cavity done by a qualified Dentist.

**d. Submission of Mammography & PAP Test report:** Insured can earn 20 wellness reward points for submitting x-ray Mammogramraphy or coloured doppler mammogram for preventive breast screening and PAP smear (biopsy) report.

**e. Prostate specific antigen (PSA) test (applicable for Males aged > 50 yrs):** Insured can earn 20 wellness reward points for submitting Prostate specific antigen blood report.

**f. Glaucoma Screening (for persons aged > 50 yrs):** Insured can earn 20 wellness reward points by submitting reports of Glucoma screening test of both eyes including tonometry. (slit lamp test), pachymeter test, visual field test, dilated eye test and gonioscopy examination.

Terms and conditions applicable for wellness services

- 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.
- 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, any actions, claims, demands, losses, damages, costs, charges and expenses which a Member claims to have suffered, sustained or incurred, by way of and / or on account of the Wellness Program.
- Services offered are subject to guidelines issued by IRDAI from time to time.

A 51 year old Individual Gopal and his wife Ramya along with their two dependent children (aged below 18 yrs) buy a **Super Star** with Sum Insured 10 Lacs, let's understand how they can earn **Wellness Points**. Gopal has declared that he is suffering from Diabetes. Ramya has declared her BMI as 27. Gopal and Ramya enrolled under the Star wellness program and completed the following **wellness activities**.

Sr. No.	Activity	Wellness Points Earned by Gopal	Wellness Points Earned by Ramya
1.	Sign up points for Enrolling to Wellness Program	100	100
2.	Manage and Track Health		
	Online Health Risk Assessment (HRA)	150	150
	Preventive Risk Assessment	200	200
3.	Affinity to Wellness		
	Participating in Walkathon, Marathon, Cyclothon and similar activities	200	0
	Membership in a health club	100	150
4.	Stay Active (Wellness points based on Step Count)	250	120
5.	For Sharing 'Active Life Success Story'	50	0
6.	Condition Management Program (CMP)	150	150
7.	Submission of Vaccination Certificate	20	20
8.	For Submission of Preventive Eye Check-up report	20	0
9.	For Submission of Preventive Dental Check-up report	0	20
10.	For Submission of Mammography & PAP Test (for Women) report	0	20
11.	For Submission of Prostate specific antigen (PSA) test report (for Male persons aged > 50 yrs)	20	0
12.	Glaucoma Screening (for persons aged > 50 yrs)	20	0
<b>Total Number of Wellness Points earned</b>		<b>1280</b>	<b>930</b>
<b>No of wellness points based upon weightage – 1:1:0:0</b>		<b>640</b> (1280x1/2)	<b>465</b> (930x1/2)
<b>Total Number of Wellness Points earned by Gopal and Ramya = 1105 (640+465)</b>			
<b>Based on the no of Wellness Points earned, Gopal &amp; Ramya are eligible to get 20% discount on renewal premium</b>			

◆ **Optional Covers:** The following Optional Covers are available on payment of additional premium/ on reduction in premium as shown in the policy schedule.

Covers under this Section are subject to the terms, conditions, waiting periods and exclusions of this Policy.

**1. Smart Network:** If the Insured Person has opted for this Optional Cover, the Insured Person shall be entitled for a discount of 15% on premium (including the first year premium), subject to the following conditions:

(a) The treatment as applicable under In-patient Treatment/ Daycare Treatment/ AYUSH Treatment is to be taken in a hospital listed under the “Smart Network” available on our website [www.starhealth.com](http://www.starhealth.com)

(b) A co-payment of 15% will be applicable (over and above other co-pay, if any) on each and every claim (except in case of accident) in case if the treatment is taken in a hospital which is outside the “Smart Network” List.

**Note:** This optional cover will not be available for insured persons covered under Zone-C

**2. Quick Shield:** Notwithstanding anything to the contrary in the Policy, If Insured Person has PED (Pre-Existing Disease) related to the list of Diseases/illnesses/Conditions mentioned below at the time of issuance of first Policy with the Company, then by choosing this Optional cover, the applicable PED (Pre-Existing Disease) waiting period shall be waived off and coverage will be available from 31st day of first purchase of this policy under In-patient / Day Care Treatment.



**List of diseases/illnesses/conditions covered under this optional cover:**

- (i) **Diabetes** – Diabetes mellitus is a chronic, progressive disease in which impaired insulin production leads to high blood glucose (sugar) levels, and without good self-management and proper treatment, the increased glucose (sugar) in the blood affects and damages eve- organ in the body, which causes serious health consequences.
- (ii) **Hypertension** – Hypertension is the term used to describe a persistent elevated blood pressure, commonly referred to as high blood pressure, and if this chronic disease is not treated appropriately, is a major risk factor for heart disease, stroke, kidney disease and even eye diseases.
- (iii) **Asthma** – Asthma is a Chronic condition that affects the airways (bronchi) of the lungs, causing them to constrict (become narrow) when exposed to certain triggers which results in the symptoms of wheezing, coughing, tight chest and shortness of breath.
- (iv) **Hyperlipidemia** –Hyperlipidaemia is a chronic disease that refers to an elevated level of lipids (fats), including cholesterol and triglycerides, in the blood and if not treated appropriately, it is a major risk factor for increased risks of heart disease, heart attacks, strokes and other incidents of disease.
- (v) **Coronary Artery Disease with PTCA done prior to 1 year**
  - a. Coronary artery disease is the build-up of lipid-rich plaque in the arteries that supply oxygen-rich blood to the heart. Plaque causes a narrowing or
  - b. blockage that could result in a heart attack.
  - c. PTCA (Coronary Angioplasty) is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG)
  - d. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
  - e. Diagnostic angiography or investigation procedures without angioplasty / stent insertion are excluded from the scope of this definition.

**Note**

- (i) Only the Initial waiting period of 30 days is applicable for this benefit.
- (ii) Premium for this optional cover will be collected for five years, If there is an admissible claim within the five years, we will deduct the balance premium from the claim amount.

**3. Coverage for Non-medical Items (Consumables):** Items as per List I will become payable If there is an admissible claim under the policy for In-patient / Day Care Treatment. (Exclusion No. 33 – Code Excl 37) as stated under this policy shall not apply if insured opts this coverage

**4. Future Shield:** Provides continuity benefit for all waiting periods served by the member (a) Initial waiting period, (b) Pre-Existing Disease (PED) waiting period, (c) Specific Waiting Period and (d) Maternity Waiting Period (if maternity option/s is/are opted) to the spouse added in future and this will be offered only if the proposed newly added spouse age at the time of entry is up to 35 years

**Note:**

Insured can only add his/her newly married spouse to the policy.

Insured should submit marriage certificate to add the spouse. The spouse can be added anytime during the policy tenure or at Renewal.

The newly married spouse can be added only if the marriage has happened after taking this optional cover.

Newly Married spouse MUST be added within 120 days of the marriage to get the benefits given under Future Shield Option.

This optional cover can be opted only by the insured covered under individual policy.

If female individual opts this optional cover along with maternity expenses option, the claim under maternity is payable only if the spouse gets added

**5. Maternity Expenses****(Option – A) Delivery Expenses (with 24 months waiting period) and New Born Cover:**

**Delivery Expenses:** Expenses for a Delivery including Delivery by Caesarean section (including pre-natal and postnatal expenses) up-to of the limits (including for twins/ triplets/ quadruplets) specified in the policy schedule:

**Note:**

- i) Benefit under this section is subject to a waiting period of 24 months from the date of first commencement of Super Star Policy/ from the time of opting this optional cover (whichever is later) and its continuous renewal thereof with the Company.

- ii) There is no waiting period for subsequent deliveries
- iii) Maximum up to 4 deliveries are payable after taking this optional cover and payable while the policy is in force.
- iv) Pre-hospitalization and Post Hospitalization expenses are not covered under this optional cover.

**New Born Cover:** Hospitalization expenses for treatment of new born is covered up to the limits (including for twins/ triplets/ quadruplets) specified below incurred in a hospital/ nursing home for Any disease, illness or accidental injuries are payable from Day 1 of its birth till the expiry date of the policy.

Sum Insured (Rs.)	Limit of liability in a policy year (Rs.)
5,00,000/- to 25,00,000/-	2,00,000/-
50,00,000/-; 1,00,00,000/-; Unlimited Sum Insured	5,00,000/-

**Note:**

- i) This cover is available only If Delivery Expenses Claim is paid under this policy (or) if Mother is covered under this policy for a continuous period of 12 months without break
- ii) Intimation about the birth of the New Born should be given to the company and the coverage will be given to the New Born from the first day of its birth.
- iii) Exclusion no.1 (Code-Excl 01), Exclusion no.2 (Code-Excl 02), Exclusion no.3 (Code-Excl 03) and Exclusion no.20 (Code-Excl 20) as stated under this policy shall not apply for the New Born baby cover.
- iv) In the subsequent years, the New Born Baby will be covered up to the Sum Insured (without any underwriting and the entry age criteria), if the policy holder opts the coverage for New Born and pays the premium.
- v) Enhancement of sum insured is subject to underwriters' approval
- vi) The above mentioned sub-limit will not apply for treatment related to congenital Internal disease / defects for the new born

**(Option – B) Delivery Expenses (with 12 months waiting period) and New Born Cover:**

**Delivery Expenses:** Expenses for a Delivery including Delivery by Caesarean section (including pre-natal and postnatal expenses) up-to of the limits (including for twins/ triplets/ quadruplets) specified in the policy schedule:

**Note:**

- i) Benefit under this section is subject to a waiting period of 12 months from the date of first commencement of Super Star Policy/ from the time of opting this optional cover (whichever is later) and its continuous renewal thereof with the Company.
- ii) There is no waiting period for subsequent deliveries
- iii) Maximum up to 4 deliveries are payable after taking this optional cover and payable while the policy is in force.
- iv) Pre-hospitalization and Post Hospitalization expenses are not covered under this optional cover.

**New Born Cover:** Hospitalization expenses for treatment of new born is covered up to the limits (including for twins/ triplets/ quadruplets) specified below incurred in a hospital/ nursing home for Any disease, illness or accidental injuries are payable from Day 1 of its birth till the expiry date of the policy.

