

Mediclassic Insurance Policy (Individual)

Unique Identification No. : SHAHLIP20063V031920

The modern world is filled with high risks and uncertainties. Just one unexpected event of hospitalization is enough to wipe out years of savings that was meant to realize your dreams. Health Insurance protection is the need of the hour to protect your savings.

Mediclassic Insurance from Star Health is a policy that provides cover for hospitalisation expenses incurred as a result of illness/disease/sickness and/or accidental injuries, so that you can keep your dreams alive.

- ❖ **Pre-acceptance medical screening**
Persons above 50 years of age will have to undergo pre-acceptance health screening at the company's nominated centres
- ❖ **Day Care Procedures**
All Day Care Procedures are covered.
- ❖ **Policy Term**
1 Year and 2 Years
- ❖ **Eligibility**
 - Any person aged between 5 Months and 65 years can take this insurance. Thereafter only renewals will be accepted without capping on the exit age
 - Lifelong Renewal
- ❖ **Sum Insured Options:**
Rs.1,50,000/-; Rs.2,00,000/-; Rs. 3,00,000/-; Rs.4,00,000/-; Rs.5,00,000/-; Rs.10,00,000/-; Rs.15,00,000/-
- ❖ **Benefits**
 - Room, boarding, nursing expenses as provided by the Hospital / Nursing Home at 2% of the Sum Insured, subject to a maximum of Rs.5,000/- per day.
 - Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.
 - Anesthesia, Blood, Oxygen, Operation Theatre charges, Cost of Pacemaker etc
 - Emergency ambulance charges for transporting the covered patient to the hospital up to a sum of Rs. 750/- per hospitalisation 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:** Medical expenses up to a period of 60 days after discharge from the hospital. The amount payable shall not exceed the sum equivalent to 7% of the hospitalization expenses subject to a maximum of Rs.5000/- per hospitalisation. For the purpose of calculation of the 7%, only nursing expenses, surgeon's/consultants fees, diagnostic charges and cost of drugs and medicines will be taken.
 - Expenses relating to hospitalization will be considered in proportion to the eligible room category stated in the policy or actual whichever is less
- ❖ **Cost of Health checkup**
Expenses incurred towards Cost of Health checkup up to 1% of the average Basic Sum Insured after every block of four continuous claim free year subject to a maximum of Rs.5000/- and payable on renewal. This benefit is available for Basic Sum Insured of Rs.200000/- and above only.
Note: Payment under this benefit does not form part of the Basic Sum Insured.
- ❖ **Cataract**
The expenses incurred on treatment of cataract are payable up to the limits mentioned hereunder

Your Health is our Mission



Mediclassic Insurance Policy (Individual)

Basic Sum Insured (Rs.)	Limit for Cataract Surgery (Rs.)
Up to 2,00,000/-	12,000/- per person per policy period
3,00,000/- to 5,00,000/-	20,000/- per eye per person and not exceeding 30,000/- per person per policy period
10,00,000/- and 15,00,000/-	30,000/- per eye per person and not exceeding 40,000/- per person per policy period

❖ **Psychiatric and Psychosomatic Disorder**

If the insured person is diagnosed with psychiatric or psychosomatic disorder for the first time and hospitalized for minimum period of 5 consecutive days under this policy, then the Company will pay hospitalization expenses up to Basic sum insured, provided the insured person has been covered under this policy for a continuous period of 24 months without any break

Note: The treatment should be taken at Authorized Psychiatric hospital licensed by Mental Health Authority or any similar Authority of Central or State Government or Union Territory.

❖ **Cumulative bonus**

The insured person will be eligible for Cumulative bonus calculated at 5% of the basic sum insured for every claim free year subject to a maximum of 25%.

Special Conditions

- The Cumulative bonus will be calculated on the expiring Basic Sum Insured or on the renewed Basic Sum Insured whichever is less.
- 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 granted on renewal will be "nil" or "zero".

❖ **Non Allopathic Treatment**

In patient Hospitalizations Expenses incurred for treatment of diseases / illness / accidental injuries by system of medicines other than allopathic up to 25% of the Basic Sum Insured subject to a maximum of Rs 25000/- during entire policy period.

