

# Star Senior Citizens' Red Carpet Insurance - Policy



Star Health and Allied Insurance Company Limited  
 Regd. & Corp. Off: No.1, New Tank Street, Valluvarakkottam High Road,  
 Nungambakkam, Chennai - 600 034. Ph: 044 - 28288800  
 Telefax : 044 - 28260062 Website : www.starhealth.in

## The proposal, Declaration and other documents if any given by the proposer form the basis of this policy of insurance.

In consideration of the premium paid and subject to the terms and conditions as set out in the Schedule with all its parts, the Company by this Policy agrees as under:

Subject to terms, conditions, exclusions and definitions contained herein or endorsed or otherwise expressed hereon, the Company undertakes that if during the period stated in the Schedule or during the continuance of this policy by renewal if the insured person shall contract any disease or suffer from any illness (herein after called DISEASE) or sustain any bodily injury through accident (hereinafter called INJURY) and if such disease or injury shall require the insured person upon the advice of the duty Qualified Physician/Medical Specialist/Medical Practitioner (hereinafter called **MEDICAL PRACTITIONER**) or of a duly qualified Surgeon (herein after called **SURGEON**) to incur Hospitalization expenses for medical/surgical treatment at any Nursing Home/Hospital in India as herein defined (hereinafter called **HOSPITAL**) as an inpatient the Company will pay to the Insured Person the amount of such expenses as are reasonably and necessarily incurred in respect by or on behalf of the Insured Person up-to the limits indicated but not exceeding the sum insured in aggregate in any one period stated in the schedule hereto.

- A) Room Boarding as provided by the Hospital/Nursing Home at 1% of the Sum Insured subject to a maximum of Rs. 4000/-per day
- B) ICU charges up to 2% of the sum insured per day.
- C) Nursing expenses.
- D) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees subject to a maximum of 25% of the sum insured per hospitalisation
- E) Anesthesia, 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
- F) Emergency ambulance charges upto a sum of Rs. 600/- per hospitalisation and overall limit of Rs.1200/-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 as per the Policy.
- G) A sum equivalent to 7% of the hospitalisation expenses incurred comprising of Nursing Charges, Surgeon/Consultant fees, Diagnostic charges, Medicines and Drugs only subject to a maximum of Rs.5000/- per occurrence towards Post-Hospitalisation medical expenses wherever recommended by the attending Medical Practitioner.

Where Package rates are charged by the hospitals, the Post-Hospitalisation benefit will be calculated after taking the room and boarding charges at Rs.4000/-per day. Expenses on Hospitalization for minimum period of 24 hours are admissible. However this time limit will not apply for Dialysis, Chemotherapy, Radiotherapy, Cataract surgery, Dental Surgery, Lithotripsy (Kidney stone removal) Tonsillectomy, Cutting and Draining of Abscess, Liver Aspiration, Pleural Effusion Aspiration, Colonoscopy, Sclerotherapy, taken in the Hospital / Nursing Home and the Insured is discharged on the same day.

The amount payable in respect of the following treatment is up-to the limit mentioned there-against:

Cataract surgery Rs. 15000/- in respect of one or both eyes in the entire policy period

Lithotripsy (Kidney stone removal) - Rs.20,000/- Tonsillectomy - Rs. 7,500/-

Cutting and Draining of Abscess - Rs.1,500/- Liver Aspiration - Rs.2,000/-

Pleural Effusion Aspiration - Rs.2,000/- Colonoscopy - Rs.2,000/-

Sclerotherapy - Rs.5,000/-

Provided the waiver of the minimum period of 24 hours hospitalisation is limited to the above noted treatments only. The expenses payable during the entire policy period in respect of the following diseases/conditions is limited to the amount mentioned there against:

Sl. No.	Disease	Sum Insured Rs.	Limit of Company's Liability Rs.
1	Cerebro Vascular Accident / Cardio Vascular Disease / Cancer and Breakage / of Bones  /non disclosing	1,00,000	75,000
		2,00,000	1,50,000
		3,00,000	1,60,000
		4,00,000	1,70,000
		5,00,000	1,80,000
2	Renal Complications	1,00,000	75,000
		2,00,000	1,50,000
		3,00,000	1,60,000
		4,00,000	1,70,000
		5,00,000	1,80,000
3	All other major surgeries	1,00,000	60,000
		2,00,000	1,20,000
		3,00,000	1,30,000
		4,00,000	1,40,000
		5,00,000	1,50,000

**Note:-Company's liability in respect of all claims admitted during the period of insurance shall not exceed the Sum insured per person mentioned in the Schedule.**

## DEFINITIONS

### Any One Illness

Any One Illness will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital / Nursing Home where treatment has been taken. Occurrence of the same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.



