

## P R O S P E C T U S

# STAR FLEXI

Unique Identification No: SHAHLIA26040V012526

### A. SUITABILITY

The coverage under this Add-on can be issued an Individual / Family Floater Policies as per underlying Base Policy. However, the applicability of such coverages can be on Individual or Floater basis as specified in the Policy Schedule.

All the other eligibility conditions, entry age limits, Policy term, Policy type, Premium Payment mode and relationships covered under this Add-on shall be applicable as per the underlying Base Policy unless expressly stated otherwise in the respective Add-on cover.

A minimum of one or one or more coverages from this Add-on can be opted along with the underlying Base Policy.

### B. ADD-ON CONDITIONS:

This Add-on can be availed only in conjunction with the underlying Base Policy and cannot be bought in isolation or as a standalone product.

The covers provided under this Add-on are available in consideration of an additional premium or discount, as applicable, and are subject to the terms, conditions and exclusions specified in these Add-on Policy Wordings, in addition to those set forth in the Base Policy.

The cover(s) available under this Add-on, if opted for, shall be specified in the Policy Schedule and shall be available up to the limit specified therein, for all Insured Person(s) covered under the underlying Base Policy, unless stated otherwise.

The Cover(s) and their respective limits shall apply only to the extent specified in the Policy Schedule.

Coverages under this Add-on shall be subject to the following conditions:

- i. The terms, conditions, and exclusions of this Add-on shall be read in conjunction with those of the Base Policy.
- ii. Continuance of coverage under the Base Policy is a necessary precondition for the continuance of coverage under this Add-on.
- iii. The scope of coverage under this Add-on shall be restricted to the territorial limits of India, unless expressly stated otherwise in the respective Add-on cover.
- iv. Admission of liability under any cover(s) of this Add-on shall not be construed as

an admission of liability under the Base Policy, including but not limited to claims arising from non-disclosure of material fact or pre-existing diseases.

- v. The Add-on coverage granted under the Base Policy is subject to the terms and conditions specified herein, as well as the definitions, terms & conditions, exclusions and applicable endorsements of the Base Policy.
- vi. The cover(s) under this Add-on shall be available only if Insured Person has opted for them at the inception or renewal of the Base Policy and continues to renew the Add-on along with the Base Policy without any break in coverage
- vii. In the event of termination of the underlying Base Policy, the Add-on attached thereto shall automatically terminate.

### C. COVERAGE

**Note:** Any claim under the covers mentioned in this Add-on shall be admissible only when it satisfies the applicable terms, conditions, and exclusions of both this Add-on and the underlying Base Policy.

#### 1. Limitless Loyalty Bonus

If the Insured Person has opted for this cover, We shall provide a Loyalty Bonus of 100% of the expiring or renewed Sum Insured (whichever is lower) of the Base Policy at the end of each Policy Year, irrespective of claim made during the Policy Year, provided that the Base Policy along with this Add-on is continuously renewed with the Company, subject to the following conditions:

- i. The Limitless Loyalty Bonus may accumulate without any maximum cap.
- ii. This cover shall not be available for policies with an Unlimited Sum Insured.
- iii. If the Insured Person opts out of this cover at the time of any renewal, all accumulated bonus under this cover shall be reduced to zero and the cover cannot be opted for again.
- iv. All conditions applicable to the Cumulative Bonus in the Base Policy shall apply to this cover as well.

#### ○ Utilization of Sum Insured (when this Add-on is opted)

- 1. Base Policy Sum Insured
- 2. Sum Insured Multiplier (If opted)
- 3. Health Booster (If opted)
- 4. Inflation Protector (If opted)
- 5. Cumulative Bonus
- 6. Limitless Loyalty Bonus (If opted)
- 7. Restoration of Sum Insured



## 2. Limitless Care

If the Insured Person has opted for this cover, We shall cover Medical Expenses incurred for Hospitalization under In-Patient Treatment or Day Care Treatment for any one claim during the lifetime of the Base Policy, without limit on the Sum Insured of the Base Policy, subject to the following conditions:

- (a) Once opted, this cover must be continuously renewed until a claim is made under this cover. Once opted out, it cannot be opted again.
- (b) Once a claim has been made under this cover, the cover will cease to exist and cannot be opted again.
- (c) Any Voluntary / Mandatory Co-payment or Deductible applicable under the Base Policy shall also apply to claims under this cover.
- (d) Following the payment of claim under this cover, the total Sum Insured under the Base Policy shall be reduced to zero for that Policy Year.
- (e) The total Sum Insured shall constitute (as applicable): Base Policy Sum Insured, Cumulative Bonus, Health Booster, Limitless Loyalty Bonus, Unlimited Automatic Restoration, Inflation Protector, Sum Insured Multiplier and any other additional Sum Insured.
- (f) This cover shall not be available to policies with an Unlimited Sum Insured.

## 3. Sum Insured Multiplier

If the Insured Person has opted for this cover, We shall allow the Insured Person to combine the annual Sum Insured of Base Policy across the entire Policy tenure in case of a multi-year Policy. The Combined Sum Insured may be utilized once during the entire Policy Period for a single claim.

(For example: For a 3 year Policy with an annual Sum Insured of Rs 5 Lacs, the Sum Insured available under this cover would be Rs 15 Lacs (Rs 5 lacs x 3 Years)

This cover shall however be subject to the following conditions:

- i. The combined Sum Insured may only be utilized for expenses arising out of any of the following applicable covers under the Base Policy: In-Patient treatment, Day Care treatments, Modern treatments, Pre & Post hospitalization, Ayush treatment, Domiciliary hospitalization, Home Care Treatment, Organ Donor expenses and Emergency Road / Air Ambulance.
- ii. Only the base Sum Insured of the Base Policy shall be considered for calculating the Sum Insured Multiplier.
- iii. This cover is applicable only for hospitalization claims arising within India.
- iv. Any claim paid under the Policy that reduces the Sum Insured will correspondingly reduce the combined Sum Insured available under this cover.

- v. Once opted out during renewal, this cover cannot be opted again
- vi. Once a claim is paid under this cover, no refund of premium shall be payable in case of cancellation of the Base Policy.
- vii. This cover shall not be available to policies with an Unlimited Sum Insured.

#### 4. Premium Return

If the Insured Person has opted for this cover and no claim is made under the applicable covers of the Base Policy: In-Patient treatment, Day Care treatments, Modern treatments, Pre & Post hospitalization, Ayush treatment, Domiciliary hospitalization, Home Care Treatment, Organ Donor expenses and Emergency Road / Air Ambulance, for five consecutive Policy Years, We shall refund the premium of the first Policy Year, of Base Policy, subject to subsequent renewal of Base Policy along with the Add-on. Benefits under this cover shall be payable only once for every block of 5 years after the purchase of this cover along with the Base Policy.

**Note:**

- i. In the case of a multi-year policy, only the first Year premium shall be refunded.
- ii. The refund shall be adjusted against the premium payable at the time of the next renewal.
- iii. In case of a multi-year Policy, such adjustment in the premium shall be applicable only at the time of subsequent renewal.
- iv. Once opted, this cover cannot be opted out during the lifetime of the Base Policy.
- v. In case of any change in coverage parameters affecting the premium during the preceding five years, the lowest applicable base premium shall be considered for refund calculation.

#### 5. Health Booster

If the Insured Person has opted for this cover and no claim is made under the applicable covers of the Base Policy: In-Patient treatment, Day Care treatments, Modern treatments, Pre & Post hospitalization, Ayush treatment, Domiciliary hospitalization, Home Care Treatment, Organ Donor expenses and Emergency Road / Air Ambulance, for 7 consecutive Policy Years, We shall provide an additional Sum Insured equivalent to 100% of the Base Policy Sum Insured as Health Booster. This benefit under this cover shall be payable only once for every block of 7 years.

**Note:**

- a) All Waiting Periods (Initial 30 days waiting period, Pre-Existing Diseases waiting period and Specified Disease/Procedure waiting period) of the Base Policy, shall be waived off for this additional Sum Insured.
- b) In case of any change in Sum Insured during the seven year block, the lowest



base Sum Insured shall be considered for calculating the Health Booster.

c) This cover shall not be available to policies with Unlimited Sum Insured.

## 6. Inflation Protector

If the Insured Person has opted for this cover, We will provide an additional increase in Sum Insured of the Base Policy, based on the inflation rate in previous calendar year.

The inflation would be computed as the change in average CPI of the entire calendar year published by the National Statistical Office (NSO), Ministry of Statistics and Programme Implementation. In case inflation rate of previous year is not available, the penultimate calendar year shall be considered.

For information on Consumer price index, you can visit website- <http://mospi.nic.in/cpi>

The percentage increase will be applicable only on Sum Insured under the Base Policy and not on No Claim Bonus or any other benefit which leads to an increase in Sum Insured.

In case Sum Insured is changed at the time of renewal, any accumulated Sum Insured due to Inflation Protector Benefit will be added to the new Sum Insured opted by Insured at the time of renewal.

At the time of renewal, if the Insured Person opts out of this cover, all the accumulated Sum Insured under the Inflation Protector cover accrued up to the expiring Policy Year will be forfeited.

This cover shall not be available to policies with Unlimited Sum Insured

## 7. Global Cover

If the Insured Person has opted for this cover, We will indemnify the medical expenses for treatment outside India up to the Sum Insured specified in the Policy Schedule, towards In-patient Hospitalization Expenses incurred on account of the following:

- a. In-patient treatment for an Accidental Emergency while the Insured Person is travelling outside India.  
and /or
- b. In-patient treatment for Medical Emergency while the Insured Person is travelling outside India.  
and/or
- c. Planned Hospitalization for one or more of the Major Illnesses, described in the section below if it is contracted or sustained by an Insured Person during the Policy Period.

We will indemnify the In-patient treatment expenses arising out of the following, provided the Hospitalization is for a minimum period of 24 hours:

- i. Room Rent (Any Room), Boarding, Nursing Expenses as provided by the Hospital / Nursing Home
- ii. Intensive Care Unit (ICU) Charges
- iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees
- iv. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, diagnostic materials and X-ray, diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy, cost of pacemaker, stent and similar expenses during Hospitalization

For the purpose of this cover, Major Illness shall mean the Illnesses, medical events or Surgical Procedures as specifically defined below:

S. No	Major Illnesses	Definition
1	Cancer Treatment	<ul style="list-style-type: none"> <li>i. We will be covering Primary Treatment of a malignant tumour characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer including but not limited to leukemia, lymphoma and sarcoma (except cutaneous lymphoma).</li> <li>ii. Any In-situ Cancer which is limited to the epithelium where it originated and did not invade the stroma or the surrounding tissues</li> <li>iii. Any pre-cancerous change in the cells that are cytologically or histologically classified as high-grade dysplasia or severe dysplasia</li> </ul>
2	Coronary Artery By-Pass surgery	<ul style="list-style-type: none"> <li>i. We will be covering the actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breastbone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.</li> <li>ii. The following are excluded: Angioplasty and/or any other intra-arterial procedures</li> </ul>
3	Heart Valve Replacement	<ul style="list-style-type: none"> <li>i. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner.</li> <li>ii. The following are excluded: Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.</li> </ul>



4	Major Organ Transplantation	<p>i. We will be covering the actual undergoing of a transplant of one of the following human organs: lung, liver, kidney, pancreas that resulted from irreversible end-stage failure of the relevant organ. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.</p> <p>ii. The following are excluded:</p> <ul style="list-style-type: none"> <li>a) Any transplant when the need for a transplant arises as a consequence of alcoholic liver disease.</li> <li>b) Any transplant when the transplant is conducted as a self-transplant.</li> <li>c) Any transplant when the Insured is a donor for a third-party.</li> <li>d) Any transplants from a dead donor.</li> <li>e) Any organ transplant that involves Stem Cells treatment.</li> <li>f) Where only islets of langerhans are transplanted</li> <li>g) The transplant made possible by the purchase of donor organs.</li> <li>h) Any disease which has been caused by an organ transplant where the disease in question is qualified as a Major Illnesses under this cover</li> </ul>
5	Bone Marrow Transplant	<p>We will be covering Bone Marrow Transplantation (BMT) or Peripheral Blood Stem Cell Transplantation (PBSCT) of bone marrow cells to the Insured originating from:</p> <ul style="list-style-type: none"> <li>a. the Insured (Autologous bone marrow transplant); or</li> <li>b. from a living compatible donor (allogeneic bone marrow transplant).</li> </ul>
6	Neurosurgery	<p>We will be covering any</p> <ul style="list-style-type: none"> <li>i. Surgical Treatment of benign solid tumours located in the spinal cord</li> <li>ii. This brain tumour must result in at least one of the following and must be confirmed by the relevant medical specialist. <ul style="list-style-type: none"> <li>a. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days</li> <li>or</li> <li>b. Undergone surgical resection or radiation therapy to treat the brain tumour.</li> </ul> </li> </ul>
7	Pulmonary artery graft surgery	<p>We will be covering the undergoing of surgery requiring median sternotomy on the advice of a Cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.</p>