❖ **Automatic Restoration of Basic Sum Insured:** There shall be automatic restoration of the Basic Sum Insured by 200%, once during the policy period, immediately upon exhaustion of the limit of coverage which has been defined.

It is made clear that such restored Basic Sum Insured can be utilized only for illness / disease unrelated to the illness / diseases for which claim/s was / were made. The restored Basic Sum Insured cannot be carried forward

If you need wider benefits you can choose Gold Plan

Features of Gold Plan

❖ **Eligibility**

- Any person aged between 16th day and 65 years can take this insurance. Thereafter only renewals will be accepted without capping on the exit age
- Lifelong Renewal

❖ **Sum Insured Options:**

Rs. 3,00,000/-; Rs.4,00,000/-; Rs.5,00,000/-; Rs.10,00,000/-; Rs.15,00,000/- ; Rs. 20,00,000/-; Rs. 25,00,000/-

❖ **Benefits:**

- Room, boarding, nursing expenses as provided by the Hospital / Nursing Home as per the limits given below;

Basic Sum Insured (Rs.)	Limit (Rs.)
3,00,000/-	Up to 5000/- per day
4,00,000/-	
5,00,000/-	*Private Single A/c Room *Private Single A/c Room means a single occupancy air-conditioned room with attached wash room and a couch for the attendant
10,00,000/-	
15,00,000/-	
20,00,000/-	
25,00,000/-	

- Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees, Anesthesia, Blood, Oxygen, Operation Theatre charges, etc
- Ambulance charges up-to Rs. 2,000/- per hospitalization for transportation of the insured person by private ambulance
- Pre-Hospitalization:** medical expenses incurred for a period not exceeding 30 days prior to the date of hospitalization
- Post Hospitalization:** medical expenses incurred for a period up to 60 days from the date of discharge from the hospital
- Expenses relating to hospitalization will be considered in proportion to the eligible room category stated in the policy or actual whichever is less

❖ **Expenses incurred towards Cost of Health check-up**

Basic Sum Insured (Rs.)	Limit (Rs.)
3,00,000/- to 5,00,000/-	Up to 1500/- for every claim free year
10,00,000/- and 15,00,000/-	Up to 2500/- for every claim free year
20,00,000/- and 25,00,000/-	Up to 5,000/- for every claim free year

Note:

- This benefit is payable on renewal and when the renewed policy is in force.
- Payment under this benefit does not form part of the Basic Sum Insured.

❖ **Cataract:**

The Expenses incurred on treatment of cataract are payable up to the limits mentioned hereunder

Basic Sum Insured (Rs.)	Limit for Cataract Surgery (Rs.)
3,00,000/- to 5,00,000/-	30,000/- per eye and not exceeding 40,000/- per person per policy period
10,00,000/- and 15,00,000/-	40,000/- per eye and not exceeding 50,000/- per person per policy period
20,00,000/- and 25,00,000/-	45,000/- per eye and not exceeding 60,000/- per person per policy period

❖ **Psychiatric and Psychosomatic Disorder**

If the insured person is diagnosed with psychiatric or psychosomatic disorder for the first time and hospitalized for minimum period of 5 consecutive days under this policy, then the Company will pay hospitalization expenses up to Basic sum insured, provided the insured person has been covered under this policy for a continuous period of 24 months without any break

Note: The treatment should be taken at Authorized Psychiatric hospital licensed by Mental Health Authority or any similar Authority of Central or State Government or Union Territory.

❖ **Cumulative bonus**

In respect of a claim free year, the insured person will be eligible for Cumulative bonus calculated 25% of basic sum insured in the second year and additional 20% of the basic sum insured for each subsequent years subject to a maximum of 100% overall

Special Conditions

1. The Cumulative bonus will be calculated on the expiring Basic Sum Insured or on the renewed Basic Sum Insured whichever is less.
2. 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.
3. In the event of a claim resulting in
 - a. Partial utilization of Basic Sum Insured, such cumulative bonus so granted will be reduced at the same rate at which it has accrued.
 - b. 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.
 - c. 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
 - d. Full utilization of Basic Sum Insured and full utilization of cumulative bonus accrued, the cumulative bonus granted on renewal will be "nil" or "zero"

❖ **Non Allopathic Treatment**

In patient Hospitalizations Expenses incurred for treatment of diseases / illness / accidental injuries by system of medicines other than allopathic up to 25% of the Basic Sum Insured subject to a maximum of Rs 25000/- during entire policy period.

