

Senior Citizens Red Carpet Health Insurance *Policy*

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

Turning sixty is a major milestone for people, a time to start being more careful about their health. It is a matter of concern that insurance policies are hardly available to address this critical requirement.

STAR Health's **Senior Citizens Red Carpet Health Insurance Policy** is aimed specifically at senior citizens. It provides cover to anyone from the age of 60 and permits entry right up to the age of 75 with continuing cover thereafter till lifetime. It is our way of caring for a generation that has done so much to build the country we have today.

★ Special Features

- Entry age from 60 to 75 years

- Guaranteed Lifelong renewals

- No pre-acceptance medical screening

- In-patient Hospitalization Cover

- Coverage for all Pre-existing diseases after 12 months from the date of commencement of first policy

- Cover for Medical Consultations as an Out Patient

★ Policy Benefits

- Hospitalization Cover: Room, Boarding and Nursing expenses at 1% of the sum insured subject to a maximum of Rs.6000/- per day.

- ICU charges up to 2% of the sum Insured per day.

- Surgeon's fees, Consultant's fees, Anesthetist's and Specialist's fees up to 25% of the sum insured per hospitalization.

- Anesthesia, Blood, Oxygen, Operation Theatre charges, Cost of Pacemaker etc up to 50% of the sum insured per hospitalization.

- Emergency ambulance charges for transporting the insured patient to the hospital up to a sum of Rs.600/- per hospitalization and overall limit of Rs.1200/- per policy period.

- Policy term : 1 year

- Treatment for specified diseases subject to limits given below:

Sl. No.	Disease	Sum Insured Rs.	Limit of Company's Liability Rs.
1	Cataract	1,00,000	15,000
		2,00,000	15,000
		3,00,000	18,000
		4,00,000	20,000
		5,00,000	21,500
		7,50,000	23,000
		10,00,000	25,000
2	Cerebro-vascular Accident	1,00,000	75,000
		2,00,000	150,000
		3,00,000	200,000
		4,00,000	225,000
		5,00,000	275,000
		7,50,000	300,000
		10,00,000	350,000
3	Cardio-vascular Diseases	1,00,000	75,000
		2,00,000	150,000
		3,00,000	200,000
		4,00,000	225,000
		5,00,000	275,000
		7,50,000	300,000
		10,00,000	350,000
4	Cancer	1,00,000	75,000
		2,00,000	150,000
		3,00,000	200,000
		4,00,000	225,000
		5,00,000	275,000
		7,50,000	300,000
		10,00,000	350,000
5	Treatment for Breakage of Bones	1,00,000	75,000
		2,00,000	150,000
		3,00,000	200,000
		4,00,000	225,000
		5,00,000	275,000
		7,50,000	300,000
		10,00,000	350,000
6	Renal Complications	1,00,000	75,000
		2,00,000	150,000
		3,00,000	200,000
		4,00,000	225,000
		5,00,000	275,000
		7,50,000	300,000
		10,00,000	350,000
7	All other major surgeries	1,00,000	60,000
		2,00,000	120,000
		3,00,000	150,000
		4,00,000	200,000
		5,00,000	225,000
		7,50,000	250,000
		10,00,000	275,000

★ Out Patient Medical Consultations

Cover for expenses incurred as an outpatient towards medical consultation in a network hospital up to the limits mentioned in the table given below with a limits 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 Rs.	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

★ Coverage for Pre-existing diseases :

All pre-existing diseases are covered after 12 months from the date of first commencement of policy

★ Post Hospitalization:

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.

★ 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

★ Policy Premium (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

A discount of 10% of the premium will be allowed if the proposer produces the following documents to the satisfaction of the Company:-

- Stress Thallium Report
- BP Report
- Sugar (blood & urine)
- Blood urea & creatinine

The tests should have been taken not before 45 days from the date of the proposal

★ 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

★ Co-payment :

50% of each and every claim relating to pre-existing diseases

30% of each and every claim for all other claims.

★ 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.

- First 30 days as under Exclusion No. 2
- 24 months with continuous coverage without break (with grace period) in respect of diseases / treatments falling under Exclusion No.3
- 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

- in respect of diseases / conditions for which claim is paid or admitted as payable in the previous policy period and / or
- 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.

