



**A Special Cover
for the
Women We Admire**



Star Women Care Insurance Policy

UIN: SHAHLIP27051V032627

Brochure

Star Women Care Insurance Policy

Unique Identification No: SHAHLIP27051V032627

“Star Women Care Insurance Policy is an exclusive health product designed to meet the needs of today's women and her family, by the way of providing cover for regular hospitalization and comprehensive maternity-related benefits. This product comes with a host of special features such as no pre-acceptance medical screening, entry during pregnancy and instalment option in premium payment.”

Individual Sum Insured: Only females aged between 18 years to 75 years.

Floater Sum Insured: Adult 18 years to 75 years (at least one female (adult) should be there in the family)

Dependent Children: 91 days to 25 years. Daughter can Continue as a dependent child if Un-married and/or Un-employed beyond 25 years and max up to 30 years, and beyond 30 years she will be treated as an Adult.

Surrogate Mother: 25 years to 35 years (Proposer has to be one of the intending couple)

Oocyte Donor: 25 years to 35 years (Proposer has to be one of the intending couple)

Eligibility for Surrogacy Cover and / or Oocyte Donor Cover

- i. Intending couple/ Intending woman will be the proposer. Surrogate Mother and / or Oocyte donor will be the Insured.
- ii. The Proposal for insurance has to be made 30 days before the embryo transfer for the surrogate mother and /or 30 days before ovarian stimulation for oocyte donor.
- iii. Proposer has to be one of the intending couple.
- iv. Intending Couple can purchase separate policy for Surrogate Mother and / or Oocyte Donor
- v. For Surrogate Mother: After completion of 36 months period, all other coverages will continue except Surrogacy Cover
- vi. For Oocyte Donor: After completion of 12 months period, all other coverages will continue except Oocyte Donor Cover.

On completion of the Policy Term, the Insured can renew their Star Women care Insurance policy, continuity benefits will be applicable for all coverages except the respective Surrogacy cover or Oocyte donor cover or both covers.

Family

Self, Spouse and 3 dependent children (2A+ 3C).

Pregnant women can also buy this policy by submitting the scan reports taken at star health specified scan centres during their 12th and 20th Week of their pregnancy period. The cost of such scan will be borne by the insured.



In case if we accepted this proposal and issued the policy, the new born will be covered immediately after its birth till the end of the Policy Year (including for congenital defects) up to the new born sub limits mentioned in the Delivery section

After renewal new born will be covered up to the Sum Insured (including the congenital defects), if the premium is paid for the new born

Policy Term

- One year / Two years / Three years.
- For policies more than one year, the Basic Sum Insured is for each year, without any carry over benefit thereof and the premium for such policies can be paid upfront as a single payment.
- If the Insured is a Surrogate Mother: The policy term will be given for three years only.
- If the Insured is a Oocyte Donor: The policy term will be given for one year. They can also opt for two or three years cover. However, post 12 months, all other coverages will continue except Oocyte Donor Cover
- If the Insured is both Surrogate Mother and Oocyte Donor: The policy term will be given for three years. However, Oocyte Donor cover will be restricted to one year.

Long Term Discount

10% discount on 2nd year premium

12.5% discount on 3rd year premium

Sum Insured Options

Rs.5,00,000/-, Rs.10,00,000/-, Rs.15,00,000/-, Rs.20,00,000/-, Rs.25,00,000/-, Rs.50,00,000/- and Rs.1,00,00,000/-

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 and Age. 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.

Instalment Facility Available

Premium can be paid Monthly, Quarterly, Half-yearly and Yearly

For instalment mode of payment, there will be loading as given below:

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

Midterm Inclusion Facility

Is available on payment of proportionate premium for Newly Wedded spouse, New born baby and Legally adopted child.

Note:

- i. 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.
- ii. Such midterm inclusion will be subject to underwriter's approval.

Special conditions

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

COVERAGE

1. **In-patient Treatment:** We will cover the following Medical Expenses incurred in respect of Hospitalization of the Insured Person during the Policy Year, up to the Sum Insured specified in the Policy Schedule against this In-Patient treatment:

- i. Room, Boarding, Nursing Expenses all inclusive as provided by the Hospital / Nursing Home as per the limits given below;

Sum Insured (RS.)	Limit
5,00,000/-	Up to 1% of Sum Insured per day
10,00,000/-, 15,00,000/-, 20,00,000/- and 25,00,000/-	Any Room (except suite or above category)
50,00,000/- and 1,00,00,000/-	Any Room

Note: Expenses relating to Associated Medical Expenses will be considered in proportion to the eligible room rent/room category 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 category.