- ### ❖ **Automatic Restoration of Basic Sum Insured:** There shall be automatic restoration of the Basic Sum Insured by 200%, once during the policy period, immediately upon exhaustion of the limit of coverage which has been defined.

It is made clear that such restored Basic Sum Insured can be utilized only for illness / disease unrelated to the illness / diseases for which claim/s was / were made. The restored Basic Sum Insured cannot be carried forward

❖ **Super Restoration**

If the limit of coverage under this policy is exhausted during the policy period, an additional Basic Sum Insured of 100% would be provided once for the remaining policy period for the subsequent hospitalization. This additional basic sum insured can be utilized even for illness / disease for which claim/s was / were made. The unutilized additional Basic Sum Insured cannot be carried forward

❖ **Domiciliary hospitalization**

Coverage for medical treatment for a period exceeding three days, for an illness / disease / injury which in the normal course, would require care and treatment at a Hospital but, on the advice of the attending Medical Practitioner, is taken whilst confined at home under any of the following circumstances

- ✓ The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
- ✓ The patient takes treatment at home on account of non-availability of room in a hospital.

However, this benefit shall not cover Asthma, Bronchitis, Chronic Nephritis and Nephritic Syndrome, Diarrhoea and all types of Dysenteries including Gastro-enteritis, Diabetes Mellitus and Insipidus, Epilepsy, Hypertension, Influenza, Cough and Cold, all Psychiatric or Psychosomatic Disorders, Pyrexia of unknown origin for less than 10 days, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Arthritis, Gout and Rheumatism. Pre-hospitalisation and Post-hospitalization expenses are not payable for this cover

❖ **Organ Donor Expenses**

In patient hospitalization expenses incurred for organ transplantation from the Donor to the recipient insured person are payable provided the claim for transplantation is payable. Donor screening expenses and post-donation complications of the donor are not payable.

❖ **Shared accommodation**

If the Insured person occupies, a shared accommodation in a networked hospital during in-patient hospitalization, then amount as per the table given below will be payable for each continuous and completed period of 24 hours of stay, provided the hospitalization exceeds 48 hours in such shared accommodation.

Basic Sum Insured (Rs.)	Limit (Rs.)
3,00,000/-	500/- per day subject to maximum of 3000/- per hospitalization
4,00,000/-	
5,00,000/-	
10,00,000/-	1,000/- per day subject to maximum of 6000/- per hospitalization
15,00,000/- 20,00,000/- and 25,00,000/-	

Note:

- This benefit is payable only if there is an admissible claim for hospitalization under the policy
- Insured person's stay in Intensive Care Unit or High Dependency Units / wards will not be counted for this purpose
- Payment under this benefit does not form part of the Basic sum insured but will impact the Cumulative bonus
- Date of admission and date of discharge will not be counted for this purpose.

- ### ❖ **Additional Basic Sum Insured for Road Traffic Accident (RTA):** If the insured person meets with a Road Traffic Accident resulting in in-patient hospitalization, then the Basic Sum Insured shall be increased by 50% subject to the following

- It is evidenced that the insured person was wearing helmet and was either riding or travelling as pillion rider in a two wheeler at the time of accident as evidenced by Police record and Hospital record.
- The additional Basic Sum Insured shall be available only once during the policy period.
- The additional Basic Sum Insured shall be available after exhaustion of the limit of coverage.
- The additional Basic Sum Insured can be utilized only for that particular hospitalization following the Road Traffic Accident
- Automatic Restoration of Basic Sum Insured and Super restoration shall not apply for this benefit
- This benefit shall not be applicable for day care treatment
- The unutilized balance cannot be carried forward for the remaining policy period or for renewal
- Claim under this benefit will impact the Cumulative bonus

- ❖ **Hospitalization expenses for treatment of New Born Baby:** The coverage for New Born Baby starts from the 16th day after its birth till the expiry date of the policy and is subject to a limit of 10% of the Basic Sum Insured or Rupees Fifty thousand, whichever is less, subject to the availability of the Basic Sum Insured, provided the mother has been insured under the policy for a continuous period of 12 months without break.

