

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 up to 9 months	80% of the annual premium
Exceeding 9 months	Full annual premium

#### ❖ 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 : +91-044-2828869

#### ❖ Claims Procedure

- ★ Call the 24 hour help-line for assistance : 1800 425 2255. Inform the ID/Policy number for easy reference
- ★ 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 of hospitalization
- ★ Cashless facility can be availed in all network hospitals wherever possible
- ★ In non-network hospitals payment, must be made up-front and then reimbursement will be effected on submission of documents.

#### ❖ The Company

Star Health and Allied Insurance Co. Ltd., commenced its operations in 2006 with the business interests in Health Insurance, Travel and Personal Accident. As an exclusive Health Insurance Company and the first of its kind in India, the Company 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 hospitalization

#### ❖ Prohibition of Rebates

Section 41 of Insurance Act 1938 (Prohibition of rebates): 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.



#### ❖ Free Look Period

A free look period of 15 days from the date of receipt of the policy 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 shall allow refund of premium paid after adjusting the cost of pre-acceptance 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

*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](http://www.starhealth.in)*

"IRDAI OR ITS OFFICIALS DO NOT INVOLVE IN ACTIVITIES LIKE SALE OF ANY KIND OF INSURANCE OR FINANCIAL PRODUCTS NOR INVEST PREMIUMS. IRDAI DOES NOT ANNOUNCE ANY BONUS. THOSE RECEIVING SUCH PHONE CALLS ARE REQUESTED TO LODGE A POLICE COMPLAINT ALONG WITH DETAILS OF PHONE CALL AND NUMBER"

Buy this insurance online at [www.starhealth.in](http://www.starhealth.in) and avail discount 5%  
Call Toll-free: 1800-425-2255 or 044-2828 8800, sms STAR to 56677  
Fax Toll Free No: 1800-425-5522 ★ Email : support@starhealth.in  
CIN : U66010TN2005PLC056649 ★ IRDAI Regn. No: 129

## FAMILY HEALTH OPTIMA Insurance plan

Unique Identification No. : IRDAI/HLT/SHAI/P-H/V.III/129/2017-18



STAR HEALTH AND ALLIED INSURANCE CO LTD  
REGD & CORPORATE OFFICE: 1, New Tank Street,  
Valluvar Kottam High Road, Nungambakkam, Chennai 600 034.

## Single protection, wider coverage for entire family



FAMILY HEALTH OPTIMA Insurance plan

### FAMILY HEALTH OPTIMA Insurance plan

UIN No. : IRDAI/HLT/SHAI/P-H/V.III/129/2017-18

A Super saver Plan covering the entire family under single sum insured. Loaded with extra benefits.

#### A Super Saver Policy

- ★ Single Sum Insured
- ★ Extra Benefits
- ★ Coverage for entire family
- ★ Considerable saving in premium as the family is covered under one policy.

#### ELIGIBILITY

- ★ Any person aged between 18 years and 65 years, residing in India, can take this insurance
- ★ Beyond 65 years, It can be renewed for life time.
- ★ Child above 16 days of age can be covered as part of the family. If, at the commencement of the policy, the new born child as defined in the policy clause is less than 16 days of age, the proposer can opt to cover such child also in the same policy by paying the applicable premium in full. However, the cover for such child will commence only from the 16th day after its birth and continue till the expiry date of the policy.
- ★ **Family** : Proposer, spouse, dependent children from 16 days up to 25 years (Children who are economically dependent on their parents)

#### POLICY BENEFITS

##### ❖ In-Patient Hospitalisation Benefits :

A) Room, Boarding, Nursing Expenses as given below :-

Sum Insured Rs.	Limit Rs.
1,00,000	Up to 2,000/- per day
2,00,000	
3,00,000	
4,00,000	Up to 5,000/- per day
5,00,000	
10,00,000	Single Standard A/C Room
15,00,000	
20,00,000	
25,00,000	

