



FAMILY HEALTH OPTIMA INSURANCE PLAN

*A cover for You and
Your Loved Ones too*



The Health Insurance Specialist

FAMILY HEALTH OPTIMA INSURANCE PLAN

Unique Identification No.: SHAHIP25039V082425

Secure your health and that of your loved ones with Family Health Optima Insurance Plan – A super saver health insurance for the entire family with single sum insured. The availability of wider coverage and many exclusive benefits make this policy the best health protection for you and your loved ones.

➲ A Super Saver Policy

- ↳ Single Sum Insured
- ↳ Extra Benefits
- ↳ Coverage for entire family
- ↳ Considerable saving in premium as the family is covered under single sum insured

➲ 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 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:** Self, Spouse / Live in partner / Same Sex partner, dependent children from 16 days up to 25 years (Dependent children means children who are economically dependent on their parents), Dependent Parent / Parent in law also covered

➲ Sum Insured Options:

Rs.5,00,000/-, Rs.10,00,000/-, Rs.15,00,000/-, Rs.20,00,000/- and Rs.25,00,000/-

➲ Instalment Facility available:

Premium can be paid Half-yearly, Quarterly or Monthly. Premium can also be paid Annually and Biennially. (once in 2 years). For instalment mode of payment, there will be loading as given below:

↳ Monthly - 4% | Quarterly-3% | Half Yearly - 2% (will be applicable on the annual premium)

Note: If Instalment Facility is opted for 2 year term policies, the full premium applicable for 2 year terms should be paid in monthly, quarterly or half yearly within the expiry of the first year.

➲ Policy term:

One year / Two year - For policies more than one year, the Basic Sum Insured is for each year, without any carry over benefit thereof

➲ Long term discount:

If the policy term opted is 2 years, discount available is at 10% on 2nd year premium.

➲ Favourable claim experience discount:

You may be eligible for a discount on your policy premium based on the past

claim history at the policy level. The discount applicable shall be based on both the aggregate claim amount paid, as

well as the number of claims made during the past three years, for the 1st time discount calculation.

For subsequent renewals, an annual logic will be followed, where only the claim amount paid over past 1 year will be used to arrive at the change in discount % from the previous year. In case of multi-year (long term) policies, the cumulative claim amount paid during such policy period shall be considered.

For detailed understanding of this benefit, kindly refer the Prospectus document of Family Health Optima Insurance Plan available in our website download section.

➲ Policy Benefits

↳ In-Patient Hospitalisation Benefits

- Room, Boarding, Nursing Expenses as given below;

Sum Insured (Rs.)	Limit (Rs.)
5,00,000/-	
10,00,000/-	
15,00,000/-	
20,00,000/-	
25,00,000/-	

Single Standard A/C Room

Note: Expenses relating to Associated medical expenses will be considered in proportion to the eligible room rent/room category stated in the policy schedule or actuals whichever is less. Proportionate deductions are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category

- Surgeon, Anesthetist, Medical Practitioner, Consultants & Specialist Fees

➢ **Emergency Road ambulance:** Emergency ambulance charges up to a sum of Rs.750/- per hospitalisation and overall limit of Rs.1500/- per policy period

➢ Anesthesia, Blood, Oxygen, Operation theatre charges, ICU charges, Surgical appliances, Medicines and Drugs, Diagnostic materials and X-ray, Diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy, cost of pacemaker, stent and similar expenses. With regard to coronary stenting, medicines, Implants and such other similar items the Company will pay cost of stent as per the Drug Price Control Order (DPCO) / National Pharmaceuticals Pricing Authority (NPPA) Capping.

➢ **Air Ambulance:** Up to 10% of the 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 prior to the date of hospitalization are payable
- Post-hospitalization medical expenses incurred up to 90 days from the date of discharge from hospital are payable

↳ Coverage for Modern Treatment:

Expenses are subject to the limits.
(For details please refer website: www.starhealth.in)

↳ 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.