Note:

- Intimation about the birth of the New Born Baby should be given to the company and policy has to be endorsed for this cover to commence.
- 30 days waiting periods shall not apply for the New Born Baby
- All other terms, conditions and exclusions shall apply for the New Born Baby

- ❖ **Optional Covers on payment of additional premium**

a) Patient Care

The Company will pay the cost of engaging one attendant at the residence of the insured person immediately after discharge from the hospital provided the same is recommended by the attending physician. Such expenses are payable up-to Rs 400/- for each completed day up-to 5 days per occurrence and 14 days per policy period. No payment will be made for the first day.

This benefit is applicable only for insured persons above 60 years of age and becomes payable only upon a valid claim for hospitalization.

b) Hospital Cash

The Company will pay a Cash Benefit of Rs 1000/-for each completed day of hospitalization subject to a maximum of 7 days per hospitalization and 14 days per policy period, provided however there is a valid claim for hospitalization. For the purpose of this optional cover, the days of admission and discharge will not be taken into account.

No claim under this head shall lie with the Company where the admission is for physiotherapy and/or any epidemic

Note: Patient Care and Hospital Cash are available on payment of additional premium under Gold Plan also.

Important Note Applicable under the policy

1. Where Gold Plan is opted, in the event of a claim, the benefits under Gold Plan only shall be applicable.
2. Company's liability in respect of all claims admitted during the period of insurance shall not exceed the Limit of Coverage per person mentioned in the schedule

Note: Limit of Coverage means Basic Sum Insured plus the Cumulative Bonus earned, wherever applicable.

- ❖ **Waiting periods (Applicable for Gold Plan also)**

The Company shall not be liable to make any payment under this policy if the hospitalization is directly or indirectly for :-

1. any disease contracted by the insured person during the first 30 days from the commencement date of the policy/ coverage
2. a waiting period of 24 consecutive months of continuous coverage from the inception of this policy will apply to the following specified ailments / illness / diseases:-
 - A. Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Benign diseases of the breast.
 - B. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma , Neurofibroma, Fibroadenoma, Ganglion and similar pathology
 - C. All treatments (Conservative, Operative treatment) and all types of intervention for Diseases related to Tendon, Ligament, Fascia,

Bones and Joint Including Arthroscopy and Arthroplasty / Joint Replacement [other than caused by accident].

- D. All types of treatment for Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system, Prolapse of Intervertebral Disc (other than caused by accident),
- E. 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.
- F. All types of Hernia,
- G. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula,
- H. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases
- I. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies,
- J. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele,
- K. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence
- L. Varicose veins and Varicose ulcers
- M. All types of transplant and related surgeries.
- N. Congenital Internal disease / defect

Note: Such of those Pre-Existing Diseases which fall under waiting period 2A to 2N above will be covered only after 48 consecutive months of continuous coverage from the inception of this policy.

3. a waiting period of 48 consecutive months of continuous coverage from the inception of this policy will apply in respect of Pre Existing Diseases as defined in the policy.

The waiting periods 1, 2 and 3 above are subject to Portability Regulations.

- ❖ **Exclusions (Applicable for Gold Plan also)**

The Company shall not be liable to make any payments under this policy in respect of any expenses what so ever incurred by the insured person in connection with or in respect of:-

1. Circumcision, Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA
2. Congenital External Condition / Defects / Anomalies
3. Convalescence, general debility, run-down condition or rest cure, Nutritional deficiency states.
4. Intentional self injury
5. Use of intoxicating substances, substance abuse, drugs / alcohol, smoking and tobacco chewing
6. Venereal Disease and Sexually Transmitted Diseases (Other than HIV)
7. 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)
8. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
9. Expenses incurred on weight control services including surgical procedures such as Bariatric Surgery and /or medical treatment of obesity,
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 this exclusion

