

Premium Chart for Zone 1:

Plan	Age in years / Sum Insured (in Rs.)	2 LACS	3 LACS	4 LACS	5 LACS	10 LACS	15 LACS
2A	16days-35	5,595	5,895	6,770	7,535	9,800	11,610
	36-45	6,955	7,320	8,120	9,165	11,915	14,120
	46-50	10,595	11,150	11,640	14,500	18,850	22,335
	51-55	13,240	13,940	14,550	18,125	23,565	27,920
	56-60	15,890	16,725	17,460	21,750	28,275	33,505
	61-65	20,655	21,745	22,700	26,100	33,930	40,205
	66-70	24,785	26,090	27,240	31,320	40,715	48,250
	71-75	29,745	31,310	32,685	37,585	48,860	57,900
	76-80	35,690	37,570	39,220	45,100	58,630	69,480
	Above 80	42,830	45,085	47,065	54,120	70,355	83,375
2A+1C	16days-35	6,930	7,295	8,315	9,850	12,215	14,475
	36-45	8,070	8,495	9,500	10,850	14,105	16,715
	46-50	11,400	12,000	13,230	15,750	20,475	24,265
	51-55	14,250	15,000	16,440	19,690	25,595	30,330
	56-60	17,100	18,000	19,725	23,625	30,715	36,395
	61-65	22,230	23,400	24,655	28,350	36,855	43,675
	66-70	26,675	28,080	29,590	34,020	44,225	52,410
	71-75	32,010	33,695	35,505	40,825	53,070	62,890
	76-80	38,415	40,435	42,605	48,990	63,685	75,465
	Above 80	46,095	48,520	51,125	58,785	76,425	90,560
2A+2C	16days-35	8,885	9,355	10,225	12,350	15,560	18,440
	36-45	10,160	10,695	11,300	13,500	17,550	20,795
	46-50	13,205	13,900	14,995	17,950	23,335	27,650
	51-55	16,505	17,375	18,445	22,440	29,170	34,565
	56-60	19,810	20,850	22,135	26,925	35,005	41,480
	61-65	23,770	25,020	26,560	32,310	42,005	49,775
	66-70	28,525	30,025	31,870	38,770	50,405	59,730
	71-75	34,225	36,030	38,245	46,525	60,485	71,675
	76-80	41,075	43,235	45,895	55,830	72,580	86,010
	Above 80	49,285	51,880	55,075	67,000	87,095	1,03,210
2A+3C	16days-35	10,220	10,760	11,760	14,200	18,465	21,205
	36-45	11,685	12,300	12,995	15,525	20,185	23,915
	46-50	15,185	15,985	17,245	20,645	26,835	31,800
	51-55	18,980	19,980	20,890	25,805	33,545	39,750
	56-60	22,780	23,975	25,110	30,965	40,255	47,700
	61-65	27,335	28,775	30,545	37,155	48,305	57,240
	66-70	32,800	34,530	36,650	44,590	57,965	68,690
	71-75	39,360	41,435	43,980	53,505	69,555	82,425
	76-80	47,235	49,720	52,780	64,205	83,470	98,910
	Above 80	56,680	59,665	63,335	77,050	1,00,160	1,18,690
1A+1C	16days-35	5,040	5,305	6,095	6,785	8,820	10,450
	36-45	5,785	6,090	6,910	7,790	10,130	12,710
	46-50	8,905	9,375	9,935	12,235	15,905	20,105
	51-55	10,935	11,510	11,930	14,900	19,370	24,970
	56-60	13,865	14,595	14,995	18,490	24,035	30,155
	61-65	18,590	19,570	20,230	23,490	30,535	36,185
	66-70	22,310	23,480	24,275	28,190	36,645	43,425
	71-75	26,770	28,180	29,130	33,825	43,975	52,110
	76-80	32,125	33,815	34,955	40,590	52,770	62,530
	Above 80	38,550	40,575	41,945	48,710	63,320	75,035
1A+2C	16days-35	6,235	6,565	7,485	8,865	11,525	13,025
	36-45	7,005	7,375	8,550	9,645	12,540	15,045
	46-50	10,195	10,730	11,490	14,175	18,430	21,835
	51-55	12,825	13,500	13,940	17,720	23,035	27,295
	56-60	15,390	16,200	17,040	20,290	26,375	32,755
	61-65	20,005	21,060	22,190	25,515	33,170	39,305
	66-70	24,010	25,270	26,630	30,620	39,805	47,165
	71-75	28,810	30,325	31,955	36,740	47,765	56,600
	76-80	34,570	36,390	38,345	44,090	57,315	67,920
	Above 80	41,485	43,670	46,015	52,910	68,780	81,505