★ Exclusions

- 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.
- 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.
- During the first two years of continuous operation of this Senior Citizens Red Carpet Health Insurance Policy any expenses on
 - 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.
 - 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.
 - 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.
 - Conservative, operative treatment and all types of intervention for diseases related to Tendon, Ligament, Fascia, Bones and joint [other than caused by accident]
 - 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 Lymph 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.
 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 in the policy.(Please refer Policy for details)

★ **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	1/3rd 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

★ **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

★ **Claims Procedure**

- Call the 24 hour help-line for assistance - **1800-425-2255 / 1800-102-4477**
- Inform the ID number for easy reference
- In case of planned hospitalization please 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

Senior Citizens Red Carpet

★ **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 and hassle-free claim settlement.
- Cashless hospitalization
- Network of more than 6000 hospitals across India.
- 24 x 7 toll-free Helpline
- Information on Health through Free Health Magazine.
- Facility for maintaining personal health records in electronic format

★ **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.

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please read the policy wordings before concluding sale
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SENIOR CITIZENS RED CARPET HEALTH INSURANCE POLICY

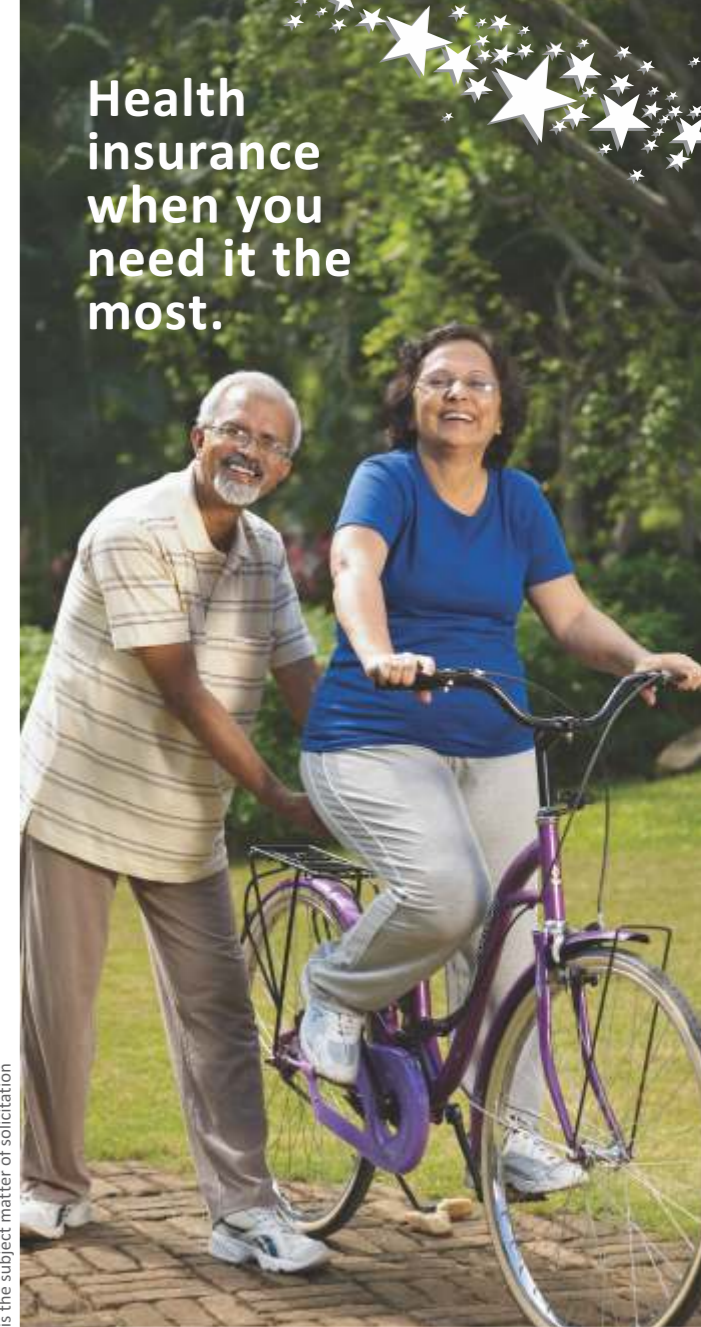
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