



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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PROSPECTUS - FAMILY HEALTH OPTIMA INSURANCE PLAN

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

The product provides for regular hospitalization benefits on floater basis

❖ Who can take this insurance?

Any person aged between 18 years and 65 years can take this insurance for his/her family consisting of Self, Spouse and dependent children not exceeding three in number. Beyond 65 years, only renewals are allowed. Dependent children are covered from 16th day of its birth till expiry of the policy subject to the limits mentioned above. If, at the commencement of the policy, the new born child is less than 16 days of age, the proposer can opt to cover such new born child also in the same policy by paying the applicable premium in full. However, the cover for such new born child will commence only from the 16th day of its birth and will continue till the expiry date of the policy. Maximum age limit for coverage of dependent children is 25 years.

❖ What is the policy term?

The policy is available for one year which can be renewed.

❖ What are the sum insured options available?

The sum insured options available are Rs.1,00,000/-, Rs.2,00,000/-, Rs.3,00,000/-, Rs.4,00,000/-, Rs.5,00,000/-, Rs.10,00,000/-, Rs.15,00,000/-, Rs.20,00,000/- and Rs.25,00,000/- only.

Note: Sum Insured options of Rs.1,00,000/- and Rs.2,00,000/- are available only for renewals.

❖ 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. At present 100% of cost of medical screening is borne by the Company. The age for Health screening may be scaled downwards or upwards subject to Regulator's approval. Due advance information will be given to the customer.

❖ What are the benefits available under the insurance?

A. Room, Boarding, Nursing Expenses all inclusive as provided by the Hospital / Nursing Home as per the limits given below:-

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

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 and such other similar expenses.

With regard to coronary stent, 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. In respect of medicines, Implants and such other similar items, the Company will pay up to the cost of alternate indigenous make.

Expenses relating to hospitalization will be considered in proportion to the eligible room rent stated in the policy or actual whichever is less.

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 the Hospital / Nursing Home and the Insured is discharged on the same day.

Expenses incurred on treatment of **Cataract** is subject to the limits as per the following table

Sum Insured Rs.	Limit per eye (in Rs.)	Limit per policy period (in Rs.)
1,00,000/- to 2,00,000/-	Up to 12,000/- per eye, per policy period	
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/- to 25,00,000/-	Up to 50,000/-	Up to 75,000/-

- D. Emergency ambulance** charges up-to a sum of Rs. 750/- per hospitalization and overall limit of Rs. 1,500/- 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 there is an admissible claim for hospitalization under the policy.
- E. Air Ambulance** charges up to 10% of the Basic Sum Insured during the entire policy period, provided that
1. It is for life threatening emergency health condition/s of the insured person which requires immediate and rapid ambulance transportation to the hospital/medical centre that ground transportation cannot provide.
 2. Necessary medical treatment not being available at the location where the Insured Person is situated at the time of Emergency
 3. It is prescribed by a Medical Practitioner and is Medically Necessary;
 4. The insured person is in India and the treatment is in India only
 5. Such Air ambulance should have been duly licensed to operate as such by Competent Authorities of the Government/s

Note: This benefit is available for sum insured options of Rs.5,00,000/- and above only.

- F. Relevant Pre-Hospitalization** medical expenses incurred for a period not exceeding 60 days prior to the date of hospitalization, for the disease/illness, injury sustained following an admissible claim for hospitalization under the policy.
- G. Post Hospitalization** medical expenses incurred for a period of 90 days from the date of discharge from the hospital towards Consultant fees, Diagnostic charges, Medicines and Drugs wherever recommended by the Hospital / Medical Practitioner, where the treatment was taken, following an admissible claim for hospitalization provided however such expenses so incurred are in respect of ailment for which the insured person was hospitalized.
- H. 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, on the advice of the attending Medical Practitioner, is taken whilst confined at home under any of the following circumstances
1. The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
 2. 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-hospitalization and Post-hospitalization expenses are not payable for this benefit.
- I. Organ Donor Expenses** for organ transplantation where the insured person is the recipient are payable provided the claim for transplantation is payable and subject to the availability of the sum insured. Donor screening expenses and post-donation complications of the donor are not payable. This cover is subject to a limit of 10% of the Sum Insured or Rupees One lakh, whichever is less.
- J. Cost of Health Checkup:** 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/- and 2,00,000/-	Not Available
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/-

K. Hospitalization expenses for treatment of New Born 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. First 30 days waiting periods shall not apply for the New Born Baby
3. All other terms, conditions and exclusions shall apply for the New Born Baby

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

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

M. 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 Rs5000/- 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

N. 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

O. 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:

1. This benefit is applicable for Basic Sum Insured of Rs.3, 00,000/- and above only.
2. This benefit is payable only if there is an admissible claim for hospitalization under the policy.
3. This benefit shall be paid if a hospital is a part of the list as on date of admission
4. Payment under this benefit does not form part of the sum insured but will impact the Bonus
5. The Company shall not be responsible for the quality of the treatment in the Preferred Network Facility

- P. 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.

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

Note:

- i) This benefit is applicable for Basic Sum Insured of Rs.3,00,000/- and above only.
- ii) This benefit is payable only if there is an admissible claim for hospitalization under the policy
- iii) This benefit will not be applicable where the sanction is on package rates
- iv) Insured stay in Intensive Care Unit or High Dependency Units / wards will not be counted for this purpose
- v) Payment under this benefit does not form part of the sum insured but will impact the Bonus

- Q. 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/- to 4,00,000/-	Up to Rs.10,000/-
5,00,000/- to 15,00,000/-	Up to Rs.15,000/-
20,00,000/- and 25,00,000/-	Up to Rs.20,000/-

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

- R. Second Medical Opinion:** The Insured Person can obtain a Medical Second Opinion from a Doctor in the Company's network of Medical Practitioners. All the medical records provided by the Insured Person will be submitted to the Doctor chosen by him/her online and the medical opinion will be made available directly to the Insured by the Doctor. To utilize this benefit, all medical records should be forwarded to the mail-id "e_medicalopinion@starhealth.in."