Plan	Age in years / Sum Insured (in Rs.)	2 LACS	3 LACS	4 LACS	5 LACS	10 LACS	15 LACS
1A+3C	16days-35	7,940	8,360	9,205	11,735	14,300	16,595
	36-45	8,695	9,150	9,570	12,825	15,675	18,715
	46-50	11,505	12,110	12,520	17,055	22,170	24,885
	51-55	13,905	14,640	15,055	20,195	26,250	31,110
	56-60	16,860	17,745	18,175	23,200	30,155	37,330
	61-65	21,390	22,520	23,405	29,080	37,805	44,795
	66-70	25,670	27,020	28,085	34,895	45,365	53,755
	71-75	30,805	32,425	33,700	41,875	54,435	64,505
	76-80	36,965	38,910	40,440	50,250	65,325	77,410
	Above 80	44,360	46,695	48,530	60,300	78,390	92,890

Service Tax Extra

Premium Chart for Zone 2:

Plan	Age in years / Sum Insured (in Rs.)	2 LACS	3 LACS	4 LACS	5 LACS	10 LACS	15 LACS
2A	16days-35	4,510	5,010	6,095	6,405	8,820	10,450
	36-45	5,600	6,225	7,310	7,790	10,725	12,710
	46-50	8,530	9,480	10,475	12,325	16,965	20,105
	51-55	10,660	11,845	13,595	15,405	21,205	25,130
	56-60	13,505	14,215	16,215	18,490	25,450	30,155
	61-65	17,925	18,480	20,430	23,490	30,535	36,185
	66-70	22,975	23,480	24,515	26,620	36,645	43,425
	71-75	27,335	28,180	29,415	31,945	43,975	52,110
	76-80	32,800	33,815	35,300	38,335	52,770	62,530
	Above 80	39,360	40,575	42,360	46,005	63,320	75,035
2A+1C	16days-35	5,580	6,200	7,485	8,375	10,995	13,025
	36-45	6,500	7,220	8,550	9,225	12,695	15,045
	46-50	9,180	10,200	11,905	13,390	18,430	21,835
	51-55	11,475	12,750	14,795	16,735	23,035	27,295
	56-60	14,380	15,300	18,740	21,265	27,640	32,755
	61-65	19,295	19,890	22,190	24,100	33,170	39,305
	66-70	24,730	25,270	26,630	27,310	39,805	47,165
	71-75	29,415	30,325	31,955	32,775	47,765	56,600
	76-80	35,300	36,390	38,345	39,325	57,315	67,920
	Above 80	42,360	43,670	46,015	47,195	68,780	81,505
2A+2C	16days-35	7,155	7,950	9,205	10,500	14,005	16,595
	36-45	7,700	8,555	10,170	11,475	15,795	18,715
	46-50	10,635	11,815	13,495	15,260	21,000	24,885
	51-55	13,290	14,770	16,600	19,070	26,250	31,110
	56-60	16,305	17,725	19,920	22,885	31,500	37,330
	61-65	20,630	21,265	23,905	27,465	37,805	44,795
	66-70	26,440	27,020	28,685	31,125	45,365	53,755
	71-75	31,455	32,425	34,420	37,350	54,435	64,505
	76-80	37,745	38,910	41,305	44,820	65,325	77,410
	Above 80	45,295	46,695	49,565	53,785	78,390	92,890
2A+3C	16days-35	8,230	9,145	10,585	12,070	16,615	19,085
	36-45	9,410	10,455	11,695	13,195	18,165	21,525
	46-50	12,230	13,585	15,520	17,545	24,150	28,620
	51-55	14,385	15,985	18,800	21,935	30,190	35,775
	56-60	18,225	19,180	22,600	26,320	36,230	42,930
	61-65	22,865	24,455	27,490	31,585	43,475	51,515
	66-70	29,310	31,075	32,985	35,795	52,170	61,820
	71-75	34,865	37,290	39,585	42,955	62,600	74,185
	76-80	41,840	44,750	47,500	51,545	75,120	89,020
	Above 80	50,205	53,695	57,000	61,850	90,145	1,06,825

