

PROSPECTUS
SENIOR CITIZENS RED CARPET HEALTH INSURANCE POLICY

Unique Id: IRDA/NL-HLT/SHAI/P-H/V.II/172/14-15

The product provides for regular hospitalization benefits.

What are the benefits available under the insurance?

- A. Room, Boarding and nursing expenses as provided by the Hospital / Nursing Home at 1% of the sum insured subject to a maximum of Rs.6,000/- per day.
- B. ICU charges up to 2% of the sum Insured per day.
- C. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees subject to a maximum of 25% of the sum insured per hospitalisation
- D. Anaesthesia, Blood, Oxygen, Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker and similar expenses subject to a maximum of 50% of the sum insured per hospitalisation. With regard to coronary stenting, the company will pay such amount up to the extent of cost of bare metal stent/drug eluting cobalt-chromium stent/drug eluting stainless steel stent.
- E. Emergency ambulance charges up-to a sum of Rs.600/- per hospitalisation and Rs.1,200/- per policy period for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment provided such hospitalisation claim is admissible under the Policy.
- F. A sum equivalent to 7% of the hospitalization expenses incurred comprising of Nursing Charges, Surgeon / Consultant fees, Diagnostic charges, Medicines and drugs only subject to a maximum of Rs.5,000/- per occurrence towards post hospitalization medical expenses wherever recommended by the attending Medical Practitioner
- G. Expenses on Medical Consultations as an Out Patient incurred in a Network Hospital up to the limits mentioned in the table given below with a limit of Rs.200/- per consultation. Payment under this benefit will not reduce the sum insured and is payable only when the policy is in-force.

Sum Insured	Limit per policy period (Rs.)
1,00,000	NA
2,00,000	
3,00,000	600
4,00,000	800
5,00,000	1000
7,50,000	1200
10,00,000	1400

Note: Expenses on Hospitalization are payable provided the hospitalization is an in-patient for minimum period of 24 hours. However this time limit will not apply for *Day Care treatments /procedures, taken in the Hospital / Nursing Home and the Insured is discharged on the same day.

Who can take this insurance?

Any person aged between 60 years and 75 years can take this insurance. Beyond 75 years, only renewals are allowed.

What are the sum insured options available?

Sum Insured options available are Rs.1,00,000/-, Rs.2,00,000/-, Rs.3,00,000/-, Rs.4,00,000/-, Rs.5,00,000/-, Rs.7,50,000/- and Rs. 10,00,000/-.

What are the exclusions under the policy?

1. Pre Existing Diseases as defined in the policy until 12 consecutive months of continuous coverage have elapsed, since inception of the first policy with any Indian Insurer.
2. Any disease contracted by the insured person during the first 30 days from the commencement date of this 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 this Senior Citizens Red Carpet Health Insurance Policy any expenses on
 - a) Cataract, Glaucoma, Diseases of the anterior segment and posterior segment of the eyes, All Diseases related to ENT, Diseases related to Thyroid, Prolapse of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers, all diseases of Prostate, Stricture Urethra, all types of Hernia, Varicocele, Hydrocele, Fistula / Fissure in ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence and Congenital Internal disease / defect.
 - b) Gall bladder and Pancreatic diseases and all treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary disease including Gall bladder and Pancreatic calculi. All types of management for Kidney and Genito-urinary tract calculi.
 - c) All treatments (conservative, interventional, laparoscopic and open) related to all diseases of Uterus, Fallopian tubes, Cervix and Ovaries, Dysfunctional Uterine bleeding, Pelvic inflammatory diseases, Benign breast diseases.
 - d) Conservative, operative treatment and all types of intervention for diseases related to Tendon, Ligament, Fascia, Bones and joint [other than caused by accident]
 - e) Degenerative disc and Vertebral diseases including replacement of Bones and Joints and Degenerative diseases of the Musculo-skeletal system
 - f) Subcutaneous benign lumps, Sebaceous cyst, Dermoid cyst, Lipoma, Neurofibroma, Fibro adenoma, Ganglion and similar pathology
 - g) Any transplant and related surgery

This waiting period 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.
4. Circumcision (except where medically necessary), Inoculation or Vaccination (except for post-bite treatment and for medical treatment other than for prevention of diseases)
5. Dental treatment (unless necessitated due to accidental injuries and requiring hospitalization), any form of cosmetic surgery and / or implants.
6. Convalescence, General debility, Run-down condition or rest cure, Nutritional deficiency states, Psychiatric, Mental and behavioural disorders, Congenital external disease or defects or anomalies, Venereal disease and Sexually Transmitted Diseases, intentional self injury and use of intoxicating drugs / alcohol, smoking and tobacco chewing.
7. Injury/disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not).
8. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
9. Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these (other than ectopic Pregnancy), family planning treatment and all types of treatment for infertility and its complications thereof.
10. Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical

treatment for weight control, treatment for metabolic, genetic and endocrine disorders.