➲ Special Features

↳ Domiciliary Hospitalization:

Coverage for medical treatment (including AYUSH) 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 Pharingitis, Arthritis, Gout and Rheumatism.

↳ Organ 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. If a claim is made by any of the insured persons, the health check up benefits will not be available under the policy.

Note

- This benefit is payable on renewal and when the renewed policy is in force

- Payment under this benefit does not form part of the sum insured

Sum Insured (Rs.)	Limit Per Policy Period (Rs.)
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/-

Note: Payment of any claim under this benefit shall not be construed as a waiver of Company's right to repudiate any claim on grounds of non disclosure of material fact or pre-existing disease, for hospitalization expenses under hospitalization provisions of the policy contract

↳ 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

- 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
- **Exclusion No.3 (Code Excl 03)** shall not apply for the New Born Baby
- All other terms, conditions and exclusions shall apply for the New Born Baby
- The **Exclusion No.1 (Code Excl 01)**, **Exclusion No.2 (Code Excl 02)**, **Exclusion No.3 (Code Excl 03)** and the above mentioned sublimit will not apply for treatment related to Congenital Internal disease / defects for the new born.

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

Sum Insured (Rs.)	Limit per hospitalization (Rs.)
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.

- **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.

- **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 .

- **Treatment in Valuable Service Providers:** 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 Sum Insured subject to a maximum of Rs. 5,000/- per policy period is payable as lump sum.

Note: Payment under this benefit does not form part of the sum insured.

- **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.

Note: Payment under this benefit does not form part of the sum insured.

Sum Insured (Rs.)	Limit per day (Rs.)
5,00,000/-	
10,00,000/-	800/- per day
15,00,000/-	
20,00,000/-	1000/- per day
25,00,000/-	

- **AYUSH Treatment:** In Patient Hospitalization Expenses incurred on treatment under Ayurveda, Unani, Siddha and Homeopathy systems of medicines in a AYUSH Hospital is payable upto the Sum Insured

Note

- Claims under Yoga and Naturopathy system of treatment will be payable subject to prior approval from the company.

- **Second Medical Opinion:** The Insured Person is given the facility of obtaining a Second Medical 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 or through post/courier.

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

- 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
- For the purpose of claiming under this benefit, in- patient treatment is not mandatory
- Automatic Restoration of 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)

- **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 (in Rs.)	Limit per policy period (in Rs.)
5,00,000/-	Up to 40,000/-	Up to 60,000/-
10,00,000/-		
15,00,000/-	Up to 50,000/-	Up to 75,000/-
20,00,000/-		
25,00,000/-		

- **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 sum insured shall be increased by 25% subject to a maximum of Rs. 5,00,000/- . This benefit is payable only if the insured person was wearing a helmet and travelling in a two wheeler either as a rider or as a pillion rider. The additional sum insured shall be available only once during the policy period and should be used for the particular hospitalization following RTA and cannot be carried forward.

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

- **Automatic Restoration of Sum Insured:** There shall be automatic restoration of the 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. This benefit is not available for Modern Treatment.

- **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. The unutilized Recharge amount cannot be carried forward. This benefit is not available for Modern Treatment.

Sum Insured (Rs.)	Limit (Rs.)
5,00,000/-	
10,00,000/-	
15,00,000/-	1,50,000/-
20,00,000/-	
25,00,000/-	

- **Loyalty Bonus:** The insured would be entitled to benefit of Loyalty Bonus of 10% of the expiring Sum Insured subject to a maximum Loyalty Bonus of 100% of the sum insured.

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

Loyalty Bonus shall be available irrespective of a claim and only upon timely renewal without break or upon renewal within the grace period allowed.

- **Mandatory 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 61 years and above.

- **Star Wellness Program:** This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities. The wellness activities as mentioned below are designed to help the Insured person to earn wellness reward points which will be tracked and monitored by the Company. The wellness points earned by the Insured Person(s) under the wellness program, can be utilized to get discount in premium during the renewal.