- ii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.
 - iii. Anesthesia, Blood, Oxygen, Operation theatre charges, ICU charges, Surgical appliances, Medicines and Drugs, Diagnostic materials and X-ray, Diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy, cost of pacemaker, stent and similar expenses. With regard to coronary stenting, Implants and such other similar items the Company will pay cost of stent as per the Drug Price Control Order (DPCO) / National Pharmaceuticals Pricing Authority (NPPA) Capping.
2. All day care procedures are covered.
 3. **AYUSH Treatment:** Medical expenses for Inpatient Hospitalization incurred on treatment under Ayurveda, Unani, Siddha 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.
 4. **Coverage for Modern Treatment:** Expenses are subject to the limits. (For details please refer website: www.starhealth.in)
 5. **Pre-Hospitalization Expenses:** Medical expenses incurred up to 60 days immediately before the Insured Person is hospitalized.
 6. **Post-Hospitalization Expenses:** Medical expenses incurred up to 90 days immediately after the Insured Person is discharged from the hospital.

7. Road Ambulance: Subject to an admissible hospitalization claim, road ambulance expenses incurred for the following are payable;

- i. for transportation of the Insured Person by private ambulance service to go to hospital when this is needed for medical reasons
or
- ii. for transportation of the Insured Person by private ambulance service from one hospital to another hospital for better medical treatment
or
- iii. for transportation of the Insured Person from the hospital where treatment is taken to their place of residence (if it is in same city) provided the requirement of an ambulance to the residence is certified by the medical practitioner.

8. Air Ambulance charges up to 10% of the Sum Insured per year is payable.

Note: This benefit is available for Sum Insured options of Rs.10,00,000/- and above only.

9. Organ Donor Expenses: In patient hospitalization expenses incurred for organ transplantation from the Donor to the Recipient Insured Person are payable provided the claim for transplantation is payable. In addition, the expenses incurred by the Donor, (if any) for the complications that necessitate a Redo Surgery / ICU admission will also be covered.

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

Note: Limit of Coverage means Sum Insured plus Cumulative bonus earned wherever applicable

10. Home Care Treatment: Payable up to 10% of the Sum Insured subject to maximum of Rs.5 lakhs in a Policy Year, for treatment availed by the Insured Person at home, only for the specified conditions mentioned below, which in normal course would require care and treatment at a hospital but is actually taken at home provided that:

- i. The Medical practitioner advises the Insured Person to undergo treatment at home.
- ii. 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.
- iii. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.
- iv. Insured can avail "Home Care Treatment" service on cashless basis from the list of our Network service providers given in our website "www.starhealth.in"
- v. Claim under this benefit forms part of Sum Insured.

List of Conditions covered under Home Care Treatment:

- a. Fever and Infectious diseases which can be managed as Inpatient
- b. Uncomplicated Urinary tract infections but needing Parenteral Antibiotics
- c. Asthma and COPD-Mild Exacerbations needing Home Nebulization
- d. Acute Gastritis/Gastroenteritis
- e. I.V. Chemotherapy [Where advised by the doctor]
- f. Palliative Cancer care requiring medical assistance

- g. Acute Vertigo
- h. Diabetic foot and Cellulitis
- i. IVDP [Cervical and Lumbar disc diseases]
- j. Major Surgeries/Arthroplasties needing IV Antibiotics Post Discharge
- k. Care for Brain and Spinal Injury Cases Post Discharge
- l. Post CVA Care at Home after Discharge

- 11. Cumulative Bonus:** In respect of a claim free year of Insurance, the insured would be entitled to benefit of bonus of 20% of the expiring Sum Insured from the second year onwards. The maximum allowable bonus shall not exceed 100%.