Plan	Age in years / Sum Insured (in Rs.)	2 LACS	3 LACS	4 LACS	5 LACS	10 LACS	15 LACS
1A+1C	16days-35	3,820	4,245	5,485	5,765	7,935	9,405
	36-45	4,190	4,870	6,220	6,625	9,115	11,440
	46-50	6,225	7,500	8,670	10,400	14,315	18,095
	51-55	7,550	9,205	10,735	12,590	17,435	22,470
	56-60	9,980	11,675	13,495	15,715	21,630	27,140
	61-65	14,970	16,635	18,205	19,965	27,485	32,570
	66-70	19,185	21,135	21,845	22,630	32,980	39,080
	71-75	22,825	25,360	26,215	27,155	39,575	46,900
	76-80	27,390	30,435	31,460	32,585	47,490	56,275
	Above 80	32,865	36,520	37,750	39,100	56,990	67,530
1A+2C	16days-35	5,025	5,580	6,735	7,535	10,370	11,725
	36-45	5,580	6,270	7,695	8,200	11,285	13,540
	46-50	7,640	8,585	10,345	12,050	16,585	19,655
	51-55	9,290	10,800	12,545	15,060	20,730	24,565
	56-60	11,290	13,770	15,335	17,245	23,735	29,480
	61-65	15,880	17,900	19,970	21,690	29,855	35,375
	66-70	20,350	22,745	23,965	24,580	35,825	42,450
	71-75	24,210	27,295	28,760	29,495	42,990	50,940
	76-80	29,050	32,755	34,510	35,395	51,585	61,130
	Above 80	34,860	39,305	41,415	42,475	61,900	73,355
1A+3C	16days-35	6,395	7,105	8,280	9,975	12,870	14,935
	36-45	6,590	7,320	8,615	10,390	14,105	16,845
	46-50	8,885	9,870	11,270	13,640	19,950	22,400
	51-55	10,735	11,930	13,400	16,460	23,625	28,000
	56-60	12,870	14,460	16,265	19,020	27,140	33,595
	61-65	16,845	19,140	21,065	24,715	34,020	40,315
	66-70	21,590	24,320	25,275	28,015	40,825	48,380
	71-75	25,680	29,185	30,330	33,615	48,990	58,055
	76-80	30,820	35,020	36,395	40,340	58,790	69,665
	Above 80	36,980	42,025	43,675	48,405	70,550	83,600

Service Tax Extra

Premium Chart for Zone 3:

Plan	Age in years / Sum Insured (in Rs.)	2 LACS	3 LACS	4 LACS	5 LACS	10 LACS	15 LACS
2A	16days-35	4,060					

FAMILY HEALTH OPTIMA *Insurance Plan*

Unique Identification No. : IRDA/NL-HLT/SHAI/P-H/V.II/129/14-15

Family Health Optima from Star Health is a health insurance plan that gives protection for the entire family on the payment of a single premium under a single sum insured. The Single sum insured covers all your family members. It's just one more way to tighten the family bonds.

* **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 from 16th day of age can be covered as part of the family.
- * **Family** : Proposer, spouse, dependent children from 16 days up to 25 years (those who are economically dependent on their parents)

* **POLICY BENEFITS:**

- * **Hospitalisation Benefits:**

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

Sum Insured Rs.	Zone 1			Zone 2 and Zone 3		
	Class A Cities	Class B Cities	Other Locations	Class A Cities	Class B Cities	Other Locations
Up to 4 lacs	2% of the sum insured subject to a maximum of Rs.5000/- per day	1% of the sum insured subject to a maximum of Rs.3000/- per day	1% of the sum insured subject to a maximum of Rs.2000/- per day	2% of the sum insured subject to a maximum of Rs.5000/- per day	1% of the sum insured subject to a maximum of Rs.3000/- per day	1% of the sum insured subject to a maximum of Rs.2000/- per day
5 lacs	Single Standard A/c room			Maximum of Rs.7,500/- per day		
10 lacs and 15 lacs	Single Standard A/c room			Maximum of Rs.10,000/- per day		