This Wellness Program is enabled and administered online through Star Health Mobile Applications.

Note: The following table shows the discount on premium available under the Wellness Program;

Wellness Points Earned	Discount in Premium
200 to 350	4%
351 to 600	10%
601 to 750	14%
751 and above	20%

- ↳ **Home Care Treatment:** Payable up to 10% of the sum insured of the Policy in a policy year, for treatment availed by the Insured Person at home, only for the specified conditions, listed in the terms and condition of the policy which in normal course would require care and treatment at a hospital but is actually taken at home
 - ↳ **Optional Cover -** The following Optional Cover is available on discount as shown in the Policy Schedule
- Option to choose Voluntary Co-payment:** If the insured person chooses voluntary co-payment, the Company will provide a discount on premium as per the table given below;

Co-payment %	Discount %
10%	10%
20%	20%

Note : If insured persons whose age at the time of entry is 61 years and above, the voluntary co-payment will be in addition to the mandatory co-payment mentioned above. The opted co-payment is applicable for each and every claim.

- ↳ **Add-on cover:** Star Extra Protect – Add on Cover| UIN: SHAHLIA23061V012223 and its subsequent revisions. This Add on cover can be availed along with this Product. Customers opting Section I of Star Extra Protect – Add on Cover, shall have a discount of 1% on the base policy premium of Family Health Optima Insurance Plan.

Please ask for the Prospectus and Proposal Form of the same at the time of purchase. All terms and conditions of the Add-on cover will apply.

- ↳ **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;

Standard Exclusions

1. **Pre-Existing Diseases - Code Excl 01**
 - a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer
 - b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase
 - c. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage
 - d. Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer
2. **Specified disease / procedure waiting period - Code Excl 02**
 - a. Expenses related to the treatment of the following listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident
 - b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase
 - c. If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply
 - d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion
 - e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage
 - f. List of specific diseases/procedures;
 1. Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Benign diseases of the breast.
 2. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology
 3. 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].

4. All types of treatment for Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system, Prolapse of Intervertebral Disc (other than caused by accident),
5. 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 calculi and Genitourinary tract calculi.
6. All types of Hernia,
7. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula,
8. 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
9. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies,
10. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele,
11. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence
12. Varicose veins and Varicose ulcers
13. All types of transplant and related surgeries.
14. Congenital Internal disease / defect (except for coverage under "Hospitalization expenses for treatment of New Born Baby")

3. 30-day waiting period - Code Excl 03

- a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered
- b. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months
- c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently

4. Investigation & Evaluation - Code Excl 04

- a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded
- b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded

5. Rest Cure, rehabilitation and respite care - Code Excl 05:

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes;

- i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons
- ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs

6. Obesity / Weight Control - Code Excl 06:

Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions;

1. Surgery to be conducted is upon the advice of the Doctor
2. The surgery/Procedure conducted should be supported by clinical protocols
3. The member has to be 18 years of age or older and
4. Body Mass Index (BMI);
 - a. greater than or equal to 40 or
 - b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss;
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

7. Change-of-Gender treatments - Code Excl 07:

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

8. Cosmetic or plastic Surgery - Code Excl 08:

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

9. Hazardous or Adventure sports - Code Excl 09:

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, paragliding, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

10. **Breach of law - Code Excl 10:** Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
11. **Excluded Providers - Code Excl 11:** Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof - **Code Excl 12**
13. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons - **Code Excl 13**
14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure - **Code Excl 14**
15. **Refractive Error - Code Excl 15:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
16. **Unproven Treatments - Code Excl 16:** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
17. **Sterility and Infertility - Code Excl 17:** Expenses related to sterility and infertility. This includes:
 - i. Any type of contraception, sterilization
 - ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - iii. Gestational Surrogacy
 - iv. Reversal of sterilization