Special Conditions

1. The Cumulative bonus will be calculated on the expiring Sum Insured.
2. If the insured opts to reduce the Sum Insured at the subsequent renewal, the limit of indemnity by way of such Cumulative bonus shall not exceed such reduced sum insured.
3. In the event of a claim resulting in;
 - a. Partial utilization of Sum Insured, such cumulative bonus so granted will not be reduced.
 - b. Full utilization of Sum Insured and nil utilization of cumulative bonus accrued, such cumulative bonus so granted will not be reduced.
 - c. Full utilization of Sum Insured and partial utilization of Cumulative Bonus accrued, the Cumulative Bonus granted on renewal will be the balance Cumulative Bonus available and will be reduced at the same rate at which it has accrued. At any point of time, the Cumulative Bonus will not be less than "zero".
 - d. Full utilization of Sum Insured and full utilization of cumulative bonus accrued, the Cumulative Bonus on renewal will be "nil" or "zero".
4. If the Insured Persons in the expiring Policy are covered on an individual basis as specified in the Policy Schedule and there is an accumulated Cumulative Bonus for such Insured Person under the expiring Policy, and such expiring Policy has been Renewed on a floater Policy basis as specified in the Policy Schedule then the Cumulative Bonus to be carried forward for credit in such Renewed Policy shall be the one that is applicable to the lowest among all the Insured Persons.
5. In case of floater policies where Insured Persons Renew their expiring Policy by splitting the Sum Insured into two or more floater policies/ individual policies or in cases where the Policy is split due to the child attaining the maximum age of entry as applicable, the Cumulative Bonus of the expiring Policy shall be apportioned to such Renewed Policies in the proportion of the Sum Insured of each Renewed Policy.

- 12. Automatic Restoration of Sum Insured:** There shall be automatic restoration of the Sum Insured once by 100% subject to the following;

1. The automatic restoration shall be immediately upon partial / full utilization of the limit of coverage.
2. Such Restored Sum Insured can be utilized for all claims for subsequent hospitalisation during the policy period.
3. The maximum liability of the Company in a Single claim under a policy year shall not exceed the limit of coverage.
4. The unutilized restored sum insured cannot be carried forward
5. Hospitalization due to continuous period of illness including its relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken will be considered as same hospitalization as per "Any one Illness" definition. Any claim payable under this benefit shall be subject to the definition as provided under "Any one Illness".

13. Delivery Expenses: Expenses for a Delivery including Delivery by Caesarean section (including pre-natal and post natal expenses) up-to the table given below is payable, subject to the following:

- This benefit is available only for a maximum of 2 deliveries or 2 Medically confirmed spontaneous miscarriage or 2 Medical Termination of Pregnancy (MTP) performed by a registered medical practitioner in accordance with applicable law and accepted clinical guidelines, where medically indicated in the life time under this policy.
- Pre-Hospitalization and Post Hospitalization expenses are not applicable for this section.

Sum Insured (Rs.)	Limit per delivery up to (Rs.)
5,00,000/-	25,000/-
10,00,000/-, 15,00,000/- , 20,00,000/-	50,000/-
25,00,000/- and 50,00,000/-	75,000/-
1,00,00,000/-	1,00,000/-

14. Ante-Natal Care (Pregnancy Care): Company pays the expenses for Ante-natal care after confirmation of Pregnancy, incurred as an Out-patient up to the limits given below after the waiting period.

Sum Insured (Rs)	Limit per Policy Year
5,00,000/-, 10,00,000/-, 15,00,000/-	Rs. 2,500/-
20,00,000/-, 25,00,000/-, 50,00,000/-, 1,00,00,000/-	Rs. 5,000/-

15. In Utero Fetal Surgery/Repair: The Company will pay the expenses incurred for In Utero Fetal Surgeries and Procedures mentioned below after the waiting period. Payment under this benefit forms part of the Sum Insured and will impact the Bonus.

Note: The above mentioned waiting periods will not apply for treatment related to congenital internal disease / defects for the Unborn.