11. 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 purpose with no positive existence of sickness / disease / ailment / injury and no further treatment is indicated.
12. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician of the hospital where the insured underwent treatment.
13. Unconventional, Untested, Unproven, Experimental therapies.
14. Stem cell Therapy, Autologous derived Stromal vascular fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy.
15. Oral Chemotherapy, Immuno therapy and Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted.
16. All types of Cosmetic, Aesthetic treatment of any description, all treatment for Priapism and erectile dysfunctions, Change of Sex.
17. Plastic surgery (other than as necessitated due to an accident or as a part of any illness),
18. Hospital record charges and such other charges
19. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons).
20. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable).
21. Treatment arising from or traceable to pregnancy, childbirth, family planning, miscarriage, abortion and complications of any of these (other than ectopic pregnancy)
22. Treatment for Sub-Fertility, Assisted Conception and or other related complications of the same.
23. Medical and / or surgical treatment of Sleep apnea, treatment endocrine disorders.
24. Expenses incurred on Lasik Laser or other procedures Refractive Error Correction and its complications, all treatment for disorders of eye requiring intra-vitreous injections.
25. Cochlear implants and procedure related hospitalization expenses
26. 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.
27. Hospital registration charges, admission charges, telephone charges and such other charges
28. Any hospitalization which are not Medically Necessary / does not warrant hospitalization
29. Other Excluded Expenses as detailed in the website www.starhealth.in

❖ **Co-payment (Not Applicable for Patient Care and Hospital cash)**

This policy is subject to co-payment of 10% of each and every claim amount, for fresh as well as for the policies subsequently renewed for insured persons whose age at the time of entry in to this policy is above 60 years. This co-payment will not apply for those insured persons who have entered the policy before attaining 60 years of age and renew the policy continuously without any break.

Note: Co-payment is applicable for Gold Plan also

❖ **Renewal procedure:**

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 waiting periods will be allowed.

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:**

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.

❖ **Modification of the terms of the policy**

The Company reserves the right to modify the policy terms and conditions and/or premium of the policy with the prior approval of the Regulator. 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**

At the time of inception of the policy, 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 policy if not acceptable. In such a case, the premium refund shall be as follows:

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

- 1) 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
- 2) where the risk has already commenced and the option of return of the policy is exercised by the policy holder, a deduction towards the proportionate risk premium for period on cover
or
- 3) where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

Free look period shall not be applicable at the time of renewal

❖ **Disclosure to information norms:**

The policy shall become void and all premium paid hereon shall be forfeited to the Company, in the event of non disclosure of any material fact and/or misrepresentation, fraud, moral hazard, mis description as declared in the proposal form and/or claim form at the time of claim

❖ **Cancellation:**

The Company may cancel this policy on grounds of non co-operation of the insured by sending the Insured 30 days notice by registered letter at the Insured person's last known address 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

Policy Term with 1 year	
Period on risk	Rate of premium to be retained
Up to one month	30% of the policy premium
Exceeding one month up to 3 months	40% of the policy premium
Exceeding 3 months up to 6 months	60% of the policy premium
Exceeding 6 months up to 9 months	80% of the policy premium
Exceeding 9 months	Full of the policy premium

Policy Term with 2 years	
Period on risk	Rate of premium to be retained
Up to one month	25% of the policy premium
Exceeding one month up to 3 months	30% of the policy premium
Exceeding 3 months up to 6 months	40% of the policy premium
Exceeding 6 months up to 9 months	50% of the policy premium
Exceeding 9 months up to 12 months	60% of the policy premium
Exceeding 12 months up to 15 months	70% 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 policy premium

❖ Automatic Expiry

The insurance under this policy with respect to each relevant Insured Person shall expire immediately on the earlier of the following events:

- ✓ Upon the death of the Insured Person.
- ✓ Upon exhaustion of Limit of Coverage Plus Restored Basic Sum Insured wherever applicable

Applicable for Gold Plan

The insurance under this policy with respect to each relevant Insured Person shall expire immediately on the earlier of the following events:

- ✓ Upon the death of the Insured Person.
- ✓ Upon exhaustion of Limit of Coverage Plus Restored Basic Sum Insured wherever applicable
- ✓ Upon exhaustion of Limit of Coverage Plus Restored Basic Sum Insured Plus Super Restored Basic Sum Insured, wherever applicable

❖ Discount(Available only if Gold Plan is chosen)

- **Family Discount:** 5% discount is available if 2 or more family members are covered under this policy
- **Major Organ Donor Discount:** If at the time of renewal if the insured person submits proofs that he / she has donated a major organ, a discount of 25% of the premium is available at the time of renewal . This discount is available even for subsequent renewals also.