Sum Insured (Rs.)	Limit of liability in a policy year (Rs.)
5,00,000/- to 25,00,000/-	2,00,000/-
50,00,000/-; 1,00,00,000/-; Unlimited Sum Insured	5,00,000/-

**Note:**

- i) This cover is available only If Delivery Expenses Claim is paid under this policy (or) if Mother is covered under this policy for a continuous period of 12 months without break
- ii) Intimation about the birth of the New Born should be given to the company and the coverage will be given to the New Born from the first day of its birth.
- iii) Exclusion no.1 (Code-Excl 01), Exclusion no.2 (Code-Excl 02), Exclusion no.3 (Code-Excl 03) and Exclusion no.20 (Code-Excl 20) as stated under this policy shall not apply for the New Born baby cover.
- iv) In the subsequent years, the New Born Baby will be covered up to the Sum Insured (without any underwriting and the entry age criteria), if the policy holder opts the coverage for New Born and pays the premium.
- v) Enhancement of sum insured is subject to underwriters' approval
- vi) The above mentioned sub-limit will not apply for treatment related to congenital Internal disease / defects for the new born

**(Option - C) Assisted Reproduction Treatment:** The Company will reimburse medical expenses incurred on Assisted Reproduction Treatment (ART) as per the table mentioned below, for sub-fertility subject to:

- A waiting period of 24 months from the date of first commencement of Super Star Policy/ from the time of opting this optional cover (whichever is later) and its continuous renewal thereof with the Company.
- This cover is available only when both self and spouse are covered under this policy for a continuous period of 24 months under Individual or floater sum insured.
- Company will pay for one Assisted Reproduction Treatment cycle in a policy year.
- For the purpose of claiming under this benefit, in-patient treatment is not mandatory.

Sum Insured (Rs.)	Limit of liability in a policy year (Rs.)
5,00,000/-; 7,50,000/-	1,00,000/-
10,00,000/-; 15,00,000/-; 20,00,000/-; 25,00,000/-	2,00,000/-
50,00,000/-; 1,00,00,000/-; Unlimited Sum Insured	4,00,000/-

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

- Pre and Post treatment expenses
  - Sub-fertility services that are deemed to be unproven, experimental or investigational
  - Services not in accordance with standards of good medical practice and not uniformly recognized and professionally endorsed by the general medical community at the time it is to be provided.
  - Reversal of voluntary sterilization
  - Treatment undergone for second or subsequent pregnancies except where the child from the first delivery / previous deliveries is/are not alive at the time of treatment
  - Payment for services rendered to a surrogate
  - Costs associated with cryopreservation and storage of sperm, eggs and embryos
  - Selective termination of an embryo
  - Services done at unrecognized centre
  - Surgery / procedures that enhances fertility like Tubal Occlusion, Bariatric Surgery, Diagnostic Laparoscopy with Ovarian Drilling and such other similar surgery / procedures
- 6. Women Care:** Pregnant women can buy this policy by submitting 12 and 20 week scan reports of their pregnancy period, in case if we accept such proposal and issued the policy, the New Born will be covered immediately after its birth covered till end of the policy year (for congenital defects up to the sum insured) up to the following limits:

Sum Insured (Rs.)	Limit of liability in a policy year (Rs.)
5,00,000/- to 25,00,000/-	2,00,000/-
50,00,000/-; 1,00,00,000/-; Unlimited Sum Insured	5,00,000/-

- 7. High-end Diagnostics:** The following diagnostics tests are payable on OPD basis if required as a part of a treatment up to Rs.25,000 in a policy year
- Brain Perfusion Imaging
  - CT guided biopsy
  - CT urography
  - Digital Subtraction Angiography(DSA)
  - Liver Biopsy
  - Magnetic Resonance Cholangiography Scan
  - PET CT
  - PET MRI
  - Renogram

**Note:** Only the Initial waiting period of 30 days is applicable for this benefit.

- 8. Personal Accident Cover:** 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;

**Option A - 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

**Option B - Accidental Death and 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;

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

**Conditions applicable for Personal Accident Cover:**

- 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
- In the event of Permanent Disablement, the Insured Person will be under obligation:
  - To have himself/herself examined by doctors appointed by the Company and the Company will pay the costs involved thereof.
  - 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.
- This optional cover is applicable for the person specifically mentioned in the Schedule
- Where a claim has been paid during the policy period the cover under this optional cover ceases until the expiry of the policy for the insure who made a claim under this optional cover. 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
- Any claim under health portion will not affect the Sum Insured under this optional cover
- Where there is an admissible claim for Accidental Death during the policy period, the health cover will continue for the remaining insured persons
- 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

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%

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	4
		Two phalanges	3
		One phalanx	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

**Geographical Scope:** The cover under this section applies World Wide

**9. Annual Health Check-up:** Available up to 1% of Sum Insured subject to maximum of Rs.25,000/- in a policy year, available from Day 1 of the policy. The tests MUST be booked through digital assets (e.g. Mobile App). This benefit is available only on cashless basis.

**Note**

This annual health check-up limit can also be utilized for vaccination expenses.

In case of floater policy the limits are applicable per policy, in case of Individual/ multi-individual policy this limit is applicable per each insured person.

**10. Voluntary Co-payment:** In case Voluntary Co-payment is opted as mentioned in the Policy Schedule, the Insured Person will be liable to bear the specified Co-payment percentage (over and above other co-pay, if any) of admissible claim amount of each and every claim amount.

- Voluntary Co-payment once chosen cannot be modified mid-term.
- Voluntary Co-payment if chosen by the Insured Person(s) shall be applicable on Section II (1 to 11)
- Voluntary co-payment will not be available in case voluntary deductible has been opted
- Once opted, the insured can not reduce the co-payment percentage (or) opt out of this optional cover.

**11. Voluntary Deductible:** In case Voluntary Deductible is opted as mentioned in the Policy Schedule, the Insured Person will be liable to bear the specified Deductible amount.

- Voluntary Deductible will apply on aggregate basis for all hospitalisation expenses during the policy year which fall under basic cover.
- The deductible will apply on individual basis in case of individual policy and on floater basis in case of floater policy.
- Voluntary Deductible if chosen by the Insured Person(s) shall be applicable on Section II (1 to 11)
- Voluntary deductible will not be available in case voluntary co-payment has been opted
- Once opted, the insured can not reduce the voluntary deductible amount (or) opt out of this optional cover.

**12. Room Rent Modification:** If the Insured person has opted for this optional cover as mentioned in the policy schedule, the Insured shall have an option to modify the room rent eligibility to Single Private AC Room/ Shared Room / General Ward.

**Note:** Associated Medical expenses which vary based on the room occupied by the insured person will be considered in proportion to the room rent stated in the policy schedule or actuals whichever is less. Proportionate deductions are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room rent

**13. E-International Second Opinion:** In case E-International Second Option is opted as mentioned in the policy schedule, Insured can obtain a Second Medical Opinion from our panel of internationally available medical practitioners, The Insured Person may choose one of the Medical Practitioners out of the 3 choices given by Us/Our Empanelled Service Provider. All the medical records provided by the Insured Person will be submitted to the Doctor chosen by him/her online and the medical opinion will be made available directly to the Insured by the Doctor. To utilize this benefit, all medical records should be forwarded to the mail-id [e\\_medicalopinion@starhealth.in](mailto:e_medicalopinion@starhealth.in) or through Post/Courier.

**Note:**

- Incase of individual policy the insured can utilize this facility once in a policy year.
- Incase of floater / multi individual policy each insured can utilize this facility once in a policy year.
- This should be specifically requested for by the Insured Person
- This opinion is given based only on the medical records submitted without examining the patient,
- 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

**Note:** Medical Records / Documents submitted for utilizing this facility will not prejudice the Company's right to reject a claim in terms of policy.

**14. Durable Medical Equipment Cover:** Incase Durable Medical Equipment cover is opted as shown in the Schedule, the expenses incurred by Insured towards renting or purchase of any of the listed durable medical equipment up to a limit of Rs. 5 Lakhs will be payable once during the life time of the policy, if the same has been prescribed by the treating Medical Practitioner Post Hospitalization for the same condition for which the Hospitalization claim was admissible

List of Durable Medical Equipment Covered under this optional Cover:

- CPAP Machine
- Ventilator
- Wheelchair
- Prosthetic device
- Suction Machine
- Commode Chairs
- Infusion pump
- Continuous Passive motion devices in case of Knee Replacement
- Oxygen concentrator

**Note:** Once this limit is exhausted, the cover will cease to exist and cannot be opted again upon subsequent renewals.



- 15. Compassionate Visit:** In case Compassionate Visit is opted as shown in the Schedule, If Insured is admitted for life-threatening emergency away from his/ her usual place of residence recorded in the policy we will pay up to Rs.10,000/- per occurrence for an immediate family member (other than travel companion) for travel towards the place where the hospital is located provided if the hospitalization claim is admissible under the policy.
- 16. Hospital Cash Benefit:** In case Hospital Cash benefit is opted as shown in the Schedule, the Company will pay to the Insured Person, Hospital Cash (lump-sum) amount as specified in the Policy Schedule for every completed 24 hours of hospitalization up to the number of days as specified in the Policy Schedule, provided the claim is admissible under In-patient treatment or Ayush treatment.
- 17. Reduction of Specified disease / procedure Waiting Period:** The Insured Person can reduce the Specified disease / procedure waiting period from 24 months to 12 months. This option is available only for the first purchase of this policy and also only upto Sum Insured chosen at that time. This option is not available for renewal / ported / migrated policies. Offering reduction of Specified disease / procedure waiting period is subject to Underwriter's approval.
- 18. Reduction of Pre-Existing Diseases Waiting Period (Other than those listed under Quick Shield - if opted):** The Insured Person can reduce the Pre-Existing Disease/s waiting period from 36 months to 12 months / 24 months. This option is available only for the first purchase of this policy and also only upto Sum Insured chosen at that time. This option is not available for renewal / ported / migrated policies. Offering reduction of Pre-Existing Diseases waiting period is subject to Underwriter's approval.
- Note:** If the Pre-Existing Disease/s falls under the list of specific disease waiting period (Exclusion No. 2 - Code Excl 02), the longer among the Pre-Existing Disease and specific disease waiting period shall apply.
- 19. Limitless Care:** Will cover the Medical Expenses incurred in respect of Hospitalization of the Insured Person under In-Patient / Day Care Treatment of the Insured Person for any one claim during the lifetime of the Policy without any limits on the Sum Insured subject to the following conditions:
- (a) Once opted, the optional cover has to be opted continuously by the Insured Person until any one claim is made under this cover.
  - (b) Once a claim has been made under this Optional Cover, the cover will cease to exist and cannot be opted again upon subsequent renewals.
  - (c) Optional Cover 10. Voluntary Co-payment or Optional Cover 11. Voluntary Deductible if opted by the Insured Person shall be applicable under this Optional Cover.
  - (d) Following the payment of claim under Limitless Care, the Total Sum Insured shall be reduced to zero for that Policy Year
  - (e) This optional cover shall not be available to policies with Unlimited Sum insured
- 20. Super Star Bonus (Guaranteed Bonus):** If the Insured Person has opted for this optional cover, Insured will get an additional Cumulative Bonus of 100% of expiring or renewed Annual Sum Insured (whichever is lower) at the end of each Policy Year irrespective of a claim in the Policy Year, provided that the Policy has been continuously renewed with the Company subject to the conditions mentioned below:
- i. The Super Star Bonus can be accumulated up to an Unlimited Sum Insured.
  - ii. This cover shall not be available to policies with Unlimited Sum Insured.
  - iii. In case, the Insured Person opts out of this cover at the time of renewal, all the bonus accumulated under this will be reduced to zero
- 21. NRI Advantage:** If a Non Resident Indian (NRI)/ Overseas Citizen has opted this optional cover under this policy, we will provide a 10% discount on the applicable premium provided that the Insured Person(s)
- i. Provides declaration upon Policy Issuance and subsequent renewals that they are based abroad in entirety for the Policy Year
  - ii. Provides proof of overseas residence for the upcoming year upon each renewal to continue availing the discount
  - iii. Possesses and provides other relevant identity proof documents as mandated for Citizenship of India
  - iv. Has an Indian bank account for premium/claims payment.

