STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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PROSPECTUS - STAR COMPREHENSIVE INSURANCE POLICY

Unique Identification No.: SHAHLIP25037V082425

The Specific Feature of this policy is it offers Health Cover, Delivery and New born cover, Dental and Ophthalmological Treatment, Hospital cash Benefit-all under a single roof. Also cover is extended for Bariatric surgery where it is performed for medical reasons

✪ **Eligibility**
- For Adults – 18yrs – 65 yrs
- For Dependent Child - 91 days – 25 yrs

✪ **Midterm inclusion** of newly married / wedded spouse and New Born Baby is permissible on paying additional premium. The intimation about the marriage / new born should be given within 60 days from the date of marriage or new born. The cover will be from the date of payment of premium.

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

✪ **Long Term Discount:** If the policy term opted is 2 years, discount available is 3.5% and if policy term opted is 3 years, discount available is 6.5%, on total premium.

✪ **Instalment Facility available:** Premium can be paid Monthly, Quarterly and Half-yearly. Premium can also be paid Annually, Biennial (Once in 2 years) and Triennial (Once in 3 years)
For instalment mode of payment, there will be loading as given below:
- Monthly: 4%
- Quarterly: 3%
- Half Yearly: 2%

✪ **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.75,00,000 ; Rs.1,00,00,000

✪ **What are the benefits available?**

Section 1 Hospitalization

A. Room (Private Single A/C room), Boarding and Nursing Expenses as provided by the Hospital / Nursing Home

B. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.

C. Anesthesia, Blood, Oxygen, Operation Theatre charges, ICU charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, diagnostic imaging modalities, Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker, stent and such other similar expenses. With regard to coronary stenting, medicines, 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

D. **Road ambulance expenses**: Subject to an admissible hospitalization claim, road ambulance expenses incurred for the following are payable :-
   i. for transportation of the insured person by private ambulance service to go to hospital when this is needed for medical reasons
   or
   ii. for transportation of the insured person by private ambulance service from one hospital to another hospital for better medical treatment
   or
   iii. for transportation of the insured person from the hospital where treatment is taken to their place of residence provided the requirement of an ambulance to the residence is certified by the medical practitioner.

E. **Air Ambulance expenses** Subject to an admissible hospitalization claim, the Insured Person(s) is/are eligible for reimbursement of expenses incurred towards the cost of air ambulance service up to Rs.2,50,000/- per hospitalization, not exceeding Rs.5,00,000/- per policy period, if the said service was availed on the advice of the treating Medical Practitioner/Hospital. Expenses towards Air ambulance service is payable for only from the place of first occurrence of the illness / accident to the nearest hospital. Such Air ambulance should have been duly licensed to operate as such by Competent Authorities of the Government/s.

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

G. **Post Hospitalization:** Medical expenses incurred for a period up to 90 days from the date of discharge from the hospital wherever recommended by the Medical Practitioner / Hospital, where the treatment was taken are payable, provided
   i. such expenses so incurred are following an admissible claim for hospitalization
   and
   ii. such expenses so incurred are in respect of ailment for which the insured person was hospitalized.

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

Out-Patient Consultation Section 1-H	
Sum Insured Rs.	Limit for Out Patient consultation per policy period for other than Dental and Ophthalmic Treatments (up to Rs.)
5,00,000/-	1,200/-
7,50,000/-	1,500/-
10,00,000/-	2,100/-
15,00,000/-	2,400/-
20,00,000/-	3,000/-
25,00,000/-	3,300/-
50,00,000/-, 75,00,000/- and 1,00,00,000/-	5,000/-
Limit of per consultation is Rs. 300/-	

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 nondisclosure of material fact or preexisting disease for hospitalization expenses under hospitalization provisions of the policy contract.

I. **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 Pharingitis, Arthritis, Gout and Rheumatism.

Section 2 Delivery and New Born

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

B. Expenses up-to the limits mentioned in the table below, incurred in a hospital/ nursing home on treatment of the New-born for any disease, illness (including any congenital disorders) or accidental injuries are payable provided there is an admissible claim under A of Section-2 above and while the policy is in force. In case of policy term is more than one year, such expenses are payable only till the expiry of the policy or policy anniversary whichever is earlier.

Section 2 Delivery and New Born			
Sum Insured Rs.	Limit for Delivery		Limit of Company's liability for New Born Cover Rs.
	Normal Delivery Rs.	Delivery by Caesarean Section Rs.	
5,00,000/-	15,000/-	20,000/-	1,00,000/-
7,50,000/-	25,000/-	40,000/-	1,00,000/-
10,00,000/- to 25,00,000/-	30,000/-	50,000/-	1,00,000/-
50,00,000/- to 1,00,00,000/-	50,000/-	1,00,000/-	2,00,000/-

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

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

Special Conditions applicable for this Section

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

Section 3 Out-patient Dental and Ophthalmic Treatment

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

Expenses incurred for the treatment of the eye or the services or supplies provided by a licensed ophthalmologist, hospital or other provider that are medically necessary to treat eye problem including cost of spectacles / contact lenses, not exceeding the limit mentioned in the table below are payable.