❖ Claim Procedure:

- a. Call the 24 hour help-line for assistance - 1800 425 2255/1800 104 2277
- b. Inform the ID number for easy reference
- c. On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk
- d. Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
- e. In case of emergency hospitalization, information to be given within 24 hours after hospitalization
- f. In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents

❖ Portability:

This policy is portable. If the insured is desirous of porting this policy, application in the appropriate form should be made to the Company at least 45 days before but not earlier than 60 days from the date when the renewal is due. For details contact "portability@starhealth.in" or call Telephone No +91-044-40178440

❖ Tax Benefits

Payments of premium by any mode other than cash for this insurance is eligible for relief under Section 80D of the Income Tax Act 1961.

❖ 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 facility wherever possible in network hospitals.

- ❖ **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 lakh 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 sale Or Visit our website 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. PUBLIC RECEIVING SUCH PHONE CALLS ARE REQUESTED TO LODGE A POLICE COMPLAINT ALONG WITH DETAILS OF PHONE CALL, NUMBER."

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Fax Toll Free No: 1800-425-5522 ★ Email : support@starhealth.in
CIN : U66010TN2005PLC056649 ★ IRDAI Regn. No: 129

Mediclassic Insurance Policy (Individual)

Unique Identification No. : SHAHLIP20063V031920



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

PREMIUM CHART Premium in Rs. (Excluding Tax) | Premium Chart for 1 year Policy Term

Zone 1 Mumbai, Thane, Delhi (including Faridabad, Gurgaon, Ghaziabad and Noida), Ahmedabad, Baroda and Surat

Sum Insured (Rs.) Age (in yrs)	1,50,000/-	2,00,000/-	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-
5 months - 35 years	4015	4160	5159	5778	6298	8187	9825
36-45	4537	4701	5830	6529	7117	9252	11102
46-50	6714	6958	8628	9663	10533	13693	16431
51-55	8494	8802	10914	12224	13324	17321	20785
56-60	10957	11354	14079	15769	17188	22344	26813
61-65	14682	15215	18866	21130	23032	29941	35930
66-70	20114	20844	25847	28948	31554	41020	49223
71-75	24741	25638	31791	35606	38811	50454	60545
76-80	29689	30766	38150	42728	46573	60545	72654
Above 80	34142	35381	43872	49137	53559	69627	83552

PREMIUM CHART Premium in Rs. (Excluding Tax) | Premium Chart for 2 years Policy Term

Zone 1 Mumbai, Thane, Delhi (including Faridabad, Gurgaon, Ghaziabad and Noida), Ahmedabad, Baroda and Surat

Sum Insured (Rs.) Age (in yrs)	1,50,000/-	2,00,000/-	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-
5 months - 34 years	7767	8049	9980	11178	12184	15839	19007
35	8255	8554	10607	11880	12949	16834	20201
36-44	8777	9095	11278	12631	13768	17898	21478
45	10812	11204	13893	15560	16960	22049	26458
46-49	12989	13461	16691	18694	20376	26489	31787
50	14652	15184	18828	21087	22985	29881	35857
51-54	16432	17028	21114	23648	25776	33509	40211
55	18734	19413	24072	26961	29387	38204	45844
56-59	21197	21966	27237	30506	33251	43227	51872
60	24678	25573	31711	35516	38713	50327	60392
61-64	28404	29434	36498	40878	44557	57924	69509
65	33481	34695	43022	48184	52521	68277	81933
66-69	38913	40324	50002	56003	61043	79356	95227
70	43237	44805	55558	62225	67825	88173	105807
71-74	47863	49599	61503	68883	75083	97607	117129
75	52488	54391	67445	75538	82337	107038	128446
76-79	57436	59519	73803	82660	90099	117129	140555
80	61598	63832	79151	88650	96628	125616	150740
Above 80	66051	68447	84874	95059	103614	134698	161638

PREMIUM CHART Premium in Rs. (Excluding Tax) | Premium Chart for 1 year Gold Plan

Zone 1 Mumbai, Thane, Delhi (including Faridabad, Gurgaon, Ghaziabad and Noida), Ahmedabad, Baroda and Surat