- v. If the Insured person ceases to reside outside India, then no further discount shall be applicable upon renewal.
- vi. This discount can be availed only for a maximum period of five continuous Policy Years and the same will be applicable on a Policy level. All waiting periods as per the policy terms and conditions will be applicable for the Insured Persons.
- vii. The coverage is available only for treatments taken in India.

**Note (applicable for all Optional Covers):** In case if Insured opted optional cover/s which has a waiting period, the waiting period will be calculated from the date of first commencement of Super Star Policy (or) from the time of opting/re-opting this optional cover (whichever is later) and its continuous renewal thereof with the Company.

List of Benefits which are in addition to the sum insured
Basic Cover
Organ Donor Expenses
Cumulative Bonus
Automatic Restoration of Sum Insured
Optional Cover
Personal Accident Cover
Annual Health Check-up
Compassionate Visit
Hospital Cash Benefit
Limitless care
Super Star Bonus (Guaranteed Bonus)

◆ Exclusions

STANDARD EXCLUSIONS

- 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 36 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 portability norms of the extent IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
  - D. Coverage under the policy after the expiry of 36 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 listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 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. 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.



- ii. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology
  - iii. 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].
  - iv. 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)
  - v. 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 calculi and Genitourinary tract calculi.
  - vi. All types of Hernia.
  - vii. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula.
  - viii. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases
  - ix. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies
  - x. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele
  - xi. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence
  - xii. Varicose veins and Varicose ulcers
  - xiii. All types of transplant and related surgeries.
  - xiv. Congenital Internal disease / defect (except for New Born Cover - Section (III) (5) (Option A and Option B )
- 3. 30-day waiting period – Code Excl 03 (Not Applicable for Accidents)**
- 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:
- i. 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 nonskilled persons
  - ii. 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 fulfil 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 weightloss:
      - a. Obesity-related cardiomyopathy
      - b. Coronary heart disease
      - c. Severe Sleep Apnea
      - d. Uncontrolled Type2Diabetes

- 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, parajumping, 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 – Code Excl 15** Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptries.
- 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 (Except to the extent covered under Maternity Expenses Option C):** 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 Maternity Expenses Option – A & B):**
  - i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
  - ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period

SPECIFIC EXCLUSIONS

- 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 Condition / Defects / Anomalies – Code Excl 20 (Except to the extent covered under Section III (5) (Option – A & B) and (6) )**
- 21. Convalescence, general debility, run-down condition, Nutritional deficiency states – Code Excl 21**
- 22. Intentional self -injury – Code Excl 22**

23. Injury/disease 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**
24. Injury or disease caused by or contributed to by nuclear weapons/ materials – **Code Excl 25**
25. 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.**
26. Unconventional, Untested, Experimental therapies – **Code Excl 27**
27. Autologous derived Stromal vascular fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy – **Code Excl 28**
28. Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted. – **Code Excl 29**
29. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons) – **Code Excl 31**
30. Hospital registration charges, admission charges, record charges, telephone charges and such other charges – **Code Excl 34**
31. Cost of spectacles and contact lens, hearing aids, Cochlear implants and procedures, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids. – **Code Excl 35**
32. Any hospitalizations which are not Medically Necessary/does not warrant hospitalization – **Code Excl 36**
33. Other excluded expenses as detailed in the website [www.starhealth.in](http://www.starhealth.in) – **Code-Excl 37**
34. 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) under the health insurance policy no look back to be applied. This period of sixty months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of sixty continuous months would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud, nondisclosure, misrepresentation and exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

◆ **Claim Procedure:**

**Claiming process and documents to be submitted in support of claim:**

**A. Condition Precedent to Admission of Liability:** The terms and conditions of the policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the policy

**B. For Cashless Treatment:**

- For assistance call 24 hours help-line 044-69006900 or Toll Free No.1800 425 2255, Senior Citizens may call at 044 40020888
- Inform the ID number for easy reference
- On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk
- Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
- 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
- The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate.
- 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.
- In case of emergency hospitalization information to be given within 24 hours after hospitalization
- Cashless facility can be availed only in networked Hospitals. For details of Networked Hospitals, the Insured may visit [www.starhealth.in](http://www.starhealth.in) or contact the nearest branch or refer to the list of Networked Hospitals provided with the policy document.

- KYC (Identity proof with Address) of the proposer, as per AMLGuidelines

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.

**C. For Reimbursement claims:** Time limit for submission of

Sl.No.	Type of Claim	Prescribed time limit
1	Reimbursement of hospitalization, day care and pre hospitalization expenses	Claim must be filed within 15 days from the date of discharge from the Hospital.
2	Reimbursement of Post hospitalization	within 15 days after completion of 180 days from the date of discharge from hospital

**D. Notification of Claim:** 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.

**Note:** Conditions C and D 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.

**E. Documents to be submitted for Reimbursement:** The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

- Duly completed claim form, and
- Pre Admission investigations and treatment papers.
- Discharge Summary from the hospital
- Cash receipts from hospital, chemists
- Cash receipts and reports for tests done
- Receipts from doctors, surgeons, anesthetist
- Certificate from the attending doctor regarding the diagnosis.
- Copy of PAN card
- KYC (Identity proof with Address) of the proposer, as per AML Guidelines
- NEFT documents viz., Customer name, Bank Account No., Name of the Bank, IFSC code
- CKYC No. of the proposer (if available)

**Note:** For assistance call 24 hours helpline 044-69006900 or Toll Free No.: - 1800 425 2255, Senior Citizens may call at 044 40020888

◆ **Renewal of policy:** The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.

- Renewal shall not be denied on the ground that the Insured Person had made a claim or claims in the preceding policy years.
- Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- 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.
- Coverage is not available during the grace period.
- No loading shall apply on renewals based on individual claims experience

◆ **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.

#### ◆ **Withdrawal of 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.

#### ◆ **Premium Payment in Installments:** If the Insured Person has opted for Payment of Premium on an installment basis i.e. Half Yearly or Quarterly or Monthly or 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 installment premium is not paid on due date.
- In case of installment premium due not received within the grace period, the policy will get cancelled.
- In the event of a claim, all subsequent premium installments shall immediately become due and payable.
- The company has the right to recover and deduct all the pending installments 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

#### ◆ **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 maximum risk loading applicable for an individual shall not exceed above 125% per diagnosis / medical condition and an overall risk loading up to 200% per insured person.
- This loading is applied from the Commencement Date of the Policy including subsequent renewal(s) with the Company.

#### ◆ **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:** Incase of any grievance the Insured Person may contact the Company through

**Website** : [www.starhealth.in](http://www.starhealth.in)

**E-mail** : [gro@starhealth.in](mailto:gro@starhealth.in), [grievances@starhealth.in](mailto:grievances@starhealth.in)

**Ph. No.** : 044-69006900

Senior Citizens may call at 044-69007500

**Courier/Post** : 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 2017.

Grievance may also be lodged at IRDAI Integrated Grievance Management System - [https:// bimabharosa.irdai.gov.in/](https://bimabharosa.irdai.gov.in/)

- ◆ **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.

**For Detailed Guidelines on migration, kindly refer the link**

[https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines\\_Layout.aspx?page=PageNo3987](https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987)

- ◆ **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 45 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 Detailed Guidelines on portability, kindly refer the link**

[https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines\\_Layout.aspx?page=PageNo3987](https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987)

- ◆ **Disclosure of Information:** The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or nondisclosure of any material fact by the policyholder

#### ◆ **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, for policy term 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:** Incase of long term policies the refund will be given after adjusting the long term discount availed by the insured/ policyholder.

- ◆ **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.

- ◆ **Revision of Basic Sum Insured:** is permissible only at the time of renewal, subject to underwriter's approval. If the policy is renewed for enhanced sum insured, then Exclusion Code- Excl 01, Exclusion Code- Excl 02 and Exclusion Code- Excl 03 will apply afresh to this enhanced sum insured (that is for the difference between the expiring basic sum insured and renewed basic sum insured) from the effective date of such enhancement.

- ◆ **Excluded Hospitals (providers):** Insured can refer the company website using the following link to get the list of excluded hospitals. <https://www.starhealth.in/lookup/hospital/#excluded-hospital>

- ◆ **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

- ◆ **Important Note:** IRDAI or its officials do not involve in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint

- ◆ **Prohibition of Rebates:** Section 41 of Insurance Act 1938 (Prohibition of rebates): 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 lakh rupee.



