

MEDI Classic Insurance Policy (Individual)

Unique Identification No. : IRDA/NL-HLT/SHAI/P-H/V.II/400/13-14

The comforts and luxuries of today's life come at a price-the price of uncertainties. Of the uncertainties, health of oneself and one's family is prime concern. Added to this, the fact that medical expenses are getting dearer, one ailment is all it takes to wipe out years of savings that was meant to realize your dreams.

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

★ Policy Benefits

- ❖ Room, boarding, nursing expenses as provided by the Hospital / Nursing Home at 2% of the Sum Insured, subject to a maximum of Rs.5,000/- per day
- ❖ Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.
- ❖ Anesthesia, Blood, Oxygen, Operation theatre charges, cost of Pacemaker etc.
- ❖ Emergency ambulance charges for transporting the covered patient to the hospital up to a sum of Rs. 750/- per hospitalisation and overall limit of Rs. 1500/- per policy period.
- ❖ **Hospitalization Cover** : In-patient hospitalization expenses for a minimum of 24 hours.
- ❖ **Non Allopathic Treatments**: Covered up to 25% of the sum insured subject to a maximum of Rs. 25,000/- per policy period.

★ Policy Term

The policy is usually available for one year but in case premium for two years is paid in advance then a discount of 5% is available on the total premium.

★ Automatic Restoration of Sum Insured

The sum insured is automatically restored by 200% when the basic sum insured is fully exhausted during the policy period. This benefit is not available for Family Package Plan.

★ Bonus

The insured person will be eligible for Bonus calculated at 5% of the basic sum insured for every claim free year subject to a maximum of 25%. In the event of a claim, the Bonus will be reduced by 5% of the basic sum insured. However the basic sum insured will not be reduced. This benefit is not available for Family Package Plan.

★ Pre-Existing Disease

Pre-existing diseases are covered after 48 months of continuous insurance with any Indian Insurance Company.

★ Pre & Post Hospitalization

- ❖ Pre-hospitalization medical expenses up to 30 days prior to the date of admission.
- ❖ Post-hospitalization up to 60 days from the date of discharge from the hospital. The amount payable shall not exceed the sum calculated at 7% of the hospitalization expenses (excluding room charges) subject to a maximum of Rs.5,000/-

★ Day Care Treatment: 101 day care treatments are allowed.

★ Cost of Health Checkup

Expenses incurred towards Cost of Health check-up up to 1% of the average sum Insured after every block of 4 claim free years subject to a maximum of Rs.5,000/- is payable on renewal. This benefit is available for sum insured of Rs. 2,00,000/- and above only.

★ Eligibility

Any person aged between 5 months and 65 years, residing in India, can take this insurance. Beyond 65 years, only renewal is offered.

★ Pre-acceptance Health Screening

Eligible persons above 50 years of age will have to undergo pre-acceptance health screening at the company's nominated centres.

★ Renewal Condition

Lifelong renewal of the policy is offered, except on grounds such as moral hazard, misrepresentation or fraud.

A grace period of 30 days from the date of expiry of the policy is available for renewal.

Enhancement of Sum Insured is permitted only during renewal. The enhanced Sum Insured is available for any illness, disease, injury other than those already contracted under the preceding policy periods.

Renewal premium is subject to change with prior approval from IRDA

In the event of this policy being withdrawn / modified with revised terms and/or premium with the prior approval of the Competent Authority, the insured will be intimated three months in advance and accommodated in any other equivalent health insurance policy offered by the Company, if requested for by the Insured Person, at the relevant point of time.

