

# STAR CARDIAC CARE

Insurance Policy - Platinum



*Place your Heart in Safe Hands*

## Star Cardiac Care Insurance Policy – Platinum

Unique Identification No.: SHAHLIP22033V022122

Star Cardiac Care Insurance Policy – Platinum is a unique health cover dedicated to individuals who have taken treatment for cardiac ailment in the past and have also undergone Surgical intervention or procedure for Cardiac ailments. The policy covers individuals aged between 7 Years and 70 Years with Sum Insured options available up to Rs.15,00,000/-

The trauma of a surgery and the financial drain thereafter is best known to those who have undergone one. Post surgery you must be certainly feeling better, but still worried.

Only Star health, the Health Insurance specialist, understands your needs better and offers a custom made solution, just apt to ensure, you keep smiling, always.

- **Eligibility:** This policy is for persons between the age of 7 yrs and 70 yrs who have been diagnosed with a Cardiac ailment/disorder in the past and undergone a Cardiac Surgical intervention or procedure for the same.

- **Renewal:** Life long.

- **Coverage**

- Section 1: Accident and Non-cardiac ailments
- Section 2: Cardiac Ailments
- Section 3: Out Patient Benefits (including vaccination)
- **Modern Treatments (Applicable for both Section 1 and Section 2):** Expenses are subject to the limits (For details please refer website: [www.starhealth.in](http://www.starhealth.in))

- **Sum Insured Options:** Rs.5,00,000/-; Rs.7,50,000/-; Rs.10,00,000/-; Rs.15,00,000/-.

- **Policy term: One year / Two years / Three years** for policies more than one year, the Basic Sum Insured is for each year, without any carry over benefit thereof.

- **Instalment Facility available:** Premium can be paid 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:

- ▣ Quarterly: 3%
- ▣ Half Yearly: 2%

**Note:** This loading will be applied on annual premium

- **Day Care Procedures:** All day care procedures are covered.

- **Pre-acceptance Medical Screening:** No pre-acceptance medical screening. However the proposer has to submit all the past medical records of the person proposed for insurance.

- **Policy Benefits**

### Section 1 (Applicable for Accident and Non-cardiac ailments)

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

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

- B. Surgeon, anesthetist, medical practitioner, consultants, specialist fees.
- C. Anesthesia, blood, oxygen, operation theatre charges, ICU Charges, medicines and drugs
- D. Emergency ambulance charges for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment, provided if there is an admissible claim under the policy.
- E. Pre-hospitalization Expenses: Medical expenses incurred up to 30 days immediately before the insured person is hospitalized.
- F. Post Hospitalization Expenses: Medical expenses incurred up to 60 days immediately after the insured person is discharged from the hospital.

- G. The expenses incurred on treatment of cataract are payable upto the limits mentioned hereunder;

Basic Sum Insured (Rs.)	Limit for Cataract Surgery (Rs.)
5,00,000/-	30,000/- per eye and not exceeding 40,000/- per policy period
7,50,000/-, 10,00,000/- and 15,00,000/-	40,000/- per eye and not exceeding 60,000/- per policy period

- H. **E-Medical Opinion:** The Insured Person is given the facility of obtaining "E Medical Opinion" from the Company's expert panel subject to the following conditions;

- This should be specifically requested by the Insured Person
- This opinion is given without examining the patient, based only on the medical records submitted
- The opinion should be only for medical reasons and not for medico-legal purposes
- Any liability due to any errors or omission or consequences of any action taken in reliance of the opinion provided by the Medical Practitioner is outside the scope of this policy
- Utilizing this facility alone will not be considered as a claim

### Section 2 (Applicable for Cardiac Ailments)

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

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

- B. Surgeon, anesthetist, medical practitioner, consultants, specialist fees.
- C. Anesthesia, blood, oxygen, operation theatre charges, ICU Charges, medicines and drugs
- D. Emergency ambulance charges for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment, provided however there is an admissible claim under the policy.
- E. Pre-hospitalization Expenses: Medical expenses incurred up to 30 days immediately before the insured person is hospitalized.
- F. Post Hospitalization Expenses: Medical expenses incurred up to 60 days immediately after the insured person is discharged from the hospital.