Class A cities means Ahmedabad, Bangalore, Chennai, Hyderabad including Secunderabad, Kolkata, Mumbai including Thane, Pune, New Delhi including Noida, Gurgaon, Ghaziabad and Faridabad (otherwise called as National Capital Region)

Class B cities means Allahabad, Amritsar, Agra, Baroda, Coimbatore, Cochin, Goa, Indore, Jalandhar, Jodhpur, Kanpur, Kota, Ludhiana, Mohali, Meerut, Nagpur, Pakhola, Rajkot, Surat, Udaipur, Varanasi, Vizag, Vijayawada and all State capitals other than those falling under Class A.

Other locations means Rest of India not falling under Class A & Class B above

- B) Surgeon, Anesthetist, Medical Practitioner, Consultants & Specialist Fees.
- C) Anesthesia, Blood, Oxygen, Operation Theatre charges, cost of Pacemaker etc.,
- D) Cost of Medicine and drugs
- E) Emergency ambulance charges for transporting the covered patient to the hospital up to a sum of Rs.750/- per hospitalisation and overall limit of Rs.1500/- per policy period.

Minimum period of hospitalisation is 24 hours. This time limit is waived where the treatment is taken for specified day care treatments.

- * **Day Care Treatment:** 405 day care treatments are allowed.
- * **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 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**, where the insured person is the recipient, are payable up to a limit of 10% of the Sum Insured or Rupees One lakh, whichever is less, 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.
- * **Cost of health check up**, up to 1% of the average basic sum insured subject to a maximum of Rs.5000/-. The Insured Persons become eligible for this benefit after continuous coverage under this policy after every block of three years with the Company and payable on renewal. This benefit is available for sum insured of Rupees three lakhs and above.
- * **Coverage for Newborn Baby:** Hospitalization expenses for treatment of New Born Baby, born during the policy period. This cover starts from the 16th day after birth and is subject to a limit of 10% of the Sum Insured or Rupees Fifty thousand, whichever is less, subject to other exclusions.

Note: Intimation about the new born should be given to the company and policy has to be endorsed for this cover to commence.
- 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.
- * **Automatic Restoration of Sum Insured** : There shall be automatic restoration of the Basic Sum Insured once immediately upon exhaustion of the limit of coverage which has otherwise been defined during the policy period subject to the following terms and extent thereof

Basic Sum Insured (Rs)	% of Restoration on the Basic Sum Insured
Upto 200000/-	Nil
300000/- and above	100%

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 restored sum insured cannot be carried forward

- * **Recharge Benefit:** If the limit of coverage under the policy is exhausted / exceeded during the policy period, additional indemnity upto the limits indicated 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.

For Zone 1:

- * 25% of the basic sum insured for sum insured option of Rs.3 lacs and Rs.4 lacs.
- * 15% of the basic sum insured for sum insured option of Rs.5 lacs .
- * No recharge for Sum Insured up to Rs.2 lacs and more than Rs.5 lacs

For Zone 2 and Zone 3

- * 25% of the basic sum insured for sum insured option of Rs.3 lacs and Rs.4 lacs.
- * 30% of the basic sum insured for sum insured option of Rs.5 lacs
- * No recharge for Sum Insured up to Rs.2 lacs and more than Rs.5 lacs

Recharge amount cannot be carried forward.

- * **Bonus** : In respect of a claim free year of Insurance, for the Sum Insured options Rs.3,00,000/- and above, the insured would be entitled to a benefit of bonus of 25% of the expiring sum insured in the second year and additional 10% of the expiring sum insured in the third year. The maximum allowable bonus shall not exceed 35% of the expiring sum insured.