★ Exclusions

1. Pre Existing Diseases as defined in the policy until 48 consecutive months of continuous coverage have elapsed, since inception of the first policy with any Indian Insurer. However the limit of the Company's liability in respect of claim for pre-existing diseases under such portability shall be limited to the sum insured under first policy with any Indian Insurance Company.
2. Any disease contracted by the insured person during the first 30 days from the commencement date of the policy. This exclusion shall not apply in case of the insured person having been covered under any health insurance policy (Individual or Group insurance policy) with any of the Indian Insurance companies for a continuous period of preceding 12 months without a break.
3. During the First two Years of continuous operation of insurance cover,
 - a. The expenses for treatment of cataract, glaucoma, retinal detachment/ macular degeneration, prolapse of intervertebral disc (other than caused by accident), varicose veins and varicose ulcers, benign prostatic hypertrophy, deviated nasal septum, sinusitis, tonsillitis, nasal polyps, Chronic Suppurative Otitis Media and related disorders, stapedectomy, hernia, hydrocele, fistula / fissure in ano and hemorrhoids, congenital internal disease/defect.
 - b. All treatments (conservative, interventional, laparoscopic and open) for Hepatobiliary gall bladder and pancreatic calculi and genitourinary calculi.
 - c. All treatments (conservative, interventional, laparoscopic and open) for Uterine prolapse, Dysfunctional Uterine Bleeding, Fibroids Pelvic Inflammatory Diseases, all diseases of fallopian tubes and ovaries,
 - d. Conservative and operative treatment of joint diseases [other than caused by accident]

- e. All types of joint replacement (other than caused by accident)
- f. Degenerative disc and vertebral diseases and degenerative diseases of the musculo-skeletal system

This exclusion 3 shall not however apply in the case of the Insured person/s having been covered under any Individual health insurance scheme with any of the Indian Insurer for a continuous period of preceding 24 months without any break.

The claim for such illnesses/diseases/disabilities contracted/suffered if admitted will be processed as per the sum insured of immediately preceding 24 months policy only and where there is a change in the sum insured in the second continuous policy year the lower of the sum insured will apply.

If these are pre-existing at the time of proposal they will be covered subject to the waiting period mentioned in exclusion 1 above

4. 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)
5. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons / materials
6.
 - a) Circumcision unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident,
 - b) Vaccination (except for post-bite treatment and for medical treatment other than for prevention of diseases.)
 - c) Inoculation or change of sex or cosmetic or aesthetic treatment of any description, plastic surgery (other than as necessitated due to an accident or as a part of any illness).
7. Cost of spectacles and contact lens, hearing aids including cochlear implants, walkers, crutches, wheel chairs including CPAP, CAPD, infusion pump and such other similar aids.
8. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization.
9. Convalescence, general debility, run-down condition or rest cure, nutritional deficiency states, psychiatric, mental and behavioral disorders, congenital external disease or defects or anomalies, venereal disease, intentional self injury and use of intoxicating drugs / alcohol, smoking and tobacco chewing
10. All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympho Tropic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS. It is however made clear that such of those who are positive for HIV (Human Immuno Deficiency Virus) would be entitled for expenses incurred for treatment, other than for opportunistic infections and for treatment of HIV/AIDS, provided at the time of first commencement of insurance under this policy, their CD4 count is not less than 350.
11. Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at hospital/nursing home.
12. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.
13. Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these (other than ectopic gestation pregnancy), family planning treatment. All types of treatment for infertility
14. Naturopathy treatment, unconventional, untested/unproven therapies
15. Hospital registration charges, admission charges, record charges, telephone charges and such other charges.
16. Expenses incurred on Lasik Laser or Refractive Error Correction, treatment of eye disorders requiring intra-vitreal injections.
17. Expenses incurred on weight control services including surgical procedures for treatment of obesity and medical treatment for weight control
18. Expenses incurred on Enhanced External Counter Pulsation therapy and related therapies and Rotational Field Quantum Magnetic Resonance Therapy and such other similar therapies.
19. Stem cell implantation and / or therapy
20. Expenses incurred for treatment of diseases/illness/accidental injuries by system of medicines other than allopathic shall be restricted to 25% of the sum insured subject to a maximum of Rs 25000/- during entire policy period.
21. Other expenses as detailed elsewhere in the policy.

★ Co-payment

10% of each and every claim amount for insured persons beyond 60 years at entry level and their renewal thereafter.

★ Cancellation

The Company may also cancel this policy on grounds of misrepresentation, fraud, non disclosure of material fact or non co-operation by the insured person.

The insured may at any time cancel this policy and in such event the Company shall allow refund of Premium after retaining premium at Company's short period rate (table given below) provided no claim has occurred up to the date of cancellation.