PREMIUM ILLUSTRATION

Premium Illustration in respect of policies offered on individual and family floater basis (Zone A – Excluding GST)										
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 basis covering multiple members of the family 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										
41	10,815	10,00,000	10,815	Nil	10,815	10,00,000	19,857	4,964	14,893	10,00,000
37	9,042	10,00,000	9,042		9,042	10,00,000				
Total Premium for all members of the family is <b>Rs. 19,857/-</b> when each member is covered separately. Sum insured available for each individual is <b>Rs.10,00,000/-</b>			Total Premium for all members of the family is <b>Rs. 19,857/-</b> when they are covered under a single policy. Sum insured available for each family member is <b>Rs.10,00,000/-</b>				Total Premium when policy is opted on floater basis is <b>Rs. 14,893/-</b> . Sum insured of <b>Rs.10,00,000/-</b> . Is available for the entire family <b>(2A)</b>			
Illustration 2										
49	14,027	10,00,000	14,027	Nil	14,027	10,00,000	45,005	12,931	32,074	10,00,000
45	10,815	10,00,000	10,815		10,815	10,00,000				
23	6,721	10,00,000	6,721		6,721	10,00,000				
21	6,721	10,00,000	6,721		6,721	10,00,000				
19	6,721	10,00,000	6,721		6,721	10,00,000				
Total Premium for all members of the family is <b>Rs.45,005/-</b> , when each member is covered separately. Sum insured available for each individual is <b>Rs.10,00,000/-</b>			Total Premium for all members of the family is <b>Rs. 45,005/-</b> , when they are covered under a single policy. Sum insured available for each family member is <b>Rs.10,00,000/-</b>				Total Premium when policy is opted on floater basis is <b>Rs. 32,074/-</b> Sum insured of <b>Rs.10,00,000/-</b> . Is available for the entire family <b>(2A+3C)</b>			
<b>Note:</b> Premium rates specified in the above illustration are standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable.										
* Family discount shown here is difference between Premium applicable for Individual Sum Insured and Floater Sum Insured										
A-Adult, C-Child										

TABLE OF BENEFITS – BASIC COVER

S.No	Benefit and Details	Sum Insured (Rs. in Lakh)								
		5	7.5	10	15	20	25	50	100	Unlimited
1	Room Category	Any Room								
2	ICU/Operation Theatre Charges	Covered upto Sum Insured								
3	Day Care Treatments	Covered upto Sum Insured								
4	Pre Hospitalisation Expenses incurred	Covered up to 90 days immediately before the insured person is hospitalized								
5	Post Hospitalisation Expenses incurred	Covered up to 180 days immediately after the insured person is discharged from the hospital.								
6	Modern Treatments	Covered upto Sum Insured								
7	AYUSH Treatment	Covered upto Sum Insured								
8	Road Ambulance	Covered upto Sum Insured								
9	Air Ambulance	Upto Rs.5 Lakh								
10	Organ Donor Expenses	Covered upto Sum Insured								
11	Home care treatment	Covered upto Sum Insured								
12	Domiciliary Hospitalization	Covered upto Sum Insured								
13	E-Domestic Second Medical Opinion	Available								
14	Premium Waiver Benefit	Available								
15	Cumulative Bonus	50% of sum insured for each claim free year and maximum upto 100%								Not Applicable
16	Automatic Restoration of Sum Insured	Available Unlimited times (upto 100% of Sum Insured each time)								Not Applicable
17	Unlimited Tele-Consultations	Available								
18	AI Driven Face Scan	Available, 2 times per month for each Insured								
19	Dental Check-up & Cleaning	Available during 2 <sup>nd</sup> and 3 <sup>rd</sup> policy year for One Insured per policy								
20	Value Added Services	Available								
21	Freeze Your Age	Insured age is locked at entry, till a claim is paid under In-patient Treatment / Day care treatment / Ayush Treatment under Basic Cover								
22	Wellness Discount	Available up to 20% on renewal premium								



BASE PREMIUM

Zone A - Individual (Excluding GST)									
Delhi, New Delhi, Faridabad, Gurugram, Shahdara, Ahmedabad, Surat, Vadodara, Gautam Buddha Nagar, Ghaziabad, Mewat, Alwar, Baghpat, Bhiwani, Bulandshahar, Fatehabad, Hisar, Jhajjar, Jind, Kaithal, Karnal, Kurukshetra, Mahendragarh, Meerut, Muzaffar nagar, Palwal, Panchsheel Nagar, Panipat, Rewari, Rohtak, Saharanpur, Sirsa, Sonipat, Mumbai (Including suburban), Rest of Gujarat, Thane, Palghar and Raigad									
	Sum Insured (in Rs.)								
Age	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	1,00,00,000	UNLIMITED
18	5,585	6,315	6,721	8,045	8,793	9,398	10,950	11,921	14,664
19	5,585	6,315	6,721	8,045	8,793	9,398	10,950	11,921	14,664
20	5,585	6,315	6,721	8,045	8,793	9,398	10,950	11,921	14,664
21	5,585	6,315	6,721	8,045	8,793	9,398	10,950	11,921	14,664
22	5,585	6,315	6,721	8,045	8,793	9,398	10,950	11,921	14,664
23	5,585	6,315	6,721	8,045	8,793	9,398	10,950	11,921	14,664
24	5,585	6,315	6,721	8,045	8,793	9,398	10,950	11,921	14,664
25	5,585	6,315	6,721	8,045	8,793	9,398	10,950	11,921	14,664
26	6,100	6,899	7,345	8,795	9,615	10,278	11,978	13,043	16,047
27	6,100	6,899	7,345	8,795	9,615	10,278	11,978	13,043	16,047
28	6,100	6,899	7,345	8,795	9,615	10,278	11,978	13,043	16,047
29	6,100	6,899	7,345	8,795	9,615	10,278	11,978	13,043	16,047
30	6,100	6,899	7,345	8,795	9,615	10,278	11,978	13,043	16,047
31	6,283	7,106	7,566	9,061	9,906	10,590	12,342	13,440	16,538
32	6,283	7,106	7,566	9,061	9,906	10,590	12,342	13,440	16,538
33	6,283	7,106	7,566	9,061	9,906	10,590	12,342	13,440	16,538
34	6,283	7,106	7,566	9,061	9,906	10,590	12,342	13,440	16,538
35	6,283	7,106	7,566	9,061	9,906	10,590	12,342	13,440	16,538
36	7,502	8,491	9,042	10,837	11,852	12,673	14,777	16,094	19,813
37	7,502	8,491	9,042	10,837	11,852	12,673	14,777	16,094	19,813
38	7,502	8,491	9,042	10,837	11,852	12,673	14,777	16,094	19,813
39	7,502	8,491	9,042	10,837	11,852	12,673	14,777	16,094	19,813
40	7,502	8,491	9,042	10,837	11,852	12,673	14,777	16,094	19,813
41	8,965	10,153	10,815	12,970	14,188	15,173	17,699	19,281	23,746
42	8,965	10,153	10,815	12,970	14,188	15,173	17,699	19,281	23,746
43	8,965	10,153	10,815	12,970	14,188	15,173	17,699	19,281	23,746
44	8,965	10,153	10,815	12,970	14,188	15,173	17,699	19,281	23,746
45	8,965	10,153	10,815	12,970	14,188	15,173	17,699	19,281	23,746

Zone A - Individual (Excluding GST)									
	Sum Insured (in Rs.)								
Age	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	1,00,00,000	UNLIMITED
46	11,614	13,164	14,027	16,833	18,420	19,727	23,022	25,085	30,913
47	11,614	13,164	14,027	16,833	18,420	19,727	23,022	25,085	30,913
48	11,614	13,164	14,027	16,833	18,420	19,727	23,022	25,085	30,913
49	11,614	13,164	14,027	16,833	18,420	19,727	23,022	25,085	30,913
50	11,614	13,164	14,027	16,833	18,420	19,727	23,022	25,085	30,913
51	14,938	16,778	17,880	21,469	23,499	24,674	28,803	31,389	38,431
52	14,938	16,778	17,880	21,469	23,499	24,674	28,803	31,389	38,431
53	14,938	16,778	17,880	21,469	23,499	24,674	28,803	31,389	38,431
54	14,938	16,778	17,880	21,469	23,499	24,674	28,803	31,389	38,431
55	14,938	16,778	17,880	21,469	23,499	24,674	28,803	31,389	38,431
56	18,640	20,936	22,315	26,804	29,344	30,785	35,945	39,177	47,966
57	18,640	20,936	22,315	26,804	29,344	30,785	35,945	39,177	47,966
58	18,640	20,936	22,315	26,804	29,344	30,785	35,945	39,177	47,966
59	18,640	20,936	22,315	26,804	29,344	30,785	35,945	39,177	47,966
60	18,640	20,936	22,315	26,804	29,344	30,785	35,945	39,177	47,966
61	29,442	33,082	35,270	42,390	46,416	48,702	56,886	62,011	75,949
62	29,442	33,082	35,270	42,390	46,416	48,702	56,886	62,011	75,949
63	29,442	33,082	35,270	42,390	46,416	48,702	56,886	62,011	75,949
64	29,442	33,082	35,270	42,390	46,416	48,702	56,886	62,011	75,949
65	29,442	33,082	35,270	42,390	46,416	48,702	56,886	62,011	75,949
66	41,891	47,082	50,201	60,352	66,093	69,352	81,021	88,327	1,08,200
67	41,891	47,082	50,201	60,352	66,093	69,352	81,021	88,327	1,08,200
68	41,891	47,082	50,201	60,352	66,093	69,352	81,021	88,327	1,08,200
69	41,891	47,082	50,201	60,352	66,093	69,352	81,021	88,327	1,08,200
70	41,891	47,082	50,201	60,352	66,093	69,352	81,021	88,327	1,08,200
71	54,597	61,370	65,440	78,685	86,176	90,427	1,05,653	1,15,187	1,41,116
72	54,597	61,370	65,440	78,685	86,176	90,427	1,05,653	1,15,187	1,41,116
73	54,597	61,370	65,440	78,685	86,176	90,427	1,05,653	1,15,187	1,41,116
74	54,597	61,370	65,440	78,685	86,176	90,427	1,05,653	1,15,187	1,41,116
75	54,597	61,370	65,440	78,685	86,176	90,427	1,05,653	1,15,187	1,41,116
76	71,176	80,013	85,323	1,02,605	1,12,380	1,17,927	1,37,793	1,50,232	1,84,065
77	71,176	80,013	85,323	1,02,605	1,12,380	1,17,927	1,37,793	1,50,232	1,84,065
78	71,176	80,013	85,323	1,02,605	1,12,380	1,17,927	1,37,793	1,50,232	1,84,065
79	71,176	80,013	85,323	1,02,605	1,12,380	1,17,927	1,37,793	1,50,232	1,84,065
80	71,176	80,013	85,323	1,02,605	1,12,380	1,17,927	1,37,793	1,50,232	1,84,065
>80	1,01,396	1,13,995	1,21,566	1,46,206	1,60,142	1,68,052	1,96,376	2,14,112	2,62,350

