

infections and for treatment of HIV/AIDS, provided at the time of first commencement of insurance under this policy, their CD4 count is not less than 350

8. Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these (other than ruptured ectopic gestation), family planning treatment and all types of treatment for infertility and its complications thereof.

9. Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control, treatment for metabolic, genetic and endocrine disorders

10. Expenses incurred on High Intensity Focused Ultra Sound, Uterine fibroid embolisation, Balloon Sinoplasty, Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Deep Brain Stimulation, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other therapies similar to those mentioned herein under exclusion No10.

11. Expenses incurred on Lasik Laser or Refractive Error Correction and its complications all treatment for disorders of eye requiring intra-vitreous injections and related procedures.

12. Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at hospital/nursing home.

13. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.

14. Naturopathy Treatment, unconventional, untested, unproven, experimental therapies.

15. Stem cell Therapy and related transplantation, Chondrocyte Implantation, Immunotherapy, Oral Chemo Therapy.

16. Hospital registration charges, admission charges, record charges, telephone charges and such other charges

17. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicines other than Allopathy

18. Change of sex or cosmetic or aesthetic treatment of any description,

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

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

20. Other expenses as detailed under the table "other excluded expenses"

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

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

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

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

★ **Claims Procedure**

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

★ **The Company**

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

★ **Star Advantages**

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

★ **Prohibition of Rebates:** Section 41 of Insurance Act 1938 (Prohibition of rebates): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Premium Chart (Excluding Service Tax)

Silver Plan: All amounts in Rs.

Sum Insured (Rs)	Deductible (Rs)	Premium (Rs)
10,00,000	3,00,000	5,700
10,00,000	5,00,000	4,300

Gold Plan: All amounts in Rs.

Age band (in years)	Sum Insured	Sum Insured							
		5,00,000	10,00,000	15,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
3m - 35	2,100	3,550	4,500	1,300	1,900	2,600	3,050	3,350	
36-45	2,750	4,650	5,850	1,700	2,450	3,350	4,000	4,350	
46-50	4,550	7,750	9,700	2,800	4,100	5,600	6,650	7,250	
51-55	6,150	10,500	13,200	3,800	5,550	7,600	9,000	9,850	
56-60	7,400	12,600	15,800	4,550	6,650	9,100	10,850	11,800	
61-65	10,000	17,000	21,350	6,150	9,000	12,300	14,650	15,950	
66-70	12,700	21,600	27,150	7,800	11,450	15,600	18,600	20,250	
71-75	15,800	26,900	33,800	9,750	14,250	19,450	23,150	25,250	
76-80	18,950	32,300	40,600	11,650	17,100	23,300	27,750	30,300	
Above 80	22,750	38,750	48,700	14,000	20,500	27,950	33,300	36,350	

Gold Plan: All amounts in Rs.

Age band (in years)	Sum Insured	Sum Insured							
		5,00,000	10,00,000	15,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
3m - 35	1,600	3,000	3,800	1,100	1,600	2,200	2,600	2,850	
36-45	2,150	3,650	4,550	1,350	1,950	2,650	3,150	3,400	
46-50	3,600	6,100	7,700	2,200	3,250	4,400	5,250	5,750	
51-55	4,650	8,150	10,250	2,950	4,350	5,900	7,000	7,650	
56-60	6,050	10,350	13,000	3,750	5,550	7,450	8,900	9,700	
61-65	8,000	13,300	16,650	4,900	7,300	10,050	12,150	13,150	
66-70	11,400	19,450	24,450	7,050	10,300	14,050	16,750	18,250	
71-75	14,200	24,200	30,450	8,750	12,850	17,500	20,850	22,750	
76-80	17,050	29,050	36,550	10,500	15,400	21,000	25,000	27,250	
Above 80	20,450	34,850	43,800	12,600	18,450	25,150	30,000	32,700	
3m - 35	2,350	3,950	5,000	1,450	2,100	2,850	3,400	3,750	
36-45	2,750	4,700	5,650	1,700	2,500	3,400	4,050	4,400	
46-50	4,100	7,000	8,800	2,550	3,700	5,050	6,050	6,550	
51-55	5,600	9,550	12,000	3,400	5,050	6,900	8,250	9,000	
56-60	7,150	12,200	15,300	4,400	6,450	8,800	10,500	11,450	
61-65	9,650	16,450	20,700	5,950	8,750	11,900	14,150	15,450	
66-70	12,300	20,900	26,300	7,550	11,100	15,100	18,000	19,650	
71-75	15,300	26,050	32,750	9,400	13,800	18,800	22,400	24,450	
76-80	18,350	31,250	39,300	11,300	16,550	22,600	26,900	29,350	
Above 80	22,000	37,500	47,150	13,550	19,850	27,100	32,300	35,200	