- G. **E-Medical Opinion:** The Insured Person is given the facility of obtaining "E Medical Opinion" from the Company's expert panel subject to the following conditions;

- This should be specifically requested by the Insured Person
- This opinion is given without examining the patient, based only on the medical records submitted
- The opinion should be only for medical reasons and not for medico-legal purposes
- Any liability due to any errors or omission or consequences of any action taken in reliance of the opinion provided by the Medical Practitioner is outside the scope of this policy
- Utilizing this facility alone will not be considered as a claim

- H. For Cardiac devices up to 50% of the Sum Insured.

- I. **Heart Transplantation:** Expenses incurred for harvesting and transportation of Heart by Air and/or Road is covered. This benefit forms part of sum insured.

Basic Sum insured (Rs.)	Limit (Rs.)
5,00,000/-	Up to 200% of Basic Sum insured
7,50,000/-	
10,00,000/-	
15,00,000/-	

- K. **Conventional Coronary Angiogram Test:** Expenses incurred upto the limits mentioned below is payable. This benefit forms part of the sum insured.

Basic Sum Insured (Rs.)	Limit per policy period (Rs.)
Upto 7,50,000	20,000
Above 7,50,000	25,000

**Waiting Period Applicable for Section 2:** A waiting period of 30 days from the first commencement of this policy will apply.

**Note:** Expenses incurred for treatment of cardiac conditions shall be payable under Section 2.

**Section 3 - Out-Patient Expenses (including vaccination):** Expenses reasonably and necessarily incurred at any Networked Facility in India herein defined as an Out-patient Treatment, provided policy is in force.

Basic Sum Insured (Rs.)	Limit (Rs.)
5,00,000/-	2,500
7,50,000/-	3,000
10,00,000/-	3,500
15,00,000/-	5,000

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

► **Additional Benefits under the policy**

- a. **Automatic Restoration of Basic Sum Insured (Applicable for Section 1 Only):** There shall be automatic restoration of the Basic Sum Insured once by 100% upon exhaustion of the limit of coverage during the policy period.

It is made clear that such restored Sum Insured can be utilized only for illness / disease unrelated to the illness / diseases for which claim/s was / were made. The unutilized restored sum insured cannot be carried forward. This Benefit is not available for Modern Treatment and cardiac ailments.

- b. **Cumulative Bonus (Not Applicable for Section 3):** The insured person will be eligible for Cumulative bonus calculated at 10% of basic sum insured for each claim free year subject to a maximum of 100% of the basic sum insured Special Conditions;

- The Cumulative bonus will be calculated on the expiring Basic Sum Insured
- If the insured opts to reduce the Basic Sum Insured at the subsequent renewal, the limit of indemnity by way of such Cumulative bonus shall not exceed such reduced basic sum insured
- In the event of a claim resulting in;
  - Partial utilization of Basic Sum Insured, such cumulative bonus so granted will be reduced at the same rate at which it has accrued
  - Full utilization of Basic Sum Insured and nil utilization of cumulative bonus accrued, such cumulative bonus so granted will be reduced at the same rate at which it has accrued
  - Full utilization of Basic Sum Insured and partial utilization of cumulative bonus accrued, the cumulative bonus granted on renewal will be the balance cumulative bonus available and will be reduced at the same rate at which it has accrued
  - Full utilization of Basic Sum Insured and full utilization of cumulative bonus accrued, the cumulative bonus on renewal will be "nil"

- c. **Cost of Health Checkup:** Expenses incurred towards Cost of Health check-up up to the limits mentioned in the table below on completion of each policy year (irrespective of claim) is payable, provided health check up is done at a Networked facility. Payment under this benefit does not form part of the sum insured and will not impact the Bonus.