Types of in utero-surgeries covered:

- Open Fetal Surgery
- Fetendo Fetal Surgery
- Fetal Image-Guided Surgery (FIGS-IT)
- EXIT procedure

Types of in utero-surgeries/procedures covered:

TYPE OF INTERVENTION	DESCRIPTION	SURGERIES
OPEN SURGERY	Hysterotomy	CPAM – Lobectomy SCT – Resection MMC – Repair Cervical Teratoma – Resection EXIT Tracheal occlusion Neck tumors CDH (EXIT to ECMO)
FETENDO	Fetoscopic Surgery	Balloon Occlusion of Trachea (for CDH) Laser Ablation of Vessels (for TTTS) Cord Ligation/Division Cystoscopic Ablation Valves (Urinary Obstruction) Amniotic Bands Release

TYPE OF INTERVENTION	DESCRIPTION	SURGERIES
FIGS	Fetal Image Guided Surgery	Amnioreduction/Infusion Fetal Blood Sampling RFA Anomalous Twins Vesico/Pleuro Amniotic Shunts Balloon Dilation Aortic Stenosis
EXIT procedure	Planned Specialized Delivery	CHAOS Removal of the CDH Tracheal Occlusion Balloon Pulmonary Sequestration CCAM

List of procedures covered under in utero-surgeries:

- Amniotic band syndrome
- Bronchopulmonary sequestration of the lung
- Congenital cystic adenomatoid malformation (CCAM) of the lung
- Congenital diaphragmatic hernia (CDH)
- Congenital high airway obstruction syndrome (CHAOS)
- Fetal anemia
- Lower urinary tract obstruction (LUTO)
- Mediastinal teratoma
- Neck mass
- Sacroccocygeal teratoma (SCT)
- Spina bifida (myelomeningocele)
- Twin reversed arterial perfusion (TRAP) sequence
- Twin-twin transfusion syndrome (TTTS)

16. Assisted Reproduction Treatment: The Company will reimburse medical expenses incurred on Assisted Reproduction Treatment, where indicated, for sub-fertility subject to:

- A waiting period of 36 months from the date of first inception of this policy with the Company for the insured person
- Company will pay one Assisted Reproduction Treatment cycle for each policy year
- For the purpose of claiming under this benefit, In-patient treatment is not mandatory

Sum Insured (Rs.)	Limit of Liability of the Company for each Policy Year (Rs.)
5,00,000/-	50,000/-
10,00,000/-	1,00,000/-
15,00,000/-	1,50,000/-
20,00,000/- and 25,00,000/-	2,00,000/-
50,00,000/-	2,50,000/-
1,00,00,000/-	3,00,000/-

Surrogacy Cover

The Company will indemnify the inpatient hospitalization expenses covering post-partum delivery complications for a period of 36 months incurred for the Surrogate mother up to the sub-limits specified under "Assisted Reproduction Treatment". The cover will commence from the date of initiation of treatment / procedure.

The Company will pay lump sum amount in case of "Miscarriage due to Accident" for surrogate mother as specified under Coverage 18 and waiting period mentioned under this cover is not applicable.

Oocyte Donor cover

The company will indemnify the inpatient hospitalization expenses for the complications arising out of Assisted Reproductive Treatment Procedures, for the Oocyte donor up to the sub-limits specified under "Assisted Reproduction Treatment" for a period of 12 months. The cover will commence from the date of initiation of the treatment/procedure.

- 17. Voluntary Sterilization Expenses:** The Company will pay the expenses incurred for Voluntary Sterilization (Tubectomy / Vasectomy), after a waiting period of 24 months from the date of first inception of this policy, provided if Insured is a Married Person and his/ her age is 22 years and above.

Note: Expenses incurred for Reversal of Sterilization are not payable.

- 18. Miscarriage due to Accident:** The Company will pay the lumpsum amount as per the table given below towards miscarriage arising due to accident subject to a waiting period.

Sum Insured (Rs.)	Limit of liability (Rs.)
5,00,000/- to 15,00,000/-	25,000/-
20,00,000/- and 25,00,000/-	35,000/-
50,00,000/- and 1,00,00,000/-	40,000/-

Note: This benefit is available only once in lifetime

19. Hospitalization expenses for treatment of New Born Baby.

- A. Birth of New born baby during the Policy Year:** In-patient hospitalization expenses (Including Congenital Internal and External defects/anomalies) are covered from day 1 subject to a maximum of 25% of the Sum Insured (including medical and surgical treatment expenses, neonatal and Postnatal surgery/repair).

Note: The above mentioned sub-limit will not apply for treatment related to congenital internal disease/defects for the new born.