8	Aorta Graft Surgery	<ul style="list-style-type: none"> <li>i. We will be covering the actual undergoing of major Surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "Aorta" shall mean the thoracic and abdominal aorta but not its branches.</li> <li>ii. The following are excluded:                         <ul style="list-style-type: none"> <li>a. Surgery performed using only minimally invasive or intra-arterial techniques.</li> <li>b. Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures</li> </ul> </li> </ul>
9	Coronary Artery By-Pass surgery post occurrence of Myocardial Infraction	<ul style="list-style-type: none"> <li>i. We will be covering the actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures, post the occurrence of myocardial infraction. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.</li> <li>ii. The following are excluded: Angioplasty and/or any other intra-arterial procedures</li> </ul>
10	Surgical treatment for Stroke	<ul style="list-style-type: none"> <li>i. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.</li> <li>ii. We will be covering surgical treatment of Stroke limited to;                         <ul style="list-style-type: none"> <li>a. Intra cranial surgery by the route of Burr Hole Procedure or Craniotomy</li> <li>b. Stenting of Intra cranial blood vessels, needed for the treatment of Stroke</li> </ul> </li> <li>iii. The following are excluded:                         <ul style="list-style-type: none"> <li>a. Transient ischemic attacks (TIA)</li> <li>b. Traumatic injury of the brain</li> <li>c. Vascular disease affecting only the eye or optic nerve or vestibular functions.</li> </ul> </li> </ul>



11	Surgical treatment for benign Brain tumour	<ul style="list-style-type: none"> <li>i. We will be covering surgical treatment of Benign solid brain tumour limited to;                             <ul style="list-style-type: none"> <li>a. Surgical Removal of solid brain tumour through Intra cranial surgery by the route of Burr Hole Procedure or Craniotomy</li> <li>b. Embolization of Intra cranial blood vessels, needed for the treatment of solid brain Tumour</li> <li>C. Surgical intervention of the brain or any other intracranial structures;</li> </ul> </li> <li>ii. Benign solid brain tumour is defined as a life threatening, non-cancerous tumour in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI.</li> <li>iii. This brain tumour must result in at least one of the following and must be confirmed by the relevant medical specialist.                             <ul style="list-style-type: none"> <li>a. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or</li> <li>b. Undergone surgical resection or radiation therapy to treat the brain tumour.</li> </ul> </li> </ul>
12	Lung Transplant Surgery in case of End Stage Lung Disease	<p>We will be covering Lung Transplant Surgery due to following cases</p> <ul style="list-style-type: none"> <li>a. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:                             <ul style="list-style-type: none"> <li>i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and</li> <li>ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and</li> <li>iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO2 &lt; 55mmHg); and</li> <li>iv. Dyspnea at rest.</li> </ul> </li> </ul>
13	Kidney Transplant Surgery in case of End Stage Renal Failure	<p>We will be covering Kidney Transplant Surgery due to following cases</p> <ul style="list-style-type: none"> <li>i. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.</li> </ul>

14	Skin grafting surgery for Major Burns	<ul style="list-style-type: none"> <li>i. We will be covering the undergoing of skin transplantation due to accidental major burns where major burns is as defined below.                             <ul style="list-style-type: none"> <li>a. There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.</li> </ul> </li> <li>ii. Skin grafting surgery for Major Burns should be medically required and not aesthetic/ cosmetic in nature</li> </ul>
15	Surgical treatment of Coma	<ul style="list-style-type: none"> <li>i. We will be covering surgical treatment of Coma limited to;                             <ul style="list-style-type: none"> <li>a. Intra cranial surgery by the route of Burr Hole Procedure or Craniotomy</li> </ul> </li> <li>ii. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:                             <ul style="list-style-type: none"> <li>a. no response to external stimuli continuously for at least 96 hours;</li> <li>b. life support measures are necessary to sustain life; and</li> <li>c. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.</li> <li>d. The condition has to be confirmed by a specialist medical practitioner</li> </ul> </li> <li>iii. The following are excluded:                             <ul style="list-style-type: none"> <li>Coma resulting directly from alcohol or drug abuse is excluded.</li> </ul> </li> </ul>
16	Surgery for Pheochromocytoma	<ul style="list-style-type: none"> <li>i. We will be covering the actual undergoing of surgery to remove the tumour</li> <li>ii. Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines and the Diagnosis of Pheochromocytoma must be confirmed by a Registered Doctor who is an endocrinologist.</li> </ul>

Note:

- i. Insured Person can choose from a following range of co-payment options : 0%,10%, 20%, 30%, 40% & 50%.
- ii. The expenses covered under this benefit will be limited to In-patient Hospitalization Expenses. Expenses incurred on anything other than In-patient Hospitalization such as Day Care Treatments, Pre and Post Hospitalization, Out- patient Treatment shall not be payable under this cover.
- iii. This cover is applicable for Hospitalization expenses incurred outside India including USA and Canada. However, negatively listed countries and countries exhibiting negative geographies are excluded from the scope of this cover. Negatively listed

countries and countries exhibiting negative geographies means those countries / territories / geographies which are placed in the Grey and Blacklist by the FATF (Financial Action Task Force). For updated list please visit: <https://www.fatf-gafi.org/en/countries/black-and-grey-lists.html>

- iv. The benefits under this cover are available only on cashless basis through Our overseas travel assistance partner
- v. The Company reserves the right to modify, add, or restrict any overseas travel assistance partner at its sole discretion. Insured Persons are advised to check the updated list of Network Provider/ Empaneled Service Provider (through Our overseas travel assistance partner) on our website [www.starhealth.in](http://www.starhealth.in)
- vi. The Sum Insured under this cover will be same as that of the Base Policy Sum Insured, subject to maximum up to Rs 1 Crore. Such Sum Insured under this cover is over and above the Base Policy Sum Insured.
- vii. Any additional Sum Insured related covers whether from Base Policy or Add-ons, such as Cumulative Bonus, Loyalty Bonus, Restoration of Sum Insured, Limitless Care, Sum Insured Multiplier, Health Booster, Inflation Protector are not applicable under this cover.
- viii. A Waiting Period of 24 months from the date of opting for this cover shall be applicable for any claims to be payable under this cover. Such Waiting Period shall not be applicable for claims arising from an Accidental Emergency.
- ix. This cover is available for resident Indians residing in India and not available to the individuals with following status: NRI/ PIO/ OCI/ Dual Citizenship/ Foreign National/ Persons employed or studying abroad and people who are not permanent residents of India. No claim shall be payable under this cover if the residency status of the Insured Person changes anytime to any of the above.
- x. Insured Person must notify the Company and submit all relevant documents and obtain approval for treatment under this cover in case of the planned hospitalization.
- xi. This cover will apply on an individual basis in case of individual policy and on floater basis in case of floater policy.
- xii. For the purpose of this cover, **Emergency** means management for an Illness / Injury that results in symptoms which occur suddenly and unexpectedly and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.

#### Claims:

- a. In the case of planned treatments for specified Major Illnesses, the Insured Person must inform the Company with details of the proposed treatment and obtain Pre-Authorization before leaving the country for treatment.
- b. In case of any Emergency admission, the Insured Person must inform the overseas travel assistance partner, at the following contact address immediately on admission and present the Policy at the Hospital.

Falck India Pvt Ltd, Upper Floor, The Peach Tree, Block C, Sushantlok, Sector 43, Gurgaon, Haryana 122015.

Contact details for USA & Canada - +18009131644 (Toll Free)

Rest of the World - +91 124 4498759 Email starhealth@falck.com www.falck.com

The following additional exclusions shall be applicable to this cover:

- A. Treatment for Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy, KTP Laser Surgeries.
- B. Use of Radio Frequency (RF) probe for ablation or other procedure unless specifically approved by Us in writing in advance.

### 8. Durable Medical Equipment Cover

If the Insured Person has opted for this cover, We shall indemnify the expenses incurred by the Insured Person towards renting or purchase any of the listed durable medical equipment, up to a limit specified in policy schedule of the Base Policy in a Policy Year, provided the equipment has been prescribed by the treating Medical Practitioner post Hospitalization for the same condition for which the Hospitalization claim was admissible.

List of Durable Medical Equipment available under this cover:

1. CPAP Machine
2. Ventilator
3. Wheelchair
4. Prosthetic device
5. Suction Machine
6. Commode Chairs
7. Infusion pump
8. Continuous Passive motion devices in case of Knee Replacement
9. Oxygen concentrator

**Note:** The limit specified under this cover is applicable individually for each Insured Person.

### 9. Nursing at Home

If the Insured Person has opted for this cover, We shall pay a lump-sum amount as specified in the Policy Schedule for each day up to a maximum of 10 days in a Policy Year, post Hospitalization for the medical services of a Qualified Nurse at Insured Person's residence, provided that the nurse is employed in a Hospital and the engagement of such Qualified Nurse is certified as necessary by the treating Medical Practitioner. Any claim under this cover shall be payable only if We have admitted Our liability under "In-Patient Treatment" of the Base Policy.

**Note:** The limit specified under this cover is applicable individually for each Insured Person

## 10. Compassionate Visit

If the Insured Person has opted for this cover and is hospitalized for more than 5 consecutive days away from his / her usual place of residence recorded in the Base Policy, We will indemnify the cost of an economy-class air ticket or railway ticket for an immediate family member (other than travel companion) up to the limit as specified in the Policy Schedule, for return travel (within India) towards the place where the hospital is located provided if the hospitalization claim is admissible under the Base Policy. Immediate family member refers to Insured's spouse, children, parents or parents-in-law.

The limit available under the cover is applicable for each Insured Person.

## 11. Hospice Care

If the Insured Person has opted for this cover, We will indemnify the expenses up to the limit as specified in the Policy Schedule, if Hospice Care is availed at our Network facility mentioned in our website [www.starhealth.in](http://www.starhealth.in) subject to the following conditions.

- i. The benefit under this cover is payable once in life time for each Insured person.
- ii. This cover can be opted by Insured Person(s) aged 56 years and above only.
- iii. Any claim under this cover is payable only after a waiting period of 24 months from the time of opting this cover and upon its continuous renewal.

**Note:** With regard to admissibility of claim under Hospice Care, the decision of the medical panel will be final.

## 12. Convalescence Benefit

If the Insured Person has opted for this cover and contracts any disease or suffers an illness or sustains bodily injury due to an Accident and if such disease / illness / injury, upon the advice of a duly qualified Medical Practitioner, require admission for In-patient treatment in a Hospital in India for more than 10 consecutive days, then We will pay a lump sum amount as specified in the Policy Schedule once during the Policy Year for each Insured Person.

The Claim under this cover shall be payable only if We have admitted Our liability under "In-patient Treatment" of the Base Policy.

## 13. Hospital Daily Cash Allowance

If the Insured Person has opted for this cover, We will pay each Insured Person a Hospital Cash (lump-sum) amount as specified in the Policy Schedule for every completed 24 hours of hospitalization, up to the number of days specified in the Policy Schedule, provided the claim is admissible under "In-patient treatment" of the Base Policy.

**Note:** Claim under this cover is payable after an applicable Franchise of 3 or 5 days

as specified in the Policy Schedule. The Franchise applies to each claim payable under this cover.

#### 14. Accompanying Person Accommodation

If the Insured Person has opted for this cover and contracts an illness or suffer an injury due to an Accident during the Policy Period requiring Hospitalization, We will pay Rs 1,000/- per day as a lump sum for the accommodation of an accompanying person in the hospital for each completed day of the insured's Hospitalization (if the claim is admissible under the Base Policy), up to a maximum of 10 days in a Policy Year for each Insured Person.

For the purpose of this cover, the accompanying person refers to an immediate family member (spouse, children, parents or parents-in-law), provided:

- a) We have accepted the claim under hospitalization expenses for the same Accident / illness.
- b) The Hospitalization is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner.
- c) The treating Medical Practitioner certifies that the hospitalized Insured Person required hospitalization of a minimum of 5 consecutive days.
- d) We will pay only for one immediate family member.

#### 15. Personal Accident

If the Insured Person has opted for this cover and meets with an Accident resulting in disablement or subsequent death, the Company will provide insurance coverage to each Insured Persons in the following manner;

- (a) Accidental Death of Insured Person: If, following an Accident, the Insured Person dies within 12 Calendar months from the date of the Accident, the Company will pay compensation equal to 100% of the Sum Insured applicable for this cover, as specified in the Policy Schedule.
- (b) Permanent disablement of the Insured Person: If, following an Accident, there is permanent impairment of the Insured's mental or physical capabilities, the Company will pay the benefits as per Table of Benefits B1 or Table of Benefits B2 mentioned in Annexure I, depending upon the degree of disablement provided that;
  - i) The disablement occurs within 12 Calendar months from the date of the Accident.
  - ii) The disablement is confirmed and claimed for prior to the expiry of a period of 60 days from the occurrence of the disablement.
  - iii) If a covered Accident results in Permanent Disablement falling under both Table of benefits B1 (Permanent Total Disablement) and Table of benefits B2 (Permanent Partial Disablement), the higher percentage of the Sum Insured will be paid.