Note: Except to the extent covered under Assisted Reproduction Treatment
18. **Maternity - Code Excl 18**
 - i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy
 - ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period

Specific Exclusions
19. Circumcision (unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident), Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SPEGMA - **Code Excl 19**
20. Congenital External Condition / Defects / Anomalies - **Code Excl 20**
21. Convalescence, general debility, run-down condition, Nutritional deficiency states - **Code Excl 21**
22. Intentional self-injury - **Code Excl 22**
23. Injury/disease caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not) - **Code Excl 24**
24. Injury or disease caused by or contributed to by nuclear weapons/ materials - **Code Excl 25**
25. Expenses incurred on Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, 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 this exclusion - **Code Excl 26**
26. Unconventional, Untested, Experimental therapies - **Code Excl 27**
27. Autologous derived Stromal vascular fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy - **Code Excl 28**
28. Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted - **Code Excl 29**
29. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons) - **Code Excl 31**
30. Hospital registration charges, admission charges, record charges, telephone charges and such other charges - **Code Excl 34**
31. Cost of spectacles and contact lens, hearing aids, Cochlear implants and procedures, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids - **Code Excl 35**
32. Any hospitalization which are not medically necessary / does not warrant hospitalization - **Code Excl 36**
33. Other Excluded Expenses as detailed in the website www.starhealth.in - **Code Excl 37**
34. Existing disease/s, disclosed by the Insured and mentioned in the policy schedule under Permanent Exclusion (based on Insured's consent) - **Code Excl 38**

- 7
- ⌚ **Moratorium Period:** After completion of sixty continuous months of coverage (including portability and migration) under the health insurance policy no look back to be applied. This period of sixty months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of sixty continuous months would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud, nondisclosure, misrepresentation and exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.
 - ⌚ **Renewal of Policy:** The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person;
 - i) Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years
 - ii) Request for renewal along with requisite premium shall be received by the Company before the end of the policy period
 - iii) At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy.
 - iv) Coverage is not available during the grace period
 - v) No loading shall apply on renewals based on individual claims experience. However, discount in premium may be provided by insurers to individual policyholders for good claims experience
 - vi) At the time of renewal, if the dependent child covered under the policy is above 25 years of age, the policy shall be renewed on Individual basis for the said child.
 - vii) If at the time of renewal, adult(s) insured under the policy cease to be insured person on account of death, then the dependent child or children if any covered, shall be insured on Individual basis. Proof of death has to be submitted for this purpose. Proposer (at the time of such renewal and its subsequent renewals) should have insurable interest to insure such child or children.
 - viii) Where the policy is issued for a family size of 2A (covering Self and Spouse / Live in Partner / Same Sex Partners), in the event of death of one of the adult or divorce or separation of the partners, the policy shall be renewed on Individual basis. Proof of death or separation has to be submitted for this purpose. Name of the person proposed to continue cover under this policy has to be specifically stated at the time of renewal.
 - ⌚ **Possibility of Revision of Terms of the Policy Including the Premium Rates:** The Company, may revise or modify the terms of the policy including the premium rates as per the extant Guidelines. The insured person shall be notified thirty days before the changes are effected.
 - ⌚ **Revision of Sum Insured:** Reduction or enhancement of Sum Insured is permissible only at the time of renewal. The acceptance for enhancement and the amount of enhancement will be at the discretion of the Company and subject to **Exclusion Code Excl 01, Exclusion Code Excl 02 and Exclusion Code Excl 03**.
 - ⌚ **Migration:** The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the Policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.
 - ⌚ **Portability:** The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.
 - ⌚ **Withdrawal of policy**
 - i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy
 - ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as Loyalty bonus, waiver of waiting period as per IRDAI guidelines,provided the policy has been maintained without a break
 - ⌚ **Premium Payment in Instalments:** If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly or Quarterly or Monthly as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy);
 - i. For monthly instalment option: Grace Period of 15 days would be given to pay the instalment premium due for the policy.
 - ii. For Quarterly and Half yearly instalment option: Grace Period of 30 days would be given to pay the instalment premium due for the policy.
 - iii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period