- B. In the subsequent year (on payment of applicable premium for New born):** In-patient hospitalization expenses (Including Congenital Internal and External defects/anomalies) are covered up to 100% of the Sum Insured.
- C. Vaccination Expenses:** Vaccination expenses for the new born baby are payable up to the 12 months from the birth of the new born. The Company's liability for vaccination is as per the limits mentioned in the table below;

Sum Insured (Rs.)	Limit (Rs.)
5,00,000/- and 10,00,000/-	2,500/-
15,00,000/- and above	3,500/-

- D. Metabolic Screening:** Test for New Born is payable once for each new born subject to a limit of Rs.3,500/-
- E. Pediatrician Consultation** up to 4 consultations per year are payable up to 12 year of age subject to policy is in force. The Company's liability for each consultation is up to Rs.500/-.

Note 1: Expenses for treatment of new born baby is covered subject to

- Admissible delivery claim or
- At the time of inception of the policy, if the mother has submitted the Scan reports taken during 12th and 20th week of her pregnancy and the same has been accepted by the Company for issuance of the policy. In such case, the new born baby will be covered (Including Congenital Internal and External defects/anomalies) without any waiting period.

20. Star Mother Cover:

- i. Where the Insured Person is a child age less than 12 years, the Company will provide for expenses up to Single Private A/c room for stay of the mother in the hospital provided,
 - a. Insured child is under treatment in ICU
 - b. There is an admissible claim for hospitalization
- ii. This benefit is available only for the period the Insured Person was under treatment in ICU.
- iii. If the room is not available in the same hospital, the Company will reimburse Rs.2,500/- per day subject to maximum of 7 days per hospitalization towards stay of the mother in the Hotel room if the hotel room is within 2 kms from the hospital.

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

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

Note: Claims under this benefit shall be processed only on cashless basis.

22. Expenses of **Medical Consultations as an Outpatient** up to the limits mentioned in the table below are payable.

Sum Insured (Rs.)	Limit per Policy Year up to (Rs.)
5,00,000/- to 15,00,000/-	2,500/-
20,00,000/- & 25,00,000/-	3,500/-
50,00,000/- and 1,00,00,000/-	5,000/-

Note:

1. This benefit is available only for female Insured Person
 2. Unlimited Gynecologist Consultation through Star tele health app is available
- Payment of any claim under this section shall not be construed as a waiver of Company's right to repudiate any claim on grounds of non-disclosure of material fact or pre-existing disease, for hospitalization expenses under hospitalization provisions of the policy contract

23. **Shared Accommodation:** If the Insured person occupies, a shared accommodation during In-patient hospitalization, then a sum of Rs.2,000/- per day subject to a maximum of 7 days (per hospitalization) will be payable for each continuous and completed period of 24 hours of stay in such shared accommodation.

24. **Preventive Health Check Up:** Expenses incurred towards cost of preventive health check-up for the tests mentioned in the table up to the limits for each Policy Year is payable.

Gender	Benefit Description	Limit per Policy Year up to (Rs.)	Tests
Female	Adolescent (Puberty Age) : 13 to 19 yrs	1,000/-	USG Abdomen
Female	Adult (Reproductive Age) 20-39 yrs	3,000/-	Thyroid profile, PAP, Vitamin D, USG Abdomen

Female	Middle Aged (Menopausal age) 40 yrs – 59 yrs	5,000/-	Dexa Scan, Sonomamogram, PAP, USG Abdomen
Female	Sr Citizens Age 60 yrs and above	4,000/-	Dexa Scan, PAP, USG Abdomen
Male	Any age	1,000/-	Any tests
The above limit is inclusive of cost of Vaccination.			

Note: Payment of any claim under this section shall not be construed as a waiver of Company's right to repudiate any claim on grounds of non-disclosure of material fact or pre-existing disease, for hospitalization expenses under hospitalization provisions of the policy contract.

25. Unlimited Tele-Consultation: We will arrange Tele Consultations with qualified Medical Practitioner or Healthcare professional through various modes of communication like audio, video, online portal, chat through Star Health mobile application or digital platforms.