11. All expenses arising out of any condition directly or indirectly caused due to or associated with human T-cell Lymphotropic 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.
12. Expenses incurred on High Intensity Focused Ultra Sound, Uterine fibroid embolisation, Balloon Sinoplasty, Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Deep Brain Stimulation, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, Photodynamic therapy and such other therapies similar to those mentioned herein under exclusion No.12.
13. Expenses incurred on Lasik Laser or Refractive Error Correction and its complications, all treatment for disorders of eye requiring intra-vitreous injections and related procedures.
14. 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.
15. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
16. Naturopathy Treatment, Unconventional, Untested, Unproven, Experimental therapies.
17. Stem cell Therapy and related transplantation, Chondrocyte Implantation, Immunotherapy, Oral Chemo Therapy.
18. Hospital registration charges, admission charges, record charges, telephone charges and such other charges.
19. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicines other than Allopathy.
20. 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), all treatment for erectile dysfunctions.
21. Cost of spectacles and contact lens, hearing aids, Cochlear implants, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids.
22. Any specific time-bound or life time exclusions applied, specified and accepted by the insured.
23. Other expenses as detailed elsewhere in the policy. (Please refer Policy for details)

Are there any sub-limits ?

Yes. Treatment for Cataract, Cerebro-vascular Accident, Cardiovascular Diseases, Cancer, Treatment for Breakage of Bones, Renal Complications and all other major surgeries are subject to the following limits

Sum Insured Rs.	1,00,000/-	2,00,000/-	3,00,000/-	4,00,000/-	5,00,000/-	7,50,000/-	10,00,000/-
Particulars	Limit of Company's Liability Rs.						
Cataract	15,000/-	15,000/-	18,000/-	20,000/-	21,500/-	23,000/-	25,000/-
Cerebro-vascular Accident	75,000/-	150,000/-	200,000/-	225,000/-	275,000/-	300,000/-	350,000/-
Cardiovascular Diseases	75,000/-	150,000/-	200,000/-	225,000/-	275,000/-	300,000/-	350,000/-
Cancer	75,000/-	150,000/-	200,000/-	225,000/-	275,000/-	300,000/-	350,000/-
Treatment for Breakage of Bones	75,000/-	150,000/-	200,000/-	225,000/-	275,000/-	300,000/-	350,000/-
Renal Complications	75,000/-	150,000/-	200,000/-	225,000/-	275,000/-	300,000/-	350,000/-
All other major surgeries	60,000/-	120,000/-	150,000/-	200,000/-	225,000/-	250,000/-	275,000/-

What is the special feature of this policy?

- Specially designed for senior citizens with entry age between 60 & 75 years.
- No pre insurance health screening is done.
- Pre-existing diseases covered after 12 months.
- Guaranteed Life-long renewals
- 8 Day-Care treatments covered

What is the co-payment under the policy?

This policy is subject to co-payment of 50% of each and every claim relating to pre-existing diseases and 30% of each and every claim for all other claims.

Pre-acceptance Medical Screening: No pre-acceptance Medical Screening irrespective of the age of the person and the sum insured opted. However medical examination will be done for those who declare adverse medical history. At present, 100% cost of such medical examination is borne by the company. Under all circumstances, the proposer will be intimated in advance about the need to undergo medical examination.

Renewal: The policy will be renewed except on grounds of misrepresentation / fraud committed. A grace period of 30 days from the date of expiry of the policy is available for renewal. If renewal is made within this 30 days period the continuity of benefits will be allowed. However the actual period of cover will start only from the date of payment of premium. In other words no protection is available between the policy expiry date and the date of payment of premium for renewal.

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.

Enhancement of Sum Insured

The sum insured can be enhanced at the time of renewal of this policy subject to no claim being lodged or paid under this policy, at the discretion of the Company. If enhancement of sum insured is accepted by the Company, such enhancement is possible only for the immediately next higher sum insured.

