



Star Super Surplus (Floater) Insurance Policy



Health
Insurance

The Health Insurance Specialist

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

Star Super Surplus (Floater) Insurance Policy

Unique Identification No.: SHAHLIP21213V042021

Traditional health policy offer basic cover plan for the insured. But foreseeing the magnitude of health problems is as difficult as predicting a health problem itself. Sometimes ailments and related complications demand much more than what we are prepared for.

Star Health brings you Super Surplus Insurance. It offers much larger coverage than the ones offered by basic plans. So, no matter what, you are always prepared to face the most unfortunate of health eventualities.

❖ Eligibility

- Any person aged between 18 years and 65 years
- **Family:** Self, Spouse and dependant children from 91 days up to 25 years (children those who are economically dependent on their parents)

❖ Policy Term: 1 year

❖ Renewal: Lifelong renewals guaranteed

❖ Policy Type: Floater

❖ Pre-acceptance Medical Screening (both Silver and Gold Plans): No Pre-acceptance medical screening is required

❖ Day care Procedures: All day care procedures are covered.

❖ Plans Offered: Two Plans : Silver and Gold Plan

Sum Insured and Deductible options for Silver Plan:

Sum Insured (Rs.)	Deductible Limit (Rs.)
10,00,000/-	3,00,000/- and 5,00,000/-

Note: Deductible once opted cannot be changed even at the time of renewals

Sum Insured and Defined limit Options for Gold Plan:

Sum Insured (Rs.)	Defined Limit (Rs.)
5,00,000/-, 10,00,000/-, 15,00,000/-, 20,00,000/- and 25,00,000/-	3,00,000/-, 5,00,000/-, 10,00,000/-

Note:

1. The Insured can choose any sum insured and defined limit.
2. Defined Limit once opted cannot be changed either during the currency of the policy or at the time of renewal

❖ Coverage

Silver Plan: Under this plan an admissible claim gets paid only when it exceeds the deductible. Amount payable is only in excess of the deductible opted. It covers the following;

- **Hospitalization cover:** Room Rent, Boarding, nursing expenses subject to a maximum of Rs. 4,000/- per day
- Surgeons fees, Consultant's fees, ICU Charges, Anesthetist's and Specialist's fees
- Anesthesia, Blood, Oxygen, Operation Theatre charges, Cost of Pacemakers, drugs and such other similar expenses.
- **Pre-hospitalisation:** Medical expenses up to 30 days prior to the date of admission
- **Post-Hospitalisation:** Medical expenses up to a period of 60 days after discharge from the hospital
- **Coverage for Modern Treatments:** Expenses are subject to the limits. (For details please refer website: www.starhealth.in)

Note: Deductible applies for each and every hospitalization

Gold Plan: Under this plan an admissible claim gets paid only when the aggregate of expenses incurred during the policy period under hospitalization (single or more than one) exceeds the Defined limit opted. Amount payable is only in excess of the Defined limit*. It covers the following;

- **Hospitalization cover:** Room Rent (single standard AC room), Boarding, nursing expenses
- Surgeons fees, Consultant's fees, ICU Charges, Anesthetist's and Specialist's fees
- Anesthesia, Blood, Oxygen, Operation Theatre charges, Cost of Pacemakers, drugs and such other similar expenses
- **Pre-hospitalisation:** Medical expenses up to 60 days prior to the date of admission
- **Post-Hospitalisation:** Medical expenses up to a period of 90 days after discharge from the hospital.

- Emergency ambulance charges up to Rs.3000/- per hospitalization for transporting the insured patient to the hospital
- Air Ambulance cover : Upto 10% of the sum insured per policy period. Applicable for Sum Insured option of Rs.10 lacs and above only.
- Facility of obtaining Medical Second Opinion
- **Coverage for Modern Treatments:** Expenses are subject to the limits. (For details please refer website: www.starhealth.in)

Note 1: *Defined Limit means the limit of admissible hospitalization expenses as per the terms of the policy, opted for and mentioned in the Schedule of the policy, up to which the Company will not be liable during the policy period

Note 2: Co-Payment: This policy is subject to co-payment of 10% of each and every claim amount for fresh as well as renewal policies for insured persons whose age at the time of entry is 61 years and above.