### ○ Special Conditions (Applicable to Table of Benefits B1 and B2)

1. If the Accident affects any physical or mental function, which was already impaired prior to the accident, a deduction as certified by a Government Doctor will be made in respect of this prior disablement.
2. If the accident impairs a number of physical or mental functions, the degree of disablement given in the Table of Benefits will be added together, but liability in any case shall not exceed 100% of the Sum Insured applicable for this cover.
3. In case of Permanent Partial Disablement claim the Sum Insured under the policy will be reduced by the amount of admissible claim under the policy in respect of the Insured Person to whom such sum shall become payable.
4. In the event of Permanent Disablement, the Insured Person will be under obligation:
  - a) To have himself/herself examined by doctors appointed by the Company / and the Company will pay the costs involved thereof.
  - b) To authorize doctors providing treatments or giving expert opinion and any other authority to supply the Company any information that may be required. If the obligations are not met with due to whatsoever reason, the Company may be relieved of its liability to pay. Provided however the insured shall be deemed to have discharged his duties/obligations if he authorizes / gives consent to the treating doctor/s or the experts who gave opinion. Any subsequent failure on the part of the treating doctor/experts who gave opinion / hospital will not be held up against the insured.
5. Where a claim for 100% of the Sum Insured applicable for this cover is admitted / admissible the coverage under this cover ceases and the cover cannot be renewed for such relevant person.
6. Where a claim for less than 100% of the Sum Insured applicable for this cover is admitted / admissible, the coverage under this cover will continue until expiry for the balance Sum Insured applicable for this cover and Company would exclude such disability on renewal in respect of such relevant person.

This cover is applicable only for the Insured Persons with entry Age from 18 years to 65 years who are covered as Self and Spouse.

The Maximum benefit under this cover is payable up to 2X of the Sum Insured under the Base Policy subject a maximum of Rs 1 Crore.

### **General Exclusions (applicable for this (Personal Accident) cover):**

#### **The Company shall not be liable to make any payments in respect of:**

1. Any payment, in case of more than one claim under this cover, during any one period of insurance by which the maximum liability of the Company in that period would exceed the capital Sum Insured payable under this cover except in case of Permanent Total Disability claim, in which case the amount payable

is 100% of the Sum Insured applicable for this cover.

2. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
3. Any injuries/conditions which are Pre-existing.
4. Any claim for Death or Disablement of the Insured Person from (a) intentional self-injury / suicide or attempted suicide or (b) whilst under the influence of intoxicating liquor or drugs or (c) self-endangerment unless in self-defense or to save life.
5. Any claim arising out of mental disorder, suicide or attempted suicide self-inflicted injuries, or sexually transmitted conditions, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immunodeficiency Virus) and / or any HIV related illness including AIDS (Acquired Immunodeficiency Syndrome), insanity and / or any muted derivatives or variations thereof howsoever caused.
6. Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from.
7. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detainments of all kings princes and people of whatever nation, condition or quality whatsoever.
8. Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
9. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from;
  - a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.
  - b. Nuclear weapons material
  - c. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
  - d. Nuclear, chemical and biological terrorism
10. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.
11. Participation in Hazardous Sport / Hazardous Activities.
12. Persons who are physically and mentally challenged, unless specifically agreed and endorsed in the policy.

13. Any loss arising out of the Insured Person’s actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.
14. Any payment in case of more than one claim under this cover during the period of insurance by which the maximum liability of the Company in that period would exceed the amount as specified in the Policy Schedule.
15. Any other claim after a claim has been admitted by the Company and becomes payable for Death or Permanent Total Disablement, as mentioned in Table of Benefits B1.
16. Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly.

**Annexure I**

<b>Schedule of Benefits</b>	
<b>Benefit</b>	<b>Percentage of the Sum Insured applicable for this cover</b>
<b>Accidental Death</b>	100%
<b>Permanent Total Disablement – Table of Benefits - B1</b>	
a. Sight of both eyes	100%
b. Physical separation of two entire hands	100%
c. Physical separation of two entire foot	100%
d. One entire hand and one entire foot	100%
e. Sight of one eye and loss of one hand	100%
f. Sight of one eye and loss of one entire foot	100%
g. Use of two hands	100%
h. Use of two foot	100%
i. Use of one hand and one foot	100%
j. Sight of one eye and use of one hand	100%
k. Sight of one eye and use of one foot	100%
l. Sight of one eye	50%
m. Physical separation of one entire hand	50%
n. Physical separation of one entire foot	50%
o. Use of one hand without physical separation	50%
p. Use of one foot without physical separation	50%
Loss of Foot/hand means total severance through or above the ankle/wrist joints respectively. Loss of Eye means entire and irrevocable loss of sight.	

**Permanent Partial Disablement – Table of Benefits – BI**

a. Loss of toes all	20%
b. Loss of Great toe (Both Phalanges)	5%
c. Loss of Great toe (One Phalanx)	2%
d. Other than Great, if more than One toe lost, for each toe	1%
e. Loss of hearing both ears	75%
f. Loss of hearing one ear	30%
g. Loss of four fingers and thumbs of One hand	40%
h. Loss of four fingers	35%
i. Loss of thumb both phalanges (Both Phalanges)	25%
j. Loss of thumb both phalanges (One phalanx)	10%
k. Loss of index finger three phalanges	10%
l. Loss of index finger two phalanges	8%
m. Loss of index finger One phalanx	4%
n. Loss of middle finger three phalanges	6%
o. Loss of middle finger Two phalanges	4%
p. Loss of middle finger One phalanx	2%
q. Loss of ring finger Three Phalanges	5%
r. Loss of ring finger Two Phalanges	4%
s. Loss of ring finger One Phalanx	2%
t. Loss of little finger Three phalanges	4%
u. Loss of little finger Two phalanges	3%
v. Loss of little finger One phalanx	2%
w. Loss of metacarpals	3%
x. Additional (Third, fourth or fifth)	2%
y. Any other Permanent partial disablement	Percentage as assessed by the Medical Board or by the government Medical Practitioner

Loss of Thumb or index finger means actual severance through or above the joint that meets the hand at the palm.

**16. Critical Illness**

If the Insured Person has opted for this cover and contracts any of the below mentioned Critical Illness as applicable from one of the 7 listed groups (as opted by the Insured Person) as a first incidence during the period stated in the Policy Schedule, then the Company will pay the Sum Insured applicable for this cover as stated in the Policy Schedule as lump-sum.

S.No.	Group 1
	3 Critical Illnesses
1	Cancer of Specified Severity
2	Myocardial Infarction
3	Kidney Failure Requiring Regular Dialysis
S.No.	Group 2
	6 Critical Illnesses
1	Cancer of Specified Severity
2	Myocardial Infarction
3	Kidney Failure Requiring Regular Dialysis
4	Open Chest CABG
5	Permanent Paralysis of Limbs
6	Stroke Resulting in Permanent Symptoms
S.No.	Group 3
	9 Critical Illnesses
1	Cancer of Specified Severity
2	Myocardial Infarction
3	Kidney Failure Requiring Regular Dialysis
4	Open Chest CABG
5	Permanent Paralysis of Limbs
6	Stroke Resulting in Permanent Symptoms
7	Surgery for Major Organ /Bone Marrow Transplant
8	Benign Brain Tumor
9	Blindness
S.No.	Group 4
	15 Critical Illnesses
1	Cancer of Specified Severity
2	Myocardial Infarction
3	Kidney Failure Requiring Regular Dialysis
4	Open Chest CABG
5	Permanent Paralysis of Limbs
6	Stroke Resulting in Permanent Symptoms
7	Surgery for Major Organ /Bone Marrow Transplant
8	Benign Brain Tumor
9	Blindness
10	Deafness
11	HIV Due to Blood Transfusion and Occupationally Acquired HIV
12	End Stage Lung Failure
13	End Stage Liver Failure
14	Major Third degree Burns
15	Coma of Specified Severity

S.No.	Group 5
	21 Critical Illnesses
1	Cancer of Specified Severity
2	Myocardial Infarction
3	Kidney Failure Requiring Regular Dialysis
4	Open Chest CABG
5	Permanent Paralysis of Limbs
6	Stroke Resulting in Permanent Symptoms
7	Surgery for Major Organ /Bone Marrow Transplant
8	Benign Brain Tumor
9	Blindness
10	Deafness
11	HIV Due to Blood Transfusion and Occupationally Acquired HIV
12	End Stage Lung Failure
13	End Stage Liver Failure
14	Major Third degree Burns
15	Coma of Specified Severity
16	Repair /Replacement of Heart Valves
17	Motor Neuron Disease with Permanent Symptoms
18	Multiple Sclerosis with Persisting Symptoms
19	Aorta Graft Surgery
20	Severe Rheumatoid Arthritis
21	Alzheimer’s Disease
S.No.	Group 6
	32 Critical Illnesses
1	Cancer of Specified Severity
2	Myocardial Infarction
3	Kidney Failure Requiring Regular Dialysis
4	Open Chest CABG
5	Permanent Paralysis of Limbs
6	Stroke Resulting in Permanent Symptoms
7	Surgery for Major Organ /Bone Marrow Transplant
8	Benign Brain Tumor
9	Blindness
10	Deafness
11	HIV Due to Blood Transfusion and Occupationally Acquired HIV
12	End Stage Lung Failure
13	End Stage Liver Failure

14	Major Third degree Burns
15	Coma of Specified Severity
16	Repair /Replacement of Heart Valves
17	Motor Neuron Disease with Permanent Symptoms
18	Multiple Sclerosis with Persisting Symptoms
19	Aorta Graft Surgery
20	Severe Rheumatoid Arthritis
21	Alzheimer's Disease
22	Primary (Idiopathic) Pulmonary Hypertension
23	Loss of Limbs
24	Terminal illness
25	Tuberculosis Meningitis
26	Apallic Syndrome
27	Brain Surgery
28	Major Head Trauma
29	Crohn's Disease
30	Infective Endocarditis
31	Creutzfeldt-Jacob Disease (CJD)
32	Medullary Cystic Disease
S.No.	<b>Group 7</b>
	<b>54 Critical Illnesses</b>
1	Cancer of Specified Severity
2	Myocardial Infarction
3	Kidney Failure Requiring Regular Dialysis
4	Open Chest CABG
5	Permanent Paralysis of Limbs
6	Stroke Resulting in Permanent Symptoms
7	Surgery for Major Organ /Bone Marrow Transplant
8	Benign Brain Tumor
9	Blindness
10	Deafness
11	HIV Due to Blood Transfusion and Occupationally Acquired HIV
12	End Stage Lung Failure
13	End Stage Liver Failure
14	Major Third degree Burns
15	Coma of Specified Severity
16	Repair /Replacement of Heart Valves
17	Motor Neuron Disease with Permanent Symptoms

18	Multiple Sclerosis with Persisting Symptoms
19	Aorta Graft Surgery
20	Severe Rheumatoid Arthritis
21	Alzheimer's Disease
22	Primary (Idiopathic) Pulmonary Hypertension
23	Loss of Limbs
24	Terminal illness
25	Tuberculosis Meningitis
26	Apallic Syndrome
27	Brain Surgery
28	Major Head Trauma
29	Crohn's Disease
30	Infective Endocarditis
31	Creutzfeldt-Jacob Disease (CJD)
32	Medullary Cystic Disease
33	Loss of Speech
34	Encephalitis
35	Fulminant Hepatitis
36	Muscular Dystrophy
37	Systemic Lupus Erythematosus with Lupus Nephritis
38	Dissecting Aortic Aneurysm
39	Severe Ulcerative Colitis
40	Amputation of Feet due to Complications from Diabetes
41	Aplastic Anemia
42	Bacterial Meningitis
43	Chronic Adrenal Insufficiency (Addison's Disease)
44	Chronic Relapsing Pancreatitis
45	Eisenmenger's Syndrome
46	Hemiplegia
47	Loss of Independent Existence
48	Loss of One Limb and One Eye
49	Myelofibrosis
50	Other Serious Coronary Artery Disease
51	Pheochromocytoma
52	Poliomyelitis
53	Progressive Scleroderma
54	Progressive Supranuclear Palsy

Provided however that, the Insured Person subjects himself/herself to examination by the empaneled Medical Practitioner of the Company and the incidence of such Critical Illness is confirmed by the empaneled Medical Practitioner and must be supported by treating Doctor's certificate regarding duration and etiology of the Critical Illness, clinical radiological histological, pathological, histo-pathological and laboratory evidence acceptable to the Company;

**Waiting Period:** An initial waiting period of 30 days is applicable from the date of commencement of this cover. The waiting period is not applicable for accidental claims.

**Survival Period:** The survival period of 30 days shall be applicable for this cover.

**Important Note:**

- i. Insurance under this cover shall cease upon payment of lump-sum on the occurrence of any Critical Illness and no further payment will be made for any consequent / subsequent / dependent illness.
- ii. Only one lump-sum payment shall be provided (for each Insured Person during lifetime) regardless of the number of Critical Illness suffered by the Insured Person.
- iii. The Insured Person has an option to choose sets of above critical illness viz., 3, 6, 9, 15, 21, 32 & 54
- iv. This cover is available on Individual Sum Insured basis only.
- v. This cover is applicable only for the Insured Persons with entry Age from 18 years to 65 years.
- vi. The Maximum benefit under this cover is payable up to the Sum Insured under the Base Policy subject a maximum of Rs 50 Lacs

For the purpose of this cover the definition of the critical illnesses is provided below and these terms, wherever used in the Policy shall have the meaning as set out below.