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

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

Section 3 Out-patient Dental and Ophthalmic Treatment	
Sum Insured Rs.	Limit for Out Patient Dental and Ophthalmic Treatments for each block of 3 continuous years (up to Rs.)
5,00,000/- and 7,50,000/-	5,000/-
10,00,000/- to 25,00,000/-	10,000/-
Above 25,00,000/-	15,000/-

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 nondisclosure of material fact or preexisting disease for hospitalization expenses under hospitalization provisions of the policy contract.

Section 4 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 be covered.

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

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

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

This benefit is subject to an excess of first 24 hours of Hospitalization for each and every claim. Claims under this section will not reduce the Sum Insured.

Section 5 Hospital Cash	
Sum Insured Rs.	Hospital Cash Benefit - Limit of Company's liability per day (Rs.)
5,00,000/-	500/-
7,50,000/- and 10,00,000/-	750/-
15,00,000/- and 20,00,000/-	1,000/-
25,00,000/-	1,500/-
50,00,000/-, 75,00,000/-, and 1,00,00,000/-	2,500/-

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

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

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

Sum Insured Rs.	Limit (Up to Rs)
5,00,000/-	2,000/-
7,50,000/-	2,500/-
10,00,000/-	3,000/-
15,00,000/-	4,000/-
20,00,000/-	4,500/-
25,00,000/-	4,500/-
50,00,000/-, 75,00,000/- and 1,00,00,000/-	5,000/-

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

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

Section 7 Bariatric Surgery

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

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

Special conditions:

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

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

Section 8 Option for Second Medical Opinion

The Insured Person is given the facility of obtaining a Medical Second Opinion from a Doctor in the Company's network of Medical Practitioners. All the medical records provided by the Insured Person will be submitted to the Doctor chosen by him/her either online or through post/courier and the medical opinion will be made available directly to the Insured by the Doctor.

Subject to the following conditions :-

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

- The second opinion should be only for medical reasons and not for medico-legal purposes.
- Any liability due to any errors or omission or consequences of any action taken in reliance of the second opinion provided by the Medical Practitioner is outside the scope of this policy.
- Utilizing this facility alone will not amount to making a claim.

Section 9 AYUSH Treatment: In patient Hospitalizations Expenses incurred on treatment under Ayurveda, Unani, Siddha and Homeopathy systems of medicines in a AYUSH Hospital or Day Care Centre as in patient is payable up to the limits given below:

Sum Insured Rs.	Limit per policy period (Rs.)
5,00,000/- to 15,00,000/-	15,000/-
20,00,000/- and 25,00,000/-	20,000/-
50,00,000/-, 75,00,000/- and 1,00,00,000/-	30,000/-

Note:

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

Important Note: Applicable for Section 1 (A) to Section 1 (C), Section 2 (B), Section 4, Section 7, Section 9, Section 12 and Section 13

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

Section 10 Accidental Death and Permanent Total Disablement

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

1. **Accidental Death of Insured Person**: If following an Accident that causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as compensation the Sum Insured mentioned in the Schedule
2. **Permanent Total Disablement** of the Insured Person: If following an Accident which caused permanent impairment of the Insured's mental or physical capabilities, then the Company will pay the benefits as provided in the "Table of Benefits - B1", depending upon the degree of disablement provided that:
   a) The disablement occurs within 12 Calendar months from the date of the Accident.
   b) The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.

Special Conditions:

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

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

Section 11: 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 (from Serial Number 1 to 5) are applicable for the Insured person(s) aged 18 years and above only.

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

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

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

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

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

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

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

The wellness services and activities are categorized as below:

Sr. No.	Activity	Maximum number of Wellness Points that can be earned under each policy in a policy year
1.	Manage and Track Health	
	a) Online Health Risk Assessment (HRA)	50
	b) Preventive Risk Assessment	200
2.	Affinity to Wellness	
	a) Participating in Walkathon, Marathon, Cyclothon and similar activities	100
	b) Membership in a health club (for 1 year or more)	100
3.	Stay Active – If the Insured member achieves the step count target on mobile app	200
4.	a) Weight Management Program (for the Insured who is Overweight / Obese)	100
	b) Sharing Insured Fitness Success Story through adoption of Star Wellness Program (for the Insured who is not Overweight / Obese)	50
5.	a) Chronic Condition Management Program (for the Insured who is suffering from Chronic Condition/s - Diabetes, Hypertension, Cardiovascular Disease or Asthma)	250
	b) On Completion of De-Stress & Mind Body Healing Program (for the Insured who is not suffering from Chronic Condition/s - Diabetes, Hypertension, Cardiovascular Disease or Asthma)	125
	Additional Wellness Services	
6.	Online Chat with Doctor	
7.	Medical Concierge Services	
8.	Period & Fertility Tracker	
9.	Digital Health Vault	
10.	Wellness Content	
11.	Health Quiz & Gamification	
12.	Post-Operative Care	
13.	Discounts from Network Providers	

1. Manage and Track Health:

a) Completion of Health Risk Assessment (HRA): The Health Risk Assessment (HRA) questionnaire is an online tool for evaluation of health and quality of life of the Insured. It helps the Insured to introspect his/ her personal lifestyle. The Insured can log into his/her account on the website www.starhealth.in and complete the HRA questionnaire. The Insured can undertake this once per policy year.