- iv. No interest will be charged if the instalment premium is not paid on due date
 - v. In case of instalment premium due not received within the grace period, the policy will get cancelled
 - vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable
 - vii. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy
 - viii. For premium paid in instalments during the policy period, coverage is available during the grace period also
- ⦿ **Free Look Period:** The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.
- The insured person shall be allowed free look period of thirty days from date of receipt of the policy document whether electronically or otherwise to review the terms and conditions of the policy, and to return the same if not acceptable.
- If the insured has not incurred any claim during the Free Look Period, the insured shall be entitled to
- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
 - ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
 - iii. where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period
- ⦿ **Redressal of Grievance:** Incase of any grievance the insured person may contact the Company through
- Website** : www.starhealth.in
E-mail : gro@starhealth.in, grievances@starhealth.in
Ph. No. : 044-69006900 | Toll Free No. 1800 425 2255
 Senior Citizens may call at 044-69007500
- Courier/ Post** : Star Health and Allied Insurance Company Limited, 4th Floor, Balaji Complex, No.15, Whites Lane, Whites Road, Royapettah, Chennai - 600014
- Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at 044-43664600.
- For updated details of grievance officer, kindly refer the link <https://www.starhealth.in/grievance-redressal>
- If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017, as amended from time to time.
- Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://bimabharosa.irdai.gov.in/>
- ⦿ **Disclosure of Information:** The policy shall be void and all premium paid thereon shall be forfeited to the Company, in the event of mis-representation, mis description or non-disclosure of any material fact by the policy holder.
- ⦿ **Cancellation**
- i. The Policyholder may cancel his policy any time during the term by giving 7 days written notice. In such an event, The Company shall
 - a. refund proportionate premium for unexpired policy period, for policy term upto one year and there is no claim(s) made during the policy period.
 - b. refund premium for the unexpired policy period, in respect of policies with policy term more than 1 year and risk coverage for such policy years has not commenced.
 - ii. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud
- Note:** Incase of long term policies the refund will be given after adjusting the long term discount availed by the insured/policyholder
- ⦿ **Medical Underwriting Loading:** Company may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance).
- The quantum of loading / discount shall be applied as per the extant of U/W guidelines.
 - This loading is applied from the Commencement Date of the Policy including subsequent renewal(s) with the Company.
 - Company will inform about the applicable risk loading or exclusion or both as the case may be through a counter offer.
 - The Insured need to revert to the Company with consent and additional premium (if any), within 7 days of the receipt of such counter offer.
 - In case, the Insured neither accept the counter offer nor revert to the Company within 7 days, the Company shall cancel the Insured's proposal and refund the premium.

- The Company will issue Policy only after getting Insured's consent and additional premium (if any).
- ⦿ **Automatic Termination:** The insurance under this policy with respect to each relevant Insured Person policy shall expire immediately on the earlier of the following events
- Upon the death of the Insured Person 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, Limit of Coverage, Limit of Coverage plus Restore and / or Recharge Sum Insured.
- ⦿ **The Company:** Star Health and Allied Insurance Co. Ltd., commenced its operations in 2006 as India's first Standalone Health Insurance provider. As an exclusive Health Insurer, the Company is providing sterling services in Health, Personal Accident & Overseas Travel Insurance and is committed to setting international benchmarks in service and personal caring.
- ⦿ **Star Advantages**
- No Third Party Administrator, direct in-house claims settlement
 - Faster and hassle - free claim settlement
 - Cashless hospitalization
- ⦿ **Claims Procedure**
- For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255 Senior Citizens may call at 044-40020888
 - In case of planned hospitalization, inform 24 hours prior to admission in the hospital
 - In case of emergency hospitalization information to be given within 24 hours after hospitalization
 - Cashless facility wherever possible in network hospital
 - In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents
 - KYC (Identity proof with Address) of the proposer, as per AML Guidelines
 - NEFT documents viz., Customer name, Bank Account No., Name of the Bank, IFSC code
 - CKYC No. of the proposer (if available)
- ⦿ **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.
- ⦿ **Taxes are subject to Changes in Tax Laws**
- ⦿ **Prohibition of rebates:** (Section 41 of Insurance Act 1938): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs rupees.



