

Corona Kavach Policy, Star Health and Allied Insurance Co. Ltd.

Unique Identification No. : SHAHLIP21066V012021



Shield Yourself Against the Invisible Threat



The Health Insurance Specialist

STAR HEALTH AND ALLIED INSURANCE CO LTD

REGD & CORPORATE OFFICE: 1, New Tank Street,
Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034.

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The impact of COVID 19 not only does shatter the health of individuals but the treatment cost at a medical facility will drain the savings too. In order to help people to overcome the financial difficulties while they are recovering from the COVID 19, STAR Health offers Corona Kavach Policy. An indemnity policy that covers the hospitalization expenses up to the sum insured arising from COVID-19 treatment procedures.

- + **Eligibility:**
 - Adults: 18 yrs to 65 yrs.
 - Dependent Children: 1 day to 25 yrs.
- + **Policy Type:** Individual/ Floater
- + **Sum Insured Options:** Rs.50,000/-; Rs.1,00,000/-; Rs.1,50,000/-; Rs.2,00,000/-; Rs.2,50,000/-; Rs.3,00,000/-; Rs.3,50,000/-; Rs.4,00,000/-; Rs.4,50,000/-; Rs.5,00,000/-
- + **Policy Terms:** 3½ months (105 Days); 6½ months (195 Days); 9½ months (285 Days) (No annual policy term)
- + **Pre acceptance medical screening:** No pre-acceptance medical screening.
- + **Waiting Period:** An initial waiting period of 15 days is applicable from the date of commencement of this policy.
- + **Family** means Self, Legally Wedded Spouse, Parent's and Parent's-in-law, Dependent Children (Upto 25 years of age). If the child is above 18 years of age if financially independent, he/she shall not be eligible under family coverage
- + **Coverage:** In the event of the Insured Person is diagnosed positive of COVID in a government authorized centre, the coverage will be as follows:-
 - **Base Cover:**
 1. **Hospitalization Cover:** Hospitalization Expenses incurred on treatment of COVID-19 (including the treatment for Co-morbid conditions) comprising of Room, Boarding, Nursing Expenses, Consultant, Specialist Fees, Anesthesia, blood, oxygen, PPE Kit, gloves, mask and such similar other expenses.
 2. **Road Ambulance** subject to a maximum of Rs.2000/- per hospitalisation.
 3. **Home Care Treatment Expenses: Up to 14 days subject to the following**
 - a) The Medical practitioner advises the Insured person to undergo treatment at home.
 - b) 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.
 - c) Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.
 - d) Insured shall be permitted to avail the services as prescribed by the medical practitioner. Cashless or reimbursement facility shall be offered under homecare expenses subject to claim settlement policy disclosed in the website.
 - e) In case the insured intends to avail the services of non-network provider claim shall be subject to reimbursement, a prior approval from the Insurer needs to be taken before availing such services.
 - **Benefit covered under this:**
 - a. Diagnostic tests undergone at home or at diagnostics centre
 - b. Medicines prescribed in writing
 - c. Consultation charges of the medical practitioner

- d. Nursing charges related to medical staff
- e. Medical procedures limited to parenteral administration of medicines
- f. Cost of Pulse oximeter, Oxygen cylinder and Nebulizer

4. **AYUSH Treatment:** AYUSH treatment expenses incurred as an inpatient for treatment of COVID including the treatment for Co-morbid conditions upto the limit of sum insured in any AYUSH hospital
5. **Pre Hospitalization:** Medical expenses incurred up to 15 days prior to the date of admission.
6. **Post Hospitalization:** Medical expenses incurred up to a period of 30 days after discharge from the hospital

+ **Optional cover**

- **Hospital Daily Cash:** The Company will pay cash benefit of 0.5% of sum insured for each completed day of continuous hospitalization subject to a maximum of 15 days per policy period.

+ **Exclusions:** The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

1. **Investigation & Evaluation:** Expenses related to any admission primarily for diagnostics and evaluation purposes. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment
2. **Rest Cure, rehabilitation and respite care:** Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
3. **Dietary supplements** and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or Home care treatment.
4. **Unproven Treatments:** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. However, treatment authorized by the government for the treatment of COVID shall be covered.
5. Any claim in relation to COVID where it has been diagnosed prior to Policy Start Date.
6. Any expenses incurred on Day Care treatment and OPD treatment
7. Diagnosis /Treatment outside the geographical limits of India
8. Testing done at a Diagnostic centre which is not authorized by the Government shall not be recognized under this Policy
9. All covers under this Policy shall cease if the Insured Person travels to any country placed under travel restriction by the Government of India.

+ **Cancellation:** The Company may cancel the Policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

+ **Automatic Expiry:** The coverage for the Insured Person(s) shall automatically terminate: In the case of demise of the insured person. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to the company along with the application. Provided no claim has been made, and termination takes place on account of death of the insured person, pro-rata refund of premium of the deceased insured person for the balance period of the policy will be effective.