1. **CANCER OF SPECIFIED SEVERITY:** A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This Diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

- i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii. Malignant melanoma that has not caused invasion beyond the epidermis.
- iv. All tumors of the prostate unless histologically classified as having a Gleason

score greater than 6 or having progressed to at least clinical TNM classification T2N0M0

- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic lymphocytic leukaemia less than RAI stage 3
- vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;.

**2. MYOCARDIAL INFARCTION:** The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The Diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

- i. A history of typical clinical symptoms consistent with the Diagnosis of acute myocardial infarction (For e.g. typical chest pain)
- ii. New characteristic electrocardiogram changes
- iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- A. Other acute Coronary Syndromes
- B. Any type of angina pectoris
- C. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

**3. OPEN CHEST CABG**

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The Diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded

Angioplasty and/or any other intra-arterial procedures are excluded:

**4. REPAIR / REPLACEMENT OF HEART VALVES:** The actual undergoing of open-heart valve surgery to replace or repair one or more heart valves or Trans catheter aortic valve implantation (TAVI) under anesthesia, as a consequence of defects in, abnormalities of, or disease- affected cardiac valve. The Diagnosis of the valve abnormality must be supported by an echocardiography/a cardiac catheterization and the realization

of surgery has to be confirmed by a specialist Medical Practitioner. Catheter based techniques apart from TAVI (Trans catheter aortic valve implantation), including but not limited to, balloon valvotomy/valvuloplasty are excluded.”

5. **COMA OF SPECIFIED SEVERITY:** A state of unconsciousness with no reaction or response to external stimuli or internal needs. This Diagnosis must be supported by evidence of all of the following:
- i. no response to external stimuli continuously for at least 96 hours;
  - ii. life support measures are necessary to sustain life; and
  - iii. permanent neurological deficit which must be assessed at least 30 Days after the onset of the coma.

The condition has to be confirmed by a specialist Medical Practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

6. **KIDNEY FAILURE REQUIRING REGULAR DIALYSIS:** End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist Medical Practitioner.
7. **STROKE RESULTING IN PERMANENT SYMPTOMS:** Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist Medical Practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- i. Transient ischemic attacks (TIA)
  - ii. Traumatic Injury of the brain
  - iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.
8. **SURGERY FOR MAJOR ORGAN / BONE MARROW TRANSPLANT:** The actual undergoing of a transplant of:
- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
  - ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist Medical Practitioner.

The following are excluded:

- i. Other stem-cell transplants
- ii. Where only islets of langerhans are transplanted

- 9. PERMANENT PARALYSIS OF LIMBS:** Total and irreversible loss of use of two or more limbs as a result of Injury or disease of the brain or spinal cord. A specialist Medical Practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.
- 10. MOTOR NEURON DISEASE WITH PERMANENT SYMPTOMS:** Motor neuron disease diagnosed by a specialist Medical Practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.
- 11. MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS**
- I. The unequivocal Diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
    - i. investigations including typical MRI findings which unequivocally confirm the Diagnosis to be multiple sclerosis and
    - ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
    - iii. Neurological damage due to SLE is excluded
- 12. BENIGN BRAIN TUMOR:** Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
- i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive Days or
  - ii Undergone surgical resection or radiation therapy to treat the brain tumor.
- Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord are excluded
- 13. BLINDNESS:** Total, permanent and irreversible loss of all vision in both eyes as a result of illness or Accident.
- The Blindness is evidenced by:
- i. corrected visual acuity being 3/60 or less in both eyes or.
  - ii. the field of vision being less than 10 degrees in both eyes.
- The Diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

- 14. DEAFNESS:** Total and irreversible loss of hearing in both ears as a result of illness or Accident. This Diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means “the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing” in both ears.
- 15. END STAGE LUNG FAILURE:** End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
- i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
  - ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
  - iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ( $\text{PaO}_2 < 55\text{mmHg}$ ); and
  - iv. Dyspnea at rest.
- 16. END STAGE LIVER FAILURE:** Permanent and irreversible failure of liver function that has resulted in all three of the following:
- i. Permanent jaundice; and
  - ii. Ascites; and
  - iii. Hepatic encephalopathy
  - iv. Liver failure secondary to drug or alcohol abuse is excluded.
- 17. LOSS OF SPEECH:** Total and irrecoverable loss of the ability to speak as a result of Injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This Diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.
- 18. LOSS OF LIMBS:** The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of Injury or disease. This will include medically necessary amputation necessitated by Injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted Injury, alcohol or drug abuse is excluded.
- 19. MAJOR HEAD TRAUMA:** Accidental head Injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the Accident. This Diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The Accident must be caused solely and directly by Accidental, violent, external and visible means and independently of all other causes.

The Accidental Head Injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons.

For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.

The Activities of Daily Living are:

- i. **Washing:** the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii. **Dressing:** the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. **Transferring:** the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. **Mobility:** the ability to move indoors from room to room on level surfaces;
- v. **Toileting:** the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi. **Feeding:** the ability to feed oneself once food has been prepared and made available. Spinal cord Injury is excluded.

20. **PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION:** An unequivocal Diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

The NYHA Classification of Cardiac Impairment are as follows:

- i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

21. **MAJOR THIRD DEGREE BURNS:** There must be third-degree burns with scarring that cover at least 40% of the body’s surface area. The Diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 40% of the body surface area.
22. **ALZHEIMER’S DISEASE Alzheimer’s (presenile dementia)** disease is a progressive degenerative disease of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer’s disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person.

The Diagnosis must be supported by the clinical confirmation of a Neurologist and supported by Our appointed Medical Practitioner.

The following conditions are however not covered:

- a. non-organic diseases such as neurosis and psychiatric illnesses;
- b. alcohol related brain damage; and
- c. any other type of irreversible organic disorder/dementia.

**23. CREUTZFELDT-JACOB DISEASE (CJD)** Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A Medical Practitioner who is a neurologist must make a definite Diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging. There must be objective neurological abnormalities on exam along with severe progressive dementia.

**24. ENCEPHALITIS** Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This Diagnosis must be certified by a Medical Practitioner who is a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks.

**25. FULMINANT HEPATITIS** A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This Diagnosis must be supported by all of the following

- a. Rapid decreasing of liver size;
- b. Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- c. Rapid deterioration of liver function tests;
- d. Deepening jaundice; and
- e. Hepatic encephalopathy.

Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

**26. MUSCULAR DYSTROPHY** A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The Diagnosis of muscular dystrophy must be unequivocal and made by a Medical Practitioner who is a consultant neurologist. The condition must result in the inability of the Life Insured to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living" for a continuous period of at least 6 months.

Activities of daily living:

- i. **Washing:** Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
- ii. **Dressing:** the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;

- iii. **Transferring:** The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
- iv. **Toileting:** the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- v. **Feeding:** the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
- vi. **Mobility:** The ability to move indoors from room to room on level surfaces at the normal place of residence

**27. AORTA GRAFT SURGERY** The actual undergoing of major Surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "Aorta" shall mean the thoracic and abdominal aorta but not its branches.

The following are excluded from this definition-

- a. Surgery performed using only minimally invasive or intra-arterial techniques
- b. Angioplasty and all other intra-arterial, catheter-based techniques, "keyhole" or laser procedures.

**28. SYSTEMIC LUPUS ERYTHEMATOSUS WITH LUPUS NEPHRITIS** A multi-system autoimmune disorder characterised by the development of autoantibodies directed against various self-antigens. In respect of this Policy, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final Diagnosis must be confirmed by a Medical Practitioner specialising in

Rheumatology and Immunology.

The WHO Classification of Lupus Nephritis:

Class I Minimal Change Lupus Glomerulonephritis

Class II Messangial Lupus Glomerulonephritis

Class III Focal Segmental Proliferative Lupus Glomerulonephritis

Class IV Diffuse Proliferative Lupus Glomerulonephritis

Class V Membranous Lupus Glomerulonephritis

**29. DISSECTING AORTIC ANEURYSM** A condition where the inner lining of the aorta (intima layer) is interrupted so that blood enters the wall of the aorta and separates its layers. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. The Diagnosis must be made by a Medical Practitioner who is a specialist with computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiograph (MRA) or angiogram. Emergency surgical repair is required.

- 30. INFECTIVE ENDOCARDITIS** Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:
- i. Positive result of the blood culture proving presence of the infectious organism(s);
  - ii. Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
  - iii. The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Medical Practitioner who is a cardiologist.
- 31. SEVERE ULCERATIVE COLITIS** Acute fulminant ulcerative colitis with life threatening electrolyte disturbances.
- All of the following criteria must be met:
- the entire colon is affected, with severe bloody diarrhoea; and
  - the necessary treatment is total colectomy and ileostomy; and
  - the Diagnosis must be based on histopathological features and confirmed by a Medical Practitioner who is a specialist in gastroenterology.
- 32. AMPUTATION OF FEET DUE TO COMPLICATIONS FROM DIABETES** Diabetic neuropathy and vasculitis resulting in the amputation of both feet at or above ankle as advised by a Medical Practitioner who is a specialist as the only means to maintain life. Amputation of toe or toes, or any other causes for amputation shall not be covered.
- 33. APALLIC SYNDROME** Universal necrosis of the brain cortex with the brainstem remaining intact. The Diagnosis must be confirmed by a Neurologist acceptable to Us and the condition must be documented for at least one month.
- 34. APLASTIC ANEMIA** Chronic persistent bone marrow failure which results in anemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:
- Blood product transfusion;
  - Marrow stimulating agents;
  - Immunosuppressive agents; or
  - Bone marrow transplantation.
- The Diagnosis must be confirmed by a haematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:
- a. Absolute neutrophil count of less than 500/mm<sup>3</sup> or less
  - b. Platelets count less than 20,000/mm<sup>3</sup> or less
  - c. Reticulocyte count of less than 20,000/mm<sup>3</sup> or less
- Temporary or reversible Aplastic Anemia is excluded.

**35. BACTERIAL MENINGITIS:** Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This Diagnosis must be confirmed by:

- a. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
- b. A consultant neurologist.

Bacterial Meningitis in the presence of HIV infection is excluded.

**36. BRAIN SURGERY** The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed. Keyhole surgery is included however, minimally invasive treatment where no surgical incision is performed to expose the target, such as irradiation by gamma knife or endovascular neuroradiological interventions such as embolizations, thrombolysis and stereotactic biopsy are all excluded. Brain surgery as a result of an Accident is also excluded. The procedure must be considered medically necessary by a Medical Practitioner who is a qualified specialist.

**37. CHRONIC ADRENAL INSUFFICIENCY (ADDISON'S DISEASE)** An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for life long glucocorticoid and mineral corticoid replacement therapy. The disorder must be confirmed by a Medical Practitioner who is a specialist in endocrinology through one of the following:

- ACTH simulation tests;
- insulin-induced hypoglycemia test;
- plasma ACTH level measurement;
- Plasma Renin Activity (PRA) level measurement.

Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.

**38. CHRONIC RELAPSING PANCREATITIS** An unequivocal Diagnosis of Chronic Relapsing Pancreatitis, made by a Medical Practitioner who is a specialist in gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterised by irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by pancreatic function tests and radiographic and imaging evidence.

Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.

**39. CROHN'S DISEASE** is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred:

- i. Stricture formation causing intestinal obstruction requiring admission to Hospital,

and

- ii. Fistula formation between loops of bowel, and
- iii. At least one bowel segment resection.

The Diagnosis must be made by a Medical Practitioner who is a specialist Gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.

**40. EISENMENGER'S SYNDROME** Development of severe pulmonary hypertension and shunt reversal resulting from heart condition. The Diagnosis must be made by a Medical Practitioner who is a specialist with echocardiography and cardiac catheterisation and supported by the following criteria:

- I. Mean pulmonary artery pressure > 40 mm Hg;
- II. Pulmonary vascular resistance > 3mm/L/min (Wood units); and
- III. Normal pulmonary wedge pressure < 15 mm Hg.

**41. HEMIPLEGIA** The total and permanent loss of the use of one side of the body through paralysis caused by Illness or Injury, except when such Injury is self-inflicted.

**42. HIV DUE TO BLOOD TRANSFUSION AND OCCUPATIONALLY ACQUIRED HIV** Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:

- I. The blood transfusion was medically necessary or given as part of a medical treatment;
- II. The blood transfusion was received in India after the Policy Date, Date of endorsement or Date of reinstatement, whichever is the later;
- III. The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood; and
- IV. The Life Insured does not suffer from Thalassaemia Major or Haemophilia.

Infection with the Human Immunodeficiency Virus (HIV) which resulted from an Accident occurring after the Policy Date, date of endorsement or date of reinstatement, whichever is the later whilst the Life Insured was carrying out the normal professional duties of his or her occupation in India, provided that all of the following are proven to the Company's satisfaction:

- I. Proof that the Accident involved a definite source of the HIV infected fluids;
- II. Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 Days after the documented Accident. This proof must include a negative HIV antibody test conducted within 5 Days of the Accident; and

This benefit is only payable when the occupation of the Life Insured is a Medical

Practitioner, housemen, medical student, registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic in India. This benefit will not apply where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.