- B) Surgeon, Anesthetist, Medical Practitioner, Consultants & Specialist Fees.  
C) Anesthesia, Blood, Oxygen, Operation Theatre charges, cost of Pacemaker etc.  
E) Cost of Medicine and drugs  
F) **Ambulance Charges** : Emergency ambulance charges up to a sum of Rs.750/- per hospitalisation and overall limit of Rs.1500/- per policy period.  
G) **Air Ambulance Cover** : Up to 10% of the Basic sum insured per policy period. Available for Sum Insured of Rs. 5 Lakhs and above only.
- ❖ **Pre & Post Hospitalization**  
Pre-hospitalization medical expenses incurred up to 60 days are payable.  
Post-hospitalization medical expenses incurred up to 90 days are payable.
  - ❖ **Pre-existing Diseases** : Covered after 48 months

#### ❖ Waiting Periods

- ★ 30 days waiting period.
- ★ 24 months waiting period for specified illness/diseases/treatments
- ★ 36 months waiting period for Assisted Reproduction Treatment.

#### ❖ Day Care Procedures : All day care procedures covered.

#### ❖ Pre-Acceptance Medical Screening :

All persons above 50 years of age and those who declare adverse medical history in the proposal form are required to undergo pre-acceptance medical screening at the Company designated Centers The cost of such screening will be borne by the Company. The age for screening and the cost sharing are subject to change.

#### SPECIAL FEATURES

##### ❖ Domiciliary Hospitalization

Coverage for medical treatment for a period exceeding three days, for an illness/disease/injury, which in the normal course, would require care and treatment at a Hospital but is actually taken whilst confined at home under any of the following circumstances:

- ★ The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
- ★ The patient takes treatment at home on account of non-availability of room in a hospital.

However, this benefit shall not cover Asthma, Bronchitis, Chronic Nephritis and Nephritic Syndrome, Diarrhoea and all types of Dysenteries including Gastro-enteritis, Diabetes Mellitus and Insipidus, Epilepsy, Hypertension, Influenza, Cough and Cold, all Psychiatric or Psychosomatic Disorders, Pyrexia of unknown origin for less than 10 days, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Arthritis, Gout and Rheumatism

Pre-hospitalisation and Post-hospitalisation expenses are not payable for this cover

##### ❖ Donor Expenses For Organ Transplantation payable where the insured is the recipient. Maximum payable under this head is 10% of the sum insured or Rupees one lakh whichever is less, subject to availability of the sum insured and provided the claim for transplantation is payable. Donor screening expenses are not payable.

##### ❖ Cost Of Health Check Up

Expenses incurred towards cost of health check-up up to the limits mentioned in the table given below for every claim free year provided the health checkup is done at network hospitals and the policy is in force. Payment under this benefit does not form part of the sum insured and will not impact the Bonus. If a claim is made by any of the insured persons, the health check up benefits will not be available under the policy.

**Note** : Payment of expenses towards cost of health check up will not prejudice the company's right to deal with a claim in case of non disclosure of material fact and / or Pre-Existing Diseases in terms of the policy

Sum Insured Rs.	Limit Per Policy Period (Rs.)
1,00,000/-	Not Available
2,00,000/-	
3,00,000/-	Up to 750/-
4,00,000/-	Up to 1,000/-
5,00,000/-	Up to 1,500/-
10,00,000/-	Up to 2,000/-
15,00,000/-	Up to 2,500/-
20,00,000/-	Up to 3,000/-
25,00,000/-	Up to 3,500/-

❖ **Coverage for Newborn Baby**

The coverage for New Born Baby starts from the 16th day after its birth till the expiry date of the policy and is subject to a limit of 10% of the Sum Insured or Rupees Fifty thousand, whichever is less, subject to the availability of the sum insured, provided the mother is insured under the policy for a continuous period of 12 months without break.