Special Conditions:-

- This should be specifically requested for by the Insured Person
- This opinion is given based only on the medical records submitted without examining the patient,
- The second opinion should be only for medical reasons and not for medico-legal purposes.
- Any liability due to any errors or omission or consequences of any action taken in reliance of the second opinion provided by the Medical Practitioner is outside the scope of this policy.
- Utilizing this facility alone will not amount to making a claim

Note: Medical Records / Documents submitted for utilizing this facility will not prejudice the Company's right to reject a claim in terms of policy.

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

1. Awaiting 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

Special 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. Pre and Post treatment expenses
2. Sub-fertility services that are deemed to be unproven, experimental or investigational
3. Services not in accordance with standards of good medical practice and not uniformly recognized and professionally endorsed by the general medical community at the time it is to be provided.
4. Reversal of voluntary sterilization
5. Treatment undergone for second or subsequent pregnancies except where the child from the first delivery/ previous deliveries is/are not alive at the time of treatment
6. Payment for services rendered to a surrogate
7. Costs associated with cryopreservation and storage of sperm, eggs and embryos
8. Selective termination of an embryo.
9. Services done at unrecognized centre
10. Surgery / procedures that enhances fertility like Tubal Occlusion, Bariatric Surgery, Diagnostic Laparoscopy with Ovarian Drilling and such other similar surgery / procedures

T. Automatic Restoration of Basic Sum Insured (Applicable for A to I, K, Q Only): There shall be automatic restoration of the Basic Sum Insured immediately upon exhaustion of the **limit of coverage**, 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

U. Recharge Benefit (Applicable for A to I, K, Q): If the limit of coverage under the policy is exhausted/ exceeded during the policy period, additional indemnity up to 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. The unutilized Recharge amount cannot be carried forward

Sum Insured (Rs.)	Limit Rs.
1,00,000/- and 2,00,000/-	Not Available
3,00,000/-	75,000/-
4,00,000/-	1,00,000/-
5,00,000/- to 25,00,000/-	1,50,000/-

V. 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/- and subject to the following:

1. It is evidenced that the insured person was wearing helmet and was either riding or travelling as pillion rider in a two wheeler at the time of accident as evidenced by Police record and Hospital record.
2. The additional sum insured shall be available only once during the policy period.
3. The additional sum insured shall be available after exhaustion of the **limit of coverage**.
4. The additional sum insured can be utilized only for the particular hospitalization following the Road Traffic Accident
5. Automatic Restoration of Basic Sum Insured and Recharge Benefit shall not apply for this benefit
6. This benefit shall not be applicable for day care treatment
7. The unutilized balance cannot be carried forward for the remaining policy period or for renewal
8. Claim under this benefit will impact the Bonus

W. Bonus (Applicable for A to I, L to Q, S and V) 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.

❖ **What is the co-payment under the policy?**

Co-payment (**Applicable for A to H and Q**): 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.

❖ **What are the Special Features of this policy?**

1. Domiciliary Hospitalization
2. Organ Donor Expenses
3. Cost of Health Checkup
4. Hospitalization expenses for treatment of New Born Baby
5. Emergency Domestic Medical Evacuation
6. Compassionate travel
7. Repatriation of Mortal Remains
8. Treatment in Preferred Network Hospitals
9. Shared accommodation
10. AYUSH Treatment
11. Second Medical Opinion
12. Assisted Reproduction Treatment
13. Automatic Restoration of Basic Sum Insured
14. Recharge Benefit
15. Additional Sum Insured for RTA
16. Bonus

❖ **What are the waiting periods available under the policy?**

- i. Any disease contracted by the insured person during the first 30 days from the commencement date of the policy.

This waiting period shall not apply in case of the insured person having been covered under any health insurance policy (Individual policy) with any of the Indian General Insurance companies / health insurance companies for a continuous period of preceding 12 months without a break.

- ii. A waiting period of 24 consecutive months of continuous coverage from the inception of this policy will apply to the following specified ailments / illness / diseases:-

- a) Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Prolapse of Intervertebral Disc (other than caused by accident), Varicose veins and Varicose ulcers, Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula, all Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies, all types of Hernia, Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele, Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence and Congenital Internal disease / defect
- b) All treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi. All types of management for Kidney and Genitourinary tract calculi.
- c) All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries (other than due to cancer), Uterine Bleeding, Pelvic Inflammatory Diseases and Benign diseases of the breast.
- d) All treatments (Conservative, Operative treatment) and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty / Joint Replacement [other than caused by accident].

- e) All types of treatment for Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system
- f) Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology
- g) All types of transplant and related surgeries.

This waiting period shall not however apply in the case of the Insured person/s having been covered under any Individual health insurance scheme with any of the Indian General/ Health Insurer for a continuous period of preceding 24 months without any break.

If these are pre-existing at the time of proposal they will be covered subject to waiting period iii below

- iii. Pre Existing Diseases as defined in the policy until 48 consecutive months of continuous coverage have elapsed, since inception of the first policy with any Indian General/ Health Insurer.

The waiting period in i, ii and iii above are subject to Portability regulations

❖ **What are the exclusions under the policy?**

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 Tropic 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"

❖ **Revision in the sum insured:**

Any revision in sum insured is permissible only at the time of renewal. The Insured Person can propose such revision and the same is subject to Company's approval and payment of appropriate premium.

❖ **What is renewal procedure?**

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 up to 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

❖ **Can the sum insured under the policy be enhanced?**

The sum insured can be enhanced at the time of renewal of this policy subject to no claim being lodged or paid under this policy; both the acceptance for enhancement and the amount of enhancement will be at the discretion of the Company. Where the sum insured is enhanced, the amount of such additional sum insured (including the respective sublimit) shall be subject to the following terms

A Waiting period as under shall apply afresh from the date of such enhancement for the increase in the sum insured, that is, the difference between the expiring policy sum insured and the increased current sum insured.

