



Personal & Caring

Health
Insurance

The Health Insurance Specialist



**STAR EXTRA A PROTECT –
ADD ON COVER**

Enhancing Protection, Restoring Happiness

Star Extra Protect – Add on Cover

Unique Identification No.: SHAHLIA23061V012223

It is always said - a little extra makes all the difference. We do believe in the same and hence we are happy to present "Star Extra Protect – Add on Cover" which enhances the limits of existing covers in addition to offering new features to the **Base Policy**.

Eligibility

- Add on Cover can be purchased along with the **Base Policy** only either at inception or during Renewal of the **Base Policy**.
- Add on Cover is available for Insured having a minimum Sum Insured of Rs.10,00,000/- under the **Base Policy**

Note: During renewal, if Insured reduces the **Base Policy** Sum Insured to below Rs.10,00,000/-, the Add on Cover will not be available

Base Policy – Family Health Optima Insurance Plan / Star Comprehensive Insurance Policy / Medi Classic Insurance Policy (Individual)

Age/Family Size Applicability – As per **Base Policy**

Add on Cover Term – As per **Base Policy**

Premium for (Section - I) – 15% on the applicable **Base Policy** premium

Coverage

Section - I		
Enhanced Room Rent	CLAIM GUARD (Coverage for Non-medical Items (Consumables))	Enhanced Limit for Modern Treatments
Enhanced Limit for Ayush Treatment	Home Care Treatment	Bonus Guard
Section - II		
Option to choose Aggregate Deductible for Discount on Premium		
Note		
1. Insured can opt Section I (or) Section II (or) Both		
2. If Section I in the Add on Cover is opted, Insured cannot opt-out of the same at the time of renewal		

SECTION - I

Enhanced Room Rent: Room, boarding, nursing expenses all inclusive as provided by the hospital / nursing home as per the limits given below:

Sum Insured (Rs.)	10,00,000/- to 20,00,000/- (as per Base Policy)	Above 20,00,000/- (as per Base Policy)
Room Rent Eligibility	Any Room (Except for suite room and above the category of suite room)	Any Room

CLAIM GUARD (Coverage for Non-medical Items (Consumables)): If there is an admissible claim under the **Base Policy**, then the expenses towards the following items will become payable.

Sl.No.	ITEM	Sl.No.	ITEM
1	BABY FOOD	26	BIRTH CERTIFICATE
2	BABY UTILITIES CHARGES	27	CERTIFICATE CHARGES
3	BEAUTY SERVICES	28	COURIER CHARGES
4	BELTS / BRACES	29	CONVEYANCE CHARGES
5	BUDS	30	MEDICAL CERTIFICATE
6	COLD PACK / HOT PACK	31	MEDICAL RECORDS
7	CARRY BAGS	32	PHOTOCOPIES CHARGES
8	EMAIL / INTERNET CHARGES	33	MORTUARY CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	34	WALKING AIDS CHARGES
10	LEGGINGS	35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
11	LAUNDRY CHARGES	36	SPACER
12	MINERAL WATER	37	SPIROMETRE
13	SANITARY PAD	38	NEBULIZER KIT
14	TELEPHONE CHARGES	39	STEAM INHALER
15	GUEST SERVICES	40	ARMSLING
16	CREPE BANDAGE	41	THERMOMETER
17	DIAPER OF ANY TYPE	42	CERVICAL COLLAR
18	EYELET COLLAR	43	SPLINT
19	SLINGS	44	DIABETIC FOOT WEAR
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	45	KNEE BRACES (LONG / SHORT / HINGED)
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	46	KNEE IMMOBILIZER / SHOULDER IMMOBILIZER
22	TELEVISION CHARGES	47	LUMBO SACRAL BELT
23	SURCHARGES	48	NIMBUS BED OR WATER OR AIR BED CHARGES
24	ATTENDANT CHARGES	49	AMBULANCE COLLAR
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	50	AMBULANCE EQUIPMENT

Sl.No.	ITEM	Sl.No.	ITEM
51	ABDOMINAL BINDER	60	MASK
52	PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES	61	OUNCE GLASS
53	SUGAR FREE TABLETS	62	OXYGEN MASK
54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)	63	PELVIC TRACTION BELT
55	ECG ELECTRODES	64	PAN CAN
56	GLOVES	65	TROLLY COVER
57	NEBULISATION KIT	66	UROMETER, URINE JUG
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	67	AMBULANCE
59	KIDNEY TRAY	68	VASOFIX SAFETY
The amount payable under this clause shall be part of the Sum Insured under the Base Policy and not in addition to the same.			

- **Enhanced Limit for Modern treatments:** The following procedures covered under the **Base Policy** with sub-limits are covered up to sum insured of the **Base Policy**.

1.	Uterine Artery Embolization and HIFU
2.	Balloon Sinuplasty
3.	Deep brain stimulation
4.	Oral Chemotherapy
5.	Immunotherapy - Monoclonal antibody to be given as injection
6.	Intra Vitreal injections
7.	Robotic surgeries
8.	Stereotactic radio surgeries
9.	Bronchical Thermoplasty
10.	Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
11.	IONM - (Intra Operative Neuro Monitoring)
12.	Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions
The amount payable under this clause shall be part of the Sum Insured under the Base Policy and not in addition to the same.	