**Diagnosis** means Diagnosis by a registered medical practitioner, supported by clinical, radiological and histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable, acceptable to the Company.

**Hospital/Nursing Home** means any institution in India established for indoor care and treatment of sickness and injuries and which

**Either**

a) Has been registered either as hospital or nursing home with the local authorities and is under the supervision of a registered and qualified Medical Practitioner.

**Or**

b) Should comply with minimum criteria as under

1. It should have at least 15 inpatient beds,
2. Fully equipped operation theatre of its own wherever surgical operation is carried out,
3. Fully qualified nursing staff under its employment round the clock,
4. Fully qualified Doctor(s) should be in charge round the clock,

(NB: In class 'C' towns conditions of number of bed be reduced to 10)

The term "Hospital / Nursing home" shall not include an establishment which is a place of rest, a place for the aged, a place for drug addicts, or place of alcoholics, a hotel or a similar place.

**Insured Person** means the name/s of persons shown in the schedule of the Policy

**In-Patient** means an Insured Person who is admitted to Hospital and stays there for a minimum period of 24 hours for the sole purpose of receiving treatment

**Medical Practitioner** means a person who holds a degree/diploma of a recognized institution and is registered by Medical Council of the respective State of India. The term Medical Practitioner would include Physician Specialist and Surgeon

**Major Surgery** includes but not limited to intestinal obstruction-both acute and sub-acute, colon surgeries, prostate surgeries, surgeries including urethra, nephrectomy, pancreatic surgery, GJ vagotomy, knee/hip surgery.

**Networked Hospitals** means the hospitals with which the Company had tied-up for the purpose of providing medical treatment to its insured persons and the list of which is attached herewith.

**Pre Existing Disease** means any condition, ailment or injury or related condition(s) for which the insured person had signs or symptoms. and/or were diagnosed and/or, received medical advice/treatment within 48 months prior to the inception of the insured persons first policy with the Company.

**Qualified Nurse** means a person who holds certificate of a recognized Nursing Council and who is employed on recommendations of the attending medical practitioner.

**Surgical Operation** means manual and/or operative procedure for correction of deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life.

**Claims ratio** means the ratio of amounts paid (or outstanding) including claims cost, if any, to the premium paid

**Non Network Hospital** means any hospital or other provider that is not part of the network

**Co-payment** means the amount of claim to be borne by the insured

## EXCLUSIONS

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. **All Pre-existing** disease as defined in the policy existing and suffered by the Insured person for which treatment or advise was recommended or received during the immediately preceding 12 months from the date of proposal.
2. Any disease contracted by the Insured Person during the first 30 days from the commencement date of the policy. This condition shall not however apply in case of the Insured Person having been covered under this scheme or group insurance scheme with any of the Indian Insurance companies for a continuous period of preceding 12 months without any break.
3. During the First two Years of continuous operation of Insurance cover, the expenses on treatment of Cataract, Hysterectomy for Menorrhagia or Fibromyoma, Knee Replacement Surgery (other than caused by an accident), Joint Replacement Surgery (other than caused by an accident), Prolapse of intervertebral disc (other than caused by an accident), Varicose veins and Varicose ulcers.
4. During the first year of operation of the Insurance cover the expenses on treatment of Benign Prostate Hypertrophy, Hernia, Hydrocele, Congenital Internal disease/defect, Fistula in anus, Piles, Sinusitis and related disorders gallstones and renal stone removal are not payable.
5. 50% of each and every claim arising out of all pre-existing diseases as defined and 30% in case of all other claims which are to be borne by the Insured.
6. Claims for treatment taken in non-networked hospitals.
7. All Pre hospitalisation expenses.
8. 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)
9. Circumcision unless necessary to treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination except as treatment for post bite or inoculation or change of life or cosmetic, or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
10. Cost of spectacles and contact lens, hearing aids, walkers, crutches, wheel chairs and such other aids.
11. Dental treatment or surgery of any kind unless necessitated due to accidental injuries and requiring hospitalization.
12. Convalescence, general debility, mental disorders, Run-down condition or rest cure, congenital external disease or defects or anomalies, sterility, venereal, intentional self injury and use of intoxicating drugs/alcohol.
13. 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.
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. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/ materials.
17. Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these including caesarean section (excluding ectopic pregnancy).
18. Naturopathy Treatment.
19. Hospital registration charges, admission Charges, record charges, telephone charges and such other charges.
20. Expenses incurred on Lasik Laser or Refractive Error Correction treatment.
21. Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control/loss programs.
22. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicines other than allopathic.