1. First 30 days as under Waiting period (i)
2. 24 months with continuous coverage without break (with grace period) in respect of diseases / treatments falling under waiting period (ii) a to (ii) h
3. 48 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases.
4. 48 months of continuous coverage without break (with grace period) for diseases / conditions diagnosed / treated irrespective of whether any claim is made or not in the immediately preceding three policy periods

The above applies to each relevant insured person

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

- ❖ **Is there any Income Tax Benefit?** : Insured Person is eligible for relief under Section 80-D of the Income Tax Act in respect of the amount paid by any mode other than cash.
- ❖ **Is this Policy portable?**
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
- ❖ **How to buy this insurance?**
All that needs to be done is to call the nearest office.
5% discount for direct online purchase
For On-line purchase Visit : www.starhealth.in
- ❖ **How to make a claim under this policy?**
For Cashless Treatment
 - a. Call the 24 hour help-line for assistance - 1800 425 2255
 - b. Inform the ID number for easy reference
 - c. On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk
 - d. Obtain the Pre-authorization Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
 - e. The Treating Doctor will complete the hospitalization / treatment information and the hospital will fill up expected cost of treatment.
 - f. This form is submitted to the Company
 - g. The Company will process the request and call for additional documents/ clarifications if the information furnished is inadequate.
 - h. Once all the details are furnished, the Company will process the request as per the terms and conditions as well as the exclusions therein and either approve or reject the request based on the merits.

- i. In case of emergency hospitalization information to be given within 24 hours after hospitalization
- j. Cashless facility can be availed only in networked Hospitals

Denial of a Pre-authorization request is in no way to be construed as denial of treatment or denial of coverage. The Insured Person can go ahead with the treatment, settle the hospital bills and submit the claim for a permissible reimbursement.

In non-network hospitals payment must be made up-front by Insured /Insured Person and then reimbursement will be effected on submission of documents upon its admissibility.

For Reimbursement Claims:

- a. Duly completed claim form, and
- b. Pre Admission investigations and treatment papers.
- c. Discharge Summary from the hospital in original
- d. Cash receipts from hospital, chemists
- e. Cash receipts and reports for tests done
- f. Receipts from doctors, surgeons, anaesthetist
- g. Certificate from the attending doctor regarding the diagnosis.
- h. First Information Report in-case of Road Traffic Accident
- i. Copy of PAN card

In case of delay in payment of any claim that has been admitted as payable under the Policy terms and conditions, beyond the time period as prescribed under IRDA (Protection of Policyholders Regulation), 2002, the Company shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is approved by the Company. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.

How much does it cost to take this insurance?

Zone 1 : means Mumbai, Thane, Delhi including Faridabad, Gurgaon, Ghaziabad and Noida, Ahmedabad, Baroda Surat										
Plan Type	Age-band in years	Sum Insured in Rs.								
		100000	200000	300000	400000	500000	1000000	1500000	2000000	2500000
1A+1C	16days-35	5,825	6,380	7,210	8,175	8,985	11,475	13,540	15,260	16,875
	36-45	6,430	7,055	7,925	8,975	9,795	12,495	14,750	16,610	18,360
	46-50	9,305	10,245	11,315	12,770	13,640	17,330	20,450	22,995	25,390
	51-55	11,085	12,225	13,630	15,455	16,855	20,690	24,640	27,610	30,395
	56-60	14,405	15,915	17,545	19,840	21,470	26,280	31,235	34,995	38,520
	61-65	18,420	20,375	22,280	25,145	27,050	33,040	39,210	43,930	48,350
	66-70	23,180	25,665	27,895	31,435	33,665	41,055	48,670	54,520	60,000
	71-75	25,940	28,730	31,150	35,080	37,495	45,695	54,145	60,660	66,750
	76-80	28,515	31,590	34,185	38,480	41,070	50,030	59,260	66,385	73,050
	above 80	30,780	34,105	36,860	41,470	44,220	53,845	63,760	71,425	78,595
1A+2C	16days-35	7,680	8,440	9,400	10,625	11,465	14,595	17,225	19,385	21,415
	36-45	8,295	9,125	10,125	11,435	12,290	15,630	18,445	20,750	22,920
	46-50	11,125	12,270	13,465	15,180	16,085	20,400	24,075	27,055	29,850
	51-55	13,300	14,685	16,240	18,375	19,930	24,415	29,035	32,530	35,810
	56-60	16,375	18,100	19,870	22,445	24,205	29,595	35,145	39,380	43,345
	61-65	21,185	23,445	25,540	28,795	30,890	37,690	44,700	50,075	55,115
	66-70	25,840	28,620	31,030	34,945	37,355	45,530	53,950	60,435	66,505
	71-75	28,915	32,035	34,660	39,010	41,630	50,710	60,060	67,280	74,035
	76-80	31,785	35,225	38,050	42,805	45,620	55,540	65,765	73,670	81,065
	above 80	34,315	38,035	41,030	46,145	49,135	59,795	70,785	79,290	87,250
1A+3C	16days-35	10,585	11,670	12,830	14,465	15,360	19,490	23,000	25,855	28,530
	36-45	11,740	12,955	14,190	15,990	16,905	21,435	25,295	28,420	31,355
	46-50	15,780	17,440	18,955	21,330	22,315	28,235	33,320	37,405	41,240
	51-55	19,130	21,160	23,115	26,080	28,030	34,230	40,615	45,505	50,085
	56-60	23,575	26,105	28,365	31,960	34,215	41,720	49,455	55,400	60,970
	61-65	30,005	33,245	35,945	40,450	43,145	52,540	62,225	69,705	76,700
	66-70	34,475	38,215	41,220	46,355	49,355	60,065	71,105	79,650	87,645
	71-75	38,590	42,785	46,070	51,790	55,070	66,990	79,275	88,800	97,710
	76-80	42,425	47,050	50,600	56,865	60,405	73,455	86,900	97,340	107,105
	above 80	45,805	50,800	54,585	61,325	65,100	79,140	93,610	104,860	115,370
2A	16days-35	6,505	7,135	8,015	9,075	9,895	12,620	14,895	16,770	18,540
	36-45	7,765	8,535	9,500	10,740	11,585	14,740	17,400	19,575	21,625
	46-50	11,320	12,485	13,695	15,435	16,345	20,730	24,460	27,485	30,330
	51-55	13,990	15,450	17,055	19,290	20,890	25,580	30,405	34,070	37,505
	56-60	17,710	19,590	21,445	24,210	26,065	31,845	37,805	42,355	46,615
	61-65	22,090	24,450	26,610	29,995	32,145	39,215	46,500	52,095	57,330
	66-70	26,030	28,830	31,255	35,200	37,620	45,850	54,325	60,860	66,975
	71-75	29,130	32,275	34,915	39,295	41,930	51,065	60,485	67,755	74,560
	76-80	31,445	34,845	37,645	42,350	45,145	54,965	65,080	72,905	80,220
	above 80	33,940	37,620	40,590	45,655	48,615	59,170	70,045	78,465	86,340

