

Period on risk	Rate of premium to be retained
Policy with Term 1 year	
Up to 1 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 with Term 2 years	
Up to 1 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 of the policy premium
Policy with Term 3 years	
Up to 1 month	23% of the policy premium
Exceeding one month up to 3 months	28% of the policy premium
Exceeding 3 months up to 6 months	35% of the policy premium
Exceeding 6 months up to 9 months	40% of the policy premium
Exceeding 9 months up to 12 months	48% of the policy premium
Exceeding 12 months up to 15 months	55% of the policy premium
Exceeding 15 months up to 18 months	60% of the policy premium
Exceeding 18 months up to 21 months	68% of the policy premium
Exceeding 21 months up to 24 months	75% of the policy premium
Exceeding 24 months up to 27 months	80% of the policy premium
Exceeding 27 months up to 30 months	88% of the policy premium
Exceeding 30 months up to 33 months	95% of the policy premium
Exceeding 33 months	Full policy premium

- ❖ **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
- ❖ **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 the Hospital Cash amount chosen.
 - ✓ Upon exhaustion of the Maximum number of days per year chosen

❖ **Arbitration:** If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

It is also further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not, within three years from the date of such disclaimer have been made the subject matter of a suit in a Court of Law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

❖ **Claims Procedure**

- ✓ Duly completed claim form, and
- ✓ Discharge Summary from the hospital
- ✓ Hospital Main bill with breakup details.

❖ **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.

Claim Illustration under Floater Policy (for Accident Hospitalisation):-

Coverage:-

Family Size : 2 Adults + 2 Children
Policy Term 1 year
Policy Type : Floater policy
Chosen hospital cash amount of Rs.3000/-
Choose hospital Cash days : 30 days

Scenario 1

Admission for : Self and Spouse

No. of days admitted: 15 days each (totalling to 30 days)

This would result in completely exhausting their hospital cash policy with Rs. 3000 daily for 30 days. As a result the 2 children will not be able to avail of any benefit from the policy.

Scenario 2

Admission for: Self and Spouse

No. of days admitted 10 days each (totalling to 20 days)

This would result in utilization of hospital cash of Rs.3000 daily for 20 days. Then the daily hospital cash amount for remaining 10 days would still be available for the whole family to exhaust within a year from the purchase of the policy.

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

Star Hospital Cash Insurance Policy

Unique Id: SHAHLIP20046V011920

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Regd. & Corporate Office: 1, New Tank Street,
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CIN : U66010TN2005PLC056649 ★ IRDAI Regn. No: 129

Insurance is the subject matter of solicitation

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*“At times even
small things
make a big
difference.”*



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Unique ID: SHAHLIP20046V011920



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REGD & CORPORATE OFFICE: 1, New Tank Street,
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Star Hospital Cash Insurance Policy

Star Hospital Cash Insurance Policy

Unique ID: SHAHLIP20046V011920

Star Hospital Cash Insurance Policy provides additional protection & takes care of your incidental expenses such as travelling, food etc. which are not covered under your Health Insurance Policy in an event of Hospitalization.

This policy provides cover on lump sum basis for the expenses incurred by the insured during hospitalization due to Illness / Sickness / Injury.

- ❖ **Eligibility :**
- Adults between 18 years and 65 years
 - Dependent children: 91 days to 25 years(who are economically dependent on their parents).
 - Family means Self, Spouse and up to 3 dependent children.
- ❖ **Policy Term:** 1 year / 2 years / 3 years.
- ❖ **Sum Insured Type:** Individual and Floater Basis.
- ❖ **Plans Offered:** Basic Plan and Enhanced Plan.

❖Hospital Cash Amount(Per Day) Options

Hospital Cash Amount (Per Day)	
Basic Plan (Rs.)	Enhanced Plan (Rs.)
1,000/-; 2,000/-; 3,000/-	3,000/-; 4,000/-; 5,000/-

❖ Number of Hospital Cash Days

Number of Hospital Cash Days Per Policy Year	
Basic Plan	Enhanced Plan
30 days/ 60 days / 90 days / 120 days / 180 days	90 days / 120 days / 180 days
Note : The insured person can choose any combination of Hospital Cash Amount (per day) and Number of Hospital Cash Days on Individual basis (per person basis) or on family floater basis (floater basis means the Hospital Cash Amount and Number of Hospital Cash Days floats amongst the insured family members).	

