

pregnancy), childbirth, miscarriage, abortion or complications of any of these including caesarean section.

22. Other expenses more specifically given in policy terms.

★ **Co-payment**

30% of each and every claim in respect of the insured persons aged above 60 years at entry. This is also applicable for sub limits in respect of diseases/illness/injuries specified in the Schedule.

★ **Cancellation**

The company may cancel this policy on grounds of misrepresentation, fraud, moral hazard and non-disclosure of material fact or non-co-operation by the Insured person.

The insured may at any time cancel this policy and in such event the company shall allow refund of premium after retaining premium at company's short period rate (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	1/3rd of annual premium
Up to three Months	½ of annual premium
Up to six months	3/4th of annual premium
Exceeding six months	Full annual premium

★ **Free Look Period**

A free look period of 15 days from the date of receipt of the policy is available to the insured to review the terms and conditions of the policy. In case the insured is not satisfied with the terms and conditions, the insured may seek cancellation of the policy and in such an event the Company shall allow refund of premium paid after adjusting the cost of pre acceptance medical screening, stamp duty charges and proportionate risk premium for the period concerned provided no claim has been made until such cancellation.

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

★ **Portability**

This policy is portable. If the insured is desirous of porting this policy to another Insure 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 or 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. This policy is portable. For details contact portability@starhealth.in or call +91-44-2828 8869

★ **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 of hospitalization
- Cashless facility can be availed in all network hospitals wherever possible

STAR CRITICARE PLUS INSURANCE

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- 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 Co. Ltd., is a joint venture between NRIs, Oman Insurance Company UAE and an Indian Company being a special purpose vehicle formed by a group of Indian Businessmen. **M/s. ICICI Ventures, M/s. Sequoia Capital & M/s. TATA Capital Growth Fund have also invested in the Company.** It has a capital base of INR 651 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

★ **Star Advantages**

- No Third Party Administrator, direct in-house claims settlement.
- Faster & hassle-free claim settlement.
- Cashless hospitalization wherever possible
- Network of more than 6000 hospitals across India
- 24 x 7 Toll Free Helpline
- Facility for maintaining personal health record in electronic format.

★ **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.

*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 CRITICARE PLUS INSURANCE POLICY

Unique ID: IRDA/NL-HLT/SHAI/P-H(C)/V.I/138/13-14



STAR HEALTH AND ALLIED INSURANCE CO LTD
REGD & CORPORATE OFFICE: 1, New Tank Street,
Valluvar Kottam High Road, Nungambakkam, Chennai 600 034.

Insurance is the subject matter of solicitation

When health demands a lot of money in a short time



STAR CRITICARE PLUS INSURANCE POLICY

Unique ID: IRDA/NL-HLT/SHAI/P-H(C)/I/138/13-14

Star Criticare Plus Insurance from Star Health is a policy that aims to provide reimbursement of hospitalization expenses incurred as a result of illness/disease/ sickness and/or accidental injuries and also provides for a lump sum in case the insured person is diagnosed with a major illness as listed in the policy for the first time during the policy period.

★ Eligibility

Any person aged between 18 years and 65 years, residing in India, can take this insurance. Beyond 65 yrs, only renewals can be made. There is no exit age.

★ Policy Benefits under Section I

- Hospitalization Cover: In-patient hospitalization expenses for a minimum of 24 hours. Includes room rent, boarding and nursing expense @ 2% of Sum Insured, subject to a maximum of Rs. 4,000/- per day.
- Surgeon's fees, consultant's fees, Anesthetist's and specialist's fees.
- Cost of medicines and drugs.
- Emergency ambulance charges for transporting the insured patient to the hospital up to a sum of Rs.750/- per hospitalization and overall limit of Rs.1,500/- per policy period.
- Non allopathic treatment covered up to 25% of sum insured subject to a maximum of Rs. 25,000/- per policy period.

★ Policy Benefits under Section II

- Lump sum compensation under section II in addition to payment of hospitalization expenses under section I
- Such hospitalization expenses would be paid only till the date of diagnosis of the major illness.
- On the payment of a claim under section II, all further benefits under section II of the Policy shall cease.
- Only one lumpsum payment will be made during the insured person's lifetime regardless of the number of the major illness suffered by the insured person
- No survival period. Only waiting period of 90 days from the date of inception of policy (not applicable for renewal)

★ Major Illness

- First diagnosis of Cancer, Chronic kidney Disease, Brain Tumor
- Undergoing Major organ Transplant for first time.
- Occurrence of any of the following medical events for the first time.
- Cerebro Vascular stroke causing Hemiplegia
- Acute Myocardial Infarction resulting in left Ventricular Ejection Fraction of <25%
- Established irreversible coma
- Established irreversible paraplegia
- Established irreversible Quadriplegia

★ Pre & Post Hospitalization (Applicable for Section I only)

- Pre-hospitalization medical expenses up to 30 days
- Post-hospitalization – a lump sum calculated at 7% of the expenses (excluding room charges), subject to a maximum of Rs.5000/- are payable.