On Completion of online HRA questionnaire, the Insured earns 50 wellness points.

Note: To get the wellness points mentioned under HRA, the Insured has to complete the entire HRA within one month from the time he/she started HRA Activity.

b) Preventive Risk Assessment: The Insured can also earn wellness points by undergoing diagnostic / preventive tests during the policy year. These tests should include the four mandatory tests mentioned below. Insured can take these tests at any diagnostic centre at Insured's own expenses.

- If all the results of the submitted test reports are within the normal range, Insured earns 200 wellness points.
- If the result of any one test is not within the normal range as specified in the lab report, Insured earns 150 wellness points.
- If two or more test results are not within the normal range, Insured earns 100 wellness points only.

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

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

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

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

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

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

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

Note:

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

4. Weight Management Program:

a) This Program will help the Insured persons with Over Weight and Obesity to manage their Body Mass Index (BMI) through the empanelled wellness experts who will guide the Insured in losing excess weight and maintain their BMI.

- On acceptance of the Weight Management Program, Insured earns 50 wellness points.
- An additional 50 wellness points will be awarded in case if the results are achieved and maintained as mentioned below;

Sr. No.	Name of the Ailment	Values to 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)		

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

5. Chronic Condition Management Program:

a) This Program will help the Insured suffering from Diabetes, Hypertension, Cardiovascular Disease or Asthma to track their health through the empanelled wellness experts who will guide the insured in maintaining/ improving the health condition.

- On acceptance of the Chronic Condition Management Program, Insured earns 100 wellness points.
- The Insured has to submit the test result values for every 3 months maximum up to 3 times in a policy year.
- If the test result values are within +/- 10% range of the values given below, for at least 2 times in a policy year, an additional 150 wellness points will be awarded.
- These tests reports to be submitted within 1 month from the date of undergoing the Health Check-Up.

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

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

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

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

6. Online Chat with Doctor: Insured can consult qualified healthcare professionals at their convenience. The Doctor Chat

feature allows Insured to "Chat" with qualified Doctors, available from Monday to Friday between 9.00 AM and 6.00 PM to help Insured with advice and quick consultations including on Diet & Nutrition and Second Medical Opinion. They do not prescribe any medications or diagnose any health issues.

7. **Medical Concierge Services:** The Insured can also contact Star Health to avail the following services: - Emergency assistance information such as nearest ambulance / hospital / blood bank etc.
8. **Period & Fertility Tracker:** The online easy tracking program helps every woman with their period health and fertility care. The program gives access to trackers for period and ovulation which maps out cycles for months. This helps in planning for conception prevention and tracks peak ovulation if planning pregnancy.
9. **Digital Health Vault:** A secured Personal Health records system for Insured to store/access and share health data with trusted recipients. Using this portal, Insured can store their health documents (prescriptions, lab reports, discharge summaries etc.), track health data add family members.
10. **Wellness Content:** The wellness portal provides rich collection of health articles, blogs, tips and other health and wellness content. The contents have been written by experts drawn from various fields. Insured will benefit from having one single and reliable source for learning about various health aspects and incorporating positive health changes.
11. **Health Quiz & Gamification:**
    - The wellness portal provides a host of Health & Wellness Quizzes. The wellness quizzes are geared towards helping the Insured to be more aware of various health choices.
    - Gamification helps in creating fun and engaging health & wellness experiences. It helps to create a sense of achievement in users and increases motivation levels.
12. **Post Operative Care:** It is done through follow up phone calls (primarily for surgical cases) for resolving their medical queries.
13. **Discounts from Network Providers:** The Insured can avail discounts on the services offered by our network providers which will be displayed in our website.

Terms and conditions under wellness activity

- Any information provided by the Insured in this regard shall be kept confidential.
- There will not be any cash redemption against the wellness reward points.
- Insured should notify and submit relevant documents, reports, receipts etc for various wellness activities within 1 month of undertaking such activity/test.
- No activity, report, document, receipt can be submitted in the last month of each policy year.
- For services that are provided through empaneled 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 empaneled 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.

ILLUSTRATION OF BENEFITS

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

Scenario – 1

*A 40 year old Individual Ramesh buys Star Comprehensive Insurance Policy (Individual Sum Insured) with Sum Insured 25 Lacs, let's understand how he can earn **Wellness Points** by doing different wellness activities. Ramesh has declared that his Body Mass Index (BMI) as 24 and he is a Diabetic. Ramesh enrolled under the Star Wellness Program and completed the following **wellness activities***

Sr. No	Name of the wellness activity taken up during the policy year	Wellness Points Earned
1.	Completed Online Health Risk Assessment (HRA)	50
2.	Submitted Health Check-Up Report (two test results are not within normal values)	100
3.	Participated in Walkathon	100
4.	Attended to Gym	100
5.	Achieved 10,000 average number of steps per day during the policy year	200
6.	Shared his fitness success story	50
7.	Managed Diabetes through Chronic Condition Management Program	250
	Total Number of Wellness Points earned	**850**

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

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

Scenario – 2

*A 42 year old Individual Suresh and his wife Lakshmi along with their two dependent children (aged below 18 yrs) buy a Star Comprehensive Insurance Policy (Floater Sum Insured) with Sum Insured 25 Lacs, let's understand how they can earn **Wellness Points** under the Floater Policy. Suresh has declared that he is suffering from Diabetes & Hypertension. Suresh has declared his Body Mass Index (BMI) as 30 & Lakshmi has declared her BMI as 25*
Suresh and Lakshmi enrolled under the Star wellness program and completed the following wellness activities.