+ **Disclosure to Information Norms:** The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.

+ **Endorsements (Changes In Policy)**

- i. This policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the company. Any change made by the company shall be evidenced by a written endorsement signed and stamped.
- ii. The policy holder may be changed during the Policy period only in case of his/her demise or him or her moving out of India. The new policy holder must be legal heir/ immediate family member. Such change would be subject to acceptance by the Company and payment of premium (if any).

+ **Renewals:** Not applicable

+ **Migration and Portability:** Not applicable

+ **Free Look Period:** Not applicable

+ **Claims Procedure**

- Call the 24 hour help-line for assistance - 1800 425 2255 / 1800 102 4477
- Inform the ID number for easy reference
- On admission in the hospital, produce the ID Card issued by the Company at the Hospital help desk
- Obtain the Pre-authorization From the Hospital help desk, complete the patient information and resubmit to the Hospital help desk
- 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

+ **Tax Benefits:** Payments of premium by any mode other than cash for this insurance is eligible for relief under Section 80D of the Income Tax Act 1961.

+ **Discount for Health Care Workers:** 5% discount on premium. The discount will be given only for the insured person who is a health care worker even under floater policy. (Health care worker means doctors, nurses, midwives, dental practitioners and other health professionals including laboratory assistants, pharmacists, physiotherapists, technicians and people working in hospitals.)

+ **The Company:** Star Health and Allied Insurance Co. Ltd., its operations in 2006 as India's first Standalone Health Insurance provider. As an exclusive Health Insurer, the Company is commenced providing sterling services in Health, Personal Accident & Overseas Travel Insurance and is committed to setting international benchmarks in service and personal caring.

+ **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.

Premium Illustration

Sum Insured Opted - Rs.50000/-		Policy Period of 31/2 months			Family Size 2A+2C			
Age of Self	46 yrs	Age of Spouse	43 yrs	Age of Child 1	10 yrs	Age of Child 2	5 yrs	
Base Cover Premium in Rs. A	Floater Discount for Base Cover B	Base Cover Premium after discount C	Optional Cover Premium D	Floater Discount E	Optional Cover Premium after discount F D-(DXE)=F	Gross Premium G C+F+G	GST H Gx18%=H	Policy Premium I I=G+H
First Member / Self	0%	700	27	0%	27	727	131	858
Premium for Second Member	20%	400	19	20%	15	415	75	490
Premium for Third Member	30%	350	19	30%	13	363	65	429
Premium for Fourth Member	40%	300	19	40%	11	311	56	367
Total Premium in Rs (Including GST)								2,144

Floater discount

Order of member	Discount %
First member	No discount
Second member	20%
Third member	30%
Fourth and beyond	40%

Note: For purpose of calculating floater discount, members will be considered in descending order of age.

Insurance is the subject matter of solicitation

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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

Age Band in yrs / Sum Insured in Rs.	Premium Chart for Base Cover in Rs. (Excluding GST)								
	3½ Months			6½ Months			9½ Months		
	0-45	46-65	Above 65	0-45	46-65	Above 65	0-45	46-65	Above 65
50,000	500	700	1,050	600	840	1260	675	945	1,418
1,00,000	1,000	1,400	2,100	1,200	1,680	2,520	1,350	1,890	2,835
1,50,000	1,500	2,100	3,150	1,800	2,520	3,780	2,025	2,835	4,253
2,00,000	1,950	2,730	4,095	2,340	3,276	4,914	2,633	3,686	5,528
2,50,000	2,340	3,276	4,914	2,808	3,931	5,897	3,159	4,423	6,634
3,00,000	2,691	3,767	5,651	3,229	4,521	6,781	3,633	5,086	7,629
3,50,000	3,014	4,219	6,329	3,617	5,063	7,595	4,069	5,696	8,544
4,00,000	3,315	4,641	6,962	3,978	5,570	8,355	4,476	6,266	9,399
4,50,000	3,581	5,013	7,519	4,297	6,015	9,023	4,834	6,767	10,151
5,00,000	3,831	5,364	8,045	4,597	6,436	9,655	5,172	7,241	10,861

Age Band in yrs / Sum Insured in Rs.	Premium Chart for Optional Cover in Rs. (Excluding GST)								
	3½ Months			6½ Months			9½ Months		
	0-45	46-65	Above 65	0-45	46-65	Above 65	0-45	46-65	Above 65
50,000	19	27	40	23	32	48	26	36	55
1,00,000	77	108	162	92	129	194	104	145	218
1,50,000	115	162	242	138	194	291	156	218	327
2,00,000	154	215	323	185	258	388	208	291	436
2,50,000	192	269	404	231	323	485	260	363	545
3,00,000	231	323	485	277	388	582	312	436	654
3,50,000	269	377	565	323	452	678	363	509	763
4,00,000	308	431	646	369	517	775	415	582	872
4,50,000	346	485	727	415	582	872	467	654	981
5,00,000	385	538	808	462	646	969	519	727	1090

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