Sum Insured (Rs.) Age (in yrs)	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-	20,00,000/-	25,00,000/-
16days - 35	5685	6357	6935	9118	10712	12316	13792
36-45	6355	7108	7754	10183	11990	13785	15437
46-50	9154	10242	11170	14623	17319	19913	22300
51-55	11440	12803	13961	18252	21673	24921	27909
56-60	14605	16348	17825	23275	27701	31853	35762
61-65	19392	21709	23669	30872	36817	42336	47414
66-70	26373	29527	32190	41950	50111	57624	64537
71-75	32317	36186	39448	51385	61432	70644	79119
76-80	38675	43307	47210	61476	73541	84569	94715
Above 80	44398	49716	54196	70557	84439	97102	108752

PREMIUM CHART Premium in Rs. (Excluding Tax) | Premium Chart for 2 years Gold Plan

Zone 1 Mumbai, Thane, Delhi (including Faridabad, Gurgaon, Ghaziabad and Noida), Ahmedabad, Baroda and Surat

Sum Insured (Rs.) Age (in yrs)	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-	20,00,000/-	25,00,000/-
16days - 34 years	10998	12299	13416	17640	20724	23826	26681
35	11625	13001	14181	18635	21917	25199	28218
36-44	12295	13752	15000	19699	23195	26668	29863
45	14910	16681	18193	23849	28175	32395	36278
46-49	17709	19815	21609	28290	33504	38524	43142
50	19845	22208	24217	31681	37573	43204	48383
51-54	22132	24769	27009	35310	41928	48211	53991
55	25090	28082	30620	40004	47561	54689	61247
56-59	28255	31626	34484	45027	53589	61621	69011
60	32729	36637	39945	52127	62109	71419	79985
61-64	37515	41998	45789	59724	71225	81903	91727
65	44039	49305	53753	70078	83650	96191	107729
66-69	51020	57123	62275	81556	96944	111479	124852
70	56576	63346	69058	89974	107524	123647	138480
71-74	62520	70004	76315	99408	118846	136667	153062
75	68463	76659	83569	108839	130162	149681	167638
76-79	74821	83780	91331	118930	142271	163606	183234
80	80169	89770	97860	127417	152457	175319	196353
Above 80	85891	96179	104846	136499	163355	187852	210389

PREMIUM CHART Premium in Rs. (Excluding Tax) | Premium Chart for 1 year Policy Term

Zone 2 rest of India (other than those mentioned in Zone 1)

Sum Insured (Rs.) Age (in yrs)	1,50,000/-	2,00,000/-	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-
5 months - 35 years	3137	3250	4485	5450	5995	7793	9352
36-45	3544	3673	5069	6158	6774	8806	10568
46-50	5246	5436	7501	9114	10026	13033	15640
51-55	6636	6876	9489	11530	12682	16487	19785
56-60	8560	8870	12241	14873	16360	21269	25522
61-65	11470	11886	16403	19930	21923	28500	34200
66-70	15714	16284	22472	27304	30034	39045	46854
71-75	19329	20030	27641	33584	36942	48025	57630
76-80	23195	24036	33169	40301	44331	57630	69156
Above 80	26674	27641	38145	46346	50980	66275	79530

PREMIUM CHART Premium in Rs. (Excluding Tax) | Premium Chart for 2 years Policy Term

Zone 2 rest of India (other than those mentioned in Zone 1)

Sum Insured (Rs.) Age (in yrs)	1,50,000/-	2,00,000/-	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-
5 months - 34 years	6068	6288	8677	10543	11597	15077	18092
35	6449	6683	9222	11205	12326	16023	19228
36-44	6857	7105	9806	11914	13105	17037	20444
45	8447	8753	12079	14676	16144	20987	25184
46-49	10148	10516	14512	17632	19395	25214	30257
50	11447	11862	16370	19890	21878	28442	34130
51-54	12837	13303	18358	22305	24535	31896	38275
55	14636	15166	20930	25430	27973	36364	43637
56-59	16560	17161	23682	28773	31651	41146	49375
60	19280	19979	27571	33499	36849	47904	57485
61-64	22190	22995	31733	38556	42412	55135	66162
65	26157	27105	37406	45448	49993	64990	77988
66-69	30401	31503	43475	52822	58104	75535	90642
70	33779	35004	48305	58691	64560	83928	100714
71-74	37393	38749	53474	64971	71468	92908	111490
75	41006	42493	58641	71248	78373	101885	122262
76-79	44872	46499	64169	77965	85762	111490	133788
80	48123	49869	68819	83615	91976	119569	143483
Above 80	51602	53474	73794	89660	98626	128213	153856