The services provided under this cover will be made available subject to following conditions:

- The Medical Practitioner may recommend over-the-counter medications based on the information provided.
- Tele Consultations should not substitute in-person consultation with independent Medical Practitioner/ Healthcare professional.
- The proposer should seek assistance from a health care professional when interpreting and applying them to the Insured Person's individual circumstances. If the Insured Person has any concerns about His/ her health, He/ She may consult His/ her general practitioner. We shall not hold any responsibility towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner/ Health care professional.
- There shall be no maximum limit on the count of Tele-Consultations that can be availed in a Policy Year by each Insured Person.
- We/Medical Practitioner/Health care professional may refer the Insured Person to another specialist or a general physician (outside of our empaneled network) if required, and the charges for such specialist or a general physician will have to be borne by the Insured Person.
- We shall not be liable for any discrepancy in the information provided under this cover.
- Availing services is at the sole discretion and risk of the Insured Person.

26. AI driven Face Scan: The Insured Person 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 Person 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.

27. Rehabilitation and Pain Management: The company will pay the medical expenses for Rehabilitation and Pain Management up to the sublimit (or) maximum up to 10% of the sum insured whichever is less, per policy year.

Rehabilitation: The company will pay the expenses for rehabilitation, if availed at authorized centres as an In-patient/Out-patient, and if there is an admissible claim for In-patient hospitalization for an injury, disease or illness specified below;

- Poly Trauma
- Head injury
- Diseases of the spine
- Stroke

Pain Management treatment: Cover for treatment of pain management subject to the limits
Important Note: Rehabilitation and/or Pain management treatment can be taken only at the Authorized centres mentioned in our website – www.starhealth.in

28. Coverage for Non-medical Items: Covered subject to an admissible claim under the policy. (For details please refer website: www.starhealth.in)

29. 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.

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

Note: The Wellness Activities mentioned in the table below are applicable for the Insured Person(s) aged 18 years and above only.

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

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

30. Optional Cover (Lump sum on diagnosis of Cancer): (Available on payment of additional premium and shown in the policy schedule)

If the Insured Person shall contract Cancer as a first incidence, then Company will pay the Sum Insured stated in the Schedule as lump-sum.

Note:

- This benefit is available only for the Insured Persons named in the schedule.
- The available Sum Insured options under this benefit cover are 5/10/15/20 and 25 lacs only.
- This benefit is available on individual Sum Insured basis only.
- Available only once in lifetime.
- Once a claim has been paid under this optional cover, the optional cover cannot be renewed further.
- On payment of claim under the optional cover, the optional cover will cease and the policy will continue for the balance period without this optional cover. Subsequently on renewal, the policy will be renewed without the optional cover.
- This cover should be opted only at the time of first inception of this policy and cannot be opted at the time of renewal.
- This optional cover is available only for female Insured Persons who is aged between 91 days to 65 years.
- Enhancement of Sum Insured under this benefit is subject to underwriting.

Waiting Period: An initial waiting period of 180 days is applicable from the date of commencement of this policy. In case of enhancement of Sum Insured this waiting period shall apply afresh to the extent of Sum Insured increase.

Exclusions

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

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 24 months of continuous coverage after the date of inception of the first policy with insurer.
- B. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- C. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- D. Coverage under the policy after the expiry of 24 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
 1. 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.
 2. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology
 3. 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].
 4. 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),
 5. 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.
 6. All types of Hernia,
 7. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula,

8. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases
9. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies,
10. Benign Tumours of Epididymis, Spermatocoele, Varicocele, Hydrocele,
11. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence
12. Varicose veins and Varicose ulcers
13. All types of transplant and related surgeries.
14. Congenital Internal disease / defect [except for Unborn in Coverage (15) and New Born in Coverage (19)]

Note: Waiting period for the following benefits are as follows:

- a. Bariatric Surgery: A waiting period of 24 months from the date of first commencement of this policy and continuous renewal thereof.
- b. Assisted Reproduction Treatment: A waiting period of 36 months from the date of first inception of this policy with the Company
- c. Voluntary Sterilization Expenses: A waiting period of 24 months from the date of first inception of this policy
- d. Ante-Natal Care (Pregnancy Care): For Sum Insured option of Rs.5 lakhs and Rs.10 lakhs – A waiting period of 24 months from the date of first inception of this policy. For Sum Insured option of Rs.15 lakhs and above – A waiting period of 12 months from the date of first inception of this policy.
- e. In Utero Fetal Surgery / Repair: For sum insured option of 5 lakhs and 10 lakhs – A waiting period of 24 months from the date of first inception of this policy. For sum insured option of 15 lakhs and above – A waiting period of 12 months from the date of first inception of this policy

Note: The above mentioned waiting period will not apply for treatment related to congenital Internal disease / defects for the Unborn.