For policy with one year term	
PERIOD ON RISK	RATE OF PREMIUM TO BE RETAINED
Up to one-month	1/3rd of annual premium
Up to three Months	½ of annual premium
Up to six months	3/4th of annual premium
Exceeding six months	Full annual premium
For policy with two year term	
Up to two-month	1/3rd of policy premium
Up to six months	½ of policy premium
Up to twelve months	3/4th of policy premium
Exceeding twelve months	Full policy premium

★ **Free Look Period**

A free look period of 15 days from the date of receipt of the policy is available to the insured to review the terms and conditions of the policy. In case the insured is not satisfied with the terms and conditions, the insured may seek cancellation of the policy and in such an event the Company shall allow refund of premium paid after adjusting the cost of pre-acceptance medical screening, stamp duty charges and proportionate risk premium for the period concerned provided no claim has been made until such cancellation.

Free look cancellation is not applicable at the time of renewal of the policy

★ **Automatic Termination**

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

- ❖ Upon the death of the Insured Person
- ❖ Upon exhaustion of the limit of coverage under the policy as a whole

★ **Portability**

This policy is portable. If the insured is desirous of porting this policy to another Insurer towards renewal, application in the appropriate form should be made to the Company at least before 45 days from the date when the renewal is due. Where the outcome of acceptance of portability is still waiting from the new insurer on the date of renewal, the existing policy will be extended on the request of the Insured person, for a period not less than one month on pro rata premium. Such extended cover will be cancelled only on the written request by the Insured Person, subject to a minimum pro rata premium for one month. If the Insured Person requests in writing to continue the policy with the Company without porting, it will be allowed by charging the regular premium with the same terms as per the expiring policy. In case of a claim made by the Insured person and admitted by the Company during such extension, the policy will be extended for the remaining period by charging the regular premium. Portability is not possible during the policy period. For details contact "portability@starhealth.in" or call Telephone No +91-044-28288869. This policy is portable. For details contact portability@starhealth.in or call +91-44-2828 8869

★ **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 after hospitalization.
- ❖ Cashless facility wherever possible in network hospitals
- ❖ In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents

★ **The Company**

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

★ **Star Advantages**

- ❖ No third Party Administrator, direct in-house claim settlement.
- ❖ Faster & hassle-free claim settlement.

- ❖ Cashless hospitalization wherever possible.
- ❖ 24 x 7 Toll Free Helpline.
- ❖ Information on health through free health magazine.
- ❖ Facility to maintain personal health record in electric format

★ **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.

★ **Prohibition of Rebates**

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

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

The information provided in this brochure is only indicative. For more details on the risk factors, terms and conditions, please read the policy wording before concluding sale Or Visit our website www.starhealth.in

"IRDAI OR ITS OFFICIALS DO NOT INVOLVE IN ACTIVITIES LIKE SALE OF ANY KIND OF INSURANCE OR FINANCIAL PRODUCTS NOR INVEST PREMIUMS. IRDAI DOES NOT ANNOUNCE ANY BONUS. THOSE RECEIVING SUCH PHONE CALLS ARE REQUESTED TO LODGE A POLICE COMPLAINT ALONG WITH DETAILS OF PHONE CALL AND NUMBER"

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MEDI Classic Insurance Policy (Individual)

Unique Identification No. : IRDA/NL-HLT/SHAI/P-HV.II/400/13-14



STAR HEALTH AND ALLIED INSURANCE CO LTD

REGD & CORPORATE OFFICE: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai 600 034.

