

DIABETES SAFE INSURANCE Policy

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Here is some sweet news for Diabetics! Star Health brings you Diabetes Safe Insurance Policy that covers not just complications of Diabetes (both Type I and Type II) but also regular hospitalization, Personal Accident and Outpatient Expenses as well!

★ **Eligibility**

- Any person with Type I or Type II Diabetes Mellitus aged between 18 years and 65 years
- Floater policy can be taken only for a family.
- Family means Self and Spouse only provided at-least either of the person is having Diabetes Mellitus.

★ **Renewal** : Life long

★ **Tenure of policy** : 1 year

★ **Plans and Sum Insured Options**

Section	Plan A	Plan B	Sum Insured Type	Sum Insured Rs.
1	Covers Hospitalization Expenses due to complications of Diabetes without any waiting period.	Covers Hospitalization Expenses due to complications of Diabetes after a waiting period of 12 months	Individual/ Floater	Rs.3,00,000/-, Rs.4,00,000/-, Rs.5,00,000/- and Rs.10,00,000/-
2	Covers Hospitalization Expenses arising out of Accidents and Non Diabetes. Subject to 30 days, 24 months specified diseases and 48 months Pre-existing Disease waiting period	Same as Plan A		
3	Out Patient Medical Expenses			
4	Personal Accident Cover for Accidental Death of the chosen insured person			

Change of Plan: You are advised to select an appropriate plan as once opted you may not be allowed to change.

Pre-acceptance Medical Screening

Plan A	Plan B
Pre-acceptance medical screening applicable.	Not applicable

★ **Coverage**

★ **Section 1: Covers Hospitalization Expenses due to complications of Diabetes.**

Applicable for both Plan A and Plan B

- Room (Single Standard A/c room), Boarding and nursing charges
- Surgeon's fees, Consultant's fees and/or Anesthetist's fees
- Cost of Blood, Oxygen, diagnostic expenses
- Cost of medicines and drugs

Note : Expenses relating to (1) to (3) as stated above will be considered in proportion to the eligible room category

- Emergency Ambulance charges up-to a sum of Rs.2000/-per policy period for transportation of insured to the hospital

★ **Special Features under this section**

- Donor expenses for Kidney transplantation surgery
- Dialysis expenses @ Rs.1000/- per sitting payable up to 24 months, commencing from the month in which the need for dialysis is recommended, provided policy is in force.
- Cost of artificial limbs due to amputation up-to 10% of Sum Insured provided the claim for such amputation is admissible under the policy

★ **Important Note for this Section**

- Claims directly or indirectly relating to any Cardio Vascular System, Renal System, Diseases of eye (excluding Cataract), Foot Ulcer, Diabetic Peripheral Vascular Diseases and other complications of diabetes are eligible to be payable under Section 1 only
- Sublimits for diseases relating to Cardio Vascular System; **(For Plan B only):**

Sum Insured (Rs.)	Limit per policy period (Rs.)
3,00,000/-	2,00,000/-
4,00,000/-	2,50,000/-
5,00,000/-	3,00,000/-
10,00,000/-	4,00,000/-

★ **Section 2: Covers Hospitalization Expenses due to Accident and Non Diabetes.**

Applicable for both Plan A and Plan B

- Room (Single Standard A/c room), Boarding and nursing charges
- Surgeon's fees, Consultant's fees and/or Anesthetist's fees
- Cost of Blood, Oxygen, diagnostic expenses
- Cost of medicines and drugs

Note : Expenses relating to (1) to (3) as stated above will be considered in proportion to the eligible room category

- Emergency Ambulance charges up-to a sum of Rs.2000/-per policy period for transportation of insured to the hospital
- Sub-limits for Cataract

Sum Insured (Rs.)	Cataract Limits (Rs.)
3,00,000/-to 5,00,000/-	20,000/- per eye per hospitalization and 30,000/- per policy period
10,00,000/-	30,000/- per eye per hospitalization and 40,000/- per policy period

Automatic Restoration of Basic Sum Insured by 100% upon exhaustion of the Basic Sum Insured

★ **Pre Hospitalization** : upto 30 days prior to the date of hospitalization

★ **Post Hospitalization** : upto 60 days after discharge from the hospital not exceeding 7% of the hospitalization expenses or Rs 5000/- per hospitalization whichever is less

★ **Day care procedures** : All Day care procedures Covered

★ **Section 3 : Outpatient Expenses**

Out Patient Expenses incurred at Networked Facility under the following heads provided the policy is in force.