Sr. No	Name of the wellness activity taken up during the policy year	Wellness Points Earned by Suresh	Wellness Points Earned by Lakshmi
1.	Completed Online Health Risk Assessment (HRA)	50	50
2.	Submitted Health Check-Up Report	200	200
3.	Participated in Marathon	100	0
4.	Attended to Gym	100	100
5.	Achieved 10,000 average number of steps per day during the policy year	200	200
6.	Suresh accepted the Weight management program and reached 27 BMI Lakshmi accepted the Weight management program and reached 23 BMI	100	100
7.	Suresh Managed Diabetes & Hypertension through Chronic Condition Management Program; Lakshmi has completed De-stress & Mind Body Healing Program	250	125
	Total Number of Wellness Points earned	1000	775
	No of wellness points based upon weightage - 1:1	**500 (1000x1/2)**	**388 (775x1/2)**

Total Number of Wellness Points earned by Suresh and Lakshmi = 888 (500+388)
Based on the no of Wellness Points earned, Suresh & Lakshmi are eligible to get 10% discount on renewal premium

Lets look how the Insured can avail discount on premium through the "Star Wellness Program"Scenario – 3

Scenario – 3

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

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

Total Number of Wellness Points earned by Umesh = 1650 (825+825)
Calculation of Wellness Points as per two year policy condition = 825 (1650/2)

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

✪ **Coverage for Modern Treatments:** The expenses payable during the entire policy period for the following treatment/procedure (either as a day care or as an in-patient exceeding 24hrs of admission in the hospital) is limited to the amount mentioned in table below;

Sum Insured in Rs.	Uterine artery Embolization and HIFU	Balloon Sinuplasty	Deep Brain Stimulation	Oral Chemotherapy* (Sublimits including Pre and Post Hospitalisation)	Immunotherapy-Monoclonal Antibody to be given as injection	Intra Vitreal injections
	Sum Insured on Individual Basis: Limit per person, per policy period for each treatment / procedure **Sum Insured on Floater Basis:** Limit per policy period for each treatment / procedure Rs.					
5,00,000/-	1,25,000/-	50,000/-	2,50,000/-	1,25,000/-	2,50,000/-	50,000/-
7,50,000/-	1,25,000/-	50,000/-	2,50,000/-	1,25,000/-	2,75,000/-	60,000/-
10,00,000/-	1,50,000/-	1,00,000/-	3,00,000/-	2,00,000/-	4,00,000/-	75,000/-
15,00,000/-	1,75,000/-	1,25,000/-	4,00,000/-	2,50,000/-	5,00,000/-	1,00,000/-
20,00,000/-	2,00,000/-	1,50,000/-	4,50,000/-	2,75,000/-	5,50,000/-	1,25,000/-
25,00,000/-	2,00,000/-	1,50,000/-	5,00,000/-	3,00,000/-	6,00,000/-	1,50,000/-
50,00,000/-	2,25,000/-	1,75,000/-	6,00,000/-	4,00,000/-	7,50,000/-	1,75,000/-
75,00,000/-	2,50,000/-	2,00,000/-	7,00,000/-	5,00,000/-	9,00,000/-	2,00,000/-
1,00,00,000/-	3,00,000/-	2,00,000/-	7,50,000/-	6,00,000/-	10,00,000/-	2,00,000/-

Sum Insured in Rs.	Robotic surgeries	Stereotactic radio surgeries	Bronchical Thermoplasty	Vaporisation of the prostate (Green laser treatment or holmium laser treatment)	IONM-(Intra Operative Neuro Monitoring)	Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions
	Sum Insured on Individual Basis: Limit per person, per policy period for each treatment / procedure **Sum Insured on Floater Basis:** Limit per policy period for each treatment / procedure Rs.					
5,00,000/-	2,50,000/-	2,00,000/-	**Up to Sum Insured**			2,50,000/-
7,50,000/-	2,75,000/-	2,25,000/-				2,75,000/-
10,00,000/-	3,00,000/-	2,50,000/-				4,00,000/-
15,00,000/-	4,00,000/-	2,75,000/-				5,00,000/-
20,00,000/-	4,50,000/-	2,75,000/-				5,50,000/-
25,00,000/-	5,00,000/-	3,00,000/-				6,00,000/-
50,00,000/-	6,00,000/-	3,50,000/-				7,50,000/-
75,00,000/-	7,00,000/-	3,75,000/-				9,00,000/-
1,00,00,000/-	7,50,000/-	4,00,000/-				10,00,000/-

*Sublimit all inclusive with or without hospitalization where ever hospitalization includes pre and post hospitalization.

✪ **Add-on cover:** Star Extra Protect – Add on cover| UIN: SHAHLIA23061V012223 and its subsequent revisions.