Zone B - Individual (Excluding GST)									
Chennai, Ernakulam, Thiruvananthapuram, Bengaluru, Chengalpattu, Kanchipuram, Nashik, Pune, Tiruvallur, Hyderabad, Kollam, Wayanad, Indore, K V Ranga Reddy, Medchal Malkajgiri, Ahmed Nagar and Gwalior									
	Sum Insured (in Rs.)								
Age	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	1,00,00,000	UNLIMITED
18	4,887	5,526	5,881	7,039	7,694	8,223	9,581	10,431	12,831
19	4,887	5,526	5,881	7,039	7,694	8,223	9,581	10,431	12,831
20	4,887	5,526	5,881	7,039	7,694	8,223	9,581	10,431	12,831
21	4,887	5,526	5,881	7,039	7,694	8,223	9,581	10,431	12,831
22	4,887	5,526	5,881	7,039	7,694	8,223	9,581	10,431	12,831
23	4,887	5,526	5,881	7,039	7,694	8,223	9,581	10,431	12,831
24	4,887	5,526	5,881	7,039	7,694	8,223	9,581	10,431	12,831
25	4,887	5,526	5,881	7,039	7,694	8,223	9,581	10,431	12,831
26	5,338	6,037	6,427	7,696	8,413	8,993	10,481	11,413	14,041
27	5,338	6,037	6,427	7,696	8,413	8,993	10,481	11,413	14,041
28	5,338	6,037	6,427	7,696	8,413	8,993	10,481	11,413	14,041
29	5,338	6,037	6,427	7,696	8,413	8,993	10,481	11,413	14,041
30	5,338	6,037	6,427	7,696	8,413	8,993	10,481	11,413	14,041
31	5,498	6,218	6,620	7,928	8,668	9,266	10,799	11,760	14,471
32	5,498	6,218	6,620	7,928	8,668	9,266	10,799	11,760	14,471
33	5,498	6,218	6,620	7,928	8,668	9,266	10,799	11,760	14,471
34	5,498	6,218	6,620	7,928	8,668	9,266	10,799	11,760	14,471
35	5,498	6,218	6,620	7,928	8,668	9,266	10,799	11,760	14,471
36	6,564	7,430	7,912	9,482	10,371	11,089	12,930	14,082	17,336
37	6,564	7,430	7,912	9,482	10,371	11,089	12,930	14,082	17,336
38	6,564	7,430	7,912	9,482	10,371	11,089	12,930	14,082	17,336
39	6,564	7,430	7,912	9,482	10,371	11,089	12,930	14,082	17,336
40	6,564	7,430	7,912	9,482	10,371	11,089	12,930	14,082	17,336
41	7,844	8,884	9,463	11,349	12,415	13,276	15,487	16,871	20,778
42	7,844	8,884	9,463	11,349	12,415	13,276	15,487	16,871	20,778
43	7,844	8,884	9,463	11,349	12,415	13,276	15,487	16,871	20,778
44	7,844	8,884	9,463	11,349	12,415	13,276	15,487	16,871	20,778
45	7,844	8,884	9,463	11,349	12,415	13,276	15,487	16,871	20,778

Zone B - Individual (Excluding GST)									
	Sum Insured (in Rs.)								
Age	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	1,00,00,000	UNLIMITED
46	10,162	11,519	12,274	14,729	16,118	17,261	20,144	21,949	27,049
47	10,162	11,519	12,274	14,729	16,118	17,261	20,144	21,949	27,049
48	10,162	11,519	12,274	14,729	16,118	17,261	20,144	21,949	27,049
49	10,162	11,519	12,274	14,729	16,118	17,261	20,144	21,949	27,049
50	10,162	11,519	12,274	14,729	16,118	17,261	20,144	21,949	27,049
51	13,071	14,681	15,645	18,785	20,562	21,590	25,203	27,465	33,627
52	13,071	14,681	15,645	18,785	20,562	21,590	25,203	27,465	33,627
53	13,071	14,681	15,645	18,785	20,562	21,590	25,203	27,465	33,627
54	13,071	14,681	15,645	18,785	20,562	21,590	25,203	27,465	33,627
55	13,071	14,681	15,645	18,785	20,562	21,590	25,203	27,465	33,627
56	16,310	18,319	19,526	23,454	25,676	26,937	31,452	34,280	41,970
57	16,310	18,319	19,526	23,454	25,676	26,937	31,452	34,280	41,970
58	16,310	18,319	19,526	23,454	25,676	26,937	31,452	34,280	41,970
59	16,310	18,319	19,526	23,454	25,676	26,937	31,452	34,280	41,970
60	16,310	18,319	19,526	23,454	25,676	26,937	31,452	34,280	41,970
61	25,762	28,947	30,861	37,091	40,614	42,614	49,775	54,260	66,455
62	25,762	28,947	30,861	37,091	40,614	42,614	49,775	54,260	66,455
63	25,762	28,947	30,861	37,091	40,614	42,614	49,775	54,260	66,455
64	25,762	28,947	30,861	37,091	40,614	42,614	49,775	54,260	66,455
65	25,762	28,947	30,861	37,091	40,614	42,614	49,775	54,260	66,455
66	36,655	41,197	43,926	52,808	57,831	60,683	70,893	77,286	94,675
67	36,655	41,197	43,926	52,808	57,831	60,683	70,893	77,286	94,675
68	36,655	41,197	43,926	52,808	57,831	60,683	70,893	77,286	94,675
69	36,655	41,197	43,926	52,808	57,831	60,683	70,893	77,286	94,675
70	36,655	41,197	43,926	52,808	57,831	60,683	70,893	77,286	94,675
71	47,772	53,699	57,260	68,849	75,404	79,124	92,446	1,00,789	1,23,477
72	47,772	53,699	57,260	68,849	75,404	79,124	92,446	1,00,789	1,23,477
73	47,772	53,699	57,260	68,849	75,404	79,124	92,446	1,00,789	1,23,477
74	47,772	53,699	57,260	68,849	75,404	79,124	92,446	1,00,789	1,23,477
75	47,772	53,699	57,260	68,849	75,404	79,124	92,446	1,00,789	1,23,477
76	62,279	70,011	74,658	89,779	98,333	1,03,186	1,20,569	1,31,453	1,61,057
77	62,279	70,011	74,658	89,779	98,333	1,03,186	1,20,569	1,31,453	1,61,057
78	62,279	70,011	74,658	89,779	98,333	1,03,186	1,20,569	1,31,453	1,61,057
79	62,279	70,011	74,658	89,779	98,333	1,03,186	1,20,569	1,31,453	1,61,057
80	62,279	70,011	74,658	89,779	98,333	1,03,186	1,20,569	1,31,453	1,61,057
>80	88,722	99,746	1,06,370	1,27,930	1,40,124	1,47,046	1,71,829	1,87,348	2,29,556

Zone C - Individual (Excluding GST)									
Rest of India									
	Sum Insured (in Rs.)								
Age	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	1,00,00,000	UNLIMITED
18	4,608	5,210	5,545	6,637	7,254	7,753	9,034	9,835	12,098
19	4,608	5,210	5,545	6,637	7,254	7,753	9,034	9,835	12,098
20	4,608	5,210	5,545	6,637	7,254	7,753	9,034	9,835	12,098
21	4,608	5,210	5,545	6,637	7,254	7,753	9,034	9,835	12,098
22	4,608	5,210	5,545	6,637	7,254	7,753	9,034	9,835	12,098
23	4,608	5,210	5,545	6,637	7,254	7,753	9,034	9,835	12,098
24	4,608	5,210	5,545	6,637	7,254	7,753	9,034	9,835	12,098
25	4,608	5,210	5,545	6,637	7,254	7,753	9,034	9,835	12,098
26	5,033	5,692	6,060	7,256	7,932	8,479	9,882	10,760	13,239
27	5,033	5,692	6,060	7,256	7,932	8,479	9,882	10,760	13,239
28	5,033	5,692	6,060	7,256	7,932	8,479	9,882	10,760	13,239
29	5,033	5,692	6,060	7,256	7,932	8,479	9,882	10,760	13,239
30	5,033	5,692	6,060	7,256	7,932	8,479	9,882	10,760	13,239
31	5,183	5,862	6,242	7,475	8,172	8,737	10,182	11,088	13,644
32	5,183	5,862	6,242	7,475	8,172	8,737	10,182	11,088	13,644
33	5,183	5,862	6,242	7,475	8,172	8,737	10,182	11,088	13,644
34	5,183	5,862	6,242	7,475	8,172	8,737	10,182	11,088	13,644
35	5,183	5,862	6,242	7,475	8,172	8,737	10,182	11,088	13,644
36	6,189	7,005	7,460	8,941	9,778	10,455	12,191	13,278	16,346
37	6,189	7,005	7,460	8,941	9,778	10,455	12,191	13,278	16,346
38	6,189	7,005	7,460	8,941	9,778	10,455	12,191	13,278	16,346
39	6,189	7,005	7,460	8,941	9,778	10,455	12,191	13,278	16,346
40	6,189	7,005	7,460	8,941	9,778	10,455	12,191	13,278	16,346
41	7,396	8,376	8,922	10,700	11,705	12,518	14,602	15,907	19,590
42	7,396	8,376	8,922	10,700	11,705	12,518	14,602	15,907	19,590
43	7,396	8,376	8,922	10,700	11,705	12,518	14,602	15,907	19,590
44	7,396	8,376	8,922	10,700	11,705	12,518	14,602	15,907	19,590
45	7,396	8,376	8,922	10,700	11,705	12,518	14,602	15,907	19,590