- 43. LOSS OF INDEPENDENT EXISTENCE** Inability to perform at least three (3) of the "Activities of Daily Living" as defined below (either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons) for a continuous period of at least six (6) months and leading to a permanent inability to perform the same. For the purpose of this definition, the word "permanent" shall mean beyond the hope of recovery with current medical knowledge and technology. The Diagnosis of Loss of Independent Existence must be confirmed by a Medical Practitioner.

All psychiatric related causes are excluded.

Activities of daily living:

- i. **Washing:** the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
  - ii. **Dressing:** the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
  - iii. **Transferring:** The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
  - IV. **Toileting:** the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
  - V. **Feeding:** the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
  - VI. **Mobility:** The ability to move indoors from room to room on level surfaces at the normal place of residence
- 44. LOSS OF ONE LIMB AND ONE EYE** Total, permanent and irrecoverable loss of sight of one eye and loss by severance of one limb at or above the elbow or knee.
- The loss of sight of one eye must be clinically confirmed by a Medical Practitioner who is an eye specialist, and must not be correctable by aides or surgical procedures.
- 45. MEDULLARY CYSTIC DISEASE** where the following criteria are met:
- the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
  - clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
  - the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy. Isolated or benign kidney cysts are specifically excluded from this benefit.

**46. MYELOFIBROSIS** A disorder which can cause fibrous tissue to replace the normal bone marrow and results in anaemia, low levels of white blood cells and platelets and enlargement of the spleen. The condition must have progressed to the point that it is permanent and the severity is such that the Life Insured requires a blood transfusion at least monthly. The Diagnosis of myelofibrosis must be supported by bone marrow biopsy and confirmed by a Medical Practitioner who is a specialist.

**47. OTHER SERIOUS CORONARY ARTERY DISEASE** Severe coronary artery disease in which at least three (3) major coronary arteries are individually occluded by a minimum of sixty percent (60%) or more, as proven by coronary angiogram only (non-invasive diagnostic procedures excluded).

For purposes of this definition, "major coronary artery" refers to any of the left main stem artery, left anterior descending artery, circumflex artery and right coronary artery (but not including their branches).

**48. PHEOCHROMOCYTOMA** Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumour.

The Diagnosis of Pheochromocytoma must be confirmed by a Medical Practitioner who is an endocrinologist.

**49. POLIOMYELITIS** The occurrence of Poliomyelitis where the following conditions are met:

1. Poliovirus is identified as the cause,
2. Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

**50. PROGRESSIVE SCLERODERMA** A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This Diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following are excluded:

- Localised scleroderma (linear scleroderma or morphea);
- Eosinophilic fasciitis; and CREST syndrome.

**51. PROGRESSIVE SUPRANUCLEAR PALSY** Confirmed by a Medical Practitioner who is a specialist in neurology of a definite Diagnosis of progressive supranuclear palsy. There must be permanent clinical impairment of motor function, eye movement disorder and postural instability.

**52. SEVERE RHEUMATOID ARTHRITIS** Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met:

- Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
- Permanent inability to perform at least two (2) "Activities of Daily Living";
- Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and
- The foregoing conditions have been present for at least six (6) months.

**53. TERMINAL Illness** The conclusive Diagnosis of an Illness, which in the opinion of a Medical Practitioner who is an attending Consultant and agreed by our appointed Medical Practitioner, life expectancy is no greater than twelve (12) months from the date of notification of claim, regardless of any treatment that might be undertaken.

**54. TUBERCULOSIS MENINGITIS** caused by tubercle bacilli, resulting in permanent neurological deficit. Such a Diagnosis must be confirmed by a Medical Practitioner who is a specialist in neurology.

#### **17. Preventive Health Check-Up**

If the Insured Person has opted for this cover, We will arrange for a Preventive Health Check-up at Our Network Providers for the applicable package as specified in the Policy Schedule, subject to the conditions specified below:

- An initial waiting period of 30 days shall apply from the first time of opting this cover.
- Health Check-Up can be availed once per Policy Year per Insured Person who is aged 18 years and above, in the Policy and as mentioned in the Policy Schedule.
- For the updated and applicable list of tests available under such package, Insured Persons are required to check our website [www.starhealth.in](http://www.starhealth.in).
- The pre-defined health check-up packages may be modified from time to time without prior notice.
- This cover can be availed through Star health mobile application, other digital platforms, or by calling at our Toll free number: 1800 425 2255.
- The Network Provider/Health Service Provider shall be assigned by Us upon receiving the Insured Person's request to avail a Health Check-up under this cover.
- Utilization of this Health Check-up shall not impact the Sum Insured.
- In case of long term policies, Insured Person(s) are eligible for a Health Check-up once every Policy Year.

## 18. Stay Fit

If the Insured Person has opted for this cover, Insured Persons aged 18 years or above can avail visits to ‘fitness centers’ (gyms and fitness studios) up to the number of visits per week, as specified in the Policy Schedule in a Policy Year at the Company’s Network on a cashless basis, subject to the following conditions

- i. An initial waiting period of 30 days shall apply from the first time of opting this cover.
- ii. Services shall be provided only through empaneled fitness centers. The choice of the fitness center shall be entirely at the discretion of the Insured Person, and the Company shall have no liability towards the quality of services provided.
- iii. The list of empaneled fitness centers may change from time to time and will be available on the Star Health mobile application or other digital platforms.
- iv. The Company shall not be responsible for any dispute or loss arising out of availing services from the fitness center.
- v. Any unutilized sessions cannot be carried forward to the next Policy Year.
- vi. Services are provided subject to the service provider’s availability and operating schedules.

## 19. Mamta (Women Wellness Care)

If the Insured Person has opted for this cover, such Insured Person can avail the listed comprehensive online services as specified under this cover on Company’s Network / digital platforms during the Policy Period as per the plan opted and as specified in the Policy Schedule.

This women wellness care program offers services for the following conditions:

- a) PCOS / PCOD, Osteoporosis, PMS
- b) Anaemia
- c) STI (Sexually transmitted infections)
- d) UTI (Urinary Tract Infection)
- e) Cervical Cancer/ Breast Cancer
- f) Contraception

Category	Plan A	Plan B	Plan C
Virtual consults with Gynecologist, Nutritionist, Psychologist, Pediatrician	2 consults/Policy Year	4 consults/Policy Year	6 consults/Policy Year
Live Yoga/ Fitness Sessions	3 months Sessions	3 months Sessions	12 months Sessions
Dedicated Personal Coach- SPOC for handholding through the journey, queries and assistance.	Not Available	Yes	Yes

Access to recorded & live webinars	Limited	Unlimited	Unlimited
Access to Personalized Content	Yes	Yes	Yes
Access to community groups	Yes	Yes	Yes
Trackers & health monitoring	Unlimited	Unlimited	Unlimited
Stress Management- Questionnaire, techniques to handle stress	Yes	Yes	Yes
Toolkits and activities	Yes	Yes	Yes
Electronic health records	Yes	Yes	Yes
Discount on Medicines under empaneled network	Yes	Yes	Yes
Discount on Doctor Consultations - empaneled doctors (Online - OB & GYN, Nutritionist, Lactation Consultant, Dermatologist, Pediatrician etc.)	Yes	Yes	Yes
Discount on Diagnostics (Radiology, Lab) under empaneled centers	Yes	Yes	Yes
Discount on Packages - Pregnancy Care, Fertility etc	Yes	Yes	Yes

**Note:**

- a. This cover is available only for Insured women aged 12 years and above.
- b. An initial waiting period of 30 days shall apply from the first time of opting this cover.
- c. Services shall be accessible through third-party Network Providers / Empaneled Service Provider on a cashless basis only. We shall not be liable for any loss or damage arising from opinion, advice, prescription, actual or alleged errors, omissions and representations made by the third-party Network Providers/ Empaneled Service Providers.
- d. This cover can be availed through Star health mobile application or other digital platforms.
- e. Availing services is at sole discretion and risk of the Insured Person.
- f. The Insured Person should seek professional healthcare advice when interpreting or applying the information provided.
- g. The benefits are applicable individually for each Insured Persons.

**20. Param Seva (Senior Citizen Wellness Care)**

If the Insured Person has opted for this cover, such Insured Person can avail the comprehensive online services as specified under this cover through Company’s Network / digital platforms during the Policy Period as per the plan opted and specified in the Policy Schedule.

Coverage	Features	Plan A	Plan B	Plan C
<b>Engagement</b>				
<b>Elder App</b>	A comprehensive service designed to support elders in every aspect of their lives. From managing emergencies and healthcare needs to participating in daily live engaging events and receiving concierge support for daily errands & host of other services	Yes	Yes	Yes
<b>Live Events</b>	Engage elders with a variety of live events, including health and wellbeing sessions, karaoke, tambola, and educational content, all designed to promote social connection and vitality. (Event cost to be borne by Insured Person)	Access	Access	Access
<b>Care Manager</b>	Providing personalized Geriatric telephonic assistance for both social and clinical needs	Once/ 2 month	Once/ month	Twice/ month
<b>Health Camps/ Offline Events</b>	Engage Elders in offline community events for enhancing mental and psychological wellbeing of members. (Event cost to be borne by Insured Person)	Not Available	Access	Access
<b>Community Sessions</b>	Online group sessions with Doctor, Geriatric care	Not Available	Yes	Yes
<b>Emergency</b>				
<b>24 X 7 Emergency Coordination:</b>	Enabling ambulance availability in case of emergency for hospital drop. (Cost to be borne by Insured Person for Ambulance services)	Access	Access	Access
<b>Doctor on Call</b>	Connect with doctors online instantly in case of health needs. (Cost to be borne by Insured Person)	Access	Access	Access
<b>Convenience</b>				

<b>Elder Helpdesk</b>	<b>Elder Concierge Service:</b> Unlimited access to Omni channel concierge service 24*7 for seamless support from medicine delivery, lab tests, hospital visits, home services, booking holiday tours, tech assistance etc	Yes	Yes	Yes
	Companion support for elders for all their needs, like going to hospital along with them & running errands etc (Cost to be borne by Insured Person)	Not Available	Access	Access
	Special Discounts - 1. Up to 18% off on medicine orders 2. Up to 40% off on diagnostic services 3. Up to 25% off on physiotherapy sessions 4. Up to 25% off on nursing services 5. Up to 10% off on travel services	Yes	Yes	Yes
<b>Virtual Home Elderization / Safety Guidance</b>	Our experts provide tailored guidance online on how to make your home safer, help reduce risk of falls, improve accessibility and thereby enabling senior's independence	Yes	Yes	Yes
<b>Other services</b>	Following services can be availed through our empaneled service provider (specialized for geriatric care). Cost of the services to be borne by Insured Person. 1. Doctor/Nurse visit at home 2. Psychological counselling 3. Facilitation of lifestyle management program via diet, exercise and reading material, for medical conditions like Diabetes, Hypertension, Obesity, Arthritis, hyperlipidaemia 4. Home Fumigation 5. Specially curated tours	Access	Access (Up to 10% Discount)	Access (Up to 25% Discount)
<b>Healthcare</b>				

<b>Electronic Health Records</b>	<b>1. Elder Health Profile</b> - Bring all your personal doctors, hospital registrations and health insurance details online in one place	Yes	Yes	Yes
	<b>2. Digital Health Records</b> - Store all diagnostics, lab reports & vitals online	Yes	Yes	Yes
<b>Specialist Teleconsultations</b>	Get expert medical advice from specialists through virtual platform to expertly manage chronic conditions, and enhance your health, right from the comfort of home.	Access	Access (Up to 10% Discount)	4 consults /Policy Year
<b>Geriatric Assessment/Health Profiling</b>	Customized for Elderly- Either a Cognitive assessment with online Psychologist or Preventive health risk profiling with online Doctor followed by lifestyle/health recommendations	NA	Once in a year	Once in a year
<b>Geriatric Attendant Care</b>	Insured can request for an attendant care at home in case of doctor recommendation post hospitalization (within 10 days from valid In-Patient claim of Base Policy).	Access	Access	4 Sessions/ Policy year
<b>Geriatric Ergonomic program</b>	Insured can request for a ergonomic program in case recommended by the Medical Practitioner, Post hospitalization (within 30 days of discharge after an admissible In-Patient claim of Base Policy). The recovery program will be done through movement therapy specialist.	Access	Access (Up to 10% Discount)	Access (Up to 20% Discount)

Note:

- a. "Access" in above table above means that the services are available on pay per use basis, with the cost to be borne by the Insured Person.
- b. An initial waiting period of 30 days shall apply from the first time of opting for this cover.

- c. Available for Insured Person(s) aged 56 years and above.
- d. The benefits and services are subject to the plan opted and specified in the Policy Schedule.
- e. The services provided are through third-party Network Providers / Empaneled Service Providers on a cashless basis only. We shall not be liable for any loss or damage arising from such services.
- f. Services for this Add-on can be availed through Star Health mobile application or other digital platforms.
- g. Availing services is at the sole discretion and risk of the Insured Person.
- h. The Insured Person should seek professional healthcare advice when interpreting or applying the information provided.
- i. The benefits are applicable individually to each Insured Persons.