Note: (For Both Silver and Gold Plan) : Expenses relating to the hospitalization will be considered in proportion to the room rent stated in the policy

❖ Special Features

► **Delivery Expenses** for a Delivery including Delivery by Caesarean section (including pre-natal, post-natal expenses and lawful medical termination of pregnancy) up-to Rs.50,000/- per policy period, subject to a maximum of 2 deliveries in the entire life time of the insured person are payable while the policy is in force

► Special Conditions

- This Benefit is subject to a waiting period of 12 months from the date of commencement of first Star Super Surplus (Floater) Insurance Policy and continuous renewal thereof with the company.
- Pre-hospitalization and Post Hospitalization expenses are not applicable for this benefit.
- This cover is available only when both Self and Spouse are Covered under this policy until the period when the benefit becomes payable. Claims under this section will not reduce the Sum Insured

► **Organ Donor Expenses** for organ transplantation where the insured person is the recipient are payable provided the claim for transplantation is payable and subject to the availability of the sum insured. Donor screening expenses and post-donation complications of the donor are not payable.

► **Recharge Benefit:** If the sum insured under the policy is exhausted/ exceeded during the policy period, additional indemnity up to the limits stated in the table given below would be provided once for the remaining policy period. Such additional indemnity can be utilized even for the same hospitalization or for the treatment of diseases / illness / injury / for which claim was paid / payable under the policy. The unutilized Recharge amount cannot be carried forward.

Sum Insured Rs.	Defined Limit (Rs.)	Recharge Limit (Rs.)
5,00,000/-, 10,00,000/-15,00,000/-, 20,00,000/- and 25,00,000/-	3,00,000/-	50,000/-
	5,00,000/-	75,000/-
	10,00,000/-	1,00,000/-

► **Waiver of Deductible:** The Proposer can opt at the beginning of 6th year before renewal of this policy or later during any successive renewal , for an Indemnity Health Insurance policy without defined limit offered by the Company with continuity of benefits for the average sum insured of immediately preceding 5 years period subject to the following :-

- ✓ All Insured Persons are insured with the Company for the first time before the age of 50 years and have been continuously renewed without any break
 - ✓ No claim has been made during the immediately preceding 5 years
 - ✓ The proposer should exercise this option for all the Insured persons
- This policy shall not be further renewed if the option is exercised

❖ **Exclusions (Applicable for Both Silver and Gold Plan):** 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. **Applicable for Silver Plan:** Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.

Applicable for Gold Plan: Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 12 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 waiting period for the same would be reduced to the extent of prior coverage.
- D. **Applicable for Silver Plan:** Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.
- Applicable for Gold Plan:** Coverage under the policy after the expiry of 12 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. **Applicable for Silver Plan:** 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.
- Applicable for Gold Plan:** 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.
- 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.
- F. List of specific diseases/procedures:
1. Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Benign diseases of the breast.
 2. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology
 3. All treatments (Conservative, Operative treatment) and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty / Joint Replacement [other than caused by accident].
 4. All types of treatment for Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system, Prolapse of Intervertebral Disc (other than caused by accident),
 5. All treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi. All types of management for Kidney and Genitourinary tract calculi.
 6. All types of Hernia,
 7. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula,
 8. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases
 9. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies,
 10. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele,
 11. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence
 12. Varicose veins and Varicose ulcers
 13. All types of transplant and related surgeries.
 14. Congenital Internal disease / defect
- 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:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries - Code Excl 15
- 16. Unproven Treatments:** 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 - Code Excl 16
- 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 (Except to the extent covered under Delivery expenses)**
 - 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), Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA - **Code Excl 19**
 20. Congenital External Condition / Defects / Anomalies - **Code Excl 20**
 21. Convalescence, general debility, run-down condition, Nutritional deficiency states - **Code Excl 21**
 22. Intentional self injury - **Code Excl 22**
 23. Venereal Disease and Sexually Transmitted Diseases (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. Expenses incurred on Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other similar therapies - **Code Excl 26**
 27. Unconventional, Untested, Experimental therapies - **Code Excl 27**
 28. Autologous derived Stromal vascular Fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy - **Code Excl 28**
 29. Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted - **Code Excl 29**
 30. All treatment for Priapism and erectile dysfunctions - **Code Excl 30**
 31. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons) - **Code Excl 31**
 32. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization (Dental implants are not payable) - **Code Excl 32**
 33. Medical and / or surgical treatment of Sleep apnea, treatment for endocrine disorders - **Code Excl 33**
 34. Hospital registration charges, admission charges, record charges, telephone charges and such other charges - **Code Excl 34**
 35. Cochlear implants and procedure related hospitalization expenses - **Code Excl 35**
 36. Expenses incurred for treatment of diseases/illness/accidental injuries which does not warrant hospitalization - **Code Excl 36**
 37. Other Excluded Expenses as detailed in our website www.starhealth.in - **Code Excl.37**
 38. 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**
 39. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicine other than allopathy - **Code Excl 39**
 40. Any medical expenses incurred towards treatment of New Born Baby - **Code Excl 44**
- ❖ **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.
 - ❖ **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
 - ❖ **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/frmGuidelines_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 +91-044-28288669.