Basic Sum insured (Rs.)	Limit (Rs.)
5,00,000/- and 7,50,000/-	2,000/-
10,00,000/-	3,000/-
15,00,000/-	4,000/-

- d. **Wellness Service:** Wellness Service: This program intends to promote, incentivize and to reward the Insured Persons' healthy life style.

The Insured Person can avail the following services

- (i) Nutrition & Diet Consultation (ii) Counseling (For Stress Management)  
(iii) Unlimited Tele-Consultation & E-pharmacy facility

**Wellness Reward Program:** To avail discount on renewal premium, insured should submit the following test reports at least 3 months before the policy renewal date.

**Insured can avail 10% discount on the renewal premium, if the following submitted reports are normal**

- (i) ECHO (Echocardiogram)  
(ii) Lipid Profile  
(iii) HbA1c (Hemoglobin A1c)

**Note:** In case if any of the 2 tests, results are normal, Insured can avail 5% discount on renewal premium

**Note:** The above test reports should be submitted within one month from the date of testing.

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

**Rehabilitation:** The Company will pay the expenses for rehabilitation, if availed at authorized centres as an In-patient/Out-patient, and if there is an admissible claim under Section 1 or 2 for In-patient hospitalization for an injury, disease or illness specified below;

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

**Pain Management:** Cover for treatment of pain management subject to the limits

**Important Note:** Rehabilitation and/or Pain management treatment can be taken only at the Authorized centres mentioned in our website – www.starhealth.in

- **Exclusions:** The Company shall not be liable to make any payments under this policy in respect of any expenses incurred in connection with or in respect of;

1. **Pre-Existing Diseases - Code Excl 01**

- A. **Applicable for Section 1:** Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.

**Applicable for Section 2 (Applicable for Cardiac Ailments):** Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 30 days of continuous coverage after the date of inception of the first policy with insurer.

- B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- C. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- D. **Applicable for Section 1:** Coverage under the policy after the expiry of 48 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 (Applicable for Section 1)**

- 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;
- Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Prolapse of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers, all Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies, all types of Hernia, Epididymal Cyst, Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele, Fistula / Fissure in ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence and Congenital Internal disease / defect
  - Desmoid tumour of anterior abdominal wall, Gall bladder and Pancreatic diseases and all treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi. All types of management for Kidney calculi and Genitourinary tract calculi
  - 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, Umbilical sinus, Umbilical fistula
  - Conservative, operative treatment and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty [other than caused by accident]
  - Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system
  - Subcutaneous Benign lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal tunnel syndrome, Trigger finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology
  - Any transplant and related surgery
3. **30-day waiting period - Code Excl 03(Applicable for Section 1)**
- 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.
  - This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.
  - 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**
- Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
  - Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
5. **Rest Cure, rehabilitation(except to the extent covered under additional benefits(e)) and respite care - Code Excl 05:** Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes;
- 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.
  - 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;
- Surgery to be conducted is upon the advice of the Doctor.
  - The surgery/Procedure conducted should be supported by clinical protocols.
  - The member has to be 18 years of age or older and,
  - Body Mass Index (BMI);
    - greater than or equal to 40 or
    - 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;
      - Obesity-related cardiomyopathy
      - Coronary heart disease
      - Severe Sleep Apnea
      - Uncontrolled Type2 Diabetes

- 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.
- 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.
- 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.
- 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.
- 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.
- Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof - **Code Excl 12**
- 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**
- 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**
- Refractive Error - Code Excl 15:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
- 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.
- Sterility and Infertility - Code Excl 17:** Expenses related to sterility and infertility. This includes;
  - Any type of contraception, sterilization
  - Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
  - Gestational Surrogacy
  - Reversal of sterilization
- Maternity - Code Excl 18**
  - Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy
  - Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period
- 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**
- Congenital External Condition / Defects / Anomalies - **Code Excl 20**
- Convalescence , general debility, run-down condition, Nutritional deficiency states - **Code Excl 21**
- Intentional self injury - **Code Excl 22**
- Injury/disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not) - **Code Excl 24**
- Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/material - **Code Excl 25**