Zone C - Individual (Excluding GST)									
	Sum Insured (in Rs.)								
Age	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	1,00,00,000	UNLIMITED
46	9,582	10,860	11,572	13,887	15,197	16,275	18,993	20,695	25,503
47	9,582	10,860	11,572	13,887	15,197	16,275	18,993	20,695	25,503
48	9,582	10,860	11,572	13,887	15,197	16,275	18,993	20,695	25,503
49	9,582	10,860	11,572	13,887	15,197	16,275	18,993	20,695	25,503
50	9,582	10,860	11,572	13,887	15,197	16,275	18,993	20,695	25,503
51	12,324	13,842	14,751	17,712	19,387	20,356	23,762	25,896	31,706
52	12,324	13,842	14,751	17,712	19,387	20,356	23,762	25,896	31,706
53	12,324	13,842	14,751	17,712	19,387	20,356	23,762	25,896	31,706
54	12,324	13,842	14,751	17,712	19,387	20,356	23,762	25,896	31,706
55	12,324	13,842	14,751	17,712	19,387	20,356	23,762	25,896	31,706
56	15,378	17,272	18,410	22,113	24,209	25,398	29,655	32,321	39,572
57	15,378	17,272	18,410	22,113	24,209	25,398	29,655	32,321	39,572
58	15,378	17,272	18,410	22,113	24,209	25,398	29,655	32,321	39,572
59	15,378	17,272	18,410	22,113	24,209	25,398	29,655	32,321	39,572
60	15,378	17,272	18,410	22,113	24,209	25,398	29,655	32,321	39,572
61	24,290	27,293	29,098	34,972	38,293	40,179	46,931	51,159	62,658
62	24,290	27,293	29,098	34,972	38,293	40,179	46,931	51,159	62,658
63	24,290	27,293	29,098	34,972	38,293	40,179	46,931	51,159	62,658
64	24,290	27,293	29,098	34,972	38,293	40,179	46,931	51,159	62,658
65	24,290	27,293	29,098	34,972	38,293	40,179	46,931	51,159	62,658
66	34,560	38,843	41,416	49,790	54,527	57,215	66,842	72,870	89,265
67	34,560	38,843	41,416	49,790	54,527	57,215	66,842	72,870	89,265
68	34,560	38,843	41,416	49,790	54,527	57,215	66,842	72,870	89,265
69	34,560	38,843	41,416	49,790	54,527	57,215	66,842	72,870	89,265
70	34,560	38,843	41,416	49,790	54,527	57,215	66,842	72,870	89,265
71	45,043	50,630	53,988	64,915	71,095	74,602	87,164	95,029	1,16,421
72	45,043	50,630	53,988	64,915	71,095	74,602	87,164	95,029	1,16,421
73	45,043	50,630	53,988	64,915	71,095	74,602	87,164	95,029	1,16,421
74	45,043	50,630	53,988	64,915	71,095	74,602	87,164	95,029	1,16,421
75	45,043	50,630	53,988	64,915	71,095	74,602	87,164	95,029	1,16,421
76	58,720	66,011	70,391	84,649	92,714	97,290	1,13,679	1,23,941	1,51,854
77	58,720	66,011	70,391	84,649	92,714	97,290	1,13,679	1,23,941	1,51,854
78	58,720	66,011	70,391	84,649	92,714	97,290	1,13,679	1,23,941	1,51,854
79	58,720	66,011	70,391	84,649	92,714	97,290	1,13,679	1,23,941	1,51,854
80	58,720	66,011	70,391	84,649	92,714	97,290	1,13,679	1,23,941	1,51,854
>80	83,652	94,046	1,00,292	1,20,620	1,32,117	1,38,643	1,62,010	1,76,642	2,16,439

Zone A – For EACH adult in a 2A policy (Excluding GST)									
Delhi, New Delhi, Faridabad, Gurugram, Shahdara, Ahmedabad, Surat, Vadodara, Gautam Buddha Nagar, Ghaziabad, Mewat, Alwar, Baghpat, Bhiwani, Bulandshahar, Fatehabad, Hisar, Jhajjar, Jind, Kaithal, Karnal, Kurukshetra, Mahendragarh, Meerut, Muzaffar nagar, Palwal, Panchsheel Nagar, Panipat, Rewari, Rohtak, Saharanpur, Sirsa, Sonipat, Mumbai (Including suburban), Rest of Gujarat, Thane, Palghar and Raigad									
	Sum Insured (in Rs.)								
Age	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	1,00,00,000	UNLIMITED
18	4,189	4,736	5,041	6,033	6,595	7,048	8,212	8,941	10,998
19	4,189	4,736	5,041	6,033	6,595	7,048	8,212	8,941	10,998
20	4,189	4,736	5,041	6,033	6,595	7,048	8,212	8,941	10,998
21	4,189	4,736	5,041	6,033	6,595	7,048	8,212	8,941	10,998
22	4,189	4,736	5,041	6,033	6,595	7,048	8,212	8,941	10,998
23	4,189	4,736	5,041	6,033	6,595	7,048	8,212	8,941	10,998
24	4,189	4,736	5,041	6,033	6,595	7,048	8,212	8,941	10,998
25	4,189	4,736	5,041	6,033	6,595	7,048	8,212	8,941	10,998
26	4,575	5,175	5,509	6,596	7,211	7,708	8,984	9,782	12,036
27	4,575	5,175	5,509	6,596	7,211	7,708	8,984	9,782	12,036
28	4,575	5,175	5,509	6,596	7,211	7,708	8,984	9,782	12,036
29	4,575	5,175	5,509	6,596	7,211	7,708	8,984	9,782	12,036
30	4,575	5,175	5,509	6,596	7,211	7,708	8,984	9,782	12,036
31	4,712	5,330	5,674	6,796	7,430	7,942	9,257	10,080	12,403
32	4,712	5,330	5,674	6,796	7,430	7,942	9,257	10,080	12,403
33	4,712	5,330	5,674	6,796	7,430	7,942	9,257	10,080	12,403
34	4,712	5,330	5,674	6,796	7,430	7,942	9,257	10,080	12,403
35	4,712	5,330	5,674	6,796	7,430	7,942	9,257	10,080	12,403
36	5,626	6,368	6,782	8,128	8,889	9,504	11,083	12,071	14,860
37	5,626	6,368	6,782	8,128	8,889	9,504	11,083	12,071	14,860
38	5,626	6,368	6,782	8,128	8,889	9,504	11,083	12,071	14,860
39	5,626	6,368	6,782	8,128	8,889	9,504	11,083	12,071	14,860
40	5,626	6,368	6,782	8,128	8,889	9,504	11,083	12,071	14,860
41	6,724	7,615	8,111	9,727	10,641	11,380	13,275	14,461	17,810
42	6,724	7,615	8,111	9,727	10,641	11,380	13,275	14,461	17,810
43	6,724	7,615	8,111	9,727	10,641	11,380	13,275	14,461	17,810
44	6,724	7,615	8,111	9,727	10,641	11,380	13,275	14,461	17,810
45	6,724	7,615	8,111	9,727	10,641	11,380	13,275	14,461	17,810

Zone A – For EACH adult in a 2A policy (Excluding GST)									
	Sum Insured (in Rs.)								
Age	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	1,00,00,000	UNLIMITED
46	8,711	9,873	10,520	12,625	13,815	14,796	17,267	18,814	23,185
47	8,711	9,873	10,520	12,625	13,815	14,796	17,267	18,814	23,185
48	8,711	9,873	10,520	12,625	13,815	14,796	17,267	18,814	23,185
49	8,711	9,873	10,520	12,625	13,815	14,796	17,267	18,814	23,185
50	8,711	9,873	10,520	12,625	13,815	14,796	17,267	18,814	23,185
51	11,950	13,422	14,304	17,176	18,799	19,739	23,043	25,111	30,745
52	11,950	13,422	14,304	17,176	18,799	19,739	23,043	25,111	30,745
53	11,950	13,422	14,304	17,176	18,799	19,739	23,043	25,111	30,745
54	11,950	13,422	14,304	17,176	18,799	19,739	23,043	25,111	30,745
55	11,950	13,422	14,304	17,176	18,799	19,739	23,043	25,111	30,745
56	14,912	16,748	17,852	21,444	23,475	24,628	28,756	31,342	38,373
57	14,912	16,748	17,852	21,444	23,475	24,628	28,756	31,342	38,373
58	14,912	16,748	17,852	21,444	23,475	24,628	28,756	31,342	38,373
59	14,912	16,748	17,852	21,444	23,475	24,628	28,756	31,342	38,373
60	14,912	16,748	17,852	21,444	23,475	24,628	28,756	31,342	38,373
61	23,554	26,466	28,216	33,912	37,133	38,961	45,509	49,609	60,759
62	23,554	26,466	28,216	33,912	37,133	38,961	45,509	49,609	60,759
63	23,554	26,466	28,216	33,912	37,133	38,961	45,509	49,609	60,759
64	23,554	26,466	28,216	33,912	37,133	38,961	45,509	49,609	60,759
65	23,554	26,466	28,216	33,912	37,133	38,961	45,509	49,609	60,759
66	33,513	37,665	40,161	48,282	52,875	55,481	64,816	70,662	86,560
67	33,513	37,665	40,161	48,282	52,875	55,481	64,816	70,662	86,560
68	33,513	37,665	40,161	48,282	52,875	55,481	64,816	70,662	86,560
69	33,513	37,665	40,161	48,282	52,875	55,481	64,816	70,662	86,560
70	33,513	37,665	40,161	48,282	52,875	55,481	64,816	70,662	86,560
71	43,678	49,096	52,352	62,948	68,941	72,342	84,522	92,149	1,12,893
72	43,678	49,096	52,352	62,948	68,941	72,342	84,522	92,149	1,12,893
73	43,678	49,096	52,352	62,948	68,941	72,342	84,522	92,149	1,12,893
74	43,678	49,096	52,352	62,948	68,941	72,342	84,522	92,149	1,12,893
75	43,678	49,096	52,352	62,948	68,941	72,342	84,522	92,149	1,12,893
76	56,941	64,010	68,259	82,084	89,904	94,341	1,10,234	1,20,186	1,47,252
77	56,941	64,010	68,259	82,084	89,904	94,341	1,10,234	1,20,186	1,47,252
78	56,941	64,010	68,259	82,084	89,904	94,341	1,10,234	1,20,186	1,47,252
79	56,941	64,010	68,259	82,084	89,904	94,341	1,10,234	1,20,186	1,47,252
80	56,941	64,010	68,259	82,084	89,904	94,341	1,10,234	1,20,186	1,47,252
>80	81,116	91,196	97,253	1,16,965	1,28,114	1,34,441	1,57,101	1,71,290	2,09,880