For Detailed Guidelines on portability, kindly refer the link
https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987
 - ❖ **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.
 - ❖ **Revision in Sum Insured:** Any revision in sum insured is permissible only at the time of renewal. The Insured Person can propose such revision and may be allowed subject to Company's approval and payment of appropriate premium.
 - ❖ **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;

 - i. 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
 - ii. 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
 - iii. 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**
 - i. 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
 - ii. 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
 - ❖ **Automatic Expiry:** The insurance under this policy with respect to each relevant Insured Person shall expire immediately on the earlier of the following events;
 - ✓ Upon the death of the Insured Person. This also means that, the cover for the surviving members of the family will continue, subject to other terms of the policy
 - ✓ Upon exhaustion of the sum insured under the policy
 - ❖ **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.

❖ **Cancellation**

- i. The policyholder may cancel this policy by giving 15 days 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	25% of annual premium
Exceeding one month up to 3 months	40% of annual premium
Exceeding 3 months up to 6 months	60% of annual premium
Exceeding 6 months up to 9 months	80% of annual premium
Exceeding 9 months	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

❖ **Claims Procedure**

- Call the 24 hour help-line for assistance - 1800 425 2255 / 1800 102 4477
- 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 hospital
- In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents, subject to admissibility of the claim

❖ **Claim Illustration**

Scenario	Claim No.	Claim made by Family Member	Sum Insured under the Policy (Rs.)	Defined Limit under the Policy (Rs.)	Hospitalization (Rs.)	Defined Limit applied for Claim (Rs.)	Claim Payable (Rs.)	Balance Sum Insured available for next Claim (Rs.)
Gold Plan - Illustration Family Size : 2 Adults + 3 Children								
1	1	1	10,00,000	3,00,000	3,00,000	3,00,000	0	10,00,000
	2	3			6,00,000	0	6,00,000	4,00,000
	3	4			6,00,000	0	4,00,000	0
2	1	1	10,00,000	3,00,000	6,00,000	3,00,000	3,00,000	7,00,000
	2	4			5,00,000	0	5,00,000	2,00,000
	3	2			3,00,000	0	2,00,000	0
Silver Plan - Illustration Family Size : 2 Adults + 3 Children								
1	1	1	10,00,000	3,00,000	3,00,000	3,00,000	0	10,00,000
	2	3			6,00,000	3,00,000	3,00,000	7,00,000
	3	4			9,00,000	3,00,000	6,00,000	1,00,000