25. Expenses incurred on Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other therapies - **Code Excl 26**
26. Unconventional, Untested, Experimental therapies - **Code Excl 27**
27. 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. All treatment for Priapism and erectile dysfunctions - **Code Excl 30**
30. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons) - **Code Excl 31**
31. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable) - **Code Excl 32**
32. Medical and / or surgical treatment of Sleep apnea, treatment for endocrine disorders - **Code Excl 33**
33. Hospital registration charges, admission charges, telephone charges and such other charges - **Code Excl 34**
34. Cost of spectacles and contact lens, hearing aids, walkers and crutches, wheel chairs, Cochlear implants and procedure related hospitalization expenses, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids - **Code Excl 35**
35. Any hospitalizations which are not Medically Necessary - **Code Excl 36**
36. Other Excluded Expenses as detailed in the website [www.starhealth.in](http://www.starhealth.in) - **Code Excl 37**
37. Existing disease/s, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), for specified ICD codes - **Code Excl 38**
38. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicine other than allopathy - **Code Excl 39**

**Note:** Exclusion nos. 15, 17, 18, 30, 31, 32, 34 and 38 are not applicable for Section 3

- **Moratorium Period:** After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years 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 and permanent 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.
- **Renewal of Policy:** The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person;
  1. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal
  2. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years
  3. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period
  4. 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
  5. Coverage is not available during the grace period
  6. No loading shall apply on renewals based on individual claims experience
- **Possibility of Revision of Terms of the Policy Including the Premium Rates:** The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.
- **Revision in Sum Insured:** Any revision in sum insured is permissible only at the time of renewal. The Insured Person can propose such revision and may be allowed subject to Company's approval and payment of appropriate premium.

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

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

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

- **Portability:** The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health Insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability. For details contact "portability@starhealth.in" or call Telephone No +91-044-28288669.

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

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

- **Withdrawal of 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

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

- i. Grace Period of 7 days would be given to pay the instalment premium due for the policy
- ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company
- 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 instalments from the claim amount due under the policy

- **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 fifteen days from date of receipt of the policy document 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;

- 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

- **Cancellation:** The policyholder may cancel this policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below;

Cancellation table applicable for Policy Term 1 Year without instalment option	
Period on risk	Rate of premium to be retained
Up to one month	22.5% of the policy premium
Exceeding one month up to 3 months	37.5% of the policy premium
Exceeding 3 months up to 6 months	57.5% of the policy premium
Exceeding 6 months up to 9 months	80% of the policy premium
Exceeding 9 months	Full of the policy premium
Cancellation table applicable for Policy Term 1 Year with instalment option of Half-yearly premium payment frequency	
Period on risk	Rate of premium to be retained
Up to one month	45% of the total premium received
Exceeding one month up to 4 months	87.5% of the total premium received
Exceeding 4 months up to 6 months	100% of the total premium received
Exceeding 6 months up to 7 months	65% of the total premium received
Exceeding 7 months up to 10 months	85% of the total premium received
Exceeding 10 months	100% of the total premium received
Cancellation table applicable for Policy Term 1 Year with instalment option of Quarterly premium payment frequency	
Period on risk	Rate of premium to be retained
Up to one month	87.5% of the total premium received
Exceeding one month up to 3 months	100% of the total premium received
Exceeding 3 months up to 4 months	87.5% of the total premium received
Exceeding 4 months up to 6 months	100% of the total premium received
Exceeding 6 months up to 7 months	85% of the total premium received
Exceeding 7 months up to 9 months	100% of the total premium received
Exceeding 9 months up to 10 months	85% of the total premium received
Exceeding 10 months	100% of the total premium received
Cancellation table applicable for Policy Term 2 Years without instalment option	
Period on risk	Rate of premium to be retained
Up to one month	17.5% of the policy premium
Exceeding one month up to 3 months	25% of the policy premium
Exceeding 3 months up to 6 months	37.5% of the policy premium
Exceeding 6 months up to 9 months	47.5% of the policy premium
Exceeding 9 months up to 12 months	57.5% of the policy premium
Exceeding 12 months up to 15 months	67.5% of the policy premium
Exceeding 15 months up to 18 months	80% of the policy premium
Exceeding 18 months up to 21 months	90% of the policy premium
Exceeding 21 months	Full of the policy premium