- f. Delivery Expenses: For Sum Insured option of Rs.5 lakhs and Rs.10 lakhs – A waiting period of 24 months from the date of first inception of this policy. For Sum Insured option of Rs.15 lakhs and above – A waiting period of 12 months from the date of first inception of this policy.
- g. Miscarriage due to Accident: For Sum Insured option of Rs.5 lakhs and Rs.10 lakhs – A waiting period of 24 months from the date of first inception of this policy. For Sum Insured option of Rs.15 lakhs and above – A waiting period of 12 months from the date of first inception of this policy.

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.

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5. **Rest Cure, rehabilitation (except to the extent covered under Coverage-27) and respite care – Code Excl 05:** Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
1. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 2. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
6. **Obesity / Weight Control – Code Excl 06 (except to the extent covered under Coverage-21):** Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions;
1. Surgery to be conducted is upon the advice of the Doctor
 2. The surgery/Procedure conducted should be supported by clinical protocols
 3. The member has to be 18 years of age or older and
 4. Body Mass Index (BMI);
 - a. greater than or equal to 40 or
 - b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes
7. **Change-of-Gender treatments: Code-Excl 07** Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
8. **Cosmetic or plastic Surgery: Code-Excl 08** Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
9. **Hazardous or Adventure sports: Code-Excl 09** Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
10. **Breach of law: Code-Excl 10** Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
11. **Excluded Providers: Code-Excl 11** Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Code-Excl 12**
13. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **Code-Excl 13**

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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 eye sight 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 Coverage -16 and 17): Expenses related to sterility and infertility. This includes:
- Any type of contraception, sterilization
 - Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - Gestational Surrogacy
 - Reversal of sterilization
18. **Maternity-Code-Excl 18** (except to the extent covered under Coverage-13)
- Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - 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 (except to the extent covered under Coverage -25) - **Code-Excl 20**
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 similar to those mentioned herein under this exclusion - **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**

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- 29. Inoculation or Vaccination (except to the extent covered under Coverage II-27C and for post-bite treatment and for medical treatment for therapeutic reasons) – **Code-Excl 31**
 - 30. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization (Dental implants are not payable) – **Code-Excl 32**
 - 31. Hospital registration charges, admission charges, record charges, telephone charges and such other charges – **Code-Excl 34**
 - 32. 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**
 - 33. Any hospitalization which are not medically necessary / does not warrant hospitalization – **Code-Excl 36**
 - 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) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the Sum Insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

Claim Procedure

- For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255. Senior Citizens may call at 044-40020888
- Emergency Hospitalization (Cashless / Reimbursement): Within 24 hours of date and time of Hospitalization if the Insured Person has been hospitalized in an Emergency.
- Planned Hospitalization (Cashless / Reimbursement): At least 48 hours prior to the proposed treatment or date and time of Hospitalization whichever is earlier.
- Cashless facility wherever possible in network hospital
- In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents subject to terms and conditions of the policy
- 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)

Disclosure to information

The policy shall become void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policy holder.

Automatic Termination

The insurance under this policy with respect to each relevant Insured Person policy shall expire immediately on the earlier of the following events

- i. Upon the death of the Insured Person This means that, the cover for the surviving members of the family will continue, subject to other terms of the policy.
- ii. Upon exhaustion of the Sum Insured, Limit of Coverage, Limit of Coverage plus Restore Sum Insured.

Renewal of Policy

The policy shall be renewable provided the product is not withdrawn, except in case of established fraud or non-disclosure or misrepresentation by the Policyholder. If the product is withdrawn, the policyholder shall be provided with suitable options to migrate as per the procedure stated under "withdrawal clause"

- i. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period of 30 days.
- ii. While coverage is not available during the Grace Period, if the policy is renewed during the Grace Period, all the credits (Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc.) accrued under the policy shall be protected.