- ❖ **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 Chart

Excluding Tax

SILVER PLAN						
Sum Insured		Rs. 10,00,000/-				
Family size	Age in yrs	Deductible Rs.3,00,000/-		Deductible Rs.5,00,000/-		
Upto 2A+3C	91days-35	1,870		1,310		
	36-45	2,200		1,540		
	46-50	2,750		1,925		
	51-55	3,165		2,215		
	56-60	3,545		2,480		
	61-65	3,970		2,780		
	66-70	4,445		3,115		
	71-75	4,980		3,485		
	76-80	5,475		3,835		
	Above 80	6,025		4,215		
GOLD PLAN						
Sum Insured Rs.		5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
Family size	Age in yrs	Defined Limit Rs.3,00,000/-				
1A+1C	91days-35	1,885	2,640	3,300	3,960	4,555
	36-45	2,220	3,105	3,880	4,660	5,355
	46-50	2,885	4,035	5,045	6,055	6,960
	51-55	3,460	4,845	6,055	7,265	8,355
	56-60	3,980	5,570	6,960	8,355	9,605
	61-65	4,775	6,685	8,355	10,025	11,530
	66-70	5,490	7,685	9,605	11,530	13,255
	71-75	6,315	8,840	11,050	13,255	15,245
	76-80	7,260	10,165	12,705	15,245	17,530
	Above 80	8,350	11,690	14,610	17,530	20,160
Defined Limit Rs.5,00,000/-						
1A+1C	91days-35	1,510	2,115	2,640	3,170	3,645
	36-45	1,775	2,485	3,105	3,725	4,285
	46-50	2,310	3,230	4,035	4,845	5,570
	51-55	2,770	3,875	4,845	5,810	6,685
	56-60	3,185	4,455	5,570	6,685	7,685
	61-65	3,820	5,350	6,685	8,020	9,225
	66-70	4,395	6,150	7,685	9,225	10,605
	71-75	5,050	7,070	8,840	10,605	12,195
	76-80	5,810	8,130	10,165	12,195	14,025
	Above 80	6,680	9,350	11,690	14,025	16,130
Defined Limit Rs.10,00,000/-						
1A+1C	91days-35	1,135	1,585	1,980	2,375	2,735
	36-45	1,335	1,865	2,330	2,795	3,215
	46-50	1,730	2,425	3,030	3,635	4,180
	51-55	2,075	2,905	3,635	4,360	5,015
	56-60	2,390	3,345	4,180	5,015	5,765
	61-65	2,865	4,010	5,015	6,015	6,920
	66-70	3,295	4,615	5,765	6,920	7,955
	71-75	3,790	5,305	6,630	7,955	9,150
	76-80	4,355	6,100	7,625	9,150	10,520
	above 80	5,010	7,015	8,765	10,520	12,095