The information provided in this brochure is only indicative. For more details on the risk factors, terms and conditions, please read the policy wordings before concluding sale
Or
Visit our website www.starhealth.in

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STAR HEALTH AND ALLIED INSURANCE CO. LTD.

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Corporate Office : No. 148, Acropolis, Dr. Radha Krishnan Salai, Mylapore, Chennai - 600 004. Phone : 044 - 4788 6666
CIN: L66010TN2005PLC056649 « IRDAI Regn. No: 129

Schedule of Benefits

Coverage	Sum Insured Options (in Rs.)										
	5 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs						
Room Rent	Single Standard A/C Room										
Day Care Treatments	Covered										
Sub-Limits for Treatment of Cataract	Applicable										
Ambulance Charges - By Road	Up to Rs.750/- per hospitalization and overall limit of Rs.1,500/- per policy period										
Air Ambulance (per policy period)	Up to 10% of the Sum Insured										
Pre-Hospitalization	60 days										
Post-Hospitalization	90 days										
Domiciliary Hospitalization - for period exceeding three days	Covered										
Organ Donor Expenses	Up to 10% of Sum Insured or maximum of Rs.1,00,000/-										
Additional Benefits (In-built)											
Cost of Health Check-up - (benefit payable up to) (available after every claim free year per policy)	Rs.1,500/-	Rs.2,000/-	Rs.2,500/-	Rs.3,000/-	Rs.3,500/-						
Coverage for New Born Baby (provided if mother is insured for 12 months without break)	<ul style="list-style-type: none"> - Up to 10% of Sum Insured or maximum of Rs.50,000/- subject to availability of the Sum Insured (from 16th day to till the expiry of the policy) - Up to Sum Insured for Internal Congenital disease / defects 										
Emergency Domestic Medical Evacuation (per Hospitalization)	Rs.7,500/-			Rs.10,000/-							
Compassionate Travel (Available for Sum Insured 10Lakh and above)	Not Available	Up to Rs.5,000/- Per Hospitalization									
Repatriation of Mortal Remains	Up to Rs.5,000/- per policy period										
Treatment in valuable Service Provider	Up to 1% of Sum Insured subject to a maximum of Rs.5,000/- per policy period										
Shared Accommodation	Rs.800/- per day			Rs.1,000/- per day							
AYUSH Treatment (per policy period)	Payable up to the Sum Insured										
Second Medical Opinion	Available										
Assisted Reproduction Treatment (for every block of 36 months)	Rs. 1,00,000/-	Rs. 2,00,000/-									
Automatic Restoration of Sum Insured 3 times during the policy period, 100% each time	Available										
Recharge Benefit (Provided once during the policy period)	Rs.1,50,000/-										
Additional Sum Insured for Road Traffic Accident (RTA)	Up to 25% of Sum Insured subject to a maximum of Rs.5,00,000/- (once in a policy period)										
Loyalty Bonus (irrespective of claim)	10% of the expiring Sum Insured subject to a maximum Loyalty Bonus of 100% of the sum insured										
Star Wellness Program	Up to 20% Discount in Premium										
Waiting Periods											
30 days - for fresh proposals excluding accidental hospitalization	Applicable										
24 months - for specified illness / diseases	Applicable										
36 months - for Pre-existing diseases	Applicable										