It being however understood that such bonus shall be computed on the basic sum Insured, under the expiring policy and such benefit of bonus shall be available only upon timely renewal without a break or upon renewal within the grace period allowed. In the event of a claim, such bonus so granted will be reduced in the same order in which it was given. However the basic sum insured, will not be reduced. The limit of such Bonus will be quantified in Rupees and aggregated annually as long as no claim is made till the maximum percentage is reached.

If the Insured opts to reduce the basic Sum Insured at a subsequent renewal, the limit of indemnity by way of such Bonus shall not exceed such reduced sum insured.

* **Pre Existing Disease**

Pre existing diseases are covered after 48 months of continuous insurance with any Indian Insurance Company

* **Pre & Post Hospitalization**

Pre-hospitalization medical expenses incurred up to 60 days prior to the date of hospitalization are payable.

Post-hospitalization medical expenses incurred up to 90 days after discharge from the hospital are payable.

* **Limits for cataract surgery**

For Rs. 2 Lacs of sum insured, the limit will be Rs. 12,000/- per policy period.

Above Rs. 2 Lacs up to Rs. 5 Lacs of sum insured, the limit will be Rs. 20,000/- per hospitalisation and Rs. 30,000/- for entire policy period.

Above Rs. 5 Lacs of sum insured, the limit will be Rs. 30,000/- per hospitalization and Rs. 40,000/- for entire policy period.

- * **Health Screening:** All persons proposed for insurance who are above 50 years of age are to undergo Pre acceptance medical screening at the company nominated centers. The cost of such screening will be borne by the Company. The age for screening and the cost are subject to change
- * **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
- * **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.
- * **Renewal Condition:** Lifelong renewal of the policy is offered, except on grounds such as moral hazard, misrepresentation / non disclosure or fraud committed.

A grace period of 30 days from the date of expiry of the policy is available for renewal.
- If the policy is to be renewed or ported from other Indian Insurance Company for enhanced sum insured, such enhanced sum insured will not be available for an illness, disease, injury already contracted under the preceding policy periods. Further, for illness / disease / sickness

already contracted, the sum insured will be restricted to that policy sum insured when the signs or symptoms was diagnosed or received medical treatment.

In the event of this policy being withdrawn / modified with revised terms and/or premium with the prior approval of the Competent Authority, the insured will be intimated three months in advance and accommodated in any other equivalent health insurance policy offered by the Company, if requested for by the Insured Person, at the relevant point of time.

- * **Cancellation:** The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in proposal form / at the time of claim, or non-cooperation by the insured person, by sending the Insured 30 days notice by registered letter at the Insured person's last known address and no refund of premium will be made.

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 BY THE INSURER
Up to one-month	1/3rd of annual premium
Up to three Months	½ of annual premium
Up to six months	¾ of annual premium
Exceeding six months	Full annual premium

* **Exclusions**

- 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 Insurer. However the limit of the Company's liability in respect of claim for pre-existing diseases shall be limited to the sum insured under the first policy with any Indian Insurance Company.
- Any disease contracted by the insured person during the first 30 days from the commencement date of the policy. This exclusion shall not apply in case of the insured person having been covered under any health insurance policy (Individual or Group insurance policy) with any of the Indian Insurance companies for a continuous period of preceding 12 months without a break
However admission for accidental injurious will be covered from 1st day
- During the first two years of continuous operation of insurance cover any expenses on
 - Cataract, Diseases of the Vitreous and Retina, Glaucoma, diseases of ENT, Mastoidectomy, Tympanoplasty, Stapedectomy, diseases related to Thyroid, Prolapse of intervertebral disc (other than caused by accident), varicose veins and varicose ulcers, all diseases of prostate, Stricture Urethra, all obstructive-uropathies, all types of hernia, varicocele, hydrocele, fistula / fissure in ano, Hemorrhoids, Pilonidal sinus and fistula, Rectal Prolapse, stress incontinence and Congenital Internal disease / defect
 - Gall bladder and pancreatic diseases and all treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary including gall bladder and pancreatic calculi. All types of management for kidney and genitourinary tract calculi.
 - All treatments (conservative, interventional, laparoscopic and open) related to all diseases of uterus, fallopian tubes, cervix and ovaries, dysfunctional uterine bleeding, pelvic inflammatory diseases, benign breast diseases.
 - Conservative, operative treatment and all types of intervention for diseases related to tendon, ligament, fascia, bones and joint [other than caused by accident]
 - Degenerative disc and vertebral diseases including replacement of bones and joints and degenerative diseases of the musculo-skeletal system
 - Subcutaneous benign lumps, sebaceous cyst, dermoid cyst, lipoma, neurofibroma, fibroadenoma, ganglion and similar pathology
 - Any transplant and related surgery

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 Insurer for a continuous period of preceding 24 months without any break.