For Surrogate Mother: After completion of 36 months period, all other coverages will continue except Surrogacy Cover.

For Oocyte Donor: After completion of 12 months period, all other coverages will continue except Oocyte Donor Cover.

Cancellation

- i. The Policyholder may cancel his policy any time during the term by giving 7 days written notice. In such an event, The Company shall
 - a. refund proportionate premium for unexpired Policy Period, if Policy Term is up to one year and there is no claim (s) made during the Policy Period.
 - b. 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.
- ii. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud

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

Migration

In case of migration of one policy to another with the same insurer, the Policyholder (including all members under family cover and group insurance policies) can transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc. in the previous policy to the migrated policy.

Portability

- i. The Policyholder has the choice to port his / her policy from one Insurer to another by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability.
- ii. The Policyholder is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc. from the existing Insurer to the Acquiring Insurer in the previous policy.

Premium Payment in Instalments

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

- i. For Monthly instalment option: Grace Period of 15 days would be given to pay the instalment premium due for the policy.
- ii. For Quarterly, Half yearly and Yearly instalment option: Grace Period of 30 days would be given to pay the instalment premium due for the policy.
- iii. The Policyholder will get the accrued continuity benefit in respect of the (Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc.) in

the event of payment of premium within the stipulated Grace Period.

- iv. No interest will be charged If the instalment premium is not paid on due date.
- v. In case of instalment premium due not received within the grace period, the policy will get cancelled .
- vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- vii. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.
- viii. For premium paid in instalments during the Policy Period, coverage is available during the grace period also.

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.

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 Policyholder 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. If the Policyholder is not satisfied with any of the terms and conditions and has not made any claim, the Policyholder has the option to cancel his/her policy. This option is available in case of policies with a term of one year or more.

The Policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any incurred by the Insurer on medical examination of the proposer and stamp duty charges.

Redressal of Grievance:

Incase of any grievance the Insured Person may contact the Company through

Website : www.starhealth.in

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

Ph. No. : 044-69006900 | Toll Free No. 1800 425 2255

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, as amended from time to time.

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



Revision of Sum Insured

Reduction or enhancement of Sum Insured is permissible only at the time of renewal. The acceptance for enhancement and the amount of enhancement will be at the discretion of the Company and subject to **Exclusion Code Excl 01, Exclusion Code Excl 02 and Exclusion Code Excl 03.**

Withdrawal of the policy

In the likelihood of this product being withdrawn in future, the Company will intimate the Policyholder about the same 90 days prior to expiry of the policy.

- i. A one-time option to renew the existing product, if renewal falls within the 90 days from the date of withdrawal of the product, or
- ii. Policyholder will have the option to migrate to similar health insurance product available with the Company at the time of renewal. Policyholder can transfer the credits gained (to the extent of Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc.) in the previous policy to the migrated policy, provided the policy has been maintained without a break.

The Company

Star Health and Allied Insurance Co. Ltd., commenced its operations in 2006 as India's first Standalone Health Insurance provider. As an exclusive Health Insurer, the Company is providing sterling services in Health, Personal Accident & Overseas Travel Insurance and is committed to setting international benchmarks in service and personal caring.

Star Advantages

- No Third Party Administrator, direct in-house claims settlement
- Faster and hassle – free claim settlement
- Cashless hospitalization

Tax Benefits

Payment of premium by any mode other than cash for this policy is eligible for relief under Section 80D of the Income Tax Act 1961.

Taxes are Subject to Changes in Tax Laws

Prohibition of Rebates

Section 41 of Insurance Act 1938: No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer: Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs rupees.

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Star Health and Allied Insurance Co. Ltd.

Registered Office: No: 1, New Tank Street, Valluvarkottam High Road, Nungambakkam, Chennai - 600 034 | Phone : 044 - 2828 8800

Corporate Office: No. 148, Acropolis, Dr. Radha Krishnan Salai, Mylapore, Chennai - 600 004 | Phone : 044 - 4788 6666

Email: support@starhealth.in | **Website:** www.starhealth.in
CIN: L66010TN2005PLC056649 | IRDAI Regn. No.: 129

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For more details on risk factors, terms and conditions, please read the prospectus carefully before concluding a sale.

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.