



**When health  
demands  
a lot of  
money  
in a short  
time**

**STAR CRITICARE PLUS INSURANCE POLICY**



**STAR**  
Personal & Caring | Health Insurance  
*The Health Insurance Specialist*

# STAR CRITICARE PLUS INSURANCE POLICY

Unique Identification No.: SHAHLIP21179V022021

Star Criticare Plus Insurance from Star Health is a policy that aims to provide reimbursement of hospitalization expenses incurred as a result of illness/disease/ sickness and/or accidental injuries and also provides for a lump sum in case the insured person is diagnosed with a major illness as listed in the policy for the first time during the policy period.

- ★ **Eligibility:** Any person aged between 18 years and 65 years, residing in India, can take this insurance. Beyond 65 yrs, only renewals can be made. There is no exit age.
- ★ **Policy Benefits under Section I**
  - **Hospitalization Cover:** In-patient hospitalization expenses for a minimum of 24 hours. Includes room rent, boarding and nursing expense @ 2% of Sum Insured, subject to a maximum of Rs. 4,000/- per day
  - Surgeon's fees, consultant's fees, ICU charges Anesthetist's and specialist's fees.
  - Cost of medicines and drugs.
  - Emergency ambulance charges for transporting the insured patient to the hospital up to a sum of Rs.750/- per hospitalization and overall limit of Rs.1,500/- per policy period.
  - Ayush coverage: Up to 25% of sum insured subject to a maximum of Rs. 25,000/- per policy period.
  - Coverage for Modern Treatments: Expenses are subject to the limits (For details please refer website: [www.starhealth.in](http://www.starhealth.in))
- ★ **Policy Benefits under Section II**
  - Lump sum compensation under section II in addition to payment of hospitalization expenses under section I
  - Such hospitalization expenses would be paid only till the date of diagnosis of the major illness.
  - On the payment of a claim under section II, all further benefits under section II of the Policy shall cease.
  - Only one lumpsum payment will be made during the insured person's lifetime regardless of the number of the major illness suffered by the insured person
  - No survival period, Only waiting period of 90 days from the date of inception of policy (not applicable for renewal)
- ★ **Major Illness**
  - First diagnosis of Cancer, Chronic kidney Disease, Brain Tumor
  - Undergoing Major organ Transplant for first time.
  - Occurrence of any of the following medical events for the first time.
  - Cerebro Vascular stroke causing Hemiplegia
  - Acute Myocardial Infarction resulting in left Ventricular Ejection Fraction of < 25%
  - Established irreversible coma
  - Established irreversible paraplegia
  - Established irreversible Quadriplegia
- ★ **Pre & Post Hospitalization (Applicable for Section I only)**
  - Pre-hospitalization medical expenses up to 30 days
  - Post-hospitalization – a lump sum calculated at 7% of the expenses (excluding room charges), subject to a maximum of Rs.5000/- are payable.
- ★ **Family Discount:** 5% for up to 2 members, 10% for more than 2 members
- ★ **For persons entering between 60 and 65 years, the following conditions shall apply**  
Maximum sum insured will be Rs.2,00,000/-

Coverage will be subject to the following sub limits;

Disease	Limits Rs.
Cerebro Vascular Accident / Cardio Vascular Disease/Cancer and Breakage of bones, Renal Complications	1,50,000/-
All other Major Surgeries	1,20,000/-

- ★ **Exclusion:** The Company shall not be liable to make any payments under this policy in respect of any expenses what so ever incurred by the insured person in connection with or in respect of;
  1. **Pre-Existing Diseases - Code Excl 01**
    - A. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer
    - B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase
    - C. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then for the same would be reduced to the extent of prior coverage
    - D. Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer
  2. **Specified disease / procedure waiting period - Code Excl 02**
    - A. Expenses related to the treatment of the following listed Conditions, surgeries / treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.  
List of specific diseases/procedures: Expenses on treatment of Cataract, Hysterectomy for Menorrhagia or Fibromyoma, treatment for knee or joint (other than caused by an accident), Prolapse of intervertebral disc (other than caused by an accident), varicose veins and varicose ulcers, Congenital Internal disease/defect.  
Expenses related to the treatment of the following listed Conditions, surgeries / treatments shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.  
List of specific diseases/procedures: Expenses on treatment of Benign Prostate Hypertrophy, Hernia, Hydrocele, Fistula in anus, Piles, Sinusitis and related disorders, treatment for gallstones and renal stone
    - B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
    - C. If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
    - D. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
    - E. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
  3. **30-day waiting period - Code Excl 03**
    - A. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered
    - B. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months
    - C. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently

#### 4. Investigation & Evaluation - Code Excl 04

- A. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded
- B. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded

#### 5. Rest Cure, rehabilitation and respite care - Code Excl 05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes;

1. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons
2. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs

#### 6. Obesity / Weight Control - Code Excl 06: Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions;

- A. Surgery to be conducted is upon the advice of the Doctor
- B. The surgery/Procedure conducted should be supported by clinical protocols
- C. The member has to be 18 years of age or older and
- D. Body Mass Index (BMI);
  1. greater than or equal to 40 or
  2. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss;
    - a. Obesity-related cardiomyopathy
    - b. Coronary heart disease
    - c. Severe Sleep Apnea
    - d. Uncontrolled Type2 Diabetes

#### 7. Change-of-Gender treatments - Code Excl 07: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

#### 8. Cosmetic or plastic Surgery - Code Excl 08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

#### 9. Hazardous or Adventure sports - Code Excl 09: Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

#### 10. Breach of law - Code Excl 10: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

#### 11. Excluded Providers - Code Excl 11: Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

#### 12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof - Code Excl 12

#### 13. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons - Code Excl 13

#### 14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure - Code Excl 14

#### 15. Refractive Error - Code Excl 15: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

#### 16. Unproven Treatments - Code Excl 16: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

#### 17. Sterility and Infertility - Code Excl 17: Expenses related to sterility and infertility. This includes;

- a. Any type of contraception, sterilization
- b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- c. Gestational Surrogacy
- d. Reversal of sterilization

#### 18. Maternity - Code Excl 18

- a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy
- b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period

#### 19. Circumcision (unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident) - Code Excl 19

#### 20. Any congenital disease/defect whether external - Code Excl 20

#### 21. Convalescence, general debility, Run-down condition - Code Excl 21

#### 22. Intentional self injury - Code Excl 22

#### 23. Venereal disease (other than HIV) - Code Excl 23

#### 24. Injury/ Disease directly or indirectly caused by or arising from or attributable to War, Invasion, act of Foreign Enemy, Warlike operations (whether war be declared or not) - Code Excl 24

#### 25. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/ materials - Code Excl 25

#### 26. Naturopathy - Code Excl 40

#### 27. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons) - Code Excl 31

#### 28. Dental treatment or surgery of any kind unless necessitated due to accidental injuries and requiring hospitalization - Code Excl 32

#### 29. Hospital registration charges, record charges, incidental and miscellaneous expenses and telephone charges - Code Excl 34

#### 30. Cost of spectacles and contact lens, hearing aids walkers, crutches wheel chairs and such other aids - Code Excl 35

#### 31. Other Excluded Expenses as detailed in the website [www.starhealth.in](http://www.starhealth.in) - Code Excl 37

#### 32. Existing disease/s, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), for specified ICD codes - Code Excl 38

**Exclusion Code 17,18,20,21,22,23,24, 25 and 37 are applicable for both Section I and Section II.**

★ **Moratorium Period:** After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium

period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

★ **Co-payment:** 30% of each and every claim in respect of the insured persons whose age at the time of entry in to this policy is 61 years and above. This is also applicable for sub limits in respect of diseases/illness/injuries specified in the Schedule

★ **Cancellation**

i. The policyholder may cancel this policy by giving 15days written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below;

Period on risk	Rate of premium to be retained
Up to one month	1/3rd of Annual Premium
Exceeding one mth up to 3 mths	1/2 of Annual Premium
Exceeding 3 mths up to 6 mths	3/4th of Annual Premium
Exceeding 6 mths	Full Annual Premium

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

ii. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the insured person by giving 15 days written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud

★ **Automatic Termination:** This policy shall terminate immediately upon the death of the Insured Person. Where a claim has been paid under Section II, the benefit under Section I will continue until expiry date of the policy.

Where the sum insured under Section I is exhausted the benefit under Section II would continue until the expiry date of the policy or payment of benefit under Section II whichever shall first occur.