This Add on cover can be availed along with this Product. Please ask for the Prospectus and Proposal Form of the same at the time of purchase. All terms and conditions of the Add-on cover will apply.

✪ **Exclusions**

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

1. Pre-Existing Diseases - Code Excl 01

A. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 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 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 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 following 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 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 to the extent provided under Section 2 for New Born)

3. **30-day waiting period - Code Excl 03**
   A. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered
   B. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months
   C. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently
4. **Investigation & Evaluation - Code- Excl 04**
   A. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded
   B. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded
5. **Rest Cure, rehabilitation and respite care - Code Excl 05:** Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes;
   1. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons
   2. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs
6. **Obesity / Weight Control - Code Excl 06:** Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions;
   A. Surgery to be conducted is upon the advice of the Doctor
   B. The surgery/Procedure conducted should be supported by clinical protocols
   C. The member has to be 18 years of age or older and
   D. Body Mass Index (BMI);
      1. greater than or equal to 40 or
      2. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
         a. Obesity-related cardiomyopathy
         b. Coronary heart disease
         c. Severe Sleep Apnea
         d. Uncontrolled Type2 Diabetes
7. **Change-of-Gender treatments - Code Excl 07:** Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
8. **Cosmetic or plastic Surgery - Code Excl 08:** Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
9. **Hazardous or Adventure sports - Code Excl 09:** Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
10. **Breach of law - Code Excl 10:** Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
11. **Excluded Providers - Code Excl 11:** Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof **- Code Excl 12**
13. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons **- Code Excl 13**
14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure **- Code Excl 14**
15. **Refractive Error - Code Excl 15:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7. 5 dioptres.
16. **Unproven Treatments - Code Excl 16:** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
17. **Sterility and Infertility - Code Excl 17:** Expenses related to sterility and infertility. This includes;
    a. Any type of contraception, sterilization
    b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

c. Gestational Surrogacy
d. Reversal of sterilization

18. Maternity - Code Excl 18

a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy and to the extent covered under Section 2
b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period

19. Circumcision (unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident), Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA **- Code Excl 19**

20. Congenital External Condition / Defects / Anomalies (except to the extent provided under Section 2 for New Born) **- 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 **- 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. Cochlear implants and procedure related hospitalization expenses. Cost of spectacles and contact lens(in excess of what is specifically provided), hearing aids, 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 **- 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**

B. Applicable for Section 10

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance **- Code Sec10 Excl 01**

2. Any injuries/conditions which are Pre-existing conditions **- Code Sec10 Excl 02**

3. Any claim arising out of Accidents that the Insured Person has caused **- Code Sec10 Excl 03**

i. intentionally or
ii. by committing a crime / involved in it or
iii. as a result of / in a state of drunkenness or addiction (drugs, alcohol)

4. Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from **- Code Sec10 Excl 04**

5. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detainments of all kings princes and people of whatever nation, condition or quality whatsoever **- Code Sec10 Excl 05**

6. Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority **- Code Sec10 Excl 06**

7. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from **- Code Sec10 Excl 07**

a) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel
b) Nuclear weapons material
c) The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof
d) Nuclear, chemical and biological terrorism

8. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons **- Code Sec10 Excl 08**

9. Participation in Hazardous Sport / Hazardous Activities **- Code Sec10 Excl 09**

10. Persons who are physically challenged unless specifically agreed and endorsed in the policy **- Code Sec10 Excl 10**

11. Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law **- Code Sec10 Excl 11**

12. Any payment in case of more than one claim under the policy during the period of insurance by which the maximum liability of the Company in that period would exceed the amount specified in the Schedule **- Code Sec10 Excl 12**

13. Any other claim after a claim has been admitted by the Company and becomes payable for Death or Permanent Total Disablement, as mentioned In Table **- Code Sec10 Excl 13**

14. Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly **- Code Sec10 Excl 14**

15. Any claim for Death or Permanent Total Disablement of the Insured Person from self-endangerment unless in self-defense or to save human life **- Code Sec10 Excl 15**

✪ **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. For Cashless Treatment

a. For assistance call 24 hour help-line 044-69006900 or Toll Free No. 1800 425 2255, Senior Citizens may call at 044-40020888.
b. Inform the ID number for easy reference
c. On admission in the hospital, produce the customer ID Card issued by the Company at the Hospital Helpdesk
d. Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
e. The Treating Doctor will complete the hospitalisation/ treatment information and the hospital will fill up expected cost of treatment. This form is submitted to the Company
f. The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate.
g. Once all the details are furnished, the Company will process the request as per the terms and conditions as well as the exclusions therein and either approve or reject the request based on the merits.
h. In case of emergency hospitalization information to be given within 24 hours after hospitalization
i. Cashless facility can be availed only in networked Hospitals. For details of Networked Hospitals, the insured may visit www.starhealth.in or contact the nearest branch.
j. KYC (Identity proof with Address) of the proposer, as per AML Guidelines

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.

