

16. Treatment arising from or traceable to pregnancy, miscarriage, abortion or complications of any of these (other than ectopic pregnancy)
17. Naturopathy Treatment
18. Hospital registration charges, admission charges, record charges, telephone charges and such other charges
19. Expenses incurred on Lasik Laser or Refractive Error Correction treatment
20. Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control/loss programs
21. 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 per occurrence subject to an overall limit of Rs. 25000/- for each year of insurance.
22. Other expenses more specifically given in policy terms.

★ **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
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 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

★ **Claim Procedure**

- Inform the ID Number for easy reference
- In case of planned hospitalization, please inform 24 hours prior to admission into the hospital
- In case of emergence hospitalization, information to be given within 24 hours after hospitalization.
- In non-network hospitals, payment must be made upfront and then reimbursement will be effected on the submission of document

★ **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(TPA); direct in-house claims settlement
- Faster and hassle-free claim settlement
- Cashless hospitalization wherever possible
- Network of more than 6000 hospitals across India
- 24 x 7 toll-free helping
- Information on health through health magazine
- Facility for maintaining personal health record in electronic format

Star Unique Health

★ **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.

"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"

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**Covers future ailments.
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Star Unique Health

Insurance Policy

Unique Identification No. : IRDA/NL-HLT/SHAI/P-H/V.I/135/13-14

What is Unique about this policy?

Star Health brings you this Unique Insurance policy with unique benefits for – coverage for both future ailments / diseases and for pre existing diseases / conditions.

★ Eligibility

Any person aged between 18 years and 65 years residing in India can take this insurance. Beyond 65 years only renewals can be made. No exit age.

★ Policy Benefit

Hospitalization Cover: In-patient hospitalization for a minimum of 24 hours.

★ Expenses Covered are

- Room, Boarding and Nursing Expenses @1% of sum insured subject to a maximum of Rs.3000/- per day.
- Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees.
- Anaesthesia, Blood, Oxygen, Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker and similar expenses.
- Emergency ambulance charges for transporting the insured person up to a sum of Rs.750/- per hospitalization and overall limit of Rs.1500/- per policy period.
- Pre-hospitalization medical expenses up to 30 days prior to the date of admission.
- Post-hospitalization - a lump sum calculated at 7% of the hospitalization expenses (excluding room charges) subject to a maximum of Rs. 5000/-.

★ Pre Existing Disease/Condition

- Pre-Existing Disease/Condition (other than those diseases/conditions for which specific periods have been mentioned under exclusions) will be covered after 11 months of continuous coverage have elapsed, since inception of this policy with the Company

★ HIV Positive Persons

- Covers HIV positive persons except for opportunistic infections and treatment for HIV /AIDS. The minimum CD 4 count at the time of entry should be 350
- NonAllopathic Treatments: Up to 25% of sum insured subject to a maximum of Rs. 25000/- per occurrence, per year of insurance.

★ Policy Period

This is a two year policy. The sum insured and sub limits are for each year of insurance and cannot be cumulated or carried forward.

★ Payment of Premium

- The premium under the policy can be paid in 2 instalments as indicated.
- The first instalment is payable at the commencement of the policy. The second installment is payable at the beginning of the second year of the policy.
- Where a claim is made before such instalment falls due then the same would be recovered from the eligible claim amount.
- The policy would lapse if the instalment is not paid on or before the due date.

★ Rating Schedule-Annual Installment Premium (Service Tax Extra)

Applicable for offices in Ahmadabad, Bangalore, Mumbai including Thane and New Delhi including Faridabad, Gurgaon & Noida

Sum Insured Options (Rs)	Sub-limit for PED Cover(Rs)	18 yrs - 25 yrs	26 yrs - 40 yrs	41 yrs - 55 yrs	56 yrs - 60 yrs	61 yrs - 65 yrs	above 65 yrs
100000	50000	5880	6720	10080	11760	14170	16100
200000	100000	7585	9840	14760	17220	20745	23575
300000	150000	10625	13800	20010	22770	23805	26450

Applicable for offices in rest of India

Sum Insured Options (Rs)	Sub-limit for PED Cover(Rs)	18 yrs - 25 yrs	26 yrs - 40 yrs	41 yrs - 55 yrs	56 yrs - 60 yrs	61 yrs - 65 yrs	above 65 yrs
100000	50000	4900	5600	8400	9800	12320	14000
200000	100000	6320	8200	12300	14350	18040	20500
300000	150000	8855	11500	16675	18975	20700	23000

Note: The sum insured is for each year of insurance and cannot be cumulated or carried forward.

★ Tax Benefits

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

★ Health Screening:

There is no pre acceptance medical screening

★ Renewal

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

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

Enhancement of Sum Insured is permitted only during renewal. In respect of disease / sickness / illness for which the claim/s has/have been made the sum insured will be restricted to that policy sum insured where the claim/s was/were first made.

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 subject to change with prior approval from IRDAI.

★ Exclusions

- Pre-Existing Disease/ Condition (other than those listed in the policy for which specific waiting period has been defined), until 11 months of continuous coverage have elapsed, since inception of this policy with any Indian Insurer.
- Any disease contracted by the Insured Person during the first 30days from the date of commencement of the policy.

This condition no. 2 above shall not however apply in case of the Insured Person having been covered under this scheme or group 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 Insurance cover the expenses on treatment of Cataract, Hysterectomy (abdominal and Vaginal), Myomectomy, Cystectomy, Treatment of Internal Derangement of Knee (other than caused by an accident), Treatment for Joints (other than caused by an accident), other Arthroscopic Surgeries, Inter-Vertebral Disc Prolapse (other than caused by accident), Degenerative Vertebral and Disc diseases, Varicose veins and Varicose ulcers., Thyroiditis, Treatment of Goitre, Tympanoplasty, Mastoidectomy Glaucoma are not payable irrespective of whether they are Pre-Existing or not.

- During the first year of operation of the Insurance cover the expenses on treatment of Benign Prostate Hypertrophy, Hernia, Hydrocele, Congenital Internal diseases/defects, Fistula in anus, Piles, Fissure in anus, Sinusitis, and related disorders, Post trauma non union / mal union, Cholecystectomy and Renal Calculi are not payable. If these diseases (other than congenital internal disease /defects) are Pre-Existing at the time of proposal they will be covered after 12 months of continuous insurance with any of the Indian Insurer.

- During the first 48 months of continuous operation of this Insurance cover the expenses on

Stapedectomy, Bone marrow transplant, Cirrhosis of liver with or without portal Hypertension, Hepatitis, Loss of vision partial / total including Retinopathy, Retinal Detachment, Macular degeneration and Papill Oedema, all types of Cancer, Nephropathy and Chronic Kidney diseases and Implant Removal shall not be payable if these are Pre Existing at the commencement of this insurance.

- 30% of admissible claim amount, in respect of each and every claim. This co-payment shall apply on the applicable sub-limits wherever provided.
- 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)
- Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons /materials
- Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination (except for 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.
- Convalescence, general debility, Run-down condition or rest cure, Psychosomatic disorders, Congenital external disease or defects or anomalies, infertility, 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 deficiency 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 Virus) would be entitled for expenses incurred for treatment of Cardio-Vascular Diseases, Cerebro-Vascular Accident and Accidental Injuries and none others.
- 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