❖ Coverage

Sl. No.	Name of the Benefit	Basic Plan	Enhanced Plan
01	Sickness Hospital Cash	Hospital Cash Amount (per day) for maximum number of days chosen by the insured Deductible : One day deductible is applicable.	Hospital Cash Amount (per day) for maximum number of days chosen by the insured No deductible
02	Accident Hospital Cash	150% of the Hospital Cash Amount (per day) for maximum number of days chosen by the insured	150% of the Hospital Cash Amount (per day) for maximum number of days chosen by the insured

Sl. No.	Name of the Benefit	Basic Plan	Enhanced Plan
03	ICU Hospital Cash due to Sickness and / or injury	200% of the Hospital Cash Amount (per day) chosen by the insured Where the policy is issued on Individual Basis, ICU Hospital Cash is payable for a maximum of 30 days only in a policy year Where the policy is issued on Floater Basis, ICU Hospital Cash is payable for a maximum of 90 days only in a policy year	200% of the Hospital Cash Amount (per day) chosen by the insured Where the policy is issued on Individual Basis, ICU Hospital Cash is payable for a maximum of 30 days only in a policy year Where the policy is issued on Floater Basis, ICU Hospital Cash is payable for a maximum of 90 days only in a policy year
04	Convalescence Hospital Cash	Not Available	If Hospitalization is beyond 5 consecutive days one day additional Hospital Cash amount is given as Convalescence Cash Benefit
05	Child Birth Hospital Cash	Not Available	Available. Note : This benefit is subject to a waiting period of 2 years from the first commencement of this Star Hospital Cash Insurance Policy. Only female insured persons are eligible for this benefit
06	Worldwide Hospital Cash	Not Available	If the Insured Person is Hospitalized outside India for treatment of Illness or Injury, 200% Hospital Cash Amount (per day) chosen by the insured person is payable.
07	Day Care Procedures Covered	Fractures (other than hairline fractures), Cataract, Dilatation and curettage, Hemodialysis, Parenteral Chemotherapy, Radio Therapy, Coronary Angiography, Lithotripsy, Manipulation for Dislocation under General Anaesthesia, Cystoscopy under General Anaesthesia. The covers 1, 2, 3 and 6 are applicable for the above said day care treatment. Insured person is eligible for a claim in-respect of the above said day care treatments only for five times in a policy year.	

❖Waiting Period:

Basic Plan	Enhanced Plan
30 days waiting period (Not applicable for accidents)	30 days waiting period (Not applicable for accidents)
24 months for specified illness/disease/treatments	24 months for specified illness/disease/treatments
36 months for pre-existing diseases.	24 months for pre-existing diseases.

- ❖ **Exclusions: (Applicable for Basic Plan and Enhanced Plan)**
- The Company shall not be liable for Hospital Cash Amount under this policy if the hospitalization is directly or indirectly for
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. Weight control services including surgical procedures such as Bariatric Surgery and /or medical treatment of obesity.

10. 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. Stem cell Therapy, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy.

12. Oral Chemotherapy, Immuno therapy and Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted.

13. All types of Cosmetic, Aesthetic treatment of any description, all treatment for erectile dysfunctions, Change of Sex.

14. Plastic surgery (other than as necessitated due to an accident or as a part of any illness),

15. Inoculation or Vaccination (except for post–bite treatment and for medical treatment for therapeutic reasons.

16. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable).

17. Treatment arising from or traceable to pregnancy, childbirth except to the extent covered under “Child Birth Hospital Cash”, family planning, miscarriage, abortion and complications of any of these (other than ectopic pregnancy).

18. Treatment for Sub-Fertility, Assisted Conception and or other related complications of the same.

19. Medical and / or surgical treatment of Sleep apnea, treatment for endocrine disorders.

20. Cochlear implants and procedure related hospitalization expenses
- ❖ **Renewal**

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

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

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

❖ **Free Look Period:** 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 mis-representation, 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 (as per table given) provided no claim has occurred up to the date of cancellation