PREMIUM CHART Premium in Rs. (Excluding Tax) | Premium Chart for 1 year Gold Plan

Zone 2 rest of India (other than those mentioned in Zone 1)

Sum Insured (Rs.) Age (in yrs)	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-	20,00,000/-	25,00,000/-
16days - 35	5011	6029	6632	8724	10239	11772	13182
36-45	5594	6738	7411	9737	11455	13170	14748
46-50	8027	9694	10663	13964	16528	19004	21281
51-55	10015	12109	13319	17418	20672	23770	26620
56-60	12767	15452	16997	22199	26410	30368	34010
61-65	16929	20509	22560	29431	35087	40347	45186
66-70	22998	27883	30671	39976	47741	54899	61485
71-75	28167	34163	37579	48956	58518	67292	75365
76-80	33695	40880	44698	58561	70044	80547	90210
Above 80	38671	46925	51617	67205	80417	92476	103571

PREMIUM CHART Premium in Rs. (Excluding Tax) | Premium Chart for 2 years Gold Plan

Zone 2 rest of India (other than those mentioned in Zone 1)

Sum Insured (Rs.) Age (in yrs)	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-	20,00,000/-	25,00,000/-
16days - 34 years	9695	11664	12830	16877	19809	22774	25502
35	10240	12326	13558	17824	20945	24081	26966
36-44	10823	13034	14337	18837	22161	25479	28531
45	13097	15797	17376	22788	26901	30931	34637
46-49	15530	18753	20628	27015	31974	36764	41171
50	17387	21010	23111	30243	35847	41218	46160
51-54	19375	23425	25768	33697	39992	45985	51498
55	21947	26550	29205	38165	45354	52151	58405
56-59	24699	29894	32883	42946	51092	58749	65795
60	28589	34620	38081	49705	59201	68076	76240
61-64	32751	39677	43644	56936	67879	78055	87417
65	38423	46568	51225	66791	79705	91655	102649
66-69	44492	53942	59336	77336	92359	106207	118947
70	49323	59812	65792	85729	102430	117789	131919
71-74	54491	66091	72700	94709	113207	130812	145799
75	59658	72369	79605	103686	123979	142570	159673
76-79	65186	79086	86994	113291	135505	155825	174519
80	69836	84735	93208	121370	145200	166974	187006
Above 80	74812	90780	99858	130014	155573	178903	200366

Family Package Plan (One Year Premium) (Excluding Tax) (Premium in Rs.)

Sum Insured (Rs.)	2,00,000/-			3,00,000/-		
Family Size Age (in yrs)	2A	2A+1C	2A+2C	2A	2A+1C	2A+2C
5 months - 25 years	5538	7694	10002	6136	8306	10521
26-30	5680	7891	10258	6293	8519	10791
31-35	5822	8088	10515	6451	8732	11061
36-40	6257	8361	10652	6934	9026	11205
41-45	6578	8789	11198	7289	9489	11780
The Sum Insured is apportioned equally among all the family members who are insured						

Family Package Plan (Two Year Premium) (Excluding Tax) (Premium in Rs.)

Sum Insured (Rs.)	2,00,000/-			3,00,000/-		
Family Size Age (in yrs)	2A	2A+1C	2A+2C	2A	2A+1C	2A+2C
5 months - 24 years	10713	14884	19350	11870	16069	20355
25	10846	15069	19589	12017	16268	20607
26-29	10988	15266	19846	12175	16481	20877
30	11120	15450	20085	12322	16681	21129
31-34	11262	15648	20342	12479	16893	21398
35	11670	15902	20470	12930	17168	21533
36-39	12106	16174	20607	13413	17462	21678
40	12406	16575	21118	13746	17895	22215
41-44	12726	17004	21664	14101	18358	22789
The Sum Insured is apportioned equally among all the family members who are insured						

Premium for Add-ons (Excluding Tax) (Premium in Rs.)

Name of the add-on	Hospital Cash	Patient Care
Premium for 1 Year	730	580
Premium for 2 Years	1410	1120