**Note :**

1. Intimation about the birth of the New Born Baby should be given to the company and policy has to be endorsed for this cover to commence.
2. 30 days waiting shall not apply for the New Born Baby.
3. All other terms, conditions and exclusions shall apply for the New Born Baby.

❖ **Emergency Domestic Medical Evacuation**

Subject to limits mentioned in the table given below, the Company will reimburse reasonable and necessary expenses incurred towards transportation of the insured person from the hospital where the insured person is currently undergoing treatment to another hospital for further treatment provided:

- a. The medical condition of the Insured Person is a life threatening emergency,
- b. **Further treatment facilities** are not available in the current hospital
- c. The Medical Evacuation is recommended by the treating Medical Practitioner.
- d. Claim for Hospitalization is admissible under the policy.

Sum Insured Rs.	Limit per hospitalization (Rs.)
Up to 4,00,000/-	Up to 5,000/-
5,00,000/- to 15,00,000/-	Up to 7,500/-
20,00,000/- and 25,00,000/-	Up to 10,000/-

**Note :** Payment under this benefit does not form part of the sum insured but will impact the Bonus

❖ **Compassionate travel**

In the event of the insured person being hospitalized for a life threatening emergency at a place away from his usual place of residence as recorded in the policy, the Company will reimburse the transportation expenses by air incurred upto Rs.5,000/- for one immediate family member (other than the travel companion) for travel towards the place where hospital is located, provided the claim for hospitalization is admissible under the policy.

**Note :** This benefit is available for sum insured options of Rs.10,00,000/- and above only. Payment under this benefit does not form part of the sum insured but will impact the Bonus

❖ **Repatriation of Mortal Remains**

Following an admissible claim for hospitalization under the policy, the Company shall reimburse up to Rs.5,000/- per policy period towards the cost of repatriation of mortal remains of the insured person (including the cost of embalming and coffin charges) to the residence of the Insured as recorded in the policy. Payment under this benefit does not form part of the sum insured but will impact the Bonus

❖ **Treatment in Preferred Network Hospitals**

In the event of a medical contingency requiring hospitalization, if the insured seeks advice from the Company, the Company may suggest an appropriate hospital from the network for treatment. Where the insured accepts the same and

undergoes treatment in the suggested hospital, an amount calculated at 1% of Basic Sum Insured subject to a maximum of Rs. 5,000/- per policy period is payable as lump sum.

**Note :** This benefit is available for Basic Sum Insured of Rs. 3,00,000/- and above only.

Payment under this benefit does not form part of the sum insured but will impact Bonus.

❖ **Shared Accommodation**

If the Insured person occupies, a shared accommodation during in-patient hospitalization, then amount as per table given below will be payable for each continuous and completed period of 24 hours of stay in such shared accommodation.

Payment under this benefit does not form part of the sum insured but will impact Bonus.

Sum Insured Rs.	Limit per day Rs.
1,00,000/-	Not Payable
2,00,000/-	
3,00,000/-	
4,00,000/-	
5,00,000/-	800/- per day
10,00,000/-	
15,00,000/-	
20,00,000/-	1,000/- per day
25,00,000/-	

**Note :** This benefit is available for Basic Sum Insured of Rs.3,00,000/- and above only

❖ **AYUSH Treatment**

**Expenses incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines** in a Government Hospital or in any institute recognized by the government and/or accredited by the Quality Council of India/National Accreditation Board on Health is payable up to the limits given below:

Sum Insured Rs.	Limit per policy period Rs.
1,00,000/-	Up to 10,000
2,00,000/-	
3,00,000/-	
4,00,000/-	
5,00,000/- to 15,00,000/-	Up to 15,000
20,00,000/- and 25,00,000/	Up to 20,000