Insurance is the subject matter of solicitation

BRO / MCI / V5 / 2017 - 18

Zone 1										
Delhi, Noida, Gurgaon, Ghaziabad, Faridabad, Mumbai, Thane, Pune and entire State of Gujarat										
Sum Insured (Rs.)	Annual Premium in Rs. (Tax Extra)									
	Age (yrs)						Renewals Only			
	5mts-35	36-45	46-50	51-55	56-60	61-65	66-70	71-75	76-80	Above 80
150000	2510	2510	3770	4495	6200	7900	11800	13300	16800	21840
200000	3030	3260	5120	6110	7750	9850	14005	17330	22300	28990
300000	4400	4650	7665	11365	13750	14350	20000	24350	32270	41950
400000	4915	5550	8950	12690	15535	20000	26800	31525	42420	55140
500000	5450	6145	10700	14000	16775	24430	34680	38700	52540	68300
1000000	7800	8200	13600	18384	22910	28900	34755	41615	58250	75725
1500000	9545	9910	15310	22510	29160	39555	47125	52525	67825	88170
Optional Benefits										
Hospital Cash:						Patient Care (> 60 yrs):				
Rs. 1000/- per day of completed hospitalisation - max. 7 days per and 14 days per policy period.						Rs.400/- per day for max. 5 days per hospitalisation and 14 days per policy period.				
Additional Premium : Rs. 350/- + ST						Additional Premium Rs. 580/- + T				
Zone 2										
Rest of India (Other than Delhi, Noida, Gurgaon, Ghaziabad, Faridabad, Mumbai, Thane, Pune and entire State of Gujarat)										
Sum Insured (Rs.)	Annual Premium in Rs. (Tax Extra)									
	Age (yrs)						Renewals Only			
	5mts-35	36-45	46-50	51-55	56-60	61-65	66-70	71-75	76-80	Above 80
150000	2510	2510	3770	4495	6200	7900	11800	13300	16800	21840
200000	2880	3175	4775	5900	7350	9550	13500	16950	22000	28600
300000	4000	4535	7200	11115	13200	14000	19600	23800	31900	41470
400000	4515	5210	8700	12335	15000	19600	26200	31000	41900	54470
500000	5080	5870	10700	13555	15875	24000	33840	38100	51900	67470
1000000	7465	7965	13265	17875	21440	28200	34200	40800	57600	74880
1500000	9165	9595	14710	21710	28810	38365	46395	50675	66700	86710
Optional Benefits										
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Additional Premium : Rs. 350/- + ST						Additional Premium Rs. 580/- + T				

MEDI Classic Insurance Policy - Individual

All India Annual Premium in Rs. (Tax Extra)

FAMILY PACKAGE PLAN

Sum Insured Rs. 200000/-				Sum Insured Rs. 300000/-			
The sum insured is apportioned equally among all the family members who are insured				The sum insured is apportioned equally among all the family members who are insured			
Age (yrs)	Family Size			Age (yrs)	Family Size		
	2A	2A+ 1C	2A+2C		2A	2A+ 1C	2A+2C
5m-25	4460	5149	5200	5m-25	4745	5945	7145
26-30	4635	5280	5400	26-30	5045	6195	7345
31-35	4635	5280	5600	31-35	5230	6275	7483
36-40	4965	5400	6200	36-40	5555	6365	7700
41-45	5095	5595	6500	41-45	5915	6500	7805

Optional Benefit - New Born Baby Cover (Offered only under Family Package Policy for family size of 2A & 2A+1C)

Additional Premium : 10% of the Policy Premium during the year in which the baby is born.

Subsequent year the baby has to be covered as a separate entity. Eg: 2A will become 2A +1C on renewal. Premium to be calculated separately. (A = Adult / C = Child)

Cost of Health Check-up under Family Health Plan

Benefit @ 1% of average Sum Insured is payable after every block of 4 claim free years will be apportioned equally among the family members covered

Zone 1

Delhi, Noida, Gurgaon, Ghaziabad, Faridabad, Mumbai, Thane, Pune and entire State of Gujarat

Sum Insured (Rs.)	2 Years Premium in Rs. (Tax Extra)																		
	Age (yrs)												Renewals Only						
	5mts-34	35	36-44	45	46-49	50	51-54	55	56-59	60	61-64	65	66-69	70	71-74	75	76-79	80	Above 80
150000	4769	4769	4769	5966	7163	7852	8541	10160	11780	13395	15010	18715	22420	23845	25270	28595	31920	36708	41496
200000	5757	5976	6194	7961	9728	10669	11609	13167	14725	16720	18715	22662	26610	29768	32927	37649	42370	48726	55081
300000	8360	8598	8835	11699	14564	18079	21594	23859	26125	26695	27265	32633	38000	42133	46265	53789	61313	70509	79705
400000	9339	9942	10545	13775	17005	20558	24111	26814	29517	33758	38000	44460	50920	55409	59898	70248	80598	92682	104766
500000	10355	11015	11676	16003	20330	23465	26600	29236	31873	39145	46417	56226	65892	69782	73530	86678	99826	114798	129770
1000000	14820	15200	15580	20710	25840	30385	34930	39229	43529	49220	54910	60401	66035	72480	79069	94872	110675	127276	143878
1500000	18136	18482	18829	23959	29089	35929	42769	49087	55404	65279	75155	82346	89538	94668	99798	114333	128868	148195	167523