Where the sum insured is enhanced, the amount of such additional sum insured shall be subject to the following terms:

Waiting period as under shall apply afresh from the date of such enhancement for the increased sum insured, that is, the difference in sum insured between the previous sum insured and the increased current sum insured.

- i) First 30 days as under Exclusion No. 2
- ii) 24 months with continuous coverage without break (with grace period) in respect of diseases / treatments falling under Exclusion No.3
- iii) 12 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases as defined, under Exclusion No.1

The amount by which the sum insured is enhanced is subject to a waiting period of 12 months from the date of enhancement

- i) in respect of diseases / conditions for which claim is paid or admitted as payable in the previous policy period and / or
- ii) for diseases / conditions diagnosed / treated, irrespective of whether any claim is made or not in the previous policy period.

The above applies to each relevant insured person.

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, if any, 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

Portability:

This policy is portable and is subject to Portability Regulations. 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

Cancellation: The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in the proposal form and/or claim form at the time of claim or non-co-operation of the insured person, by sending the Insured 30 days notice by registered letter at the Insured person's last known address and no refund of premium will be made. The insured may at any time cancel this policy and in such event the Company shall allow refund after retaining premium at Company's short Period rate only (table given below) provided no claim has occurred up to the date of cancellation

PERIOD ON RISK	RATE OF PREMIUM TO BE RETAINED
Up to one-month	1/3 rd of Annual premium
Up to three Months	½ of Annual premium
Up to six months	3/4 th of Annual premium
Exceeding six months	full Annual premium

Income Tax Benefits

Insured Person is eligible for relief under Section 80-D of the Income Tax Act 1961 in respect of the amount paid by any mode other than cash.

How much does it cost to take this insurance?

The premium is given below:- (excluding service tax)

Sum Insured Rs.	Premium Rs.
100,000/-	4,450/-
200,000/-	8,456/-
300,000/-	12,900/-
400,000/-	15,501/-
500,000/-	18,000/-
750,000/-	21,000/-
10,00,000/-	22,500/-

Renewal premium is subject to change with prior approval from the Regulator

Policy Term : 1 year**What are the discounts available in the premium?**

1. A Discount of 5% is allowable for On-Line purchase.
2. A discount of 10% of the premium will be allowed if the proposer produces the following documents to the satisfaction of the Company:-
 - a. Stress Thallium Report
 - b. BP Report
 - c. Sugar (blood & urine)
 - d. Blood urea & creatinine

The tests should have been taken not before 45 days prior to the date of proposal. This discount is available even for renewals if the policy is renewed continuously without break.

Note : There is no pre-acceptance medical screening for the product. In case the above tests are taken then the reports can be submitted to avail 10% discount in premium. The Company will not bear the cost of tests as it is purely voluntary.

How to buy this insurance?

Please contact our nearest Branch Office or visit our website www.starhealth.in for online purchase

How to make a claim under the policy?

- ❖ Call the 24 hour help-line for assistance - **1800 425 2255**
- ❖ Inform the ID 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
- ❖ In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents

Original Documents to be submitted in support of claim are

For Reimbursement claims:

- a. Duly completed claim form, and
- b. Pre Admission investigations and treatment papers.
- c. Discharge Summary from the hospital
- d. Cash receipts from hospital, chemists
- e. Cash receipts and reports for tests done
- f. Receipts from doctors, surgeons, anaesthetist
- g. Certificate from the attending doctor regarding the diagnosis.

Claims of Out Patient Consultations will be settled on a reimbursement basis on production of cash receipts issued by the networked hospital where the consultation was done.

For Cashless Treatment:

- a. Call the 24 hour help-line for assistance - 1800 425 2255
- b. Inform the ID number for easy reference
- c. On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk
- d. Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
- e. The Treating Doctor will complete the hospitalisation/ treatment information and the hospital will fill up expected cost of treatment. This form is submitted to the Company
- f. The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate.
- g. Once all the details are furnished, the Company will process the request as per the terms and conditions as well as the exclusions therein and either approve or reject the request based on the merits.
- h. In case of emergency hospitalization information to be given within 24 hours after hospitalization
- i. Cashless facility can be availed only in networked Hospitals. For details of Networked Hospitals, the insured may visit www.starhealth.in or contact the nearest branch or refer to the list of Networked Hospitals provided with the policy document.