

12. Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly.

★ **Renewal and Grace Period:** 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 cooperation 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 with reference to exclusion No.1, 2 and 3 under section 1 will be allowed. Any Disease / Illness contracted or injury sustained during the grace period will be deemed as Pre existing and will be subject to waiting period as per Exclusion No.1 under section 1 from the date of payment of renewal premium.

Note: 1. The actual period of cover will start only from the date of payment of premium.

2. Renewal premium is subject to change with prior approval from Regulator

★ **Enhancement of Sum Insured:** 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:

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

- i) First 30 Days as under Exclusion No.2 under Section 1
- ii) 24 Months of continuous coverage without break (with grace period) in respect of diseases / treatments falling under exclusion No.3 under Section 1
- iii) 48 Months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases as defined, under Section 1. However in respect of Section 2 this waiting period will be 90 days
- iv) 48 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 each relevant insured person

★ **Modification of the terms of the policy:** The company reserves the right to modify the policy terms and conditions or modify the premium of the policy with the prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance.

★ **Withdrawal of the policy:** The Company reserves the right to withdraw the product with prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance and the insured shall have the option to choose to be covered by an equivalent or similar policy offered by the Company.

★ **Free Look Period:** The insured will be allowed a period of 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 of the insured persons and the stamp duty charges or;
- b) Where the risk has already commenced and the option of return of the policy is exercised by the policy holder, a deductions towards the proportionate risk premium for period on cover or;
- c) Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

Free look cancellation is not applicable at the time of renewal of the policy

★ **Cancellation:** The Company may cancel this policy 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, by sending the Insured 30 Days notice by registered letter at the Insured person's last known address and 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.

PERIOD ON RISK	RATE OF PREMIUM TO BE RETAINED
Up to One Month	25% of Annual premium
Exceeding One Month & up to Three Months	40% of Annual premium
Exceeding Three Months & up to Six Months	60% of Annual premium
Exceeding Six Months & up to Nine Months	80% of Annual premium
Exceeding Nine Months	Full Annual premium

★ **Portability:** 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 not

possible during the policy period. For details contact "portability@starhealth.in" or call Telephone No.+91-044-28288869

★ **Star Advantages**

- No third Party Administrator, direct in-house claim settlement.
- Faster and hassle-free claim settlement.
- Cashless hospitalization wherever possible.
- Network of more than 6000 hospitals across India.
- 24x7 Toll Free Helpline.
- Information on health through free health magazine.
- Facility for maintaining personal health records in electronic format

Premium Chart without Service Tax				
Amount in Rs.				
Plan	Silver Plan		Gold Plan	
Policy Sum Insured / Age Band	3,00,000/-	4,00,000/-	3,00,000/-	4,00,000/-
10-60 yrs	18,000/-	22,000/-	26,000/-	30,000/-
60-65 yrs	19,000/-	25,000/-	28,000/-	34,000/-
66-70 yrs	21,000/-	27,000/-	30,000/-	37,000/-
71-80 yrs	23,000/-	30,000/-	32,000/-	41,000/-
Above 80 yrs	29,900/-	39,000/-	44,800/-	57,400/-
Above 65 yrs, only renewals offered				

★ **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 the Insurance Act) 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.

★ **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.

STAR CARDIAC CARE INSURANCE POLICY

- 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 Policy and Personal Accident. It has a capital base of Rs.733 Crores. As an exclusive Health Insurance Company and first of its kind in India, the Company is committed in setting international benchmarks in service and personal caring.

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 sale or visit www.starhealth.in



"IRDAI OR ITS OFFICIALS DO NOT INVOLVE IN ACTIVITIES LIKE SALE OF ANY KIND OF INSURANCE OR FINANCIAL PRODUCTS NOR INVEST PREMIUMS. IRDAI DOES NOT ANNOUNCE ANY BONUS. THOSE RECEIVING SUCH PHONE CALLS ARE REQUESTED TO LODGE A POLICE COMPLAINT ALONG WITH DETAILS OF PHONE CALL AND NUMBER".

Call toll-free: 1800-425-2255 or 044-2828 8800
 Fax Toll Free No: 1800-425-5522 SMS STAR to 56677
 or email: support@starhealth.in; Website: www.starhealth.in
 CIN: U6610TN2005PLC056649
 Unique ID: IRDAI/HLT/SHAI/P-H/V.III/397/2016-17
 Star Cardiac Care Insurance Policy



No.1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034. Phone: 044 - 2828 8874

Insurance is a subject matter of solicitation

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BRO/CAN/V2/2016-17



STAR CARDIAC CARE INSURANCE POLICY

Unique ID: IRDAI/HLT/SHAI/P-H/V.III/397/2016-17

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 solution, just apt to ensure, you keep smiling, always...