A = Adult, C = Child, 2A = Self + Spouse

Please take the age of the Eldest person

Zone 1: means Mumbai, Thane, Delhi including Faridabad, Gurgaon, Ghaziabad and Noida, Ahmedabad, Baroda Surat										
Plan Type	Age-band in years	Sum Insured Rs.								
		100000	200000	300000	400000	500000	1000000	1500000	2000000	2500000
2A+1C	16days-35	8,010	8,810	9,790	11,065	11,915	15,155	17,885	20,125	22,230
	36-45	9,230	10,165	11,230	12,675	13,545	17,210	20,310	22,835	25,215
	46-50	12,845	14,175	15,490	17,445	18,380	23,290	27,485	30,870	34,050
	51-55	15,750	17,405	19,130	21,615	23,335	28,540	33,905	37,985	41,815
	56-60	19,795	21,900	23,900	26,960	28,955	35,350	41,935	46,980	51,705
	61-65	23,710	26,250	28,520	32,135	34,400	41,945	49,720	55,700	61,295
	66-70	27,235	30,170	32,680	36,795	39,300	47,880	56,725	63,545	69,930
	71-75	30,480	33,775	36,510	41,080	43,805	53,345	63,170	70,765	77,870
	76-80	33,510	37,140	40,080	45,080	48,015	58,440	69,185	77,500	85,280
	above 80	36,175	40,100	43,225	48,600	51,715	62,925	74,480	83,430	91,800
2A+2C	16days-35	9,915	10,920	12,030	13,575	14,460	18,355	21,660	24,355	26,880
	36-45	10,990	12,120	13,305	15,000	15,905	20,175	23,805	26,755	29,520
	46-50	14,770	16,315	17,760	19,990	20,960	26,530	31,305	35,155	38,765
	51-55	17,900	19,795	21,665	24,455	26,325	32,160	38,175	42,770	47,075
	56-60	22,060	24,415	26,570	29,950	32,105	39,160	46,435	52,025	57,255
	61-65	26,430	29,275	31,730	35,725	38,175	46,520	55,120	61,750	67,950
	66-70	30,365	33,645	36,370	40,925	43,645	53,145	62,935	70,500	77,580
	71-75	33,985	37,665	40,640	45,705	48,675	59,240	70,125	78,555	86,440
	76-80	37,360	41,420	44,625	50,170	53,365	64,925	76,835	86,070	94,705
	above 80	40,335	44,725	48,130	54,100	57,500	69,930	82,745	92,685	101,985
2A+3C	16days-35	13,185	14,555	15,890	17,895	18,840	23,865	28,160	31,630	34,885
	36-45	14,625	16,160	17,595	19,805	20,770	26,290	31,025	34,840	38,415
	46-50	19,675	21,765	23,550	26,475	27,530	34,790	41,055	46,070	50,770
	51-55	23,860	26,420	28,700	32,335	34,605	42,195	50,015	56,035	61,665
	56-60	29,420	32,595	35,255	39,680	42,335	51,555	61,060	68,405	75,270
	61-65	35,265	39,090	42,150	47,400	50,455	61,395	72,670	81,405	89,575
	66-70	40,525	44,935	48,355	54,350	57,760	70,250	83,120	93,110	102,445
	71-75	45,360	50,310	54,065	60,740	64,485	78,395	92,730	103,875	114,290
	76-80	49,880	55,325	59,390	66,710	70,760	86,000	101,705	113,920	125,340
	above 80	53,850	59,745	64,080	71,960	76,280	92,690	109,600	122,765	135,070