B. Documents to be submitted :

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

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

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

For Accidental Death Claims:- Claim Form

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

For Permanent Total Disablement Claims

Certificate from Government doctor confirming the disability and its percentage Note:

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

✪ **Cumulative Bonus** (Applicable for Section 1 other than 1H, Section 2, Section 4, Section 7, Section 9, Section 12 and Section 13)

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

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

Special Conditions

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

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

3. In the event of a claim resulting In

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

c. Full utilization of Basic Sum Insured and partial utilization of cumulative bonus accrued, the cumulative bonus granted on renewal will be the balance cumulative bonus available and after the reduction 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 Basic Sum Insured and full utilization of cumulative bonus accrued, the cumulative bonus granted on renewal will be "nil" or "zero

✪ **Automatic Restoration of Sum Insured Applicable for Section 1 (other than Section 1H) and Section 9:** There shall be automatic restoration of the Basic Sum Insured by 100% immediately upon exhaustion of the Basic Sum Insured and accrued Cumulative Bonus if any, once during the policy period

It is made clear that such restored Basic Sum Insured can be utilized for the subsequent hospitalization even for the illness /disease for which claim/s was / were already made.

Such restoration will be available for Section 1 (other than Section 1H) and Section 9.

✪ **Co-Payment:** This policy is subject to co-payment of 10% of each and every claim amount for fresh as well as renewal policies for insured persons whose age at the time of entry is 61 years and above. This co-payment will not apply for those insured persons who have entered the policy before attaining 61 years of age and renew the policy continuously without any break. This co-payment is applicable for Section 1 A to 1 G, 1 I, Section 4, Section 7, Section 9, Section 12 and Section 13

✪ **What is the renewal procedure?**

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

1. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
2. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
3. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy.
4. Coverage is not available during the grace period.
5. No loading shall apply on renewals based on individual claims experience

Following an admissible claim under Section-10 the coverage under Personal Accident insurance upon renewal will be applicable for the person to be chosen by the Proposer at the time of renewal, subject to other terms, conditions contained herein

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

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 and Half yearly instalment option: Grace Period of 30 days would be given to pay the instalment premium due for the policy.

iii. 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.

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 installments 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

✪ **Revision of Sum Insured:** Reduction or enhancement of Basic Sum Insured is permissible only at the time of renewal. The acceptance for enhancement and the amount of enhancement will be at the discretion of the Company. Where the basic sum insured is enhanced, the amount of such additional basic sum insured including the respective sublimits shall be subject to the following terms. Exclusions as under shall apply afresh from the date of such enhancement for theincrease in the Basic Sum Insured, that is, the difference between the expiring policy Basic Sum Insured and the increased current Basic Sum Insured.

i) First 30 days as stated under exclusion **Excl Code 03**

ii) 24 months with continuous coverage without break (with grace period) in respect of diseases / treatments as stated under exclusion **Excl Code 02**

iii) 36 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases as stated under exclusion **Excl Code 01**

iv) 36 months of continuous coverage without break (with grace period) for diseases / conditions diagnosed / treated irrespective of whether any claim is made or not in the immediately preceding three policy periods

v) The above applies to each relevant insured person

✪ **What are the optional covers available on payment of additional premium under the policy?(Section 12)**

The prospect has the option to opt for reduction of waiting period in respect of Pre-Existing Diseases from 36 months to 12 months on payment of additional premium. This option is available only for the first purchase of Star Comprehensive Insurance Policy and also only upto Sum Insured chosen at that time.This option is not available for renewal or policies ported from other Insurance Companies. The prospect has to undergo pre-acceptance medical screening at Company's nominated centre. At present 100% of cost of the pre-acceptance medical screening will be borne by the Company. The Company may require the prospect to share this cost (maximum 50%).

Where the Insured person has opted for this benefit the exclusions shall read as follows :-

1. Pre-Existing Diseases : Code- Excl01

A. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first policy with insurer.

B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

C. Coverage under the policy after the expiry of 12 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

2. Specified disease / procedure – Code- Excl02

A. Expenses related to the treatment of the following 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. 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 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 to the extent provided under Section 2 for New Born)

✪ **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 the policy**

i. 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.

ii. 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.

✪ **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

i. 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

ii. 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

iii. where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

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

✪ **Portability:** The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

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

✪ **Cancellation**

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 upto 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: Incase of long term policies the refund will be given after adjusting the long term discount availed by the insured/ policyholder.

✪ **Medical Underwriting Loading:**

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

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

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

- ✓ Upon the death of the Insured Person. This also means that in case of family floater policy, cover for the other surviving members of the family will continue, subject to other terms of the policy.
- ✓ Upon exhaustion of the Limit of Coverage

✪ **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

✪ **How to buy this insurance?**

Please contact our nearest Branch Office/our Agent or visit our website www.starhealth.in for online purchase and avail discount of 5%.

✪ **Relief under Sec 80D of Income Tax Act:** 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.

✪ **Redressal of Grievance:** Incase of any grievance the insured person may contact the Company through

Website : www.starhealth.in
E-mail : gro@starhealth.in,
grievances@starhealth.in
Ph. No. : 044-69006900 | Toll Free No. 1800 425 2255
Senior Citizens may call at 044-69007500

Courier/: Star Health and Allied Insurance CompanyLimited.,
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.

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

✪ **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 rupees.