## 21. Proactive Care

If the Insured Person has opted for this cover, We/Our empaneled Service Provider shall arrange consultative services relating to health conditions/illnesses aimed at maintaining and improving health through various condition management programs such as, but not limited to, nutrition management, weight management, chronic condition management (Diabetes, Hypertension, Cardiovascular, Asthma), and stress management. Consultative services will be provided through audio, video, online portal, chat, or any other digital mode as deemed fit. Each Insured Person can avail of one Condition Management Program per Policy Year through on Star Health mobile application or other digital platforms.

An initial waiting period of 30 days shall apply from the first time of opting for this cover.

## 22. E-Connect

If the Insured Person has opted for this cover, such Insured Person can avail the following digital healthcare services as specified under during the Policy Period.

### 1. Virtual Fitness Sessions, Nutritionist, and Wellness Coach

- a. Virtual Fitness Session – Recorded fitness sessions with certified trainers
- b. Artificial Intelligence Fitness Coaching – AI driven personalized workout plans
- c. Nutritionist and Wellness coach – Virtual consultations for diet planning, weight management and lifestyle modification

The above services shall be available at Company's Network and available to Insured Persons aged 18 years or above, subject to the following conditions:

- i. An initial waiting period of 30 days shall apply from the first time of opting for this cover.
- ii. The services shall be provided through an Empaneled Provider only.

- iii. Availing services is at the sole discretion and risk of the Insured Person.
- iv. This cover can be availed through Star health mobile application or other digital platforms.
- v. We shall not be responsible for any disputes arising between the Insured Person and the Service Provider.
- vi. The Network under this cover does not constitute medical advice of any kind and it is not intended to be, and should not be, used to diagnose or identify treatment for a medical or mental health condition.

## 2. International Second Medical Opinion

Insured can obtain E-International Second Medical Opinion from our panel of Internationally available Medical Practitioners. The second opinion under this cover shall be arranged for the eligible requests as qualified after due verification and authorization by Our Network Medical Practitioners.

For qualified requests the Insured Person may choose one of the Medical Practitioners out of the 3 choices given by Us / Our Empaneled Service Provider. All the medical records provided by the Insured Person will be submitted to the Doctor chosen by him / her online and the medical opinion will be made available directly to the Insured Person by the Doctor. To utilize this benefit, all medical records should be forwarded to the mail-id: e\_medicalopinion@starhealth.in.

This cover is available subject to the following conditions:

- a. This should be specifically requested for by the Insured Person.
- b. The second opinion is based on medical records submitted and does not constitute a clinical diagnosis.
- c. An initial waiting period of 30 days shall apply from the first time of opting for this cover (except for Injury / Accidents).
- d. The second opinion should be only for medical reasons and not for medico-legal purposes.
- e. Any liability due to any errors or omission or consequences of any action taken in reliance of the second opinion provided by the Medical Practitioner is outside the scope of this policy.
- f. Such second opinion under this cover is limited to twice per Policy in a Policy Year.

**Note:** Medical Records / Documents submitted for utilizing this facility will not prejudice the Company's right to reject a claim in terms of policy.

## 23. Unlimited Tele Consultation

If the Insured Person has opted for this cover, We will arrange Tele Consultations with qualified Medical Practitioner or Healthcare professional through various modes

of communication like audio, video, online portal, chat through Star Health mobile application or digital platforms.

The services provided under this cover will be made available subject to following conditions:

- i. The Medical Practitioner may recommend over-the-counter medications based on the information provided.
- ii. Tele Consultations should not substitute in-person consultation with independent Medical Practitioner/Healthcare professional.
- iii. The proposer should seek assistance from a health care professional when interpreting and applying them to the Insured Person's individual circumstances. If the Insured Person has any concerns about His/ her health, He/ She may consult His/ her general practitioner. We shall not hold any responsibility towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner/ Health care professional.
- iv. There shall be no maximum limit on the count of Tele-Consultations that can be availed in a Policy Year by each Insured Person.
- v. We/Medical Practitioner/Health care professional may refer the Insured Person to another specialist or a general physician (outside of our empaneled network) if required, and the charges for such specialist or a general physician will have to be borne by the Insured Person.
- vi. We shall not be liable for any discrepancy in the information provided under this cover.
- vii. Availing services is at the sole discretion and risk of the Insured Person.

#### 24. Outpatient Treatment

If the Insured Person has opted for this cover, and suffer from any disease/ illness or sustain bodily injury through an accident, and if such disease/ illness or injury necessitates out-patient treatment as advised by Medical Practitioner, the Company will indemnify the medical expenses incurred in India, up to the limit Specified in the Policy Schedule, at our Network facility only, on cashless basis. This indemnity will cover medical expenses that are reasonably and necessarily incurred for the following:

- a) Consultation expenses
- b) Diagnostics, Physiotherapy expenses

This cover will apply on an individual basis in case of individual policy and on floater basis in case of floater policy.

**Waiting period:** (applicable for Out-patient treatment)

- (i) An initial waiting period of 30 days shall apply from the first time of opting for

this cover (except for Injury/ Accidents).

- (ii) A Pre Existing Disease waiting period of 12 months shall apply from the first time of opting for this cover subject to the same being declared at the time of application and accepted by the Insurer.

**Note:** Payment of any claim under this cover shall not be construed as a waiver of Company's right to repudiate any claim on grounds of non-disclosure of material fact or pre-existing disease, for hospitalization expenses under hospitalization provisions of the policy contract.

## 25. Dental and Vision Care

If the Insured Person has opted for this cover, We will indemnify the Insured Person up to the amount specified in the Policy Schedule, for the Dental and Vision Care expenses incurred by the Insured Person towards the following:

### Dental Coverage:

- i. Dental Consultation / Check-Up
- ii. Prescribed
  - a. Dental Diagnostics
  - b. Scaling and Polishing
  - c. Fillings-Light Cure and Composite Resin
  - d. Root Canal treatment
  - e. Tooth Extractions excluding wisdom tooth

**Note:** All dental treatments must be carried out by a qualified dentist

No benefit under this cover is payable if.

- i. Injury is caused during participation in Professional / Adventurous sports
- ii. The damage was caused by normal wear and tear
- iii. The damage was caused by tooth brushing or any other oral hygiene procedure
- iv. The damage was caused as the result of consumption of food or drink
- v. Damage was not apparent within 7 days of impact which caused the Injury

### Vision Coverage:

- i. Routine eye examination
- ii. Prescribed Diagnostics
- iii. Prescribed Corrective Spectacles or Lenses up to Rs.1,000/-

This benefit excludes coverage for tinted / reactive lenses, sunglasses, non-corrective contact lenses, lasik / laser eye surgery, medical or surgical treatment of the eye(s) and/or similar treatment, whether prescribed or not.

**Note:**

- i. An initial waiting period of 180 days shall apply from the first time of opting for this cover.
- ii. This cover is available only in Our Network and on a cashless basis.
- iii. The above treatments / procedure is covered only if there is a valid prescription from Our Network.
- iv. This cover will apply on an individual basis in case of individual policy and on floater basis in case of floater policy..

**26. In-Clinic Consultation**

If the Insured Person has opted for this cover, We will cover the Insured Person for Physical Consultations with General Physician and/or Specialist Doctors on an out-patient basis, up to the number of visits specified in the Policy Schedule during the Policy Year. This cover is available only at Our Network and on a cashless basis.

For the purpose of this cover, list of Specialist Doctors are as mentioned below:

S. No	Specialist Doctors
1	Pediatrician
2	Obstetrics and Gynecologist
3	Homeopathic Physician
4	Dietician
5	Diabetologist
6	Dermatologist
7	Pulmonologist
8	Psychiatrist
9	Cardiologist
10	Neurologist
11	Orthopedic Surgeon
12	Nephrologist
13	ENT Specialist
14	Gastroenterologist

This cover will apply on an individual basis in case of individual policy and on floater basis in case of floater policy.

An initial waiting period of 30 days shall apply from the first time of opting for this cover (except for Injury / Accidents)

**27. Diagnostics**

If the Insured Person has opted for this cover, We will indemnify the Insured Person up to the amount specified in the Policy Schedule for medical expenses incurred for outpatient diagnostic tests as prescribed by Medical Practitioner from Our Network in relation to any Illness contracted or Injury suffered by the Insured Person during the Policy Year.

- i. This cover is available only in Our Network and on a cashless basis.
- ii. Any expenses for Genetic studies, whether prescribed or not, shall not be covered.
- iii. This cover will apply on an individual basis in case of individual policy and on floater basis in case of floater policy.
- iv. An initial waiting period of 90 days shall apply from the first time of opting for this cover (except for Injury / Accidents)

## 28. Pharmacy

If the Insured Person has opted for this cover, We will indemnify the Insured Person up to the amount specified in the Policy Schedule for outpatient pharmacy expenses as prescribed by Medical Practitioner from Our Network in relation to any Illness contracted or Injury suffered by the Insured Person during the Policy Year. This cover is available only in Our Network and on cashless basis.

This cover is subject to the following conditions:

- i. Any expenses incurred for Health supplements, Nutraceuticals, foods for special dietary use, foods for special medical purpose, foods with added probiotics and/or foods with added prebiotics, vaccinations, vitamins, tonics or other related products, whether prescribed or not, shall not be covered.
- ii. This cover will apply on an individual basis in case of individual policy and on floater basis in case of floater policy.
- iii. An initial waiting period of 90 days shall apply from the first time of opting for this cover (except for Injury / Accidents)

## 29. Consumables Cover

If the Insured Person has opted for this cover, items as per Annexure I – List I (mentioned as non-payable items as per IRDAI list of non-payables) as available on Our Website <https://www.starhealth.in/> will become payable, if there is an admissible claim under the Base policy for In-Patient Treatment and Day Care Treatment.

Note: Exclusion Code Excl 37 as stated under the Base Policy shall not apply if the Insured Person opted this cover.

## 30. Grace Period Cover

If the Insured Person has opted for this cover, the Company shall provide coverage for any of the following applicable covers of the Base Policy: In-Patient treatment, Day Care treatments, Modern treatments, Pre & Post hospitalization, Ayush treatment, Domiciliary hospitalization, Home Care Treatment, Organ Donor expenses and Emergency Road / Air Ambulance, incurred during the grace period for Policies due for renewal.

Note: This coverage is applicable only for hospitalization expenses incurred within India.

### 31. Pre-Post Hospitalization Modification

If the Insured Person has opted for this cover, the Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses covers under the Base Policy shall be modified to the number of days as specified in the Policy Schedule, subject to the following conditions

- (i) Under Pre-hospitalization Medical Expenses, for the specified number of days immediately prior to the Insured Person’s date of admission to the Hospital, provided that the Company shall not be liable to make payment for any Pre-hospitalization Medical Expenses that were incurred before the Policy Start Date;; and
- (ii) Under Post-hospitalization Medical Expenses, for the specified number of days immediately after the Insured Person’s date of discharge from the Hospital and claim documents are to be submitted within 30 days after the completion of number of days specified in Policy Schedule, from the date of discharge from Hospital.

### 32. Room Rent Modification

If the Insured Person has opted for this cover, the Company will modify the Room Category/ Room Rent to Single Private AC Room / Twin Sharing Room / 1% of SI max up to ₹5,000 per day / Multi-Bed Sharing Room (with 3 or more bed) or General Ward / Multi-Bed Sharing Room (with 3 or more bed) or General Ward max. up to ₹3,000 per day as specified in Policy Schedule.

**Note:**

- (i) The nomenclature of Room Categories may vary across hospitals. The final decision will be based on the Room definitions provided in this Add-on.
- (ii) The limits apply to Room Categories/Room Rent and do not affect ICU charges under this cover.

From Room Category	To Room Category
Any Room	Multi-Bed Sharing Room (with 3 or more bed) or General Ward max. up to ₹3,000 per day
	Multi-Bed Sharing Room (with 3 or more bed) or General Ward
	1% of SI max up to ₹5,000 per day
	Twin Sharing Room
	Single Private AC Room
Single Private AC Room	Multi-Bed Sharing Room (with 3 or more bed) or General Ward max. up to ₹3,000 per day
	Multi-Bed Sharing Room (with 3 or more bed) or General Ward
	1% of SI max up to ₹5,000 per day
	Twin Sharing Room

If the Insured Person is admitted in a Hospital room where the Room Category opted or Room Rent incurred is higher than the eligible Room Category/ Room Rent as specified in the Policy Schedule, then, the Policyholder/Insured Person shall bear the ratable proportion of the total Associate Medical Expenses (including applicable surcharge and taxes thereon) in the proportion of the difference between the Room Rent actually incurred and the Room Rent specified in the Policy Schedule or the Room Rent of the entitled Room Category to the Room Rent actually incurred.

For the purposes of this cover,

**Single Private AC Room:** If the Policy Schedule states “Single Private AC Room” as eligible Room Category, it means the maximum eligible Room Category in case of Hospitalization of the Insured Person payable by the Company is limited for stay in a Single Private AC Room.

**Twin Sharing Room:** If the Policy Schedule states “Twin Sharing Room” as eligible Room Category, it means the maximum eligible Room Category in case of Hospitalization of the Insured Person payable by the Company is limited for stay in a Twin Sharing Room.