Zone B - For EACH adult in a 2A policy (Excluding GST)									
Chennai, Ernakulam, Thiruvananthapuram, Bengaluru, Chengalpattu, Kanchipuram, Nashik, Pune, Tiruvallur, Hyderabad, Kollam, Wayanad, Indore, K V Ranga Reddy, Medchal Malkajgiri, Ahmed Nagar and Gwalior									
	Sum Insured (in Rs.)								
Age	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	1,00,00,000	UNLIMITED
18	3,665	4,144	4,411	5,279	5,771	6,167	7,186	7,823	9,623
19	3,665	4,144	4,411	5,279	5,771	6,167	7,186	7,823	9,623
20	3,665	4,144	4,411	5,279	5,771	6,167	7,186	7,823	9,623
21	3,665	4,144	4,411	5,279	5,771	6,167	7,186	7,823	9,623
22	3,665	4,144	4,411	5,279	5,771	6,167	7,186	7,823	9,623
23	3,665	4,144	4,411	5,279	5,771	6,167	7,186	7,823	9,623
24	3,665	4,144	4,411	5,279	5,771	6,167	7,186	7,823	9,623
25	3,665	4,144	4,411	5,279	5,771	6,167	7,186	7,823	9,623
26	4,003	4,528	4,820	5,772	6,310	6,745	7,861	8,559	10,532
27	4,003	4,528	4,820	5,772	6,310	6,745	7,861	8,559	10,532
28	4,003	4,528	4,820	5,772	6,310	6,745	7,861	8,559	10,532
29	4,003	4,528	4,820	5,772	6,310	6,745	7,861	8,559	10,532
30	4,003	4,528	4,820	5,772	6,310	6,745	7,861	8,559	10,532
31	4,123	4,664	4,965	5,947	6,501	6,949	8,100	8,820	10,853
32	4,123	4,664	4,965	5,947	6,501	6,949	8,100	8,820	10,853
33	4,123	4,664	4,965	5,947	6,501	6,949	8,100	8,820	10,853
34	4,123	4,664	4,965	5,947	6,501	6,949	8,100	8,820	10,853
35	4,123	4,664	4,965	5,947	6,501	6,949	8,100	8,820	10,853
36	4,923	5,572	5,934	7,112	7,778	8,316	9,698	10,562	13,003
37	4,923	5,572	5,934	7,112	7,778	8,316	9,698	10,562	13,003
38	4,923	5,572	5,934	7,112	7,778	8,316	9,698	10,562	13,003
39	4,923	5,572	5,934	7,112	7,778	8,316	9,698	10,562	13,003
40	4,923	5,572	5,934	7,112	7,778	8,316	9,698	10,562	13,003
41	5,884	6,663	7,097	8,511	9,311	9,958	11,616	12,653	15,584
42	5,884	6,663	7,097	8,511	9,311	9,958	11,616	12,653	15,584
43	5,884	6,663	7,097	8,511	9,311	9,958	11,616	12,653	15,584
44	5,884	6,663	7,097	8,511	9,311	9,958	11,616	12,653	15,584
45	5,884	6,663	7,097	8,511	9,311	9,958	11,616	12,653	15,584

Zone B - For EACH adult in a 2A policy (Excluding GST)									
	Sum Insured (in Rs.)								
Age	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	1,00,00,000	UNLIMITED
46	7,622	8,639	9,205	11,047	12,088	12,947	15,109	16,462	20,287
47	7,622	8,639	9,205	11,047	12,088	12,947	15,109	16,462	20,287
48	7,622	8,639	9,205	11,047	12,088	12,947	15,109	16,462	20,287
49	7,622	8,639	9,205	11,047	12,088	12,947	15,109	16,462	20,287
50	7,622	8,639	9,205	11,047	12,088	12,947	15,109	16,462	20,287
51	10,456	11,744	12,516	15,029	16,449	17,272	20,163	21,972	26,902
52	10,456	11,744	12,516	15,029	16,449	17,272	20,163	21,972	26,902
53	10,456	11,744	12,516	15,029	16,449	17,272	20,163	21,972	26,902
54	10,456	11,744	12,516	15,029	16,449	17,272	20,163	21,972	26,902
55	10,456	11,744	12,516	15,029	16,449	17,272	20,163	21,972	26,902
56	13,048	14,655	15,621	18,764	20,541	21,550	25,162	27,424	33,576
57	13,048	14,655	15,621	18,764	20,541	21,550	25,162	27,424	33,576
58	13,048	14,655	15,621	18,764	20,541	21,550	25,162	27,424	33,576
59	13,048	14,655	15,621	18,764	20,541	21,550	25,162	27,424	33,576
60	13,048	14,655	15,621	18,764	20,541	21,550	25,162	27,424	33,576
61	20,610	23,158	24,689	29,673	32,491	34,091	39,820	43,408	53,164
62	20,610	23,158	24,689	29,673	32,491	34,091	39,820	43,408	53,164
63	20,610	23,158	24,689	29,673	32,491	34,091	39,820	43,408	53,164
64	20,610	23,158	24,689	29,673	32,491	34,091	39,820	43,408	53,164
65	20,610	23,158	24,689	29,673	32,491	34,091	39,820	43,408	53,164
66	29,324	32,957	35,141	42,247	46,266	48,546	56,714	61,829	75,740
67	29,324	32,957	35,141	42,247	46,266	48,546	56,714	61,829	75,740
68	29,324	32,957	35,141	42,247	46,266	48,546	56,714	61,829	75,740
69	29,324	32,957	35,141	42,247	46,266	48,546	56,714	61,829	75,740
70	29,324	32,957	35,141	42,247	46,266	48,546	56,714	61,829	75,740
71	38,218	42,959	45,808	55,080	60,323	63,299	73,957	80,630	98,781
72	38,218	42,959	45,808	55,080	60,323	63,299	73,957	80,630	98,781
73	38,218	42,959	45,808	55,080	60,323	63,299	73,957	80,630	98,781
74	38,218	42,959	45,808	55,080	60,323	63,299	73,957	80,630	98,781
75	38,218	42,959	45,808	55,080	60,323	63,299	73,957	80,630	98,781
76	49,823	56,009	59,727	71,824	78,666	82,548	96,455	1,05,163	1,28,846
77	49,823	56,009	59,727	71,824	78,666	82,548	96,455	1,05,163	1,28,846
78	49,823	56,009	59,727	71,824	78,666	82,548	96,455	1,05,163	1,28,846
79	49,823	56,009	59,727	71,824	78,666	82,548	96,455	1,05,163	1,28,846
80	49,823	56,009	59,727	71,824	78,666	82,548	96,455	1,05,163	1,28,846
>80	70,977	79,797	85,096	1,02,344	1,12,100	1,17,636	1,37,463	1,49,879	1,83,645

Zone C – For EACH adult in a 2A policy (Excluding GST)									
Rest of India									
	Sum Insured (in Rs.)								
Age	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	1,00,00,000	UNLIMITED
18	3,456	3,907	4,159	4,977	5,441	5,815	6,775	7,376	9,073
19	3,456	3,907	4,159	4,977	5,441	5,815	6,775	7,376	9,073
20	3,456	3,907	4,159	4,977	5,441	5,815	6,775	7,376	9,073
21	3,456	3,907	4,159	4,977	5,441	5,815	6,775	7,376	9,073
22	3,456	3,907	4,159	4,977	5,441	5,815	6,775	7,376	9,073
23	3,456	3,907	4,159	4,977	5,441	5,815	6,775	7,376	9,073
24	3,456	3,907	4,159	4,977	5,441	5,815	6,775	7,376	9,073
25	3,456	3,907	4,159	4,977	5,441	5,815	6,775	7,376	9,073
26	3,774	4,269	4,545	5,442	5,949	6,359	7,412	8,070	9,930
27	3,774	4,269	4,545	5,442	5,949	6,359	7,412	8,070	9,930
28	3,774	4,269	4,545	5,442	5,949	6,359	7,412	8,070	9,930
29	3,774	4,269	4,545	5,442	5,949	6,359	7,412	8,070	9,930
30	3,774	4,269	4,545	5,442	5,949	6,359	7,412	8,070	9,930
31	3,887	4,397	4,681	5,607	6,130	6,552	7,637	8,316	10,232
32	3,887	4,397	4,681	5,607	6,130	6,552	7,637	8,316	10,232
33	3,887	4,397	4,681	5,607	6,130	6,552	7,637	8,316	10,232
34	3,887	4,397	4,681	5,607	6,130	6,552	7,637	8,316	10,232
35	3,887	4,397	4,681	5,607	6,130	6,552	7,637	8,316	10,232
36	4,641	5,254	5,595	6,706	7,333	7,841	9,143	9,959	12,260
37	4,641	5,254	5,595	6,706	7,333	7,841	9,143	9,959	12,260
38	4,641	5,254	5,595	6,706	7,333	7,841	9,143	9,959	12,260
39	4,641	5,254	5,595	6,706	7,333	7,841	9,143	9,959	12,260
40	4,641	5,254	5,595	6,706	7,333	7,841	9,143	9,959	12,260
41	5,547	6,282	6,692	8,025	8,779	9,389	10,952	11,930	14,693
42	5,547	6,282	6,692	8,025	8,779	9,389	10,952	11,930	14,693
43	5,547	6,282	6,692	8,025	8,779	9,389	10,952	11,930	14,693
44	5,547	6,282	6,692	8,025	8,779	9,389	10,952	11,930	14,693
45	5,547	6,282	6,692	8,025	8,779	9,389	10,952	11,930	14,693

Zone C – For EACH adult in a 2A policy (Excluding GST)									
	Sum Insured (in Rs.)								
Age	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	1,00,00,000	UNLIMITED
46	7,187	8,145	8,679	10,416	11,397	12,207	14,245	15,522	19,128
47	7,187	8,145	8,679	10,416	11,397	12,207	14,245	15,522	19,128
48	7,187	8,145	8,679	10,416	11,397	12,207	14,245	15,522	19,128
49	7,187	8,145	8,679	10,416	11,397	12,207	14,245	15,522	19,128
50	7,187	8,145	8,679	10,416	11,397	12,207	14,245	15,522	19,128
51	9,859	11,073	11,801	14,170	15,509	16,285	19,010	20,717	25,365
52	9,859	11,073	11,801	14,170	15,509	16,285	19,010	20,717	25,365
53	9,859	11,073	11,801	14,170	15,509	16,285	19,010	20,717	25,365
54	9,859	11,073	11,801	14,170	15,509	16,285	19,010	20,717	25,365
55	9,859	11,073	11,801	14,170	15,509	16,285	19,010	20,717	25,365
56	12,302	13,817	14,728	17,691	19,367	20,318	23,724	25,857	31,658
57	12,302	13,817	14,728	17,691	19,367	20,318	23,724	25,857	31,658
58	12,302	13,817	14,728	17,691	19,367	20,318	23,724	25,857	31,658
59	12,302	13,817	14,728	17,691	19,367	20,318	23,724	25,857	31,658
60	12,302	13,817	14,728	17,691	19,367	20,318	23,724	25,857	31,658
61	19,432	21,834	23,278	27,977	30,635	32,143	37,545	40,927	50,126
62	19,432	21,834	23,278	27,977	30,635	32,143	37,545	40,927	50,126
63	19,432	21,834	23,278	27,977	30,635	32,143	37,545	40,927	50,126
64	19,432	21,834	23,278	27,977	30,635	32,143	37,545	40,927	50,126
65	19,432	21,834	23,278	27,977	30,635	32,143	37,545	40,927	50,126
66	27,648	31,074	33,133	39,833	43,622	45,772	53,473	58,296	71,412
67	27,648	31,074	33,133	39,833	43,622	45,772	53,473	58,296	71,412
68	27,648	31,074	33,133	39,833	43,622	45,772	53,473	58,296	71,412
69	27,648	31,074	33,133	39,833	43,622	45,772	53,473	58,296	71,412
70	27,648	31,074	33,133	39,833	43,622	45,772	53,473	58,296	71,412
71	36,034	40,504	43,190	51,932	56,876	59,682	69,731	76,023	93,137
72	36,034	40,504	43,190	51,932	56,876	59,682	69,731	76,023	93,137
73	36,034	40,504	43,190	51,932	56,876	59,682	69,731	76,023	93,137
74	36,034	40,504	43,190	51,932	56,876	59,682	69,731	76,023	93,137
75	36,034	40,504	43,190	51,932	56,876	59,682	69,731	76,023	93,137
76	46,976	52,808	56,314	67,719	74,171	77,831	90,943	99,153	1,21,483
77	46,976	52,808	56,314	67,719	74,171	77,831	90,943	99,153	1,21,483
78	46,976	52,808	56,314	67,719	74,171	77,831	90,943	99,153	1,21,483
79	46,976	52,808	56,314	67,719	74,171	77,831	90,943	99,153	1,21,483
80	46,976	52,808	56,314	67,719	74,171	77,831	90,943	99,153	1,21,483
>80	66,921	75,237	80,234	96,496	1,05,694	1,10,914	1,29,608	1,41,314	1,73,151