PREMIUM CHART (Excluding Tax)

Premium Chart for 1 year (Excluding Tax) (in Rs.)

Plan type	Age band	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000
1A	3m-35	7,576	9,223	10,503	13,203	15,228	16,486	18,139	19,683	21,065
	36-45	8,721	10,935	12,717	15,417	17,442	19,024	20,930	22,712	24,305
	46-50	14,256	18,214	21,454	24,154	26,390	28,312	31,147	33,799	36,169
	51-55	17,388	21,206	24,187	28,523	32,265	34,711	38,183	41,434	44,339
	56-60	20,196	24,716	28,264	33,464	37,714	40,678	44,750	48,557	51,959
	61-65	27,810	33,075	37,039	43,859	48,362	51,359	56,500	61,306	65,599
	66-70	38,140	44,096	48,325	53,282	55,868	58,196	64,017	69,460	74,326
	71-75	44,723	53,195	59,584	66,890	70,135	73,067	80,379	87,215	93,323
	Above 75	58,574	69,325	77,355	86,195	90,374	94,154	1,03,572	1,12,379	1,20,247
1A+1C	3m-35	9,914	12,247	14,310	17,528	20,228	22,820	25,105	27,243	29,155
	36-45	10,930	13,327	15,844	19,872	22,572	25,812	28,393	30,807	32,967
	46-50	15,379	18,544	22,367	27,767	30,467	33,707	37,082	40,235	43,054
	51-55	17,485	22,248	26,557	31,957	35,197	38,437	42,282	45,878	49,091
	56-60	21,276	29,030	34,884	40,284	43,524	46,764	51,440	55,814	59,724
	61-65	33,934	40,673	48,570	55,590	63,105	79,845	87,831	95,299	1,01,974
	66-70	42,422	50,846	60,718	66,712	75,730	95,818	1,05,403	1,14,367	1,22,375
	71-75	55,156	66,107	78,937	86,735	98,453	1,24,567	1,37,025	1,48,673	1,59,084
	Above 75	71,712	85,946	1,02,622	1,12,763	1,27,991	1,61,946	1,78,141	1,93,288	2,06,820
1A+2C	3m-35	11,826	14,396	16,200	20,520	23,360	26,060	28,669	31,109	33,291
	36-45	12,982	15,649	17,863	23,263	26,795	30,035	33,043	35,856	38,367
	46-50	21,038	25,196	29,074	34,474	37,714	40,954	45,052	48,886	52,310
	51-55	22,151	26,568	31,363	36,763	40,003	43,243	47,569	51,613	55,231
	56-60	25,466	31,828	37,865	45,425	49,205	53,525	58,882	63,887	68,364
	61-65	39,949	47,584	51,004	58,024	82,715	1,01,615	1,11,780	1,21,284	1,29,778
	66-70	49,939	59,486	63,763	69,638	99,263	1,21,943	1,34,141	1,45,546	1,55,736
	71-75	64,930	77,339	82,901	90,536	1,29,049	1,58,533	1,74,388	1,89,211	2,02,457
	Above 75	84,413	1,00,548	1,07,773	1,17,698	1,67,767	2,06,096	2,26,708	2,45,981	2,63,201
1A+3C	3m-35	16,837	20,509	22,626	28,566	32,195	35,975	39,577	42,941	45,949
	36-45	18,425	22,270	24,872	31,892	36,331	40,327	44,361	48,136	51,505
	46-50	25,337	31,147	35,910	46,710	52,110	56,430	62,073	67,354	72,074
	51-55	29,052	36,234	42,390	54,270	59,670	63,990	70,389	76,372	81,724
	56-60	32,692	41,051	48,492	63,612	69,552	74,952	82,447	89,456	95,720
	61-65	44,669	52,991	65,524	79,024	1,02,325	1,21,225	1,33,348	1,44,682	1,54,813
	66-70	55,836	66,247	81,907	94,835	1,22,796	1,45,476	1,60,024	1,73,626	1,85,782
	71-75	72,587	86,130	1,06,488	1,23,293	1,59,635	1,89,119	2,08,035	2,25,720	2,41,520
	Above 75	94,370	1,11,974	1,38,434	1,60,283	2,07,533	2,45,862	2,70,448	2,93,441	3,13,983
2A	3m-35	11,254	14,375	16,805	21,125	24,365	27,065	29,776	32,308	34,571
	36-45	13,090	17,636	20,347	24,667	27,907	30,607	33,669	36,531	39,091
	46-50	24,192	30,262	36,569	40,889	44,129	46,829	51,516	55,895	59,810
	51-55	25,531	31,882	38,696	43,556	46,796	49,712	54,686	59,335	63,493
	56-60	30,845	38,524	46,948	51,808	55,048	57,964	63,763	69,185	74,029
	61-65	41,904	50,792	61,852	66,712	69,952	72,868	80,158	86,972	93,064
	66-70	52,380	63,493	77,317	80,060	83,948	87,448	96,196	1,04,377	1,11,688
	71-75	68,094	82,544	1,00,516	1,04,080	1,09,134	1,13,692	1,25,064	1,35,697	1,45,201
	Above 75	88,528	1,07,309	1,30,680	1,35,313	1,41,880	1,47,809	1,62,594	1,76,418	1,88,768
2A+1C	3m-35	14,224	17,993	20,639	25,661	28,901	31,601	34,765	37,724	40,370
	36-45	15,487	19,926	23,231	28,631	31,871	34,571	38,032	41,267	44,156
	46-50	25,423	31,666	37,703	43,103	46,343	49,043	53,951	58,541	62,640
	51-55	27,875	34,862	41,850	47,790	51,246	54,162	59,578	64,643	69,169
	56-60	33,556	41,375	49,183	55,123	58,903	61,819	68,002	73,786	78,953
	61-65	53,784	63,974	78,826	88,276	1,05,016	1,23,916	1,36,312	1,47,901	1,58,258
	66-70	67,230	79,974	98,539	1,05,937	1,26,025	1,48,705	1,63,577	1,77,482	1,89,907
	71-75	87,404	1,03,972	1,28,110	1,37,722	1,63,836	1,93,320	2,12,652	2,30,731	2,46,883
	Above 75	1,13,627	1,35,173	1,66,547	1,79,042	2,12,987	2,51,316	2,76,448	2,99,948	3,20,949