GOLD PLAN																
Sum Insured Rs.		5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
Family size	Age in yrs	Defined Limit Rs.3,00,000/-					Defined Limit Rs.5,00,000/-					Defined Limit Rs.10,00,000/-				
1A+2C	91days-35	2,220	3,105	3,880	4,660	5,355	1,775	2,485	3,105	3,725	4,285	1,335	1,865	2,330	2,795	3,215
	36-45	2,610	3,655	4,565	5,480	6,300	2,090	2,925	3,655	4,385	5,040	1,565	2,195	2,740	3,290	3,780
	46-50	3,395	4,750	5,935	7,120	8,190	2,715	3,800	4,750	5,700	6,555	2,035	2,850	3,560	4,275	4,915
	51-55	4,070	5,700	7,120	8,545	9,830	3,255	4,560	5,700	6,840	7,865	2,445	3,420	4,275	5,130	5,900
	56-60	4,680	6,555	8,190	9,830	11,300	3,745	5,245	6,555	7,865	9,040	2,810	3,935	4,915	5,900	6,780
	61-65	5,615	7,865	9,830	11,795	13,560	4,495	6,290	7,865	9,435	10,850	3,370	4,720	5,900	7,075	8,140
	66-70	6,460	9,040	11,300	13,560	15,595	5,170	7,235	9,040	10,850	12,475	3,875	5,425	6,780	8,140	9,360
	71-75	7,430	10,400	12,995	15,595	17,935	5,945	8,320	10,400	12,475	14,350	4,460	6,240	7,800	9,360	10,760
	76-80	8,540	11,955	14,945	17,935	20,625	6,835	9,565	11,955	14,350	16,500	5,125	7,175	8,970	10,760	12,375
Above 80	9,820	13,750	17,185	20,625	23,720	7,860	11,000	13,750	16,500	18,975	5,895	8,250	10,315	12,375	14,230	
1A+3C	91days-35	2,665	3,725	4,660	5,590	6,425	2,130	2,980	3,725	4,470	5,140	1,600	2,235	2,795	3,355	3,855
	36-45	3,130	4,385	5,480	6,575	7,560	2,505	3,510	4,385	5,260	6,050	1,880	2,630	3,290	3,945	4,535
	46-50	4,070	5,700	7,120	8,545	9,830	3,255	4,560	5,700	6,840	7,865	2,445	3,420	4,275	5,130	5,900
	51-55	4,885	6,840	8,545	10,255	11,795	3,910	5,470	6,840	8,205	9,435	2,930	4,105	5,130	6,155	7,075
	56-60	5,615	7,865	9,830	11,795	13,560	4,495	6,290	7,865	9,435	10,850	3,370	4,720	5,900	7,075	8,140
	61-65	6,740	9,435	11,795	14,150	16,275	5,390	7,550	9,435	11,320	13,020	4,045	5,660	7,075	8,490	9,765
	66-70	7,750	10,850	13,560	16,275	18,715	6,200	8,680	10,850	13,020	14,970	4,650	6,510	8,140	9,765	11,230
	71-75	8,915	12,475	15,595	18,715	21,520	7,130	9,980	12,475	14,970	17,215	5,350	7,485	9,360	11,230	12,915
	76-80	10,250	14,350	17,935	21,520	24,750	8,200	11,480	14,350	17,215	19,800	6,150	8,610	10,760	12,915	14,850
Above 80	11,785	16,500	20,625	24,750	28,460	9,430	13,200	16,500	19,800	22,770	7,075	9,900	12,375	14,850	17,075	
2A	91days-35	2,320	3,250	4,060	4,875	5,605	1,860	2,600	3,250	3,900	4,485	1,395	1,950	2,440	2,925	3,365
	36-45	2,730	3,820	4,775	5,730	6,590	2,185	3,060	3,820	4,585	5,275	1,640	2,295	2,865	3,440	3,955
	46-50	3,550	4,970	6,210	7,450	8,570	2,840	3,975	4,970	5,960	6,855	2,130	2,980	3,725	4,470	5,140
	51-55	4,260	5,960	7,450	8,940	10,280	3,410	4,770	5,960	7,155	8,225	2,555	3,580	4,470	5,365	6,170
	56-60	4,895	6,855	8,570	10,280	11,825	3,920	5,485	6,855	8,225	9,460	2,940	4,115	5,140	6,170	7,095
	61-65	5,875	8,225	10,280	12,335	14,190	4,700	6,580	8,225	9,870	11,350	3,525	4,935	6,170	7,405	8,515
	66-70	6,755	9,460	11,825	14,190	16,315	5,405	7,570	9,460	11,350	13,055	4,055	5,675	7,095	8,515	9,790
	71-75	7,770	10,880	13,595	16,315	18,760	6,215	8,705	10,880	13,055	15,010	4,665	6,530	8,160	9,790	11,260
	76-80	8,935	12,510	15,635	18,760	21,575	7,150	10,010	12,510	15,010	17,260	5,360	7,505	9,380	11,260	12,945
Above 80	10,275	14,385	17,980	21,575	24,810	8,220	11,510	14,385	17,260	19,850	6,165	8,630	10,790	12,945	14,890	
2A+1C	91days-35	2,900	4,060	5,075	6,090	7,005	2,320	3,250	4,060	4,875	5,605	1,740	2,440	3,045	3,655	4,205
	36-45	3,415	4,775	5,970	7,165	8,240	2,730	3,820	4,775	5,730	6,590	2,050	2,865	3,585	4,300	4,945
	46-50	4,435	6,210	7,760	9,315	10,710	3,550	4,970	6,210	7,450	8,570	2,665	3,725	4,660	5,590	6,425
	51-55	5,325	7,450	9,315	11,175	12,850	4,260	5,960	7,450	8,940	10,280	3,195	4,470	5,590	6,705	7,710
	56-60	6,120	8,570	10,710	12,850	14,780	4,895	6,855	8,570	10,280	11,825	3,675	5,140	6,425	7,710	8,870
	61-65	7,345	10,280	12,850	15,420	17,735	5,875	8,225	10,280	12,335	14,190	4,410	6,170	7,710	9,255	10,640
	66-70	8,445	11,825	14,780	17,735	20,395	6,755	9,460	11,825	14,190	16,315	5,070	7,095	8,870	10,640	12,235
	71-75	9,710	13,595	16,995	20,395	23,450	7,770	10,880	13,595	16,315	18,760	5,830	8,160	10,200	12,235	14,070
	76-80	11,170	15,635	19,545	23,450	26,970	8,935	12,510	15,635	18,760	21,575	6,700	9,380	11,725	14,070	16,185
Above 80	12,845	17,980	22,475	26,970	31,015	10,275	14,385	17,980	21,575	24,810	7,705	10,790	13,485	16,185	18,610	
2A+2C	91days-35	3,415	4,775	5,970	7,165	8,240	2,730	3,820	4,775	5,730	6,590	2,050	2,865	3,585	4,300	4,945
	36-45	4,015	5,620	7,025	8,430	9,690	3,210	4,495	5,620	6,745	7,755	2,410	3,375	4,215	5,060	5,815
	46-50	5,220	7,305	9,130	10,955	12,600	4,175	5,845	7,305	8,765	10,080	3,130	4,385	5,480	6,575	7,560
	51-55	6,260	8,765	10,955	13,145	15,120	5,010	7,015	8,765	10,520	12,095	3,760	5,260	6,575	7,890	9,070
	56-60	7,200	10,080	12,600	15,120	17,385	5,760	8,065	10,080	12,095	13,910	4,320	6,050	7,560	9,070	10,435
	61-65	8,640	12,095	15,120	18,140	20,865	6,915	9,675	12,095	14,515	16,690	5,185	7,260	9,070	10,885	12,520
	66-70	9,935	13,910	17,385	20,865	23,990	7,950	11,130	13,910	16,690	19,195	5,965	8,345	10,435	12,520	14,395
	71-75	11,425	15,995	19,995	23,990	27,590	9,140	12,795	15,995	19,195	22,075	6,855	9,600	11,995	14,395	16,555
	76-80	13,140	18,395	22,990	27,590	31,730	10,510	14,715	18,395	22,075	25,385	7,885	11,040	13,795	16,555	19,040
Above 80	15,110	21,155	26,440	31,730	36,485	12,090	16,925	21,155	25,385	29,190	9,065	12,695	15,865	19,040	21,895	