Optional Benefits

Hospital Cash:

Rs. 1000/- per day of completed hospitalisation - max. 7 days per hospitalisation and 14 days per policy period.

Additional Premium : Rs. 665/- + ST

Patient Care (> 60 yrs):

Rs.400/- per day for max. 5 days per hospitalisation and 14 days per policy period.

Additional Premium Rs. 1102/- + T

Zone 2

Rest of India (Other than Delhi, Noida, Gurgaon, Ghaziabad, Faridabad, Mumbai, Thane, Pune and entire State of Gujarat)

Sum Insured (Rs.)	2 Years Premium in Rs. (Tax Extra)																		
	Age (yrs)												Renewals Only						
	5mts-34	35	36-44	45	46-49	50	51-54	55	56-59	60	61-64	65	66-69	70	71-74	75	76-79	80	Above 80
150000	4769	4769	4769	5966	7163	7852	8541	10160	11780	13395	15010	18715	22420	23845	25270	28595	31920	36708	41496
200000	5472	5752	6033	7553	9073	10141	11210	12588	13965	16055	18145	21898	25650	28928	32205	37003	41800	48070	54340
300000	7600	8108	8617	11148	13680	17399	21119	23099	25080	25840	26600	31920	37240	41230	45220	52915	60610	69702	78793
400000	8579	9239	9899	13215	16530	19983	23437	25968	28500	32870	37240	43510	49780	54340	58900	69255	79610	91552	103493
500000	9652	10403	11153	15742	20330	23042	25755	27959	30163	37881	45600	55290	64296	68685	72390	85500	98610	113402	128193
1000000	14184	14659	15134	20169	25204	29583	33963	37349	40736	47158	53580	58938	64980	70908	77520	93480	109440	125856	142272
1500000	17414	17822	18231	23090	27949	34599	41249	47994	54739	63816	72894	80522	88151	92217	96283	111506	126730	145740	164749

Optional Benefits

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Additional Premium : Rs. 665/- + ST

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Rs.400/- per day for max. 5 days per hospitalisation and 14 days per policy period.

Additional Premium Rs. 1102/- + T

All India 2 Year Premium in Rs. (Tax Extra)

FAMILY PACKAGE PLAN

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The sum insured is apportioned equally among all the family members who are insured				The sum insured is apportioned equally among all the family members who are insured			
Age (yrs)	Family Size			Age (yrs)	Family Size		
	2A	2A+ 1C	2A+2C		2A	2A+ 1C	2A+2C
5m-24	8474	9783	9880	5m-24	9016	11296	13576
25	8640	9908	10070	25	9301	11533	13766
26-29	8807	10032	10260	26-29	9586	11771	13956
30	8807	10032	10450	30	9761	11847	14087
31-34	8807	10032	10640	31-34	9937	11923	14218
35	9120	10146	11210	35	10246	12008	14424
36-39	9434	10260	11780	36-39	10555	12094	14630
40	9557	10445	12065	40	10897	12222	14730
41-43	9681	10631	12350	41-43	11239	12350	14830

Optional Benefit - New Born Baby Cover (Offered only under Family Package Policy for family size of 2A & 2A+1C)

Additional Premium : 10% of the Policy Premium during the year in which the baby is born.

Subsequent year the baby has to be covered as a separate entity. Eg: 2A will become 2A +1C on renewal. Premium to be calculated separately. (A = Adult / C = Child)

Cost of Health Check-up under Family Health Plan

Benefit @ 1% of average Sum Insured is payable after every block of 4 claim free years will be apportioned equally among the family members covered