Plan type	Age band	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000
2A+2C	3m-35	15,984	19,958	22,594	27,605	30,845	33,761	37,141	40,300	43,124
	36-45	17,723	21,881	25,402	30,802	34,042	36,958	40,657	44,113	47,201
	46-50	27,421	34,020	40,057	45,457	48,697	51,613	56,776	61,603	65,918
	51-55	30,424	37,746	44,939	50,339	54,119	57,359	63,099	68,467	73,262
	56-60	35,996	44,658	53,536	59,476	63,256	66,496	73,148	79,369	84,926
	61-65	57,672	69,535	83,607	93,057	1,09,797	1,28,697	1,41,572	1,53,608	1,64,365
	66-70	72,090	86,918	1,04,512	1,11,672	1,31,760	1,54,440	1,69,884	1,84,329	1,97,235
	71-75	93,722	1,13,000	1,35,875	1,45,174	1,71,288	2,00,772	2,20,849	2,39,625	2,56,403
	Above 75	1,21,846	1,46,902	1,76,645	1,88,730	2,22,674	2,61,004	2,87,107	3,11,515	3,33,326
2A+3C	3m-35	18,360	22,702	25,520	33,080	37,897	42,239	46,467	50,420	53,951
	36-45	20,682	24,818	28,307	35,867	40,727	45,047	49,556	53,773	57,542
	46-50	30,791	37,228	42,638	50,198	55,058	59,378	65,318	70,875	75,838
	51-55	33,696	41,450	47,520	55,620	60,480	65,340	71,874	77,987	83,446
	56-60	39,344	49,064	58,482	70,362	76,302	82,242	90,466	98,161	1,05,035
	61-65	60,480	72,069	87,591	1,01,091	1,17,831	1,36,731	1,50,406	1,63,193	1,74,620
	66-70	75,600	90,094	1,09,490	1,21,316	1,41,404	1,64,084	1,80,495	1,95,842	2,09,552
	71-75	98,280	1,17,126	1,42,344	1,57,712	1,83,827	2,13,311	2,34,646	2,54,594	2,72,419
	Above 75	1,27,764	1,52,269	1,85,047	2,05,027	2,38,982	2,77,312	3,05,046	3,30,977	3,54,148

PED Buy-back loading	
Age in years	Loading on premium for 1st year
3m-35	20%
36-45	30%
46-50	35%
Above 50	50%

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

Age of the Members insured (in yrs)	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basiscovering multiple members of thefamily under a single policy (Sum insured is available for each member of the family)				**Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)**			
	Premium (Rs.)	Sum insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)
Illustration 1										
64	27,810	5,00,000	27,810	Nil	27,810	5,00,000	48,006	6,102	41,904	5,00,000
58	20,196	5,00,000	20,196		20,196	5,00,000				
Total Premium for all members of the family is Rs.48,006/-, when each member is covered separately. Sum insured available for each individual is Rs. 5,00,000/-			Total Premium for all members of the family is Rs.48,006/-, when they are covered under a single policy. Sum insured available for each family member is Rs.5,00,000/-				Total Premium when policy is opted on floater basis is Rs.41,904/- Sum insured of Rs.5,00,000/-, is available for the entire family (2A)			
47	14,256	5,00,000	14,256	Nil	14,256	5,00,000	30,553	5,130	25,423	5,00,000
44	8,721	5,00,000	8,721		8,721	5,00,000				
19	7,576	5,00,000	7,576		7,576	5,00,000				
Total Premium for all members of the family is Rs.30,553/-, when each member is covered separately. Sum insured available for each individual is Rs. 5,00,000/-			Total Premium for all members of the family is Rs. 30,553/-, when they are covered under a single policy. Sum insured available for each family member is Rs.5,00,000/-				Total Premium when policy is opted on floater basis is Rs.25,423/- Sum insured of Rs.5,00,000/-, is available for the entire family (2A+1C)			

Note: Premium rates specified in the above illustration are standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable. Floater discount shown here is difference between Premium applicable for Individual Sum Insured and Floater Sum Insured.

A-Adult, C-Child