Zone A – Premium rate for each child on floater basis (Excluding GST)									
Delhi, New Delhi, Faridabad, Gurugram, Shahdara, Ahmedabad, Surat, Vadodara, Gautam Buddha Nagar, Ghaziabad, Mewat, Alwar, Baghpat, Bhiwani, Bulandshahar, Fatehabad, Hisar, Jhajjar, Jind, Kaithal, Karnal, Kurukshetra, Mahendragarh, Meerut, Muzaffar nagar, Palwal, Panchsheel Nagar, Panipat, Rewari, Rohtak, Saharanpur, Sirsa, Sonipat, Mumbai (Including suburban), Rest of Gujarat, Thane, Palghar and Raigad									
	Sum Insured (in Rs.)								
Age	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	1,00,00,000	UNLIMITED
0–15	2,793	3,158	3,361	4,023	4,397	4,699	5,475	5,961	7,332
16–20	3,351	3,789	4,033	4,827	5,276	5,639	6,570	7,153	8,798
21–25	3,909	4,421	4,705	5,632	6,155	6,579	7,665	8,345	10,265
Zone B – Premium rate for each child on floater basis (Excluding GST)									
Chennai, Ernakulam, Thiruvananthapuram, Bengaluru, Chengalpattu, Kanchipuram, Nashik, Pune, Tiruvallur, Hyderabad, Kollam, Wayanad, Indore, K V Ranga Reddy, Medchal Malkajgiri, Ahmed Nagar and Gwalior									
	Sum Insured (in Rs.)								
Age	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	1,00,00,000	UNLIMITED
0–15	2,444	2,763	2,941	3,520	3,847	4,112	4,791	5,216	6,416
16–20	2,932	3,315	3,529	4,224	4,617	4,934	5,749	6,259	7,698
21–25	3,420	3,868	4,117	4,928	5,386	5,757	6,707	7,302	8,982
Zone C – Premium rate for each child on floater basis (Excluding GST)									
Rest of India									
	Sum Insured (in Rs.)								
Age	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	1,00,00,000	UNLIMITED
0–15	2,304	2,605	2,773	3,319	3,628	3,877	4,517	4,918	6,049
16–20	2,765	3,126	3,327	3,982	4,353	4,652	5,420	5,901	7,258
21–25	3,225	3,647	3,882	4,646	5,078	5,428	6,324	6,885	8,469

DISCOUNTS

1. Smart Network Discount	
Type of Discount	Premium Discount
Smart Network Discount	15%
2. Voluntary Co-payment	
Co-payment option	Premium Discount
10%	10%
20%	20%
30%	30%
40%	40%
50%	50%

3. Voluntary Deductible								
Sum insured	Deductible options							
	10,000	25,000	50,000	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000
5,00,000	6.60%	16.00%	28.40%	44.80%	63.50%	74.60%	81.90%	87.00%
7,50,000	5.60%	13.60%	24.70%	39.80%	56.80%	66.90%	73.80%	79.00%
10,00,000	4.90%	11.90%	21.80%	36.00%	53.60%	64.50%	71.80%	77.30%
15,00,000	3.80%	9.30%	17.00%	29.00%	46.00%	56.00%	62.70%	67.40%
20,00,000	3.80%	9.30%	17.00%	29.00%	46.00%	56.00%	62.70%	67.40%
25,00,000	3.20%	7.70%	14.50%	25.40%	40.90%	51.70%	59.10%	64.80%
50,00,000	3.20%	7.70%	14.50%	25.40%	40.90%	51.70%	59.10%	64.80%
1,00,00,000	2.80%	6.70%	12.40%	20.80%	31.10%	38.00%	43.30%	47.40%

4. Room Rent Modification	
Room category	Discount on base premium
‘Any Room’ to ‘General Ward	10%
‘Any Room’ to ‘Shared Room’	7%
‘Any Room’ to ‘Single Private A/C Room’	5%

5. Quick Shield	
Sum Insured Options	Premium to be charged EACH year for FIVE years
Loading applicable to all sum insured options	25.0%

6. Consumables Cover	
Sum Insured Options	Percentage
Loading applicable on all Sum Insured	7.5%

7. Future Shield	
Age-Band of primary insured	Loading on Premium
Upto 35	5%
36–45	5%
46–50	3%
51–55	3%
56–60	3%
61–65	1%
Above 65	1%

8. Women Care		
Sub-limit for New Born (in Rs.)	₹2L – for SI up to ₹25L	₹5L – for SI above ₹25L
	2,00,000	5,00,000
Premium (in Rs.)	4,184	6,276

9. High end diagnostics		
Sub-limit (in Rs.)	Individual basis	Floater basis
	25,000	25,000
Premium (in Rs.)	731	878

10. PA Cover	
Cover	Premium per mille
Option 1: Death	0.3
Option 2: Accidental Death and Permanent Total Disablement	0.35

11. Annual Health Check-Up									
Sum Insured (in Rs.)	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	1,00,00,000	UNLIMITED
Sub-limit (in Rs.)	5,000	7,500	10,000	15,000	20,000	25,000	25,000	25,000	25,000
Premium (in Rs.) for Individual Sum Insured	1,119	1,679	2,239	3,358	3,731	3,731	3,731	3,731	3,731
Premium (in Rs.) for Floater Sum Insured	1,343	2,015	2,687	4,030	5,373	5,970	5,970	5,970	5,970

12. E-International Second Opinion		
Sum Insured	Individual Sum Insured	Floater Sum Insured
Premium (in Rs.)	731	878

13. Compassionate Visit		
Sub-limit (in Rs.)	Individual Sum Insured	Floater Sum Insured
	Premium (in Rs.)	
Up to ₹10,000	75	131

14. Hospital Cash								
Deductible: 0 day								
Premium per ₹1000 benefit per day	Individual Sum Insured				Floater Sum Insured			
Age-band   No. of days	30	60	90	180	30	60	90	180
Upto 35	423	508	550	592	740	888	963	1,037
36-45	563	676	732	789	986	1,183	1,281	1,380
46-50	855	1,026	1,111	1,196	1,496	1,795	1,944	2,094
51-55	1,091	1,309	1,418	1,527	1,909	2,291	2,482	2,673
56-60	1,221	1,465	1,587	1,709	2,136	2,563	2,777	2,990
61-65	1,576	1,891	2,049	2,206	2,758	3,309	3,585	3,861
Above 65	2,668	3,201	3,468	3,735	4,668	5,602	6,069	6,536

15. Reduction of Specified Disease/ Procedure waiting period	
Loading applicable to all sum insured options	Premium to be charged EACH year for TWO years
upto 35	26%
36-45	26%
46-50	26%
51-55	26%
56-60	26%
61-65	26%
Above 65	26%

16. Reduction of Pre- Existing Diseases waiting period		
Age Band (in years)	From 36 to 12 months - Premium loading for EACH year payable for TWO years	From 36 to 24 months - Premium loading for EACH year payable for THREE years
Upto 35	17.40%	5.30%
36-45	26.10%	7.90%
46-50	30.40%	9.20%
51-55	43.50%	13.20%
56-60	43.50%	13.20%
61-65	43.50%	13.20%
Above 65	43.50%	13.20%

17. Limitless Care									
Sum Insured (in Rs.)	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	1,00,00,000	UNLIMITED
Loading on Premium	12.5%	11.0%	10.0%	7.5%	4.0%	2.0%	1.0%	0.5%	NA

18. Super Star Bonus (Guaranteed Bonus)									
Sum Insured (in Rs.)	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	1,00,00,000	UNLIMITED
Loading on Premium	25.0%	25.0%	25.0%	17.5%	17.5%	15.0%	10.0%	7.5%	NA

19. NRI discount	
NRI status	Discount %
No	0%
Yes	10.0%



**20. Maternity Expenses****Option – A: Delivery Expenses with 24 months Waiting Period and New Born over**

Sub-limit (in Rs.)	Premium (in Rs.) for delivery
50,000	10,758
1,00,000	21,516
Sub section – New born Cover (in Rs.)	Premium (in Rs.)
2,00,000 (for SI up to ₹25L)	2,690
5,00,000 (for SI above ₹25L)	4,034

**Option – B: Delivery Expenses with 12 months Waiting Period + New Born Cover**

Sub-limit (in Rs.)	Premium (in Rs.) for delivery
30,000	12,551
Sub section – New born Cover (in Rs.)	Premium (in Rs.)
2,00,000 (for SI up to ₹25L)	5,230
5,00,000 (for SI above ₹25L)	7,844

**Option – C: Assisted Reproduction Treatment**

Sub-limit (in Rs.)	Premium (in Rs.) for delivery
1,00,000 (for SI ₹5L & ₹7.5L)	41,932
2,00,000 (for SI ₹10L, ₹15L, ₹20L, & ₹25L)	83,865
4,00,000 (for SI ₹50L ₹1Cr & Unlimited)	1,67,730

**21. Durable Medical Equipment**

Sub-limit	Individual basis	Floater basis
	Premium (in Rs.)	
Up to ₹5L	1,524	2,667