**1% of SI max up to Rs 5,000 per day:** If the Policy Schedule states “1% of SI max up to Rs 5,000 per day” as eligible Room Category, it means the maximum eligible Room Category in case of Hospitalization of the Insured Person payable by the Company is limited for stay in a room that has limit of 1% of SI max up to Rs 5,000 per day.

**Multi-Bed Sharing Room (with 3 or more bed) OR General Ward:** If the Policy Schedule states “Multi-Bed Sharing Room (with 3 or more bed) OR General Ward)” as eligible Room Category, it means the maximum eligible Room Category in case of Hospitalization of the Insured Person payable by the Company is limited for stay in a Multi-Bed Sharing Room (with 3 or more bed) OR General Ward

**Multi-Bed Sharing Room (with 3 or more bed) OR General Ward max. up to Rs 3,000 per day:** If the Policy Schedule states “Multi-Bed Sharing Room (with 3 or more bed) OR General Ward max. up to Rs 3,000 per day as eligible Room Category, it means the maximum eligible Room Category in case of Hospitalization of the Insured Person payable by the Company is limited for stay in a Multi-Bed Sharing Room (with 3 or more bed) OR General Ward max. up to Rs 3,000 per day

### 33. Value Network

If the Insured Person has opted for this cover, the Insured Person shall be entitled for a discount of 15% on premium, subject to the following conditions:

- (a) In-patient Treatment / Daycare Treatment / AYUSH Treatment is to be taken in a hospital listed under the “Value Network” available on our website [www.starhealth.in](http://www.starhealth.in)
- (b) A 15% co-payment will apply (in addition to other co-pays) for treatment taken at a hospital outside the “Value Network” list, except in case of accident.

**Note:**

The Value Network list is dynamic. The Company reserves the right to modify the list by adding or removing hospitals at its discretion. You are requested to visit our website [www.starhealth.in](http://www.starhealth.in) for the updated list.

**34. Future Shield**

If the Insured Person has opted for this cover, We shall provide continuity benefit for all waiting periods [(a) Initial waiting period, (b) Pre-Existing Disease (PED) waiting period, (c) Specific Waiting Period (d) Maternity Waiting Period (if maternity option/s is / are opted)] served by the Insured Person under the Base Policy along with this cover, to the spouse added in future subject to the following conditions:

- i. Insured Person can only add his / her newly married spouse to the Base Policy for availing the benefits under this cover.
- ii. The newly married spouse can be added only if the marriage has happened after taking this cover along with the Base Policy.
- iii. The benefit under this cover is applicable only if the proposed newly added spouse's age at the time of entry is up to 35 years.
- iv. The Insured Person must submit a marriage certificate to add the newly married spouse. The spouse must be added within 120 days of the legally certified marriage to be eligible for the benefits under this cover.
- v. This cover is available only to Insured Persons covered under an individual policy. If a female individual opts this cover where maternity expenses are part of the Base Policy, Optional Cover, or Add-on, the claim under maternity expenses will be payable only if the spouse is added to the Base Policy along with this cover.

**35. Quick Shield**

If the Insured Person has opted for this cover in the Base Policy and has PED (Pre-Existing Disease) related to any of the diseases / illnesses / conditions listed below at the time of issuing the first Policy with Us, the applicable PED (Pre-Existing Disease) waiting period under the Base Policy will be waived, and coverage for In-patient / Day Care Treatment will be available for such conditions from 31st day of first purchase of the Base Policy along with this cover.

List of diseases / illnesses / conditions applicable under this cover:

- (i) Diabetes - Diabetes mellitus is a chronic, progressive disease in which impaired insulin production leads to high blood glucose (sugar) levels, and without good self-management and proper treatment, the increased glucose (sugar) in the blood affects and damages eve- organ in the body, which causes serious health consequences.
- (ii) Hypertension - Hypertension is the term used to describe a persistent elevated

blood pressure, commonly referred to as high blood pressure, and if this chronic disease is not treated appropriately, is a major risk factor for heart disease, stroke, kidney disease and even eye diseases.

- (iii) Asthma - Asthma is a Chronic condition that affects the airways (bronchi) of the lungs, causing them to constrict (become narrow) when exposed to certain triggers which results in the symptoms of wheezing, coughing, tight chest and shortness of breath.
- (iv) Hyperlipidemia - Hyperlipidemia is a chronic disease that refers to an elevated level of lipids (fats), including cholesterol and triglycerides, in the blood and if not treated appropriately, it is a major risk factor for increased risks of heart disease, heart attacks, strokes and other incidents of disease.
- (v) Coronary Artery Disease with PTCA done prior to 1 year:
  - a. Coronary artery disease is the build-up of lipid-rich plaque in the arteries that supply oxygen-rich blood to the heart. Plaque causes a narrowing or
  - b. Blockage that could result in a heart attack.
  - c. PTCA (Coronary Angioplasty) is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG)
  - d. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
  - e. Diagnostic angiography or investigation procedures without angioplasty / stent insertion are excluded from the scope of this definition.

**Note:**

- (i) Only the Initial waiting period of 30 days is applicable for this cover.
- (ii) The Premium for this cover is payable for 5 continuous Policy Years from the inception of this cover and post which this cover is not applicable and no premium to be payable for this cover.
- (iii) If an admissible claim occurs within the 5 Policy Years from the inception of this cover, we will deduct the balance premium for this cover from the payable claim amount.
- (iv) This cover is applicable only for the Insured Persons with entry Age from 18 years to 65 years.

**36. Extra Protect A**

If the Insured Person has opted for this cover, the respective cover limits under the Base Policy stand enhanced as mentioned below:

**a. Enhanced Room Rent:**

The eligible Room Rent limit / Room category of the Base Policy is covered up to 'Any Room'.

Sum insured (Rs.)	10,00,000/- to 20,00,000/- (as per Base Policy)	Above 20,00,000/- (as per Base Policy)
Room Rent Eligibility	Any Room (Except for suite room and above the category of suite room)	Any Room

**b. Enhanced Limit for Modern Treatment:**

The following procedures covered under the Base Policy with sub-limits are covered up to the Sum Insured of the Base Policy.

1. Uterine Artery Embolization and HIFU
2. Balloon Sinuplasty
3. Deep brain stimulation
4. Oral Chemotherapy
5. Immunotherapy - Monoclonal antibody to be given as injection
6. Intra Vitreal injections
7. Robotic surgeries
8. Stereotactic radio surgeries
9. Bronchical Thermoplasty
10. Vaporization of the prostate (Green laser treatment or holmium laser treatment)
11. IONM - (Intra Operative Neuro Monitoring)
12. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions

**Note:** The amount payable under this cover shall be part of the Sum Insured under the Base Policy and not in addition to the same.

**c. Claim Guard [Coverage for Non-medical Items (Consumables)]:**

If there is an admissible claim under the Base Policy, then the expenses towards the following items will become payable.

SI No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS / BRACES
5	BUDS
6	COLD PACK / HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG / SHORT / HINGED)

46	KNEE IMMOBILIZER / SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

**Note:**

Exclusion Code Excl 37 as stated under the Base Policy shall not apply if the Insured Person has opted this cover.

The amount payable under this cover shall be part of the Sum Insured under the Base Policy and not in addition to the same.

**37. Extra Protect B**

If the Insured Person has opted for this cover, the respective cover limits under the Base Policy stand enhanced as mentioned below:

**a. Enhanced Limit for AYUSH Treatment:**

Medical expenses for Hospitalization incurred on treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines in an AYUSH Hospital are payable up to Sum Insured of the Base Policy.

**Note:**

The amount payable under this clause shall be part of the Sum Insured under the Base Policy and not in addition to the same.

Claims under Yoga and Naturopathy system of treatment will be payable subject to prior approval from the company

**b. Cumulative Bonus Shield:**

Cumulative Bonus available under Base Policy will not be reduced at the time of renewals unless such Bonus is utilized.

On full utilization of Base Policy Sum Insured and nil utilization of Cumulative Bonus accrued, such Cumulative Bonus so granted under the Base Policy will not be reduced.

On full utilization of Base Policy Sum Insured and partial utilization of Cumulative Bonus accrued, the Cumulative Bonus granted under the Base Policy on renewal will be the balance Cumulative Bonus available

On full utilization of Base Policy Sum Insured and full utilization of Cumulative Bonus accrued, the Cumulative Bonus granted under the Base Policy on renewal will be "nil"

**c. Home Care Treatment:**

Home care treatment expenses are payable up to 10% of the Base Policy Sum Insured subject to maximum of Rs.5 lakhs in a Policy Year, for treatment availed by the Insured Person at home, only for the specified conditions mentioned below, which in normal course would require care and treatment at a hospital but is actually taken at home provided that:

- a. The Medical practitioner advises the Insured person to undergo treatment at home
- b. There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment
- c. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained
- d. Insured can avail "Home Care Treatment" service on cashless / reimbursement basis, if availed from the list of our Network service providers given in our website "www.starhealth.in"

**List of Conditions covered under Home care treatment:**

1. Fever and Infectious diseases which can be managed as In-patient
2. Uncomplicated Urinary tract infections but needing Parenteral Antibiotics
3. Asthma and COPD -Mild Exacerbations needing Home Nebulization
4. Acute Gastritis / Gastroenteritis
5. I.V. Chemotherapy [Where advised by the doctor]
6. Palliative Cancer care requiring medical assistance
7. Acute Vertigo
8. Diabetic foot and Cellulitis
9. IVDP [Cervical and Lumbar disc diseases]
10. Major Surgeries / Arthroplasties needing IV Antibiotics Post Discharge

11. Care for Brain and Spinal Injury Cases Post Discharge

12. Post CVA Care at Home after Discharge

The amount payable under this cover shall be part of the Sum Insured under the Base Policy and not in addition to the same.

### 38. Voluntary Deductible

If the Insured Person has opted for this cover, the Insured Person will be liable to bear the specified deductible amount (over and above other deductible, if any) as mentioned in the Policy Schedule.

- a. Voluntary Deductible will apply on an aggregate basis for all hospitalization expenses under the Base Policy, during the Policy Year which falls under In-Patient Treatment (except medical expenses related to Maternity and New Born cover).
- b. The Voluntary Deductible will apply on an individual basis in case of individual policy and on floater basis in case of floater policy.
- c. Voluntary Deductible will not be available in case Voluntary Co-Payment / Long Term Deductible has been opted.
- d. Modification of Voluntary Deductible amount during renewal of Base Policy is subject to underwriting.
- e. Voluntary Deductible once chosen cannot be modified during the Policy Period.

### 39. Long Term Deductible

If the Insured Person has opted for this cover, the Insured Person will be liable to bear the specified deductible amount (over and above other deductible, if any) as mentioned in the Policy Schedule.

- a. Long Term Deductible will apply on an aggregate basis for all hospitalization expenses under the Base Policy, during the Policy Term which falls under In-Patient Treatment (except medical expenses related to Maternity and New Born cover).
- b. The Long Term Deductible will apply on an individual basis in case of individual policy and on floater basis in case of floater policy.
- c. Long Term Deductible will not be available in case Voluntary Co-Payment / Voluntary Deductible has been opted.
- d. Modification of Long Term Deductible amount during renewal of Base Policy is subject to underwriting.
- e. Long Term Deductible once chosen cannot be modified during the Policy Period.
- f. This cover can be opted only if the Policy Term of the Base Policy is more than one year.

#### 40. Voluntary Co-pay

If the Insured Person has opted for this cover, the Insured Person will be liable to bear the specified Co-payment percentage (over and above other Co-pay, if any) as mentioned in the Policy Schedule and avail subsequent discount on the applicable premium.

- a. Voluntary Co-pay shall be applicable on each and every admissible claim amount arising due to hospitalization expenses under the Base Policy, during the Policy Year which falls under In-Patient Treatment (except medical expenses related to Maternity and New Born cover).
- b. Voluntary Co-pay once chosen cannot be modified during the Policy Period.
- c. Voluntary Co-pay will not be available in case Voluntary Deductible / Long Term Deductible has been opted.
- d. Modification of Voluntary Co-pay (%) during renewal of the Base Policy is subject to underwriting.

#### D. TERMS AND CONDITIONS

All the general terms and conditions, standard / specific conditions, standard / specific waiting periods, standard / specific exclusions, claim procedure and management and any other specific clauses shall be applicable as per the underlying Base Policy.