**Note :** Payment under this benefit forms part of the sum insured and will impact the Bonus

❖ **Second Medical Opinion**

The Insured Person is given the facility of obtaining a Medical Second Opinion from a Doctor in the Company's network of Medical Practitioners. To utilize this benefit, all medical records should be forwarded to the mail-id : [e\\_medicalopinion@starhealth.in](mailto:e_medicalopinion@starhealth.in)

❖ **Assisted Reproduction Treatment :** The Company will reimburse medical expenses incurred on Assisted Reproduction Treatment, where indicated, for sub-fertility subject to:

1. A waiting period of 36 months from the date of first inception of this policy with the Company for the insured person.  
The maximum liability of the Company for such treatment shall be limited to Rs.1,00,000/- for Sum Insured of Rs.5,00,000/- and Rs.2,00,000/- for Sum Insured of Rs.10,00,000/- and above for every block of 36 months and payable on renewal
2. For the purpose of claiming under this benefit, in-patient treatment is not mandatory.
3. Automatic Restoration of Basic Sum Insured, Recharge Benefit shall not be applicable for this benefit.

**Note :** To be eligible for this benefit both husband and spouse should stay insured continuously without break under this policy for every block. This coverage is available only for sum insured options of Rs.5,00,000/- and above.

This benefit covers intrauterine insemination (IUI), Intra-Cytoplasmic Sperm Injection (ICSI), In-Vitro Fertilisation( IVF) and TESA / TESE (Testicular / Epididymal Sperm Aspiration / Extraction)

❖ **Additional Sum Insured for Road Traffic Accident (RTA) :** If the insured person meets with a Road Traffic Accident resulting in in-patient hospitalization, then the Basic sum insured shall be increased by 25% subject to a maximum of Rs. 5,00,000/- The additional sum insured shall be available only once during the policy period and should be used for the particular hospitalization following RTA & cannot be carried forward.

Automatic Restoration of Basic Sum Insured and Recharge Benefit shall not apply for this benefit

❖ **Automatic Restoration of Sum Insured :** There shall be automatic restoration of the Basic Sum Insured immediately upon exhaustion of the limit of coverage which has been defined during the policy period.

Such Automatic Restoration is available 3 times at 100% each time, during the policy period. Each restoration will operate only after the exhaustion of the earlier one.

It is made clear that such restored Sum Insured can be utilized only for illness / disease unrelated to the illness / diseases for which claim/s was / were made. The unutilized restored sum insured cannot be carried forward.

**Note :** Automatic Restoration of Basic Sum Insured is available only for sum insured options of Rs.3,00,000/- and above

❖ **Limits for cataract surgery :** Expenses incurred on treatment of Cataract is subject to the limits as per the following table

Sum Insured Rs.	Limit per eye Rs.	Limit per policy period Rs.
1,00,000/-	Up to 12,000/-per eye, per policy period	
2,00,000/-		
3,00,000/-	Up to 25,000/-	Up to 35,000/-
4,00,000/-	Up to 30,000/-	Up to 45,000/-
5,00,000/-	Up to 40,000/-	Up to 60,000/-
10,00,000/-	Up to 50,000/-	Up to 75,000/-
15,00,000/-		
20,00,000/-		
25,00,000/-		

❖ **Recharge Benefit**

If the limit of coverage under the policy is exhausted / exceeded during the policy period, additional indemnity upto the limits stated in the table given below would be provided once for the remaining policy period. Such additional indemnity can be utilized even for the same hospitalization or for the treatment of diseases / illness / injury / for which claim was paid / payable under the policy. This is in addition to the 'Restore' benefit available under the policy. The unutilized Recharge amount cannot be carried forward.

