

- infections and for treatment of HIV/AIDS, provided at the time of first commencement of insurance under this policy, their CD4 count is not less than 350
8. Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these (other than ruptured ectopic gestation), family planning treatment and all types of treatment for infertility and its complications thereof.
 9. Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control, treatment for metabolic, genetic and endocrine disorders
 10. Expenses incurred on High Intensity Focused Ultra Sound, Uterine fibroid embolisation, Balloon Sinoplasty, Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Deep Brain Stimulation, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other therapies similar to those mentioned herein under exclusion No10.
 11. Expenses incurred on Lasik Laser or Refractive Error Correction and its complications all treatment for disorders of eye requiring intra-vitreal injections and related procedures.
 12. Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at hospital/nursing home.
 13. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
 14. Naturopathy Treatment, unconventional, untested, unproven, experimental therapies.
 15. Stem cell Therapy and related transplantation, Chondrocyte Implantation, Immunotherapy, Oral Chemo Therapy.
 16. Hospital registration charges, admission charges, record charges, telephone charges and such other charges
 17. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicines other than Allopathy
 18. Change of sex or cosmetic or aesthetic treatment of any description,

plastic surgery (other than as necessitated due to an accident or as a part of any illness), all treatment for erectile dysfunctions.

19. Cost of spectacles and contact lens, hearing aids, Cochlear implants / procedures, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids.
20. Other expenses as detailed under the table "other excluded expenses"

★ Withdrawal / modification of the Terms of the policy (Applicable for both the plans)

The company reserves the right to withdraw or for modify the terms or modify the premium of the policy with the prior approval of the Competent authority. In the event of this policy being withdrawn / modified the insured will be intimated 3 months in advance and the insured shall have the option to choose to be covered under equivalent or similar health insurance policy offered by the Company, at the relevant point of time

★ Automatic Termination: The insurance under this policy with respect to each relevant Insured Person shall terminate immediately on the earlier of the following events:

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

★ Claims Procedure

- Call the 24 hour help-line for assistance-1800 425 2255. Inform the ID/Policy number for easy reference.
- In case of planned hospitalization, inform 24 hours prior to admission in the hospital.
- In case of emergency hospitalization information to be given within 24 hours after hospitalization.
- Cashless facility can be availed in all network hospitals wherever possible
- In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents

★ The Company

Star Health and Allied Insurance Company Ltd commenced its operations in 2006 with the business interests in Health Insurance, Travel and Personal Accident. As an exclusive Health Insurance Company and the first of its kind in India, the Company is committed in setting international benchmarks in service and personal caring.

★ Star Advantages

- No third Party Administrator, direct in-house claim settlement.
- Faster & hassle-free claim settlement.
- Cashless hospitalization wherever possible.

★ 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 Service Tax)

Silver Plan		
Sum Insured (Rs)	Deductible (Rs)	Premium (Rs)
7,00,000	3,00,000	3,000
10,00,000	3,00,000	4,000

Gold Plan					
Sum Insured Rs.	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
Deductible Rs.	10,00,000				
Age in yrs	Premium Rs.				
3m-35	800	1,200	1,600	1,950	2,100
36-45	1,050	1,550	2,100	2,500	2,750
46-50	1,750	2,550	3,500	4,150	4,550
51-55	2,400	3,500	4,750	5,650	6,150
56-60	2,850	4,200	5,700	6,800	7,400
61-65	3,850	5,650	7,700	9,150	10,000
66-70	4,900	7,150	9,750	11,600	12,700
71-75	6,100	8,900	12,150	14,500	15,800
76-80	7,300	10,700	14,600	17,350	18,950
Above 80 yrs	8,750	12,850	17,500	20,850	22,750

Gold Plan					
Sum Insured Rs.	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
Deductible Rs.	10,00,000				
Age in yrs	Premium Rs.				
3m-35	800	1,200	1,600	1,950	2,100
36-45	1,050	1,550	2,100	2,500	2,750
46-50	1,750	2,550	3,500	4,150	4,550
51-55	2,400	3,500	4,750	5,650	6,150
56-60	2,850	4,200	5,700	6,800	7,400
61-65	3,850	5,650	7,700	9,150	10,000
66-70	4,900	7,150	9,750	11,600	12,700
71-75	6,100	8,900	12,150	14,500	15,800
76-80	7,300	10,700	14,600	17,350	18,950
Above 80 yrs	8,750	12,850	17,500	20,850	22,750