A = Adult, C = Child, 2A = Self + Spouse

Please take the age of the Eldest person

Zone 1a: means Chennai, Bangalore, Pune, Nasik, Ernakulam, Trivandrum and Rest of Gujarat.										
Plan Type	Age-band in years	Sum Insured in Rs.								
		100000	200000	300000	400000	500000	1000000	1500000	2000000	2500000
1A+1C	16days-35	5,010	5,470	6,295	7,150	8,180	10,615	12,525	14,120	15,625
	36-45	5,525	6,050	6,915	7,840	8,905	11,545	13,620	15,350	16,975
	46-50	7,980	8,775	9,835	11,110	12,335	15,940	18,810	21,155	23,365
	51-55	9,505	10,470	11,855	13,470	15,115	19,025	22,670	25,405	27,975
	56-60	12,340	13,620	15,230	17,250	19,200	24,105	28,665	32,120	35,360
	61-65	15,775	17,435	19,315	21,825	24,135	30,250	35,920	40,245	44,295
	66-70	19,845	21,955	24,160	27,250	29,990	37,535	44,520	49,875	54,890
	71-75	22,200	24,575	26,960	30,390	33,380	41,755	49,500	55,450	61,025
	76-80	24,400	27,020	29,580	33,320	36,545	45,695	54,145	60,660	66,750
	above 80	26,335	29,170	31,885	35,900	39,330	49,165	58,235	65,240	71,790
1A+2C	16days-35	6,595	7,235	8,180	9,260	10,395	13,450	15,875	17,870	19,750
	36-45	7,120	7,815	8,805	9,965	11,130	14,395	16,985	19,115	21,120
	46-50	9,540	10,505	11,685	13,190	14,515	18,730	22,100	24,845	27,420
	51-55	11,395	12,570	14,105	15,990	17,835	22,410	26,670	29,880	32,900
	56-60	14,025	15,490	17,235	19,495	21,620	27,120	32,225	36,105	39,745
	61-65	18,135	20,060	22,125	24,975	27,535	34,480	40,910	45,835	50,445
	66-70	22,115	24,480	26,860	30,275	33,260	41,605	49,320	55,250	60,805
	71-75	24,745	27,400	29,990	33,780	37,040	46,315	54,875	61,475	67,650
	76-80	27,200	30,125	32,910	37,050	40,575	50,710	60,060	67,280	74,035
	above 80	29,360	32,525	35,480	39,930	43,680	54,575	64,625	72,390	79,660
1A+3C	16days-35	9,080	9,995	11,140	12,575	13,870	17,905	21,125	23,755	26,220
	36-45	10,065	11,090	12,310	13,890	15,250	19,670	23,210	26,085	28,790
	46-50	13,515	14,925	16,420	18,490	20,080	25,850	30,505	34,255	37,775
	51-55	16,380	18,105	20,035	22,630	25,005	31,335	37,200	41,675	45,870
	56-60	20,180	22,330	24,560	27,700	30,475	38,140	45,230	50,675	55,770
	61-65	25,675	28,435	31,095	35,020	38,380	47,980	56,840	63,675	70,070
	66-70	29,495	32,680	35,645	40,110	43,880	54,820	64,915	72,720	80,015
	71-75	33,010	36,585	39,825	44,795	48,935	61,115	72,340	81,035	89,170
	76-80	36,290	40,230	43,730	49,170	53,655	66,990	79,275	88,800	97,710
	above 80	39,180	43,440	47,165	53,015	57,810	72,160	85,375	95,635	105,225
2A	16days-35	5,590	6,120	6,985	7,925	8,990	11,655	13,755	15,495	17,140
	36-45	6,665	7,315	8,270	9,360	10,500	13,585	16,030	18,045	19,945
	46-50	9,705	10,690	11,885	13,410	14,750	19,025	22,450	25,240	27,855
	51-55	11,985	13,225	14,810	16,780	18,685	23,470	27,915	31,280	34,435
	56-60	15,170	16,760	18,595	21,020	23,265	29,165	34,640	38,810	42,720
	61-65	18,910	20,920	23,050	26,005	28,650	35,865	42,545	47,665	52,460
	66-70	22,275	24,660	27,055	30,490	33,495	41,895	49,660	55,635	61,225
	71-75	24,925	27,605	30,205	34,020	37,305	46,640	55,260	61,905	68,120
	76-80	26,905	29,800	32,560	36,660	40,150	50,180	59,440	66,585	73,270
	above 80	29,040	32,175	35,100	39,505	43,225	54,005	63,950	71,640	78,830

A = Adult, C = Child, 2A = Self + Spouse

Please take the age of the Eldest person

Zone 1a : means Chennai, Bangalore, Pune, Nasik, Ernakulam, Trivandrum and Rest of Gujarat.										
Plan Type	Age-band in years	Sum Insured Rs.								
		100000	200000	300000	400000	500000	1000000	1500000	2000000	2500000
2A+1C	16days-35	6,875	7,550	8,520	9,640	10,795	13,960	16,475	18,545	20,490
	36-45	7,920	8,705	9,760	11,030	12,250	15,825	18,680	21,010	23,205
	46-50	11,005	12,135	13,430	15,145	16,570	21,355	25,200	28,315	31,240
	51-55	13,490	14,895	16,600	18,785	20,850	26,160	31,095	34,840	38,355
	56-60	16,945	18,735	20,710	23,390	25,825	32,350	38,395	43,020	47,350
	61-65	20,295	22,455	24,695	27,850	30,640	38,345	45,475	50,945	56,065
	66-70	23,310	25,805	28,280	31,865	34,975	43,745	51,840	58,075	63,910
	71-75	26,080	28,885	31,580	35,560	38,965	48,710	57,700	64,640	71,130
	76-80	28,670	31,760	34,660	39,010	42,690	53,345	63,170	70,765	77,870
	above 80	30,945	34,295	37,370	42,045	45,965	57,420	67,980	76,155	83,795
2A+2C	16days-35	8,500	9,355	10,450	11,805	13,065	16,870	19,910	22,390	24,720
	36-45	9,425	10,380	11,550	13,035	14,355	18,520	21,855	24,570	27,120
	46-50	12,650	13,965	15,390	17,335	18,870	24,300	28,675	32,210	35,525
	51-55	15,330	16,940	18,785	21,230	23,495	29,450	34,980	39,190	43,135
	56-60	18,885	20,890	23,015	25,970	28,610	35,815	42,490	47,600	52,390
	61-65	22,620	25,040	27,460	30,945	33,985	42,510	50,385	56,445	62,115
	66-70	25,980	28,775	31,460	35,430	38,820	48,530	57,490	64,400	70,870
	71-75	29,075	32,210	35,145	39,550	43,275	54,070	64,025	71,720	78,925
	76-80	31,960	35,420	38,580	43,400	47,425	59,240	70,125	78,555	86,440
	above 80	34,505	38,245	41,600	46,785	51,080	63,790	75,495	84,570	93,055
2A+3C	16days-35	11,295	12,460	13,780	15,530	16,975	21,875	25,815	29,005	32,000
	36-45	12,530	13,830	15,245	17,175	18,700	24,085	28,420	31,920	35,205
	46-50	16,845	18,625	20,380	22,925	24,735	31,810	37,540	42,135	46,440
	51-55	20,425	22,600	24,850	28,020	30,825	38,575	45,745	51,245	56,400
	56-60	25,175	27,880	30,500	34,355	37,660	47,085	55,785	62,495	68,770
	61-65	30,170	33,430	36,445	41,010	44,850	56,030	66,340	74,315	81,775
	66-70	34,665	38,425	41,795	47,000	51,315	64,080	75,835	84,950	93,475
	71-75	38,800	43,020	46,715	52,510	57,265	71,485	84,575	94,740	104,240
	76-80	42,660	47,305	51,305	57,655	62,820	78,395	92,730	103,875	114,290
	above 80	46,055	51,080	55,350	62,180	67,705	84,480	99,910	111,910	123,130