Cancellation table applicable for Policy Term 2 Years with instalment option of Half-yearly premium payment frequency	
Period on risk	Rate of premium to be retained
Up to one month	45% of the total premium received
Exceeding one month up to 4 months	87.5% of the total premium received
Exceeding 4 months up to 6 months	100% of the total premium received
Exceeding 6 months up to 7 months	65% of the total premium received
Exceeding 7 months up to 10 months	85% of the total premium received
Exceeding 10 months up to 12 months	100% of the total premium received
Exceeding 12 months up to 15 months	90% of the total premium received
Exceeding 15 months up to 18 months	100% of the total premium received
Exceeding 18 months up to 21 months	90% of the total premium received
Exceeding 21 months	100% of the total premium received
Cancellation table applicable for Policy Term 2 Years with instalment option of Quarterly premium payment frequency	
Period on risk	Rate of premium to be retained
Up to one month	87.5% of the total premium received
Exceeding one month up to 3 months	100% of the total premium received
Exceeding 3 months up to 4 months	87.5% of the total premium received
Exceeding 4 months up to 6 months	100% of the total premium received
Exceeding 6 months up to 7 months	85% of the total premium received
Exceeding 7 months up to 9 months	100% of the total premium received
Exceeding 9 months up to 10 months	85% of the total premium received
Exceeding 10 months up to 12 months	100% of the total premium received
Exceeding 12 months up to 13 months	97.5% of the total premium received
Exceeding 13 months up to 15 months	100% of the total premium received
Exceeding 15 months up to 16 months	95% of the total premium received
Exceeding 16 months up to 18 months	100% of the total premium received
Exceeding 18 months up to 19 months	95% of the total premium received
Exceeding 19 months up to 21 months	100% of the total premium received
Exceeding 21 months up to 22 months	92.5% of the total premium received
Exceeding 22 months	100% of the total premium received
Cancellation table applicable for Policy Term 3 Years without instalment option	
Period on risk	Rate of premium to be retained
Up to one month	17.5% of the policy premium
Exceeding one month up to 3 months	22.5% of the policy premium
Exceeding 3 months up to 6 months	30% of the policy premium
Exceeding 6 months up to 9 months	37.5% of the policy premium
Exceeding 9 months up to 12 months	42.5% of the policy premium
Exceeding 12 months up to 15 months	50% of the policy premium
Exceeding 15 months up to 18 months	57.5% of the policy premium
Exceeding 18 months up to 21 months	65% of the policy premium
Exceeding 21 months up to 24 months	72.5% of the policy premium
Exceeding 24 months up to 27 months	80% of the policy premium
Exceeding 27 months up to 30 months	85% of the policy premium
Exceeding 30 months up to 33 months	92.5% of the policy premium
Exceeding 33 months	Full of the policy premium

**Cancellation table applicable for Policy Term  
3 Years with instalment option of Half-yearly premium payment frequency**

Period on risk	Rate of premium to be retained
Up to one month	45% of the total premium received
Exceeding one month up to 4 months	87.5% of the total premium received
Exceeding 4 months up to 6 months	100% of the total premium received
Exceeding 6 months up to 7 months	65% of the total premium received
Exceeding 7 months up to 10 months	85% of the total premium received
Exceeding 10 months up to 12 months	100% of the total premium received
Exceeding 12 months up to 15 months	90% of the total premium received
Exceeding 15 months up to 18 months	100% of the total premium received
Exceeding 18 months up to 21 months	90% of the total premium received
Exceeding 21 months up to 24 months	100% of the total premium received
Exceeding 24 months up to 27 months	95% of the total premium received
Exceeding 27 months up to 30 months	100% of the total premium received
Exceeding 30 months up to 33 months	92.5% of the total premium received
Exceeding 33 months	100% of the total premium received