Star Super Surplus (Floater) Insurance Policy

Claim Illustration

Claim No.	Sum Insured under the policy Rs	Deductible under the policy Rs	Hospitalization Amount Rs	Deductible applied for claim	Claim Payable Rs.	Balance Sum Insured available for next claim Rs
1			3,00,000	3,00,000	0	10,00,000
2	10,00,000	3,00,000	6,00,000	3,00,000	3,00,000	7,00,000
3			13,00,000	3,00,000	7,00,000	0

Claim No.	Sum Insured under the policy Rs	Deductible under the policy Rs	Hospitalization Amount Rs	Deductible applied for claim	Claim Payable Rs.	Balance Sum Insured available for next claim Rs
1			8,00,000	5,00,000	3,00,000	7,00,000
2	10,00,000	5,00,000	3,00,000	0	3,00,000	4,00,000
3			4,00,000	0	4,00,000	0

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



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

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STAR SUPER SURPLUS (FLOATER) INSURANCE POLICY
Unique ID: IRDAI/HLT/SHAI/P-H.V.II/164/2016-17



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Top up Floater at affordable price

Star Super Surplus (Floater) Insurance Policy

Unique ID: IRDAI/HLT/SHAI/P-HV/II/164/2016-17

Traditional health policies offer basic cover plan for the insured. But foreseeing the magnitude of health problems is as difficult as predicting a health problem itself. Sometimes ailments and related complications demand much more than what we are prepared for.

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

★ Eligibility:

- Entry age between 18 years and 65 years
- Lifelong renewals guaranteed.

- No exit age

- Family means Self, Spouse, and dependent children from 3 months to 25 years

★ Major Product Features:

- The policy offers two plans: Silver and Gold Plan

- Sum Insured is on Floater Basis

- **Silver Plan:** Under this plan an admissible claim gets paid only when it exceeds the deductible. Amount payable is only in excess of the deductible opted.

Note: Deductible applies for each hospitalization.

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

Coverage

★ Silver Plan

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

- Surgeon's fees, Consultant's fees, Anesthetist's and Specialist's fees.

- Anesthesia, Blood, Oxygen, Operation Theatre charges, Cost of Pacemakers, drugs & medicines.

★ Gold Plan

- Hospitalization Cover: Room (Single Standard A/C), Boarding and Nursing expenses.

- Surgeon's fees, Consultant's fees, Anesthetist's and Specialist's fees.

- Anesthesia, Blood, Oxygen, Operation Theatre charges, Cost of Pacemakers, drugs & medicines.

- Air Ambulance cover: Up to 10% of the sum insured per policy period. Applicable for SI of Rs.7 lacs and above only.

- Emergency ambulance charges for transporting the insured patient to the hospital up to Rs.1,500/- per policy period.

- Facility of obtaining Medical Second opinion

★ Sum Insured Options for Silver Plan

Sum Insured Rs.	Deductible Rs.
10,00,000/-	3,00,000/-
10,00,000/-	5,00,000/-

★ Sum Insured Options for Gold Plan

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

★ Pre & Post Hospitalization(for both plans):

- Medical expenses upto 30 days prior to the date of admission.