GOLD PLAN						
Sum Insured Rs.		5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
Family size	Age in yrs	Defined Limit Rs.3,00,000/-				
2A+3C	91days-35	4,095	5,730	7,165	8,595	9,885
	36-45	4,815	6,745	8,430	10,115	11,630
	46-50	6,260	8,765	10,955	13,145	15,120
	51-55	7,515	10,520	13,145	15,775	18,140
	56-60	8,640	12,095	15,120	18,140	20,865
	61-65	10,370	14,515	18,140	21,770	25,035
	66-70	11,925	16,690	20,865	25,035	28,790
	71-75	13,710	19,195	23,990	28,790	33,110
	76-80	15,765	22,075	27,590	33,110	38,075
Above 80	18,130	25,385	31,730	38,075	43,785	
Defined Limit Rs.5,00,000/-						
2A+3C	91days-35	3,275	4,585	5,730	6,880	7,910
	36-45	3,855	5,395	6,745	8,090	9,305
	46-50	5,010	7,015	8,765	10,520	12,095
	51-55	6,010	8,415	10,520	12,620	14,515
	56-60	6,915	9,675	12,095	14,515	16,690
	61-65	8,295	11,610	14,515	17,415	20,030
	66-70	9,540	13,355	16,690	20,030	23,030
	71-75	10,970	15,355	19,195	23,030	26,485
	76-80	12,615	17,660	22,075	26,485	30,460
Above 80	14,505	20,305	25,385	30,460	35,030	
Defined Limit Rs.10,00,000/-						
2A+3C	91days-35	2,460	3,440	4,300	5,160	5,935
	36-45	2,890	4,045	5,060	6,070	6,980
	46-50	3,760	5,260	6,575	7,890	9,070
	51-55	4,510	6,310	7,890	9,465	10,885
	56-60	5,185	7,260	9,070	10,885	12,520
	61-65	6,220	8,710	10,885	13,065	15,020
	66-70	7,155	10,015	12,520	15,020	17,275
	71-75	8,225	11,515	14,395	17,275	19,865
	76-80	9,460	13,245	16,555	19,865	22,845
above 80	10,880	15,230	19,040	22,845	26,270	

A=Adult, C=Child

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