- **Enhanced Limit for Ayush treatment:** Medical expenses for In-patient Hospitalization incurred on treatment under Ayurveda, Unani, Siddha and Homeopathy systems of medicines in a AYUSH Hospital is payable up to sum insured of the **Base Policy**.

Note:

- Yoga and naturopathy systems of treatments are excluded from the scope of coverage under AYUSH treatment.
- The amount payable under this clause shall be part of the Sum Insured under the **Base Policy** and not in addition to the same.

- **Home Care Treatment:** Payable up to 10% of sum insured of the **Base Policy**, subject to maximum of Rs.5,00,000/- in a policy year, for treatment availed by the insured person at home, only for the specified conditions mentioned below, which in normal course would require care and treatment at a hospital but is actually taken at home provided that:
 - the medical practitioner advises the insured person to undergo treatment at home
 - there is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment
 - daily monitoring chart including records of treatment administered duly signed by the treating doctor are maintained
 - Insured can avail "Home Care Treatment" service on cashless / reimbursement basis, if availed from our network service providers given in our website 'www.starhealth.in'

List of treatments / conditions covered under Home Care Treatment:

- Fever and infectious diseases which can be managed as In-patient
- Uncomplicated urinary tract infections but needing parenteral antibiotics
- Asthma and COPD-Mild Exacerbations needing Home Nebulization
- Acute Gastritis/Gastroenteritis
- I.V. Chemotherapy [Where advised by the doctor]
- Palliative Cancer Care requiring medical assistance
- Acute Vertigo
- Diabetic Foot and Cellulitis
- IVDP [Cervical and Lumbar Disc diseases]
- Major surgeries/Arthroplasties needing IV Antibiotics Post Discharge
- Care for Brain and Spinal Injury Cases Post Discharge
- Post CVA Care at Home after discharge

The amount payable under this clause shall be part of the Sum Insured under the **Base Policy** and not in addition to the same.

- **Bonus Guard**

- Cumulative bonus available under **Base Policy** will not be reduced at the time of renewals unless the bonus is utilized.
- On full utilization of sum insured and nil utilization of cumulative bonus accrued, such cumulative bonus so granted under the **Base Policy** will not be reduced
- On full utilization of sum insured and partial utilization of cumulative bonus accrued, the cumulative bonus granted under the **Base Policy** on renewal will be the balance cumulative bonus available
- On full utilization of Sum Insured and full utilization of cumulative bonus accrued, the cumulative bonus granted under the **Base Policy** on renewal will be "nil"

SECTION - II

- ☛ **Option to choose aggregate deductible:** If the insured chooses any of the following deductibles, the Company will provide discount on premium.

Sum Insured (Rs.)	Aggregate Deductible Options (Rs.)	Discount Offered on Premium
10,00,000/- to 20,00,000/-	25,000	15%
	50,000	20%
	1,00,000	30%
Above 20,00,000/-	25,000	12%
	50,000	18%
	1,00,000	25%
The Company will be liable under the Base Policy only if admissible claim/s exceeds the aggregate deductible limit.		

Note: Aggregate Deductible means the aggregate of admissible hospitalisation expenses in a policy year up to which the Company is not liable.

- ☛ **General Conditions (Applicable to both Section I and Section II)**

1. The Add on Cover can be purchased along with the **Base Policy** only (with Rs.10,00,000/- and above Sum Insured) either at Inception or during Renewal of the **Base Policy**.
2. The Add on Cover shall be available only if the same is specifically mentioned in the **Base Policy** Schedule.
3. Any claim under this Add on Cover will be subject to an admissible claim under the **Base Policy**.
4. Wherever the benefits mentioned in the Add on Cover (Section I Benefits) are already available in the **Base Policy**, the Add on Cover benefits shall supersede the existing benefits.
5. The limits under the Add on Cover shall not be in addition to the limits under the **Base Policy**.
6. Wherever the benefits mentioned in the Add on Cover are not available in the **Base Policy**, the Add on Cover benefits will get added to the existing benefits of the **Base Policy**.
7. During renewal, if insured reduces the **Base Policy** Sum Insured to below Rs.10,00,000/-, the Add on Cover will not be available.
8. In case if insured migrates from the existing **Base Policy** to any other product offered by the Company, providing of the Add on Cover is subject to the availability of Add on Cover in the migrated product.
9. If Section I in the Add on Cover is opted, Insured cannot opt-out of the same at the time of renewal provided the Sum Insured is Rs.10,00,000/- and above.

- ☛ **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.

- ☛ **Disclosure of Information:** The policy shall be 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.

- ☛ **Withdrawal of 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.

- ☛ **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.

- ☛ **Terms, Conditions, Exclusions, Waiting Periods and Cancellation:** All other terms, conditions, exclusions, waiting periods and cancellation will apply as per the **Base Policy**.

- ☛ **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.

- ☛ **TAXES ARE SUBJECT TO CHANGES IN TAX LAWS**

- ☛ **Star Advantages**

- No Third Party Administrator, direct in-house claims settlement.
- Faster and hassle- free claim settlement
- Cashless facility wherever possible in network hospitals.

- ☛ **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 wordings before concluding sale

Or

Visit our website www.starhealth.in

“IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint”

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Unique Identification No.: SHAHLIA23061V012223

Insurance is the subject
matter of solicitation

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