- Medical expenses up to a period of 60 days after discharge from the hospital.

- **Pre-acceptance Medical Screening (for both plans):** No pre-acceptance medical screening

- **Pre-existing Diseases (for both plans):** Covered after 36 of continuous coverage.

★ Waiting Periods (for both plans):

- All other illness/diseases/treatment 30 days waiting period.

- 24 months waiting period for specified illness/diseases/treatments

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

- **Renewal and Grace Period (Applicable for both plans):** The policy will be renewed except on grounds of misrepresentation / Non-disclosure of material fact as declared in the proposal form and at the time of claim, fraud committed / moral hazard or non-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 will be allowed. However the actual period of cover will start only from the date of payment of premium. In other words no protection is available between the policy expiry date and the date of payment of premium for renewal.

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

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

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

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 in sum insured between the previous sum insured and the increased current sum insured.

- First 30 days
- 24 months with continuous coverage without break (with grace period) in respect of diseases / treatments falling under Specific Waiting Periods
- 36 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases
- 36 months of continuous coverage without break (with grace period) in respect of diseases / conditions for which claim is paid or admitted as payable in the immediately preceding three policy period
- 36 months of continuous coverage without break (with grace period) for diseases / conditions diagnosed / treated irrespective of whether any claim is made or not in the immediately preceding three policy periods

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

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

- **Free Look Period (Applicable for both the plans):** The insured will be allowed a period of at least 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable.

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

- A refund of the premium paid less any expenses incurred by the insurer on medical examination (wherever applicable) of the insured persons and the stamp duty charges or;
- 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;
- Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period
- Free look is not applicable for renewals

- **Cancellation(Applicable for both plans):** Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in proposal form / at the time of claim and non co-operation by the insured person, by sending the insured 30 days notice by registered letter at the insured person's last known address. No refund of premium will be made except where the cancellation is on the grounds of non co-operation of the insured, in which case the refund of premium will be on pro-rata basis. The insured may at any time cancel this policy and in such event the Company shall allow refund after retaining premium at Company's short period rate only (table given below) provided no claim has occurred up to the date of cancellation

Short Period Rate

PERIOD ON RISK	RATE OF PREMIUM TO BE RETAINED
Up to one-month	1/3rd of annual premium
Up to three months	½ of annual premium
Up to six months	3/4th of annual premium
Exceeding six months	Full annual premium

- **Portability (Applicable for both the plans):** This policy is portable. If the insured is desirous of porting this policy to another Insurer towards renewal, application in the appropriate form should be made to the Company at least before 45 days from the date when the renewal is due.

Where the outcome of acceptance of portability is still waiting from the new insurer on the date of renewal, the existing policy will be extended on the request of the Insured person, for a period not less than one month on pro rata premium. Such extended cover will be cancelled only on the written request by the Insured Person, subject to a minimum pro rata premium for one month. If the Insured Person requests in writing to continue the policy with the Company without porting, it will be allowed by charging the regular premium with the same terms as per the expiring policy. In case of a claim made by the Insured person and admitted by the Company during such extension, the policy will be extended for the remaining period by charging the regular premium.

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

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

- 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, Congenital internal disease / Condition defects or anomalies, all obstructive-uropathies, all types of hernia, varicocele, hydrocele, fistula / fissure in ano, Hemorrhoids, Pilonidal sinus and fistula, Rectal Prolapse, stress incontinence.
- 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.
- 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.
- Conservative, operative treatment and all types of intervention for diseases related to tendon, ligament, fascia, bones and joint [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, lipoma, neurofibroma, fibroadenoma, ganglion and similar pathology

- 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 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 waiting period of 36 months

★ Exclusions (Applicable for both plans):

- Circumcision, Inoculation or Vaccination (except for post-bite treatment and for medical treatment other than for prevention of diseases.)
- Congenital External diseases/condition defects or anomalies.
- Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable)
- 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
- 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.
- 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