**Cancellation table applicable for Policy Term  
3 Years with instalment option of Quarterly premium payment frequency**

Period on risk	Rate of premium to be retained
Up to one month	87.5% of the total premium received
Exceeding one month up to 3 months	100% of the total premium received
Exceeding 3 months up to 4 months	87.5% of the total premium received
Exceeding 4 months up to 6 months	100% of the total premium received
Exceeding 6 months up to 7 months	85% of the total premium received
Exceeding 7 months up to 9 months	100% of the total premium received
Exceeding 9 months up to 10 months	85% of the total premium received
Exceeding 10 months up to 12 months	100% of the total premium received
Exceeding 12 months up to 13 months	97.5% of the total premium received
Exceeding 13 months up to 15 months	100% of the total premium received
Exceeding 15 months up to 16 months	95% of the total premium received
Exceeding 16 months up to 18 months	100% of the total premium received
Exceeding 18 months up to 19 months	95% of the total premium received
Exceeding 19 months up to 21 months	100% of the total premium received
Exceeding 21 months up to 22 months	92.5% of the total premium received
Exceeding 22 months up to 24 months	100% of the total premium received
Exceeding 24 months up to 25 months	97.5% of the total premium received
Exceeding 25 months up to 27 months	100% of the total premium received
Exceeding 27 months up to 28 months	97.5% of the total premium received
Exceeding 28 months up to 30 months	100% of the total premium received
Exceeding 30 months up to 31 months	95% of the total premium received
Exceeding 31 months up to 33 months	100% of the total premium received
Exceeding 33 months up to 34 months	95% of the total premium received
Exceeding 34 months	100% of the total premium received

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

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

► **Automatic Expiry of the policy:** The insurance under this policy shall terminate immediately on the earlier of the following events;

- ✓ Upon the death of the Insured Person This means that, the cover for the surviving members of the family will continue, subject to other terms of the policy
- ✓ Upon exhaustion of the Basic Sum Insured Plus Bonus, Basic Sum Insured Plus Bonus Plus Restore

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

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

► **Star Advantages**

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

► **Claims Procedure**

- Call the 24 hour help-line for assistance - 1800 425 2255 / 1800 102 4477
- 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 wherever possible in network hospital
- In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents subject to terms and conditions of the policy

► **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.

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

*The information provided in this brochure is only indicative.  
For more details on the risk factors, terms and conditions,  
please read the policy wordings before concluding a sale.*

Or

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

IRDAI IS NOT INVOLVED IN ACTIVITIES LIKE SELLING INSURANCE POLICIES, ANNOUNCING BONUS OR INVESTMENT OF PREMIUMS. PUBLIC RECEIVING SUCH PHONE CALLS ARE REQUESTED TO LODGE A POLICE COMPLAINT

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CIN : U66010TN2005PLC056649 ★ IRDAI Regn. No: 129