Silver Plan					
Sum Insured under the policy Rs	Deductible applied for claim	Hospitalization Amount Rs	Deductible applied for claim	Claim Payable Rs.	Balance Sum Insured available for next claim Rs
1	3,00,000	3,00,000	0	7,00,000	
2	3,00,000	6,00,000	3,00,000	5,00,000	2,00,000
3		13,00,000	3,00,000	4,00,000	0

Claim Illustration						
Gold Plan						
Claim No.	Sum Insured under the policy Rs	Defined limit under the policy Rs.	Hospitalization Amount Rs	Defined limit applied for claim	Claim Payable Rs.	Balance Sum Insured available for next claim Rs
1	10,00,000	3,00,000	6,00,000	3,00,000	3,00,000	7,00,000
2			5,00,000	0	5,00,000	2,00,000
3			3,00,000	0	2,00,000	0

The information provided in this brochure is only indicative.
Please visit our website www.starhealth.in for complete information.

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

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Star Health brings you Super Surplus Insurance. It offers much larger coverage than the ones offered by basic plans. So, no matter what, you are always prepared to face the most unfortunate of health eventualities.

★ Eligibility:

- Entry age between 18 years and 65 years
- Lifelong renewals guaranteed.
- No exit age
- Family means Self, Spouse, and dependent children from 3 months to 25 years

★ Major Product Features:

- The policy offers two plans: Silver and Gold Plan
- Sum Insured is on Individual Basis
- **Silver Plan:** Under this plan an admissible claim gets paid only when it exceeds the deductible. Amount payable is only in excess of the deductible opted.

Note: Deductible applies for each hospitalization.

- **Gold Plan:** Under this plan an admissible claim gets paid only when the aggregate of expenses under hospitalization (single or more than one) exceeds the Defined limit opted. Amount payable is only in excess of the Defined limit

COVERAGE

★ Silver Plan

- Hospitalization Cover: Room, Boarding and Nursing expenses subject to a maximum of Rs.4,000/- per day.

- Surgeon's fees, Consultant's fees, Anesthetist's and Specialist's fees.
- Anesthesia, Blood, Oxygen, Operation Theatre charges, Cost of Pacemakers, drugs & medicines.

★ Gold Plan

- Hospitalization Cover: Room (Single Standard A/C), Boarding and Nursing expenses.
- Surgeon's fees, Consultant's fees, Anesthetist's and Specialist's fees.
- Anesthesia, Blood, Oxygen, Operation Theatre charges, Cost of Pacemakers, drugs & medicines.
- Air Ambulance cover: Up to 10% of the sum insured per policy period. Applicable for SI of Rs.7 lacs and above only.
- Emergency ambulance charges up to Rs.1,500/- per policy period for transporting the insured patient to the hospital.
- Facility of obtaining Medical Second opinion

★ Sum Insured Options for Silver Plan

Sum Insured Rs.	Deductible Rs.
7,00,000/-	3,00,000/-
10,00,000/-	3,00,000/-

★ Sum Insured Options for Gold Plan

Sum Insured Rs.	Defined Limit Rs.
5,00,000/-; 7,00,000/- & 10,00,000/-	3,00,000/-
5,00,000/-; 10,00,000/- & 15,00,000/-	5,00,000/-
5,00,000/-; 10,00,000/-; 15,00,000/- & 20,00,000/- & 25,00,000/-	10,00,000/-

★ Pre & Post Hospitalization(for both plans):

- Medical expenses upto 30 days prior to the date of admission.
- Medical expenses up to a period of 60 days after discharge from the hospital.

★ Pre-acceptance Medical Screening (for both plans):

No pre-acceptance medical screening

★ Pre-existing Diseases (for both plans):

Covered after 36 months of continuous coverage.

★ Waiting Periods (for both plans):

- All other illness/diseases/treatment 30 days waiting period.
- 24 months waiting period for specified illness/diseases/treatments

★ **Co-Payment (only for Gold plan):** A co-payment of 10% of each and every claim amount applicable for fresh as well as renewal policies for insured persons whose age at the time of entry is above 60 years. This co-payment will not apply for those insured persons who have entered the policy before 60 years and renewed the policy continuously without any break.

★ Renewal and Grace Period (Applicable for both plans):

The policy will be renewed except on grounds of misrepresentation / Non-disclosure of material fact as declared in the proposal form and at the time of claim, fraud committed / moral hazard or non-co-operation of the insured. A grace period of 30 days from the date of expiry of the policy is available for renewal. If renewal is made within this 30 days period the continuity of benefits will be allowed. However the actual period of cover will start only from the date of payment of premium. In other words no protection is available between the policy expiry date and the date of payment of premium for renewal.