#### E. ENCLOSURES

Table of Benefits

Rate Chart

## Table of Benefits

S. No	Cover Name	Cover Description
1	Limitless Loyalty Bonus	100% additional Base Policy Sum Insured for each renewal (Irrespective of claim) without any upper limit on accumulation. This cover shall not be available for policies with Unlimited Sum Insured.
2	Limitless Care	One unlimited claim cover in a lifetime of the Base Policy for in-patient/day care treatment. This cover shall not be available for policies with Unlimited Sum Insured.
3	Sum Insured Multiplier	In case of a multi-year Policy, combine and utilize the annual Sum Insured of the Base Policy across the policy term once during the entire Policy Period for a single claim. This cover shall not be available to policies with Unlimited Sum Insured.
4	Premium Return	If there is no claim in applicable sections of Base Policy for the preceding 5 consecutive Policy Years, 1st Policy Year base premium of Base Policy will be refunded.
5	Health booster	If there is no claim in applicable sections of Base Policy for 7 consecutive Policy Years, an additional 100% of the base Sum Insured of the Base Policy shall be provided as Health Booster. This cover shall not be available to policies with Unlimited Sum Insured.
6	Inflation Protector	The Sum Insured of Base Policy will be increased at each renewal on the basis of inflation rate (of CPI) in previous calendar year. This cover shall not be available to policies with Unlimited Sum Insured.
7	Global Cover	Insured can avail treatment for In-patient hospitalization for an Accident and/or Medical Emergency or planned (for specified Major illnesses 16 no's) hospitalization outside India including in USA & Canada through Our overseas travel assistance partner on cashless basis. Sum Insured Options (Rs): 25/50/75/100 lacs (To be equal to Base Policy Sum Insured.) In case of Unlimited Sum Insured is opted as part of Base Policy, the maximum Sum Insured for this cover is restricted to Rs 1 crore only. Co-Pay options: 0%,10%, 20%, 30%, 40% & 50% Waiting Period: 24 Months

8	Durable Medical Equipment cover	Covers expenses for rental/ purchase of listed necessary medical equipment (e.g., oxygen concentrators, wheelchairs, etc.) up to the limit opted by the Insured. Options: Rs 1 / 2 / 3 Lacs
9	Nursing at Home	Opted lump-sum will be paid per day, maximum up to 10 days in a Policy Year post hospitalization, for availing medical services of a qualified nurse at Insured Person's residence. Options: Rs 1,000 / 2,000 per day
10	Compassionate Visit	In case of hospitalization of Insured outside the city of residence for more than 5 consecutive days, We will indemnify the travel expenses for an immediate family member up to the opted limit. Options: Rs.10,000 / 20,000
11	Hospice Care	If Hospice Care is availed at our Network facility, expenses up to the limit as applicable for this cover is payable. This cover can be opted by Insured Person(s) aged 56 years and above only. Options: Rs 1 / 2 / 3 / 4 / 5 Lacs
12	Convalescence Benefit	Opted Lump-sum will be payable once in a Policy Year in case the Insured Person is hospitalized for more than 10 consecutive days. Options: Rs.10,000 / Rs.20,000
13	Hospital Daily Cash Allowance	Opted Lump-sum will be paid for each day of hospitalization up to the number of days opted in a Policy Year. Note: Franchise as opted shall be applicable for each and every claim under this cover. Options: Rs 1,000 / 2,000 / 3,000 per day Number of days: Up to 5 days/ 10 days/ 15 days/ 30 days in a policy year Franchise: 3 / 5 days
14	Accompanying person Accommodation Benefit	Rs 1,000 will be payable towards accommodation of Accompanying person for each completed day of Insured Person's hospitalization, maximum up to 10 days in a Policy Year.
15	Personal Accident	A Lump-sum will be paid if the Insured Person meets with an Accident during the Policy Year that leads to Death/ Permanent Total Disability / Permanent Partial Disability of Insured Person. Sum Insured for Personal Accident: 2X of the Sum Insured under the Base Policy subject a maximum of Rs 1 Crore. Entry Age: 18 years to 65 years (Available only for Self and Spouse)

16	Critical illness	<p>A Lump-sum will be paid if Insured Person contracts any of the listed Critical illness (7 groups to choose from) as a first incidence during the Policy period.</p> <p>Sum Insured for Critical Illness – Equal to Base Sum Insured, Maximum up to Rs.50 Lacs</p> <p>Survival period – 30 days</p> <p>Waiting Period – 30 days</p> <p>Entry Age: 18 years to 65 years.</p>
17	Preventive Health Check-up	<p>Insured Persons aged 18 years and above can avail annual health check-up as per the opted package once in a policy year.</p> <p>Initial Waiting Period: 30 days</p>
18	Stay Fit	<p>Insured Persons aged 18 years or above can avail opted number of visits per week to the Network 'fitness centers' (gyms and fitness studios).</p> <p>Options: Thrice/Four/Seven times in a week</p> <p>Initial Waiting Period: 30 days</p>
19	Mamta (Women Wellness Care)	<p>Insured Persons (female aged 12 years and above) can avail the listed comprehensive online services as specified under this cover on Company's Network / digital platforms as per the plan opted.</p> <p>Initial Waiting Period: 30 days</p>
20	Param Seva (Senior Citizen Wellness Care)	<p>Insured Persons (aged 56 years and above) can avail the comprehensive online services as specified under this cover, on Company's Network / digital platforms during the policy period as per the plan opted.</p> <p>Initial Waiting Period: 30 days</p>
21	Proactive Care	<p>Insured Persons can avail one Condition Management Program on Star Health Mobile application or other digital platforms.</p> <p>Initial Waiting Period: 30 days</p>
22	E-Connect	<p>Insured Persons (aged 18 years and above) can get access to virtual fitness sessions, Artificial Intelligence Fitness Coaching, Nutritionist and Wellness coach</p> <p>Initial Waiting Period: 30 days</p>
		<p>Insured Person can obtain E-International second medical opinion twice per Policy in a policy year.</p> <p>Initial Waiting Period: 30 days</p>
23	Unlimited Teleconsultation	<p>Insured can avail unlimited number of Tele-consultations on Star Health mobile application or digital platforms.</p>

24	Outpatient Cover	<p>Insured Person can avail cashless Out-patient treatment from Our Network up to the limits opted. Available for</p> <p>a) Consultation expenses b) Diagnostics, Physiotherapy expenses</p> <p>Options: Rs.2,500/ 5,000/ 7,500/ 10,000</p> <p>Initial Waiting Period: 30 days</p> <p>PED Waiting Period: 12 months</p>	
25	Dental and Vision Care	<p>Insured Person can avail Out-patient dental and vision care treatment from Our Network up to the limits opted.</p> <p>Options: Rs. 5,000/ Rs. 10,000 / Rs. 20,000</p> <p>Initial Waiting period: 180 days</p>	
26	In-Clinic Consultation	<p>Insured Person can avail in person consultation with general physicians and specialists up to the number of consultations opted.</p> <p>Options: 4/6/8/10 Consultations</p> <p>Initial Waiting Period: 30 days</p>	
27	Diagnostics	<p>Out-Patient Diagnostics expenses are payable as prescribed by Our Network Medical Practitioner up to the limits opted.</p> <p>Options: Rs.1,000 to Rs.10,000 (in multiples of Rs.1,000), Rs.15,000 &amp; Rs.20,000</p> <p>Initial Waiting Period: 90 days</p>	
28	Pharmacy	<p>Out-Patient pharmacy expenses are payable as prescribed by Our Network Medical Practitioner up to the limits opted.</p> <p>Options: Rs.1,000 to Rs.10,000 (in multiples of Rs.1,000)</p> <p>Initial Waiting Period: 90 days</p>	
29	Consumables Cover	Items as per List 1 (68 items) will be covered up to Sum Insured.	
30	Grace Period Cover	Coverage for In-Patient treatment, Day Care treatments, Modern treatments, Pre & Post hospitalization, Ayush treatment, Domiciliary hospitalization, Home Care Treatment, Organ Donor expenses and Emergency Road / Air Ambulance available during the grace period for policies due for renewal.	
31	Pre & Post Hospitalization Modification	Option to modify the pre-post hospitalization duration.	
		Pre Hospitalization (Number of days)	Post Hospitalization (Number of days)
		30	60
		60	90
		60	180
		No Limit of days	No Limit of days

32	Room Rent Modification	<p>Option to modify the Room Rent/ Category of the Base Policy from Any Room / Single Private AC Room to the other options as provided.</p> <table border="1" data-bbox="592 443 1382 875"> <thead> <tr> <th data-bbox="592 443 863 524">From Room Category</th> <th data-bbox="863 443 1382 524">To Room Category</th> </tr> </thead> <tbody> <tr> <td data-bbox="592 524 863 719" rowspan="5">Any Room</td> <td data-bbox="863 524 1382 640">Multi-Bed Sharing Room (with 3 or more bed) or General Ward max. up to ₹3,000 per day</td> </tr> <tr> <td data-bbox="863 640 1382 719">Multi-Bed Sharing Room (with 3 or more bed) or General Ward</td> </tr> <tr> <td data-bbox="863 719 1382 779">1% of SI max up to ₹5,000 per day</td> </tr> <tr> <td data-bbox="863 779 1382 840">Twin Sharing Room</td> </tr> <tr> <td data-bbox="863 840 1382 875">Single Private AC Room</td> </tr> </tbody> </table> <table border="1" data-bbox="592 887 1382 1283"> <thead> <tr> <th data-bbox="592 887 863 967">From Room Category</th> <th data-bbox="863 887 1382 967">To Room Category</th> </tr> </thead> <tbody> <tr> <td data-bbox="592 967 863 1162" rowspan="4">Single Private AC Room</td> <td data-bbox="863 967 1382 1084">Multi-Bed Sharing Room (with 3 or more bed) or General Ward max. up to ₹3,000 per day</td> </tr> <tr> <td data-bbox="863 1084 1382 1162">Multi-Bed Sharing Room (with 3 or more bed) or General Ward</td> </tr> <tr> <td data-bbox="863 1162 1382 1223">1% of SI max up to ₹5,000 per day</td> </tr> <tr> <td data-bbox="863 1223 1382 1283">Twin Sharing Room</td> </tr> </tbody> </table>	From Room Category	To Room Category	Any Room	Multi-Bed Sharing Room (with 3 or more bed) or General Ward max. up to ₹3,000 per day	Multi-Bed Sharing Room (with 3 or more bed) or General Ward	1% of SI max up to ₹5,000 per day	Twin Sharing Room	Single Private AC Room	From Room Category	To Room Category	Single Private AC Room	Multi-Bed Sharing Room (with 3 or more bed) or General Ward max. up to ₹3,000 per day	Multi-Bed Sharing Room (with 3 or more bed) or General Ward	1% of SI max up to ₹5,000 per day	Twin Sharing Room
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33	Value Network	15% discount in premium for choosing to take treatment from Value Network hospitals. Co-payment of 15% shall be applicable for any treatment outside Value Network hospitals.															
34	Future Shield	<p>Provides continuity benefit for all waiting periods [(a) Initial waiting period, (b) Pre-Existing Disease (PED) waiting period, (c) Specific Waiting Period (d) Maternity waiting period] served by the Insured Person to the spouse added.</p> <p>Spouse age at the time of entry: Up to 35 years</p>															
35	Quick Shield	<p>Claim related to the following Pre-existing diseases will be covered from 31st day from the time of first purchase of the Base Policy with this cover:</p> <p>a) Diabetes II (b) Hypertension (c) Hyperlipidemia (d) Asthma (e) Coronary Artery disease with PTCA done prior to 1 year.</p> <p>This cover is applicable only for the Insured Persons with entry Age from 18 years to 65 years.</p>															

36	Extra protect A	Enhanced Room Rent - Existing Room rent limit / category to Any room		
		Sum insured (Rs.)	10,00,000/- to 20,00,000/- (as per Base Policy)	Above 20,00,000/- (as per Base Policy)
		Room Rent Eligibility	Any Room (Except for suite room and above the category of suite room)	Any Room
		Enhanced Limit for Modern Treatment – Modern Treatment expenses are covered up to Sum Insured of the Base Policy.		
		Claim Guard (Consumables cover) – If there is an admissible claim under the Base Policy, then the expenses towards the items mentioned in list I (68 no’s) will become payable.		
37	Extra protect B	Enhanced limits for Ayush Treatment – Medical expenses for Inpatient Hospitalization incurred on treatment under Ayurveda, Unani, Siddha and Homeopathy systems of medicines in an AYUSH Hospital is payable up to Sum Insured of the Base Policy.		
		Cumulative Bonus Shield – Cumulative Bonus will not be reduced unless it is utilized		
		Home Care Treatment – Covered up to 10% of Base Policy Sum Insured subject to maximum of Rs.5 Lac in a Policy Year, for treatment availed by the Insured Person at home, for the listed conditions.		
38	Voluntary Deductible	<p>Insured Person will get a premium discount by choosing an annual aggregate deductible.</p> <p>Options: Rs.10,000/ Rs.25,000/ Rs.50,000/ Rs.75,000/ Rs.1,00,000/ Rs.2,00,000/ Rs.3,00,000/ Rs.4,00,000/ Rs.5,00,000</p> <p>(Aggregate deductible applicable for the Policy Year)</p>		
39	Long Term deductible	<p>In case of a Base Policy with more than 1 year as Policy Term, the Insured Person will get a premium discount by choosing a long-term aggregate deductible.</p> <p>Options: Rs.10,000/ Rs.25,000/ Rs.50,000/ Rs.75,000/ Rs.1,00,000/ Rs.2,00,000/ Rs.3,00,000/ Rs.4,00,000/ Rs.5,00,000</p> <p>(Aggregate deductible applicable for the Policy Term)</p>		
40	Voluntary Co Pay	<p>Insured Person will get premium discount by choosing Co-payment (%) applicable on each and every admissible claim amount arising due to hospitalization expenses under the Base Policy.</p> <p>Options: 10%/ 20% / 30%/ 40%/ 50%</p>		