- The Cost of Fasting and Post Prandial and HbA1C tests - once every six months – up to Rs.750/- per event up to Rs.1500/- per policy period.
- Other expenses like medical consultation, other diagnostics, medicines and drugs up to the limits given below per policy period.

Individual (Plan A)				
Sum Insured Rs.	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-
Limit of OP benefit	1000/-	2,500/-	3,500/-	5,500/-
Floater (Plan A)				
Sum Insured Rs.	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-
Limit of OP benefit	2,000/-	3,500/-	5,500/-	7,500/-
Individual (Plan B)				
Sum Insured Rs.	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-
Limit of OP benefit	500/-	2,000/-	3,000/-	5,000/-
Floater (Plan B)				
Sum Insured Rs.	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-
Limit of OP benefit	1,500/-	3,000/-	5,000/-	7,000/-

Networked Facility means hospitals, day care centers, clinics, diagnostic centers that the Company has mutually agreed with to provide medical services. Details available in our website www.starhealth.in and subject to change from time to time

This benefit forms part of Sum Insured.

★ **Section 4: Personal Accident** : Provides Accidental Death cover for the chosen Insured Person.

Note : At any point of time only one person will be eligible to be covered under this Section.

Waiting Period			
Plan	Section 1	Section 2	Section 3 and Section 4
A	No Waiting Period	30 days except for accidents	No Waiting Period
B	30 days except for accidents	24 months for specified illness / diseases / treatment.	
	24 months for any transplant and related surgery	48 months for Pre Existing Diseases	
B	12 Months for diseases directly or indirectly relating to Cardio Vascular System, Renal System, Diseases of eye, Diabetic Peripheral Vascular Diseases and Foot Ulcer		

★ **Exclusions**

For Section 1, Section 2 and Section 3 (Both Plan A and Plan B)

1. Circumcision, Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA
2. Congenital External Condition / Defects / Anomalies
3. Convalescence, general debility, run-down condition or rest cure, Nutritional deficiency states.
4. Psychiatric, mental and behavioral disorders.
5. Intentional self injury
6. Use of intoxicating substances, substances abuse, drugs / alcohol, smoking and tobacco chewing
7. Venereal Disease and Sexually Transmitted Diseases,
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. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
10. All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympho 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 and sexually transmitted diseases.
11. Expenses incurred on weight control services including surgical procedures such as Bariatric Surgery and/or medical treatment of obesity.
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, VAX-D, Low level laser therapy, Photodynamic therapy and such other therapies similar to those mentioned herein under exclusion no12.
13. Charges incurred on diagnostics that are not consistent with the treatment for which the insured is admitted in the hospital / nursing home. Admission primarily for diagnostic purpose with no positive existence of sickness / disease / ailment / injury and no further treatment is indicated.
14. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician of the hospital where the insured underwent treatment.
15. Unconventional, Untested, Unproven, Experimental therapies.
16. Stem cell Therapy, Artificial Pancreas, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy.
17. Oral Chemotherapy, Immuno therapy and Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted.
18. All types of Cosmetic, Aesthetic treatment of any description, all treatment for Priapism and erectile dysfunctions, Change of Sex.
19. Plastic surgery (other than as necessitated due to an accident or as a part of any illness),
20. Hospital record charges and such other charges
21. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons.
22. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable).
23. Treatment arising from or traceable to pregnancy, childbirth, family planning, miscarriage, abortion and complications of any of these (other than ectopic pregnancy).
24. Cost of spectacles and contact lens, hearing aids, Cochlear implants and procedure related hospitalization expenses, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids.
25. Treatment for Sub-Fertility, Assisted Conception and or other related complications of the same.
26. Medical and / or surgical treatment of Sleep apnea, treatment for genetic and endocrine disorders.
27. Expenses incurred on Lasik Laser or other procedures Refractive Error Correction and its complications, all treatment for disorders of eye requiring intra-vitreal injections.
28. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicine other than allopathy.
29. Hospital registration charges, admission charges, telephone charges and such other charges
30. Any hospitalizations which are not Medically Necessary
31. Other Excluded Expenses as detailed in the website www.starhealth.in