Sum Insured (Rs.)	Limit Rs.
100000/-	Not Available
200000/-	
300000/-	75,000/-
400000/-	1,00,000/-
500000/-	1,50,000/-
1000000/-	
1500000/-	
2000000/-	
2500000/-	

❖ **Bonus**

In respect of a claim free year of Insurance, for the Basic Sum Insured options Rs.3,00,000/- and above, the insured would be entitled to benefit of bonus of 25% of the expiring Basic Sum Insured in the second year and additional 10% of the expiring Basic sum Insured for the subsequent years. The maximum allowable bonus shall not exceed 100%

The Bonus will be calculated on the expiring sum insured or on the renewed sum insured whichever is less. Bonus will be given on that part of sum insured which is continuously renewed. If the insured opts to reduce the sum insured at the subsequent renewal, the limit of indemnity by way of such Bonus shall not exceed such reduced sum insured.

Bonus shall be available only upon timely renewal without break or upon renewal within the grace period allowed. In the event of a claim, such bonus so granted will be reduced at the same rate at which it has accrued. However the Basic sum insured, will not be reduced.

❖ **Co-Payment**

This policy is subject to co-payment of 20% of each and every claim amount for fresh as well as renewal policies for insured persons whose age at the time of entry is above 60 years.

❖ **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. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons)
3. Congenital External Condition / Defects / Anomalies
4. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable)

5. Convalescence, general debility, run-down condition or rest cure, Nutritional deficiency states.
6. Psychiatric, mental and behavioral disorders.
7. Intentional self injury
8. Use of intoxicating substances, substance abuse, drugs / alcohol, smoking and tobacco chewing
9. Venereal Disease and Sexually Transmitted Diseases,
10. 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)
11. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
12. All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympho Trophic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or HIV / AIDS. It is however made clear that such of those who are positive for HIV (Human Immuno Deficiency Virus) would be entitled for expenses incurred for treatment, other than for opportunistic infections and for treatment of HIV/AIDS, provided at the time of first commencement of insurance under this policy, their CD4 count is not less than 350.
13. Treatment arising from or traceable to pregnancy, childbirth, family planning, miscarriage, abortion and complications of any of these (other than ectopic pregnancy).
14. Treatment for Sub-Fertility, Assisted Conception and or other related complications of the same except to the extent covered under 1 S
15. Expenses incurred on weight control services including surgical procedures such as Bariatric Surgery and /or medical treatment of obesity.
16. Medical and / or surgical treatment of Sleep apnea, treatment for genetic and endocrine disorders.
17. 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.17.
18. Expenses incurred on Lasik Laser or other procedures Refractive Error Correction and its complications, all treatment for disorders of eye requiring intra-vitreous injections.
19. 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.
20. 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.
21. Unconventional, Untested, Unproven, Experimental therapies.
22. Stem cell Therapy, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy.
23. Oral Chemotherapy, Immuno therapy and Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted.

24. All types of Cosmetic, Aesthetic treatment of any description, all treatment for erectile dysfunctions, Change of Sex.
25. Plastic surgery (other than as necessitated due to an accident or as a part of any illness),
26. Cost of spectacles and contact lens, hearing aids, walkers and crutches, wheel chairs, Nutritional Supplements, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis [CAPD], infusion pump and such other similar aids, Cochlear implants and procedure related hospitalization expenses
27. Hospital registration charges, admission charges, record charges, telephone charges and such other charges
28. Other excluded expenses as detailed under "Other Excluded Expenses"

❖ **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 non cooperation of the insured.

There is no exit age. Lifelong renewal allowed.

A grace period of 120 days from the date of expiry of the policy is available for renewal. If renewal is made within this 120 days period, the continuity of benefits with reference waiting periods stated will be available. Any Disease/illness contracted or injury sustained during the grace period will be deemed as Pre existing and will be subject to waiting period of 48 months.

**Note :**

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

❖ **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.

❖ **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

❖ **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.

❖ **Automatic Termination**

The insurance under this policy with respect to each relevant insured person policy shall terminate immediately on the earlier of the following events:

- ★ Upon the death of the Insured Person This means that, the cover for the surviving members of the family will continue, subject to other terms of the policy.
- ★ Upon exhaustion of the sum insured under the 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.

❖ **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