A = Adult, C = Child, 2A = Self + Spouse

Please take the age of the Eldest person

Zone 2: means Coimbatore, Indore City, and Rest of Kerala.										
Plan Type	Age-band in years	Sum Insured in Rs.								
		100000	200000	300000	400000	500000	1000000	1500000	2000000	2500000
1A+1C	16days-35	4,695	5,125	6,025	6,845	7,885	10,350	12,210	13,765	15,240
	36-45	5,180	5,660	6,610	7,505	8,590	11,250	13,270	14,960	16,550
	46-50	7,470	8,210	9,390	10,620	11,925	15,515	18,305	20,595	22,750
	51-55	8,895	9,790	11,330	12,880	14,505	18,525	22,075	24,745	27,245
	56-60	11,545	12,740	14,545	16,480	18,430	23,455	27,895	31,260	34,420
	61-65	14,755	16,300	18,435	20,840	23,180	29,425	34,940	39,150	43,095
	66-70	18,560	20,525	23,045	26,000	28,805	36,500	43,285	48,495	53,375
	71-75	20,760	22,975	25,715	28,995	32,070	40,595	48,120	53,910	59,335
	76-80	22,815	25,260	28,210	31,785	35,110	44,420	52,635	58,965	64,895
	above 80	24,625	27,270	30,400	34,240	37,790	47,785	56,605	63,415	69,785
1A+2C	16days-35	6,175	6,770	7,820	8,855	10,035	13,105	15,460	17,405	19,245
	36-45	6,665	7,315	8,415	9,525	10,750	14,020	16,535	18,615	20,570
	46-50	8,930	9,830	11,160	12,595	14,040	18,225	21,505	24,175	26,690
	51-55	10,665	11,755	13,470	15,280	17,120	21,810	25,955	29,085	32,025
	56-60	13,120	14,485	16,455	18,620	20,760	26,385	31,350	35,130	38,675
	61-65	16,960	18,755	21,110	23,835	26,445	33,530	39,785	44,575	49,060
	66-70	20,680	22,885	25,620	28,885	31,950	40,445	47,945	53,715	59,120
	71-75	23,140	25,615	28,600	32,220	35,585	45,020	53,340	59,760	65,765
	76-80	25,430	28,165	31,380	35,335	38,980	49,285	58,375	65,395	71,965
	above 80	27,450	30,405	33,825	38,080	41,970	53,040	62,805	70,360	77,425
1A+3C	16days-35	8,500	9,350	10,635	12,010	13,415	17,425	20,555	23,120	25,525
	36-45	9,420	10,375	11,755	13,265	14,755	19,140	22,580	25,385	28,015
	46-50	12,645	13,960	15,665	17,645	19,440	25,140	29,660	33,315	36,740
	51-55	15,320	16,930	19,120	21,605	24,015	30,475	36,180	40,540	44,620
	56-60	18,875	20,880	23,430	26,430	29,275	37,085	43,980	49,275	54,230
	61-65	24,010	26,585	29,655	33,405	36,875	46,635	55,250	61,895	68,115
	66-70	27,580	30,550	33,985	38,250	42,160	53,280	63,090	70,675	77,775
	71-75	30,865	34,200	37,965	42,715	47,025	59,390	70,300	78,750	86,660
	76-80	33,930	37,610	41,685	46,880	51,560	65,095	77,030	86,290	94,950
	above 80	36,630	40,605	44,955	50,540	55,555	70,115	82,955	92,925	1,02,245
2A	16days-35	5,235	5,725	6,680	7,585	8,675	11,360	13,400	15,100	16,705
	36-45	6,245	6,845	7,905	8,950	10,140	13,235	15,610	17,580	19,430
	46-50	9,085	10,000	11,345	12,805	14,265	18,515	21,845	24,560	27,110
	51-55	11,215	12,370	14,140	16,030	17,940	22,840	27,170	30,445	33,520
	56-60	14,190	15,675	17,750	20,070	22,340	28,370	33,695	37,755	41,560
	61-65	17,685	19,560	21,990	24,815	27,515	34,875	41,370	46,355	51,020
	66-70	20,835	23,055	25,805	29,090	32,175	40,730	48,280	54,090	59,530
	71-75	23,310	25,805	28,805	32,455	35,840	45,335	53,715	60,175	66,225
	76-80	25,155	27,860	31,045	34,965	38,575	48,775	57,770	64,720	71,225
	above 80	27,155	30,080	33,465	37,675	41,530	52,490	62,155	69,630	76,620