BRO / CAR-P / V.1 / 2021

SCHEDULE OF BENEFITS					
Subject / Sum Insured Rs.	5,00,000/-	7,50,000/-	10,00,000/-	15,00,000/-	Is this part of the sum insured / In addition to the sum insured
In-patient Hospitalization	Single Private AC Room				Part of the Sum Insured
ICU, Doctor Fee, Medicines, Tests	Covered				Part of the Sum Insured
Day Care Procedures	Covered				Part of the Sum Insured
Cataract Limit (INR)	for one eye - 30,000 per policy year - 40,000	for one eye - 40,000/- & per policy year - 60,000			Part of the Sum Insured
Emergency Road Ambulance	Covered				Part of the Sum Insured
Pre & Post Hospitalization Expenses	30 days & 60 days				Part of the Sum Insured
Conventional Coronary Angiogram (INR)	20,000	25,000	25,000	25,000	Part of the Sum Insured
Specialist E-Second Opinion	Available				-
Restoration Benefit	Available once, equal to the Basic Sum Insured (cannot be used for same illness, modern treatments and cardiac ailments)				In-addition to the Sum Insured
No Claim Bonus	10% for every claim free year maximum up to 100%				In-addition to the Sum Insured
Modern Treatments	Covered (up to the sub-limits)				Part of the Sum Insured
Cardiac Devices (Like AICD, CRT-D, Pacemaker)	Up to 50% of the Sum Insured				Part of the Sum Insured
Heart transplantation	Covered up to 200% of the Basic SI				Part of the Sum Insured
Annual Health Check-up	2,000	2,000	3,000	4,000	In-addition to the Sum Insured
Out-Patient Expenses	2,500	3,000	3,500	5,000	In-addition to the Sum Insured
Rehabilitation & Pain management	Covered up to 10% of the Sum Insured				Part of the Sum Insured
Wellness Rewards Program	Insured can avail premium discount up to 10% on renewal premium				-
Nutrition & Diet Consultation	Available				-
Counselling (For Stress Management)	Available				-
Tele-Consultations & E-Pharmacy	Available				-

Premium Chart			EXCLUDING TAX	
Premium Chart For One Year				
Age in yrs	Premium in (Rs.)			
Sum Insured Rs.	5,00,000	7,50,000	10,00,000	15,00,000
7-50	22,490	26,990	31,035	35,695
51-60	23,400	28,085	32,295	37,140
61-65	30,240	36,290	41,735	47,995
66-70	39,130	46,960	54,000	62,100
For Renewals Only				
71-80	46,835	56,205	64,635	74,330
Above 80	51,460	61,750	71,015	81,665
Premium Chart For Two Years				
Age in yrs	Premium after discount in (Rs.)			
Sum Insured Rs.	5,00,000	7,50,000	10,00,000	15,00,000
7-49	42,731	51,281	58,967	67,821
50	43,596	52,321	60,164	69,193
51-59	44,460	53,362	61,361	70,566
60	50,958	61,156	70,329	80,878
61-64	57,456	68,951	79,297	91,191
65	65,902	79,088	90,948	1,04,590
66-69	74,347	89,224	1,02,600	1,17,990
70	81,667	98,007	1,12,703	1,29,609
For Renewals Only				
71-79	88,987	1,06,790	1,22,807	1,41,227
80	93,380	1,12,057	1,28,868	1,48,195
Above 80	97,774	1,17,325	1,34,929	1,55,164
Premium Chart For Three Years				
Age in yrs	Premium after discount in (Rs.)			
Sum Insured Rs.	5,00,000	7,50,000	10,00,000	15,00,000
7-48	62,410	74,897	86,122	99,054
49	63,252	75,910	87,288	1,00,390
50	64,093	76,923	88,453	1,01,727
51-58	64,935	77,936	89,619	1,03,064
59	71,262	85,526	98,351	1,13,104
60	77,589	93,115	1,07,083	1,23,145
61-63	83,916	1,00,705	1,15,815	1,33,186
64	92,139	1,10,575	1,27,160	1,46,233
65	1,00,363	1,20,444	1,38,505	1,59,280
66-68	1,08,586	1,30,314	1,49,850	1,72,328
69	1,15,713	1,38,866	1,59,687	1,83,640
70	1,22,840	1,47,417	1,69,525	1,94,953
For Renewals Only				
71-78	1,29,967	1,55,969	1,79,362	2,06,266
79	1,34,245	1,61,098	1,85,264	2,13,051
80	1,38,523	1,66,227	1,91,165	2,19,836
Above 80	1,42,802	1,71,356	1,97,067	2,26,620