### CONDITIONS

1. Every notice or communication to be given or made under this policy shall be delivered in writing at the address as shown in the schedule.
2. The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance of fulfilment of the terms, provisions, conditions and endorsements of this policy by the insured Person, in so far as they relate to anything to be done or complied with by the Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions, and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.
3. Upon the happening of any event, which may give rise to a claim under this policy, notice with full particulars shall be sent to the Company within 24 hours from the date of Death/injury/Hospitalisation.
4. Claim must be filed within 15 days from the date of discharge from the Hospital  
 Note : Condition 3&4 are condition precedent to admission of liability under the policy  
 However the company may examine and relax the time limits mentioned in condition 3&4 above
5. The Insured shall obtain the bills, receipts and other documents upon which a claim is based and shall also give the Company such additional information and assistance as the Company may require in dealing with the claim.
6. Any medical practitioner authorized by the company shall be allowed to examine the Insured Person in case of any alleged injury or diseases requiring Hospitalization when and as often as the same may reasonably be required on behalf of the Company.
7. The Company shall not be liable to make any payment under the policy in respect of any claim if such claim is in any manner fraudulent or supported by any fraudulent means or device, misrepresentation whether by the insured Person or by any other person acting on his behalf.
8. If at the time when any claim arises under this policy, there is in existence any other insurance whether it be effected by or on behalf of the Insured Person in respect of whom the claim may have arisen covering the same loss, liability, compensation, costs or expenses, the benefits under this Policy shall be in excess of the benefits available under other insurances
9. Renewal: The policy will be renewed except on grounds of misrepresentation/fraud committed/non disclosure. In respect of disease/sickness/illness for which claim/s has/have been made, the sum insured will be restricted to that policy sum insured where the claim/s was/were first made. Where the claims experience for the preceding 2 consecutive years exceeds 100%, loading as per table given below would be applicable.

#### Loading on Premium

Average claims ratio of preceding 2 years (consecutive)	Loading on Premium
>100-125%	20%
>125-150%	30%
>150%	50%

A grace period of 15 days from the date of expiry of the policy is available for renewal. If renewal is made within this 15 day period the continuity of benefits will be allowed. However the actual period of cover will commence 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 the renewal.

10. **Cancellation** : The company may at any time cancel this policy on grounds of misrepresentation, fraud, non disclosure of material fact or non cooperation of the insured by sending the insured 30 days notice by registered letter at the insured's last known address and in such event the company shall refund to the Insured a pro-rata premium for unexpired period of insurance subject to there being no claim. The Insured may at any time cancel this policy and in such event the Company shall allow refund of premium at Company's short period rate only (table given here below) provided no claim has occurred up to the date of cancellation.

#### PERIOD ON RISK

Up to one-month  
 Up to three months  
 Up to six months  
 Exceeding six months

#### RATE OF PREMIUM TO BE CHARGED

1/3rd of the annual rate premium  
 1/2 of the annual rate premium  
 3/4th of the annual rate premium  
 full annual rate premium

11. **Automatic Termination**: This policy shall terminate immediately on the earlier of the following events:
  - Upon the death of the Insured Person in which case the Company will refund premium calculated on pro-rata basis for the unexpired period subject to there being no claim under the policy.
  - Upon exhaustion of the sum insured
12. If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking



arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, '1996. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained, It is also further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not, within three years from the date of such disclaimer have been made the subject matter of a suit in a Court of Law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

13. All claims under this policy shall be payable in Indian currency. All medical/surgical treatments under this policy shall have to be taken in India.
14. **Package Charges:** The Company's liability in respect of package charges will be restricted to 80% of such amount. Where Package rates are charged the Post-Hospitalisation benefit will be calculated after taking the room and boarding charges at Rs. 4000/- per day (Package charges refer to charges that are not advertised in the Schedule of the Hospital)
15. Relief under Section 80-D : Insured Person is eligible for relief under Section 80-D of the IT Act in respect of the premium paid by any mode other than cash.
16. Policy Disputes: Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law.
17. **Notices:** Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile/email to Star Health and Allied Insurance Company Limited, No:1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai- 600034 Fax No: 044 -28288826, Email : [info@starhealth.in](mailto:info@starhealth.in), Toll Free No. 1800 425 2255  
Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery facsimile or e-mail.
18. Customer Service If at any time the Insured Person requires any clarification or assistance, the Insured may contact the offices of the Company at the address specified during normal business hours.
19. **Grievances:** In case the Insured Person is aggrieved in any way, the Insured may contact the Company at the specified address during normal business hours.