A = Adult, C = Child, 2A = Self + Spouse

Please take the age of the Eldest person

Zone 2 : means Coimbatore, Indore City, and Rest of Kerala.										
Plan Type	Age-band in years	Sum Insured Rs.								
		100000	200000	300000	400000	500000	1000000	1500000	2000000	2500000
2A+1C	16days-35	6,440	7,065	8,140	9,220	10,425	13,600	16,040	18,060	19,960
	36-45	7,415	8,145	9,320	10,540	11,840	15,410	18,180	20,455	22,595
	46-50	10,300	11,350	12,820	14,460	16,030	20,775	24,510	27,550	30,395
	51-55	12,620	13,930	15,845	17,940	20,020	25,455	30,255	33,905	37,325
	56-60	15,850	17,520	19,765	22,325	24,800	31,460	37,345	41,840	46,055
	61-65	18,980	20,995	23,555	26,575	29,435	37,285	44,215	49,535	54,520
	66-70	21,795	24,125	26,975	30,400	33,600	42,525	50,395	56,460	62,135
	71-75	24,390	27,005	30,115	33,920	37,440	47,345	56,085	62,830	69,145
	76-80	26,805	29,695	33,050	37,205	41,020	51,845	61,395	68,780	75,685
	above 80	28,935	32,060	35,630	40,095	44,170	55,805	66,065	74,010	81,440
2A+2C	16days-35	7,960	8,750	9,980	11,280	12,630	16,425	19,375	21,795	24,065
	36-45	8,820	9,710	11,025	12,450	13,885	18,025	21,265	23,910	26,400
	46-50	11,835	13,060	14,685	16,545	18,265	23,635	27,890	31,330	34,555
	51-55	14,340	15,840	17,930	20,270	22,560	28,650	34,025	38,125	41,965
	56-60	17,660	19,530	21,955	24,785	27,480	34,830	41,315	46,290	50,950
	61-65	21,150	23,410	26,190	29,525	32,645	41,325	48,980	54,875	60,395
	66-70	24,295	26,900	30,000	33,790	37,300	47,170	55,880	62,600	68,890
	71-75	27,185	30,115	33,505	37,720	41,580	52,550	62,225	69,710	76,710
	76-80	29,885	33,110	36,780	41,385	45,575	57,570	68,150	76,345	84,010
	above 80	32,260	35,750	39,660	44,610	49,090	61,985	73,360	82,180	90,430
2A+3C	16days-35	10,570	11,655	13,150	14,830	16,425	21,285	25,110	28,215	31,135
	36-45	11,725	12,935	14,545	16,390	18,100	23,425	27,640	31,050	34,250
	46-50	15,755	17,415	19,435	21,870	23,960	30,930	36,490	40,965	45,155
	51-55	19,100	21,130	23,705	26,740	29,610	37,505	44,475	49,830	54,845
	56-60	23,540	26,065	29,085	32,770	36,185	45,770	54,225	60,750	66,855
	61-65	28,210	31,250	34,745	39,110	43,095	54,450	64,470	72,225	79,475
	66-70	32,410	35,920	39,840	44,815	49,310	62,265	73,695	82,555	90,840
	71-75	36,275	40,215	44,530	50,060	55,035	69,455	82,175	92,055	101,290
	76-80	39,880	44,220	48,900	54,960	60,375	76,165	90,095	100,925	111,045
	above 80	43,055	47,750	52,750	59,270	65,070	82,070	97,065	108,730	119,630

A = Adult, C = Child, 2A = Self + Spouse

Please take the age of the Eldest person

Zone 3: means Rest of India										
Plan Type	Age-band in years	Sum Insured in Rs.								
		100000	200000	300000	400000	500000	1000000	1500000	2000000	2500000
1A+1C	16days-35	4,215	4,590	5,530	6,290	7,400	9,730	11,475	12,950	14,340
	36-45	4,645	5,070	6,065	6,890	8,055	10,565	12,460	14,050	15,550
	46-50	6,695	7,345	8,590	9,720	11,140	14,515	17,125	19,275	21,295
	51-55	7,965	8,755	10,370	11,805	13,335	17,325	20,665	23,160	25,505
	56-60	10,330	11,385	13,295	15,080	16,905	21,895	26,050	29,195	32,145
	61-65	13,195	14,570	16,830	19,040	21,220	27,420	32,575	36,500	40,180
	66-70	16,590	18,340	21,020	23,735	26,335	33,970	40,300	45,155	49,700
	71-75	18,560	20,525	23,450	26,455	29,300	37,760	44,780	50,170	55,215
	76-80	20,395	22,565	25,715	28,995	32,070	41,305	48,955	54,850	60,365
	above 80	22,010	24,360	27,710	31,225	34,500	44,420	52,635	58,965	64,895
1A+2C	16days-35	5,535	6,055	7,160	8,120	9,395	12,280	14,485	16,320	18,045
	36-45	5,975	6,545	7,700	8,725	10,055	13,125	15,485	17,440	19,275
	46-50	7,995	8,790	10,195	11,520	13,100	17,025	20,085	22,590	24,940
	51-55	9,540	10,510	12,320	13,990	15,715	20,370	24,255	27,180	29,930
	56-60	11,735	12,950	15,030	17,025	19,020	24,605	29,250	32,780	36,085
	61-65	15,165	16,760	19,265	21,765	24,190	31,220	37,060	41,520	45,705
	66-70	18,485	20,450	23,360	26,355	29,195	37,625	44,615	49,985	55,015
	71-75	20,680	22,885	26,070	29,390	32,500	41,860	49,610	55,580	61,170
	76-80	22,730	25,160	28,600	32,220	35,585	45,810	54,275	60,800	66,915
	above 80	24,530	27,165	30,825	34,715	38,305	49,285	58,375	65,395	71,965
1A+3C	16days-35	7,610	8,360	9,720	10,985	12,520	16,280	19,210	21,605	23,865
	36-45	8,430	9,275	10,735	12,125	13,760	17,870	21,080	23,705	26,170
	46-50	11,310	12,475	14,295	16,110	18,100	23,425	27,640	31,050	34,250
	51-55	13,700	15,130	17,455	19,740	21,980	28,390	33,720	37,785	41,595
	56-60	16,875	18,655	21,370	24,125	26,760	34,510	40,945	45,875	50,490
	61-65	21,455	23,750	27,030	30,465	33,670	43,355	51,380	57,560	63,345
	66-70	24,645	27,290	30,965	34,870	38,475	49,505	58,635	65,690	72,290
	71-75	27,580	30,550	34,585	38,930	42,895	55,165	65,315	73,170	80,515
	76-80	30,315	33,590	37,965	42,715	47,025	60,445	71,545	80,150	88,195
	above 80	32,725	36,270	40,940	46,045	50,655	65,095	77,030	86,290	94,950