- ★ **Eligibility :**
- ★ **Entry age between 10 years and 65 years for persons:**
 - Who have undergone for the first time Percutaneous Transluminal Coronary Angioplasty (PTCA) / Coronary Artery Bypass Graft (CABG) within 7 years period prior to the commencement of the first policy under this insurance or
 - Who had Atrial Septal Defect (ASD) or Ventricular Septal Defect (VSD) that has been corrected or
 - With Patent Ductus Arteriosus (PDA) that has been treated or
 - Who had RF Ablation done to correct the underlying cardiac condition or
 - Who had an Angiogram done but no intervention was medically found necessary

- ★ **Lifelong renewals guaranteed -** No exit age
- ★ **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:**
The policy has two plan options Gold Plan and Silver Plan as detailed below:

Gold Plan	Silver Plan
Section 1: Regular Hospitalisation Cover: Room, boarding, nursing expenses upto 2% of Sum Insured subject to a maximum of Rs.5000/- per day	Section 1: Regular Hospitalisation Cover: Room, boarding, nursing expenses upto 2% of Sum Insured subject to a maximum of Rs.5000/- per day
Section 2: Hospitalisation cover due to cardiac related complications which necessitate surgery/ intervention and cardiac Medical Management	Section 2: Hospitalisation cover due to cardiac related complications which necessitate surgery / intervention
Section 3: Outpatient expenses of Rs.500/- per event subject to a maximum of Rs.1500/- per policy period	Section 3: Outpatient expenses of Rs.500/- per event subject to a maximum of Rs.1500/- per policy period
Section 4: Personal Accident: Accidental Death only	Section 4: Personal Accident: Accidental Death only
Claims relating to Cardiac Ailments are payable under section 2 only	

- ★ Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.

- ★ Cost of Blood, Oxygen, Diagnostic Expenses, Medicines and Drugs.
- ★ **Pre-Hospitalization:** Up to 30 Days prior to the date of hospitalization.
- ★ **Post-Hospitalization:** Up to 60 Days after discharge from the hospital not exceeding 7% of the hospitalization expenses subject to a maximum of Rs.5,000/- per hospitalization whichever is less.
- ★ **Sum Insured Options:** Rs.3,00,000/- and Rs.4,00,000/-
- ★ **Waiting Periods:**

- **Section 1:** Hospitalisation cover (For Non Cardiac Ailments)
 1. Pre-existing diseases are covered after 48 Months of continuous insurance with any Indian Non-Life Insurer.
 2. 30 Days waiting period for all other illness / diseases / treatments
 3. 24 Months waiting period for specified illness / diseases / treatments
- **Section 2:** Cardiac related complications:
 1. Pre-existing Cardiac Ailments will be covered from 91st day of the first commencement of the policy.

Section 3 and Section 4: No waiting periods

Sublimits for Cataract :

- Up to Rs.20,000/- per hospitalization and Rs.30,000/- for the entire policy period.

- ★ **Day Care Procedures:** 405 Day care procedures covered.

- ★ **Co-Payment (Applicable Only for Section 1):**
10% of each and every claim made by insured person who is above 60 years at entry level and renewals thereafter.

- ★ **Exclusions**
Applicable to Section 1:

1. Pre Existing Diseases as defined in the policy until 48 consecutive months of continuous coverage have elapsed; since inception of the first policy with any Indian Non Life Insurer except to the extent specifically provided under Section 2.
2. Any disease contracted by the insured person during the first 30 days from the commencement date of the policy. This exclusion shall not apply in case of the insured person having been covered under any health insurance policy (Individual or Group insurance policy) with any of the Indian Non Life Insurance companies for a continuous period of preceding 12 Months without a break.
3. During the first two years of continuous operation of Insurance Policy, any expenses on:
 - a) 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.

- b) 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 and Genitourinary tract calculi.
- c) 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.
- d) 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]
- e) Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system
- f) Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology
- g) Any transplant and related surgery.

This waiting period shall not however apply in the case of the Insured person/s having been covered under any Individual health insurance scheme with any of the Indian Non Life Insurer for a continuous period of preceding 24 Months without any break.

If these are pre-existing at the time of proposal they will be covered subject to Exclusion No.1 above.

4. Circumcision, Preputioplasty, Frenuloplasty, Inoculation or Vaccination (except for post-bite treatment and for medical treatment other than for prevention of diseases)
5. Congenital External diseases/condition defects or anomalies.
6. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable)
7. 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
8. Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these (other than ectopic pregnancy), 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 genetic and endocrine disorders, Sleep Apnea
10. 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.

11. 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.
12. Cost of spectacles and contact lens, hearing aids, Cochlear implants and procedures, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids.

Common exclusions applicable for Section 1 and Section 2

1. 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)
2. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons / materials
3. All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympho Tropic 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 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.
4. Charges incurred on diagnostics that are not consistent with the treatment for which the insured is admitted in the hospital / nursing home. Admission primarily for diagnostic purposes with no positive existence of sickness / disease / ailment / injury and no further treatment is indicated.
5. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
6. Expenses incurred for treatment of diseases / illness / accidental injuries by systems of medicines other than Allopathic.
7. Naturopathy Treatment, unconventional, untested, unproven, experimental therapies.
8. Hospital registration charges, admission charges, record charges, telephone charges and such other charges.
9. 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 this exclusion No.9.
10. Stem cell Therapy, Chondrocyte Implantation, Immunotherapy without proper indication.
11. Other expenses as detailed in the policy (please visit our website www.starhealth.in for details).

Exclusions applicable for Section 4:

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
2. Any claim arising out of Accident of the Insured Person from
 - a. Intentional self injury / suicide or attempted suicide or
 - b. Whilst under the influence of intoxicating liquor or drugs or
 - c. Self endangerment unless in self defense or to save human life.
3. Any claim arising out of mental disorder, suicide or attempted suicide self inflicted injuries, or sexually transmitted conditions, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immunodeficiency Virus) and / or any HIV related illness including AIDS (Acquired Immunodeficiency Syndrome), insanity and / or any mutant derivative or variations thereof howsoever caused.
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.
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 detentions of all kings princes and people of whatever nation, condition or quality whatsoever.
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.
7. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
 - 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.
9. Participation in Hazardous Sport / Hazardous Activities
10. Persons who are physically and mentally challenged, unless specifically agreed and endorsed in the policy.
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.