

Everyone Counts

The affordable health insurance plan



Star Micro Rural and Farmers Care

Star Micro Rural and Farmers Care Unique Id: SHAHMIP20047V011920

Star Micro Rural and Farmers Care caters to the needs of individuals and their families in rural areas, when they are hospitalized due to an illness or an accident.

Eligibility:

- Adults from 18 Years and 65 Years
- Dependent Children: 12 months to 25 years
- Family means Self, Spouse and up to 2 dependent children.

Policy Term: 1 Year

Pre-acceptance medical screening: No Pre-acceptance medical screening

Sum Insured Options: Rs. 1,00,000 for Individual and Rs. 2,00,000 for Floater.

Coverage:

- A) Room, boarding, nursing expenses as provided by the Hospital / Nursing Home up to 1% of Sum Insured per day.
- B) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.
- C) Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, diagnostic materials and X-ray, diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy, cost of pacemaker, stent, similar expenses. With regard to coronary stenting, the company will pay such amount up to the extent of cost of bare metal stent/drug eluting cobalt-chromium stent/drug eluting stainless steel stent.
- D) Expenses incurred on treatment of Cataract is limited to Rs. 10,000/- per eye and up to Rs. 15,000/- per policy period
- E) All day care procedures are covered under this policy

Note:

1. Expenses on Hospitalization for a minimum period of 24 hours only are admissible. However this time limit will not apply for the day care treatments / procedures, where treatment is taken In Hospital/Nursing Home and the Insured is discharged on the same day.
2. Expenses relating to the hospitalization will be considered in proportion to the room rent stated in the policy

Co-payment: This policy is subject to co-payment of 20% of each and every admissible claim amount, for fresh as well as for the policies subsequently renewed for insured persons whose age at the time of entry is in to this policy is above 60 years. This co-payment will not apply for those insured persons who have entered the policy before attaining 60 years of age and renew the policy continuously without any break.

Waiting Periods:

- 30 days waiting period (Not applicable for accidents)
- 6 months for specified ailments / illness / diseases
- 6 months for pre-existing diseases

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. 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. Intentional self injury

5. Use of intoxicating substances, substance abuse, drugs / alcohol, smoking and tobacco chewing
6. Venereal Disease and Sexually Transmitted Diseases (Other than HIV)
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. Expenses incurred on weight control services including surgical procedures such as Bariatric Surgery and/or medical treatment of obesity.
10. 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 no.10
11. 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.
12. 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.
13. Unconventional, Untested, Unproven, Experimental therapies
14. Stem cell Therapy, Autologous derived Stromal vascular fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy.
15. Oral Chemotherapy, Immuno therapy and Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted.
16. All types of Cosmetic, Aesthetic treatment of any description, all treatment for Priapism and erectile dysfunctions, Change of Sex.
17. Plastic surgery (other than as necessitated due to an accident or as a part of any illness),
18. Hospital record charges and such other charges
19. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons).
20. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable).
21. Treatment arising from or traceable to pregnancy, childbirth, family planning, miscarriage, abortion and complications of any of these (other than ectopic pregnancy).
22. Treatment for Sub-Fertility, Assisted Conception and or other related complications of the same.
23. Medical and / or surgical treatment of Sleep apnea, treatment for endocrine disorders.
24. Expenses incurred on Lasik Laser or other procedures Refractive Error Correction and its complications, all treatment for disorders of eye requiring intra-vitreous injections.
25. Cochlear implants and procedure related hospitalization expenses
26. Hospital registration charges, admission charges, telephone charges and such other charges
27. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicine other than allopathy.
28. Any hospitalizations which are not Medically Necessary

29. Other Excluded Expenses as detailed in the website www.starhealth.in

- ❖ **Free Look Period:** At the time of inception of the policy, the Insured will be allowed a period of 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the policy if not acceptable. In such a case, the premium refund shall be as follows:

If the Insured has not made any claim during the free look period, the Insured shall be entitled to –

- 1) a refund of the premium paid less any expenses incurred by the Insurer on medical examination of the insured persons and the stamp duty charges
or
- 2) where the risk has already commenced and the option of return of the policy is exercised by the policy holder, a deduction towards the proportionate risk premium for period on cover
or
- 3) where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

Free look period shall not be applicable at the time of renewal.

- ❖ **Disclosure to information norms:** The policy shall become void and all premium paid hereon shall be forfeited to the Company, in the event of non disclosure of any material fact and/or mis-representation, fraud, moral hazard, mis description as declared in the proposal form and/or claim form at the time of claim

- ❖ **Renewal:** The policy will be renewed except on grounds of misrepresentation / Non-disclosure of material fact as declared in the proposal form and/or 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 periods 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 the Regulator

- ❖ **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.

- ❖ **Portability:** This policy is portable. If the insured is desirous of porting this policy, application in the appropriate form should be made to the Company at least 45 days before but not earlier than 60 days from the date when the renewal is due. For details contact "portability@starhealth.in" or call Telephone No +91-044-28288869 / +91-44-40178440

- ❖ **Automatic Expiry:** The insurance under this policy with respect to each relevant Insured Person policy shall expire immediately on the earlier of the following events:

- ✓ Upon the death of the Insured Person. .
- ✓ Upon exhaustion of the sum insured under the policy.

- ❖ **Cancellation:** The Company may cancel this policy on grounds of non co-operation of the insured by sending the Insured 30 days notice by registered letter at the Insured person's last known address 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 (as per the table given) 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 policy premium
Exceeding one month up to 3 months	40% of the policy premium
Exceeding 3 months up to 6 months	60% of the policy premium
Exceeding 6 months up to 9 months	80% of the policy premium
Exceeding 9 months	Full of the policy premium

❖ **Claim Procedure:**

- Call our 24 hour help-line for assistance - 1800 425 2255/1800 104 2277
- In case of planned hospitalization, information to be given 24 hours prior to admission in the hospital
- In case of emergency hospitalization information to be given within 24 hours after hospitalization
- Cashless facility wherever possible in network hospital.
- In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents.

❖ **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**

❖ **The Company: Star Health and Allied Insurance Co. Ltd., commenced its operations in 2006 as India's first Standalone Health Insurance provider. As an exclusive Health Insurer, the Company is 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 Chart (Excluding Tax)**

Sum Insured (Rs.)	1,00,000	2,00,000	2,00,000	2,00,000	2,00,000	2,00,000
Age Bands (in yrs)	1A	1A+1C	1A+2C	2A	2A+1C	2A+2C
18-35	1,735	2,215	2,605	2,480	2,785	3,060
36-50	2,430	3,100	3,645	3,470	3,900	4,285
51-65	3,400	4,335	5,100	4,860	5,460	5,995
Above 65	4,420	5,635	6,630	6,315	7,095	7,795

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

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Call Toll-free

**1800-425-2255 /
1800-102-4477**



Fax Toll Free No

1800-425-5522



www.starhealth.in



**sms STAR to 56677
support@starhealth.in**



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Insurance is the subject matter of solicitation

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