The claim for such illnesses/diseases/disabilities contracted/suffered if admitted will be processed as per the sum insured of the immediately preceding 24 months policy only. Where there is a change in the sum insured in the second continuous policy year the lower of the sum insured will apply.

If these are pre-existing at the time of proposal they will be covered subject to Exclusion No 1 above.

- Circumcision, Inoculation or Vaccination (except for post-bite treatment and for medical treatment other than for prevention of diseases.)
- Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable)
- Convalescence, general debility, run-down condition or rest cure, nutritional deficiency states, psychiatric, mental and behavioral disorders, congenital external disease or defects or anomalies, venereal disease and sexually transmitted diseases, intentional self injury and use of intoxicating drugs / alcohol, smoking and tobacco chewing
- 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)
- Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
- All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympho Tropic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS. 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.
- Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these (other than ruptured ectopic gestation), family planning treatment and all types of treatment for infertility and its complications thereof.
- Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control, treatment for metabolic, genetic and endocrine disorders
- 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, Photodynamic therapy and such other therapies similar to those mentioned herein under exclusion No12
- Expenses incurred on Lasik Laser or Refractive Error Correction and its complications all treatment for disorders of eye requiring intra-vitreous injections and related procedures.
- Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at hospital/nursing home.
- Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
- Naturopathy Treatment, unconventional, untested, unproven, experimental therapies.
- Stem cell Therapy and related transplantation, Chondrocyte Implantation, Immunotherapy, Oral Chemo Therapy.
- Hospital registration charges, admission charges, record charges, telephone charges and such other charges\

19. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicines other than Allopathy

20. Change of sex or cosmetic or aesthetic treatment of any description, plastic surgery (other than as necessitated due to an accident or as a part of any illness), all treatment for erectile dysfunctions.

21. Cost of spectacles and contact lens, hearing aids, Cochlear implants walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids.

22. Any specific time-bound or life time exclusions applied, specified and accepted by the insured

23. Other expenses as detailed in the policy.

* **Co-payment:**

Co-payment of 20% applicable for 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. This co-payment will not apply for those insured persons who have entered the policy before 60 years and renew the policy continuously without any break.

- * **Portability:** This policy is portable. If the insured is desirous of porting this policy to another Insurer towards renewal, application in the appropriate form should be made to the Company at least before 45 days from the date when the renewal is due. Where the outcome of acceptance of portability is still waiting from the new insurer on the date of renewal, the existing policy will be extended on the request of the Insured person, for a period not less than one month on pro rata premium. Such extended cover will be cancelled only on the written request by the Insured Person, subject to a minimum pro rata premium for one month. If the Insured Person requests in writing to continue the policy with the Company without porting, it will be allowed by charging the regular premium with the same terms as per the expiring policy. In case of a claim made by the Insured person and admitted by the Company during such extension, the policy will be extended for the remaining period by charging the regular premium. Portability is not possible during the policy period. For details contact "portability@starhealth.in" or call Telephone No +91-044-28288669

* **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., is a joint venture between NRIs, Oman Insurance Company UAE and an Indian Company having a special purpose vehicle formed by a group of Indian Businessmen. **M/s. ICICI Ventures, M/s. Sequoia Capital & M/s. TATA Capital Growth Fund have also invested in the Company.** It has a capital base of INR 651 crores. As an exclusive Health Insurance Company and first of its kind in India, the Company is committed in 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
- * Network of more than 6000 hospitals across India
- * 24x7 Toll Free Helpline
- * Information on health through free health magazine
- * Facility for maintaining personal health records in electronic format