★ **Migration:** The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the Policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

**For Detailed Guidelines on migration, kindly refer the link**  
[https://www.irdai.gov.in/ADMINCMS/cms/fmGuidelines\\_Layout.aspx?page=PageNo3987](https://www.irdai.gov.in/ADMINCMS/cms/fmGuidelines_Layout.aspx?page=PageNo3987)

★ **Portability:** The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability. For details contact "portability@starhealth.in" or call Telephone No +91-044-28288869.

**For Detailed Guidelines on portability, kindly refer the link**  
[https://www.irdai.gov.in/ADMINCMS/cms/fmGuidelines\\_Layout.aspx?page=PageNo3987](https://www.irdai.gov.in/ADMINCMS/cms/fmGuidelines_Layout.aspx?page=PageNo3987)

★ **Renewal:** The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person;

1. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal
2. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years
3. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period
4. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy
5. Coverage is not available during the grace period
6. No loading shall apply on renewals based on individual claims experience
7. Where a claim has been admitted /paid under Section II of the policy the renewal shall be in accordance with the terms and conditions of the Mediclasic Insurance Policy (Individual) or its equivalent with the specific exclusion of the Major Disease for which the lump-sum has been admitted / paid

★ **Possibility of Revision of Terms of the Policy Including the Premium Rates:** The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

★ **Free Look Period:** The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to;

1. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
2. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
3. where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

★ **Withdrawal of the policy**

1. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy
2. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break

★ **Claims Procedure**

- Call the 24 hour help-line for assistance-1800-425-2255 / 1800-102-4477. Inform the ID/Policy number for easy reference
- In case of planned hospitalization, inform 24 hours prior to admission in the hospital
- In case of emergency hospitalization, information to be given within 24 hours of hospitalization
- Cashless facility can be availed in all network hospitals wherever possible
- In non-network hospitals payment, must be made up-front and then reimbursement will be effected on submission of documents.

★ **Disclosure to information norms:** The policy shall become void and all premium paid thereon shall be forfeited to the Company, in the event of mis-representation, mis description or non-disclosure of any material fact by the policy holder.

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

★ **Star Advantages**

- No Third Party Administrator, direct in-house claims settlement
- Faster and hassle – free claim settlement
- Cashless hospitalization

★ **The Company:** Star Health and Allied Insurance Co. Ltd., commenced its operations in 2006 as India's first Standalone Health Insurance provider. As an exclusive Health Insurer, the Company is providing sterling services in Health, Personal Accident & Overseas Travel Insurance and is committed to setting international benchmarks in service and personal caring.

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

**Premium (in Rs.)**

**(Excluding Tax)**

Sum Insured / Age in yrs	18 - 35	36 - 45	46 - 55	56 - 65	Above 65
Rs.2,00,000/-	3,750/-	4,200/-	6,400/-	7,550/-	11,150/-
Rs.3,00,000/-	5,400/-	6,000/-	8,900/-	11,600/-	16,200/-
Rs.4,00,000/-	7,000/-	7,680/-	12,300/-	15,900/-	21,050/-
Rs.5,00,000/-	8,400/-	9,400/-	15,200/-	19,500/-	25,900/-
Rs.10,00,000/-	14,600/-	16,100/-	22,600/-	28,200/-	35,350/-

The information provided in this brochure is only indicative. For more details on the risk factors, terms and conditions, please read the policy wordings before concluding sale

Or

Visit our website [www.starhealth.in](http://www.starhealth.in)

IRDAI IS NOT INVOLVED IN ACTIVITIES LIKE SELLING INSURANCE POLICIES, ANNOUNCING BONUS OR INVESTMENT OF PREMIUMS. PUBLIC RECEIVING SUCH PHONE CALLS ARE REQUESTED TO LODGE A POLICE COMPLAINT

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Unique Identification No.: SHAHLIP21179V022021

Call Toll-free: 1800-425-2255 / 1800-102-4477, sms STAR to 56677

Fax Toll Free No: 1800-425-5522 ★ Email : support@starhealth.in

CIN : L66010TN2005PLC056649 ★ IRDAI Regn. No: 129

**STAR HEALTH AND ALLIED INSURANCE CO LTD**

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