A = Adult, C = Child, 2A = Self + Spouse

Please take the age of the Eldest person

Zone 3 : means Rest of India										
Plan Type	Age-band in years	Sum Insured in Rs.								
		100000	200000	300000	400000	500000	1000000	1500000	2000000	2500000
2A	16days-35	4,700	5,125	6,125	6,960	8,135	10,665	12,580	14,185	15,700
	36-45	5,595	6,125	7,235	8,205	9,490	12,400	14,630	16,475	18,220
	46-50	8,130	8,945	10,365	11,710	13,310	17,290	20,400	22,940	25,330
	51-55	10,035	11,060	12,930	14,670	16,455	21,320	25,380	28,440	31,315
	56-60	12,690	14,010	16,205	18,340	20,460	26,445	31,420	35,210	38,760
	61-65	15,810	17,475	20,060	22,660	25,165	32,465	38,530	43,170	47,515
	66-70	18,620	20,600	23,530	26,545	29,400	37,885	44,925	50,335	55,395
	71-75	20,835	23,055	26,260	29,600	32,730	42,150	49,955	55,970	61,595
	76-80	22,485	24,890	28,295	31,880	35,215	45,335	53,715	60,175	66,225
	above 80	24,265	26,870	30,495	34,345	37,905	48,775	57,770	64,720	71,225
2A+1C	16days-35	5,770	6,320	7,455	8,450	9,750	12,740	15,030	16,925	18,710
	36-45	6,640	7,285	8,525	9,650	11,065	14,415	17,005	19,140	21,150
	46-50	9,215	10,150	11,705	13,210	14,945	19,385	22,870	25,710	28,375
	51-55	11,290	12,455	14,480	16,405	18,350	23,745	28,235	31,640	34,835
	56-60	14,175	15,655	18,040	20,395	22,695	29,305	34,800	38,990	42,920
	61-65	16,970	18,760	21,485	24,255	26,905	34,695	41,160	46,115	50,760
	66-70	19,485	21,555	24,590	27,735	30,695	39,550	46,885	52,530	57,810
	71-75	21,795	24,125	27,450	30,935	34,185	44,010	52,150	58,425	64,300
	76-80	23,955	26,525	30,115	33,920	37,440	48,180	57,070	63,935	70,355
	above 80	25,855	28,635	32,460	36,545	40,300	51,845	61,395	68,780	75,685
2A+2C	16days-35	7,130	7,825	9,125	10,320	11,795	15,355	18,115	20,380	22,515
	36-45	7,895	8,680	10,075	11,385	12,955	16,840	19,865	22,345	24,670
	46-50	10,590	11,675	13,400	15,110	17,015	22,035	25,995	29,210	32,225
	51-55	12,825	14,155	16,370	18,525	20,660	26,700	31,725	35,550	39,135
	56-60	15,790	17,450	20,035	22,630	25,130	32,425	38,480	43,110	47,455
	61-65	18,910	20,915	23,880	26,940	29,830	38,435	45,575	51,060	56,195
	66-70	21,715	24,035	27,345	30,820	34,055	43,850	51,960	58,215	64,065
	71-75	24,295	26,900	30,530	34,385	37,945	48,830	57,840	64,795	71,305
	76-80	26,705	29,580	33,505	37,720	41,580	53,480	63,320	70,940	78,060
	above 80	28,825	31,935	36,125	40,650	44,775	57,570	68,150	76,345	84,010
2A+3C	16days-35	9,460	10,420	12,005	13,545	15,310	19,855	23,425	26,330	29,055
	36-45	10,490	11,560	13,275	14,970	16,860	21,840	25,765	28,950	31,940
	46-50	14,090	15,560	17,720	19,950	22,290	28,785	33,960	38,130	42,040
	51-55	17,075	18,880	21,620	24,405	27,065	34,900	41,405	46,390	51,060
	56-60	21,040	23,285	26,515	29,890	33,045	42,550	50,430	56,500	62,180
	61-65	25,210	27,915	31,660	35,650	39,325	50,590	59,920	67,125	73,865
	66-70	28,960	32,085	36,290	40,835	44,980	57,830	68,455	76,690	84,385
	71-75	32,410	35,920	40,550	45,610	50,180	64,485	76,310	85,485	94,065
	76-80	35,630	39,495	44,530	50,060	55,035	70,700	83,645	93,700	103,095
	above 80	38,465	42,645	48,025	53,980	59,305	76,165	90,095	100,925	111,045

A = Adult, C = Child, 2A = Self + Spouse

Please take the age of the Eldest person

Claim Illustration for Restoration of Sum Insured								
Scenario 1								
	Policy Period	Basic Sum Insured Rs.	Limit of Coverage Rs.	Ailment / Diseases	Hospitalization Amount Rs	Restore Rs.	Claim Payable Rs.	Balance Limit of Coverage
Claim 1	1.1.2017 to 31.12.2017	300000	375000	By Pass	400000	0	375000	0
Claim 2	1.1.2017 to 31.12.2017		0	Jaundice	100000	300000	100000	200000
Claim 3	1.1.2017 to 31.12.2017		200000	Breathing Problem	200000	0	200000	0
Claim 4	1.1.2017 to 31.12.2017		0	Stroke	400000	300000	300000	0
Claim 5	1.1.2017 to 31.12.2017		0	COPD	500000	300000	300000	0
Scenario 2								
	Policy Period	Basic Sum Insured Rs.	Limit of Coverage Rs.	Ailment/ Diseases	Hospitalization Amount Rs.	Restore Rs.	Claim Payable Rs.	Balance Limit of Coverage
Claim 1	1.1.2017 to 31.12.2017	300000	375000	Jaundice	400000		375000	0
Claim 2	1.1.2017 to 31.12.2017		0	Heart Valve Replacement	500000	300000	300000	0
Claim 3	1.1.2017 to 31.12.2017		0	Relapse of Jaundice	125000	0 (Restoration of sum insured will not apply for same ailment / disease)	0	0
Claim 4	1.1.2017 to 31.12.2017		0	COPD	400000	300000	300000	0

Claim Illustration for Road Traffic Accident					
Basic Sum Insured (Rs.)	Limit of Coverage (Rs.)	RTA Claim (Rs.)	Maximum payable without RTA benefit (Rs.)	RTA amount triggers 25% of Basic Sum Insured (Rs.)	Total Now payable (Rs.)
300000	375000	450000	375000	75000	450000
Assuming the policy is first year renewal and the bonus earned is 25%					

IMPORTANT

“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”.

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