In the event of the following grievances:

- a. any partial or total repudiation of claims by an insurer;
  - b. any dispute in regard to premium paid or payable in terms of the policy;
  - c. any dispute on the legal construction of the policies in so far as such disputes relate to claims;
  - d. delay in settlement of claims;
  - e. Non-issuance of any insurance document to customer after receipt of the premium
- the Insured Person/s may approach the Insurance Ombudsman, within whose jurisdiction the branch or office of Star Health and Allied Insurance Company Limited is located.

#### Addresses of the Ombudsman

Office of the Insurance Ombudsman, 2nd floor, Ambica House, Nr. C.U.Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014 Tel.079- 27546150 Fax:079-27546142 E-mail: <a href="mailto:insombahd@rediffmail.com">insombahd@rediffmail.com</a> .	Office of the Insurance Ombudsman, 6-2-46 , 1 st floor, Moin Court Lane Opp. Saleem Function Palace, A.C.Guards, Lakdi-Ka-Pool HYDERABAD - 500 004 Tel. 040-23325325 Fax: 040-23376599 E-mail: <a href="mailto:hyd2_insombud@sancharnet.in">hyd2_insombud@sancharnet.in</a>
Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd floor, Malviya Nagar, BHOPAL Tel. 0755-2769201/02 Fax:0755-2769203 E-mail: <a href="mailto:bimalokpalbhopal@airtelbroadband.in">bimalokpalbhopal@airtelbroadband.in</a>	Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, ERNAKULAM - 682 015 Tel: 0484-2358734 Fax:0484-2359336 E-mail: <a href="mailto:iokochi@asianetglobal.com">iokochi@asianetglobal.com</a>
Office of the Insurance Ombudsman, S.C.O. No.101,102 & 103 2nd floor, Batra Building, Sector 17-D, CHANDIGARH - 160 017 Tel.: 0172-2706196 Fax: 0172-2708274 E-mail: <a href="mailto:ombchd@yahoo.co.in">ombchd@yahoo.co.in</a>	Office of the Insurance Ombudsman, North British Bldg., 29, N.S. Road , 3rd floor, KOLKATA - 700 001. Tel.:033-22134869 Fax: 033-22134868 E-mail : <a href="mailto:iombkol@vsnl.net">iombkol@vsnl.net</a> .
Office of the Insurance Ombudsman, Fatima Akhtar Court , 4th floor, 453 (old 312) Anna Salai, Teynampet, CHENNAI - 600 018. Insurance Tel. 044-24333678 Fax: 044-24333664 E-mail: <a href="mailto:insombud@md4.vsnl.net.in">insombud@md4.vsnl.net.in</a>	Office of the Insurance Ombudsman, Jeevan Bhawan, Phase 2, 6th floor, Nawal Kishore Rd. Hazratganj, LUCKNOW - 226 001 Tel.:0522-2201188 Fax: 0522-2231310 E-mail: <a href="mailto:ioblko@sancharnet.in">ioblko@sancharnet.in</a>
Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg. Asaf Ali Road NEW DELHI - 110 002. Tel. 011-23239611 Fax: 011-23230858 E-mail: <a href="mailto:iobdelraj@rediffmail.com">iobdelraj@rediffmail.com</a>	Office of the Insurance Ombudsman, Jeevan Seva Annexe, 3 rd floor, S.V.Road, Santacruz(W), MUMBAI - 400 054. PBX: 022-26106928. Fax: 022-26106052 E-mail: <a href="mailto:ombudsman@vsnl.net">ombudsman@vsnl.net</a>
Office of the Insurance Ombudsman, Jeevan Nivesh, 5th floor, Nr. Panbazar Over bridge, S.S. Road, GUWAHATI - 781 001. Tel. : 0361-2131307 Fax: 0361-2732937 E-mail: <a href="mailto:omb_ghy@sify.com">omb_ghy@sify.com</a>	Office of the Insurance Ombudsman, 62, Forest park, BHUBHANESHWAR - 751 009 Tel: 0674-2596455. Fax: 0674-2596429. Email: <a href="mailto:i0066sr@dataone.in">i0066sr@dataone.in</a>

#### 20. IMPORTANT NOTE

The Policy Schedule and any Endorsement are to be read together and any word or such meaning wherever it appears. The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract and must be complied with. Failure to comply may result in the claim being denied.

**Call Toll Free  
1800 425 2255**



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