The renewal premium is subject to change with prior approval from the Regulator.

★ **Enhancement of Sum Insured (Applicable for both the plans):** The sum insured can be enhanced at the time of renewal of this policy subject to no claim being lodged or paid under this policy. Both the acceptance for enhancement and the amount of enhancement will be at the discretion of the Company.

Where the sum insured is enhanced, the amount of such additional sum insured shall be subject to the following terms:

Waiting period as under shall apply afresh from the date of such enhancement for the increase in the sum insured, that is, the difference in sum insured between the previous sum insured and the increased current sum insured.

- i) First 30 days
- ii) 24 months with continuous coverage without break (with grace period) in respect of diseases / treatments falling under Specific Waiting Periods.
- iii) 36 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases
- iv) 36 months of continuous coverage without break (with grace period) in respect of diseases / conditions for which claim is paid or admitted as payable in the immediately preceding three policy period

- v) 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

The above applies to reduction in deductible or defined limit and to each relevant insured person

★ Tax Benefits

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

★ Free Look Period (Applicable for both the plans)

The insured will be allowed a period of at least 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable.

If the insured has not made any claim during the free look period, the insured shall be entitled to

- a) A refund of the premium paid less any expenses incurred by the insurer on medical examination (wherever applicable) of the insured persons and the stamp duty charges or;

Portability is possible at the time of renewal only. For details contact 'portability@starhealth.in' or call Telephone No +91-044-28288869

★ **Specific waiting periods:** A waiting period of 24 months from the date of first commencement of the policy without break is applicable for any expenses on:

- c) Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period
- d) Free look is not applicable for renewals

★ **Cancellation (Applicable for both plans):** Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in proposal form / at the time of claim and non co-operation by the insured person, by sending the insured 30 days notice by registered letter at the insured person's last known address. No refund of premium will be made

- except where the cancellation is on the grounds of non co-operation of the insured, in which case the refund of premium will be on pro-rata basis. The insured may at any time cancel this policy and in such event the Company shall allow refund after retaining premium at Company's short period rate only (table given below) provided no claim has occurred up to the date of cancellation
- Short Period Rate**
- | PERIOD ON RISK | RATE OF PREMIUM TO BE RETAINED |
|----------------------|--------------------------------|
| Up to one-month | 1/3rd of annual premium |
| Up to three months | 1/2 of annual premium |
| Up to six months | 3/4th of annual premium |
| Exceeding six months | Full annual premium |

- d) All treatments (conservative, interventional, laparoscopic and open) related to all diseases of uterus, fallopian tubes, cervix and ovaries, uterine bleeding, pelvic inflammatory diseases, benign breast diseases.

- e) Degenerative disc and vertebral diseases including replacement of bones and joints and degenerative diseases of the musculo-skeletal system

★ Portability (Applicable for both the plans):

This policy is portable. If the insured

is desirous of porting this policy to another Insurer towards renewal, application in

the appropriate form should be made to the Company at least before 45 days from

the date when the renewal is due.

Where the outcome of acceptance of portability is still waiting from the new insurer

on the date of renewal, the existing policy will be extended on the request of the

Insured person, for a period not less than one month on pro rata premium. Such

extended cover will be cancelled only on the written request by the Insured

Person, subject to a minimum pro rata premium for one month. If the Insured

Person requests in writing to continue the policy with the Company without porting,

it will be allowed by charging the regular premium with the same terms as per the

expiring policy. In case of a claim made by the Insured person and admitted by the

Company during such extension, the policy will be extended for the remaining

period by charging the regular premium.

Portability is possible at the time of renewal only. For details contact

'portability@starhealth.in'

or call Telephone No +91-044-28288869

★ Exclusions (Applicable for both plans):

1. Circumcision, Inoculation or Vaccination (except for post-bite treatment and for medical treatment other than for prevention of diseases).
2. Congenital External diseases/condition defects or anomalies.
3. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable)
4. Convalescence, general debility, run-down condition or rest cure, nutritional deficiency states, psychiatric, mental and behavioral disorders, venereal disease and sexually transmitted diseases, intentional self injury and use of intoxicating drugs / alcohol, smoking and tobacco chewing
5. Injury/disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not)
6. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials.
7. All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympho Trophic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS. It is however made clear that such of those who are positive for HIV (Human Immuno Deficiency Virus) would be entitled for expenses incurred for treatment, other than for opportunistic