Exclusion nos. 21 to 28 are not applicable for Section 3

For Section 4 (Both Plan A and Plan B)

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
2. Any claim arising out of Accident of the Insured Person from
 - a. Intentional self injury / suicide or attempted suicide or
 - b. Whilst under the influence of intoxicating liquor or drugs or
 - c. Self endangerment unless in self defense or to save human life.
3. Any claim arising out of mental disorder, suicide or attempted suicide self inflicted injuries, or sexually transmitted conditions, anxiety, stress, depression, venereal disease or any

loss directly or indirectly attributable to HIV (Human Immunodeficiency Virus) and / or any HIV related illness including AIDS (Acquired Immunodeficiency Syndrome), insanity and / or any mutant derivative or variations thereof howsoever caused.

4. Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from.
5. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detentions of all kings princes and people of whatever nation, condition or quality whatsoever.
6. Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
7. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
 - a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel.
 - b. Nuclear weapons material
 - c. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 - d. Nuclear, chemical and biological terrorism
8. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.
9. Participation in Hazardous Sport / Hazardous Activities
10. Persons who are physically challenged, unless specifically agreed and endorsed in the policy.
11. Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.
12. Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly.

- ★ **Free Look :** A free look period of 15 days from the date of receipt of the policy by the insured 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 may allow refund of premium paid after adjusting the cost of pre-medical screening, stamp duty charges and proportionate risk premium for the period concerned provided no claim has been made until such cancellation.

Free look Period is not applicable at the time of renewal of the policy

★ **Renewal and Grace Period**

The policy will be renewed except on grounds of misrepresentation / Non-disclosure of material fact as declared in the proposal form and at the time of claim, fraud committed / moral hazard or non cooperation of the insured. 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 with reference to waiting period will be allowed .

Note:

1. The actual period of cover will start only from the date of payment of premium.
2. Renewal premium is subject to change with prior approval from Regulator

- ★ **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

- ★ **Modification of the terms of the policy :** The company reserves the right to modify the policy terms and conditions or modify the premium of the policy with the prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance.

- ★ **Withdrawal of the policy :** The Company reserves the right to withdraw the product with prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance and the insured shall have the option to choose to be covered by an equivalent or similar policy offered by the Company.

- ★ **Automatic Expiry of the Policy :** 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 in case of family floater policy, the cover for the surviving members of the family will continue, subject to other terms of the policy.

- ✓ Upon exhaustion of the Limit of coverage under the policy as a whole

- ★ **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 and non co-operation of the insured by sending the Insured 30 days notice by registered letter at the Insured person's last known address. No refund of premium will be made except where the cancellation is on the grounds of non co-operation of the insured, in which case the refund of premium will be on pro-rata basis. 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	25% of the annual premium
Exceeding one month up to 3 months	40% of the annual premium
Exceeding 3 months up to 6 months	60% of the annual premium
Exceeding 6 months upto 9 months	80% of the annual premium
Exceeding 9 months	Full annual premium

Health Insurance Company and the first of its kind in India, the Company is committed to setting international benchmarks in service and personal caring

★ **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 lakhs rupees

★ **Star Advantages**