★ Pre-existing Disease (Applicable to Section I only)

Pre – existing diseases are covered after 48 months of continuous insurance with any Indian Insurance Company

★ Premium Rs. (Service Tax Extra)

Sum Insured Rs.	18yrs to 35yrs	36yrs to 45yrs	46yrs to 55 yrs	56yrs to 65yrs	Above 65yrs
200000	3750	4200	6400	7550	11150
300000	5400	6000	8900	11600	16200
400000	7000	7680	12300	15900	21050
500000	8400	9400	15200	19500	25900
1000000	14600	16100	22600	28200	35350

★ Family Discount : 5% for up to 2 members, 10% for more than 2 members

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

★ For persons entering between 60 and 65 years, the following conditions shall apply

Maximum sum insured will be Rs.2,00,000/-

Coverage will be subject to the following sub limits

Disease	Limits Rs.
Cerebro Vascular Accident / Cardio Vascular Disease/ Cancer and Breakage of bones, Renal Complications	150000
All other Major Surgeries	120000

★ Renewal

Lifelong renewal of the policy is offered, except on grounds such as moral hazard, misrepresentation or fraud, non disclosure.

A grace period of 30 days from the date of expiry of the policy is available for renewal.

Enhancement of Sum Insured is permitted only during renewal. The enhanced Sum Insured is available for any illness, disease, injury other than those already contracted under the preceding policy periods.

In the event of this policy being withdrawn / modified with revised terms and/or premium with the prior approval of the Competent Authority, the insured will be intimated three months in advance and accommodated in any other equivalent health insurance policy offered by the Company, if requested for by the Insured Person, at the relevant point of time.

Renewal premium is subject to change with prior approval from IRDAI

★ Exclusion

Applicable for Section I

- 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 Insurer. However the limit of the Company's liability in respect of claim for pre-existing diseases under such portability shall be limited to the sum insured under first policy with any Indian Insurance Company.
- Any disease contracted by the Insured Person during the first 30 days from the commencement date of the policy. This condition shall not however apply in case of the

Insured Person having been covered under any health insurance scheme with any of the Indian Insurance companies for a continuous period of preceding 12 months without any break

- During the First two Years of continuous operation of this Insurance cover, the expenses on treatment Cataract, Hysterectomy for Menorrhagia or Fibromyoma, treatment for knee or joint (other than caused by an accident) Prolapse of intervertebral disc (other than caused by accident), varicose veins and varicose ulcers.
- During the first year of operation of the Insurance cover the expenses on treatment of Benign Prostate Hypertrophy, Hernia, Hydrocele, Fistula in anus, Piles, Sinusitis and related disorders, treatment for gallstones and renal stone.
- Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination (except as part of post bite treatment) or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- Cost of spectacles and contact lens, hearing aids walkers, crutches wheel chairs and such other aids.
- Dental treatment or surgery of any kind unless necessitated due to accidental injuries and requiring hospitalization.
- 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.
- Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician
- Naturopathy Treatment.
- Hospital registration charges, record charges, incidental and miscellaneous expenses and telephone charges
- Expenses incurred on Lasik Laser or Refractive Error Correction treatment
- Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control/loss programs
- Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicines other than Allopathic shall be restricted to 25% of the sum insured subject to a maximum of Rs25000 in the entire policy period.
- No claim for compensation will become payable if the insured person is suffering from any of the covered Major Disease at the time of inception of this policy (applicable section II only)

Common exclusions applicable for Section I & Section II

- Any congenital disease/defect whether internal/external
- 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)
- Convalescence, Psycho-somatic disorders, general debility, Run-down condition rest cure, sterility, venereal disease, intentional self injury and use of intoxicating drugs/alcohol.
- All expenses arising out of any condition directly or indirectly caused due to or associated with human T-cell Lymph 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.
- Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/materials
- Treatment arising from or traceable to pregnancy (other than ectopic gestational