



**Star Health and Allied Insurance
Company Ltd**



RAJESH

Sales manager

9990426654

kumarrajesh4814@gmail.com

Star Comprehensive Insurance Policy - Individual Basis (1 Year)

Date : 23-Jun-2023

Policy Period	1 Year
Gross Total Premium	Rs.26,565.00
Net Premium	Rs.26,565.00
GST 18.0 %	Rs.4,782.00
Final Payable Premium	Rs.31,347.00

Proposer			
Age	52		
DOB	08 Oct 1970		
Relationship	SELF		
Sum Insured	Rs.500,000.00		
Basic Premium Amount	Rs.16,100.00		
Pre-existing Diseases	(+) Rs.8,050.00		
Star Extra Protect (Loading)	(+) Rs.2,415.00		
Premium Amount	Rs.26,565.00		

Policy Benefits & Coverages

Coverage Type	Individual
Policy Descriptions	The Specific feature of this policy it offers Health cover, Delivery and New born cover, Dental and Ophthalmological Treatment. Hospital cash benefit- all under a single roof. Also cover is extended for Bariatric surgery where it is performed for medical reasons.
Eligible Members	<ul style="list-style-type: none"> • Self • Spouse • Dependent children • Dependent parents
Eligibilities	<p>Entry Age :</p> <p>For Adults - Above 18 Years to 65 and Dependent child - Dependent child - 91 Days to 25 Years</p> <p>Minimum Person :</p> <p>2</p> <p>Maximum Person :</p> <p>6</p>
Sum Insured	Policy is available for Sum Insured 5 lac, 7.5 lac, 10 lac, 15 lac, 20 lac, 25 lac , 30, 50 lac, 75 lac and 100 lacs.
Policy Period	<ul style="list-style-type: none"> • One Year • Two Year • Three Year
Renewal	Life long renewal
Discount	<p>Wellness Discount:</p> <p>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.</p>
Additional Cover	<p>Optional cover I: Pre-existing Disease cover -</p> <p>The prospect has the option to opt for reduction of waiting Period in respect of Pre-Existing-Diseases from 36 months to 12 months on payment of additional premium .This option is available only if the</p>

first purchase of an indemnity insurance policy is a start comprehensive insurance policy and also only upto sum insured chosen at that time. This option is not available for renewal or policy ported from the insurance companies. The prospect has to undergo pre-acceptance medical screening at company's nominated centre. At present 100% of cost of the pre-acceptance medical screening will be borne by the company. The company may require the prospect to share this cost(Maximum 50%).

The following Specified ailments/illness/Disease for 24 consecutive months from the inception date of this policy :

- Treatment of cataract and diseases of the anterior and posterior chamber of the eye, Diseases of ENT, Disease related Thyroid, Benign diseases of the breast.
- Subcutaneous Benign Lumps, Sebaceous Cyst, Dermoid cyst, Mucous cyst lip/cheek, Carpal tunnel syndrome, Trigger finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology.
- All treatments(Conservative, Operative treatment) and all types of intervention for Diseases related to tendon, Ligament, Fascia, Bones and Joints including Arthroscopy and Arthroplasty/ Join replacement [Other than Caused by accident].
- 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.
- All treatments(Conservative, Interventional, laparoscopic, and open) related to hepato-pancreato-biliary diseases including gall bladder and pancreatic calculi. All type of management for kidney and genitourinary tract calculi.
- All types of hernia.
- Desmoid Tumor, Umbilical Granuloma, Umbilical sinus, Umbilical fistula.
- All treatments(Conservative, Interventional, laparoscopic, and open) related to all diseases Cervix,Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, pelvic inflammatory Disease.
- All Disease of prostate, Stricture Urethra, all obstructive Uropathies.
- Benign Tumours of Epididymis, Spermatocoele, Varicocele, Hydrocele.
- Fistula, Fissure in Ano, Hemorrhoids, Pilonidal synus and Fistula, Rectal Prolapse, Stress Incontinence
- Varicose Veins, varicose ulcers.
- All types of transplant and related Surgeries.
- Congenital Internal Disease /defect.

Enhanced Room Rent:

- Room, boarding, nursing expenses all-inclusive as provided by the hospital / nursing home

CLAIM GUARD (Coverage for Non-medical Items (Consumables)):

- If there is an admissible claim under the Base Policy, then the expenses towards the following

items will become payable.

Enhanced Limit for Modern treatments:

- The following procedures covered under the Base Policy with sub-limits are covered up to sum insured of the Base Policy.

Enhanced Limit for Ayush treatment:

- Medical expenses for In-patient Hospitalization incurred on treatment under Ayurveda, Unani, Siddha and Homeopathy systems of medicines in a AYUSH Hospital is payable up to sum insured of the Base Policy. Note: Yoga and naturopathy systems of treatments are excluded from the scope of coverage under AYUSH treatment.
- The amount payable under this clause shall be part of the Sum Insured under the
- Base Policy and not in addition to the same.

Home Care Treatment:

- Payable up to 10% of sum insured of the Base Policy, subject to maximum of Rs.5,00,000/- in a policy year, for treatment availed by the insured person at home, only for the specified conditions mentioned below, which in normal course would require care and treatment at a hospital but is actually taken at home provided that:
- the medical practitioner advises the insured person to undergo treatment at home
- there is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment
- daily monitoring chart including records of treatment administered duly signed by the treating doctor are maintained
- Insured can avail "Home Care Treatment" service on cashless / reimbursement basis, if availed from our network service providers given in our website "www.starhealth.in"

List of treatments or conditions covered under Home Care Treatment:

- Fever and infectious diseases which can be managed as In-patient
- Uncomplicated urinary tract infections but needing parenteral antibiotics
- Asthma and COPD-Mild Exacerbations needing Home Nebulization
- Acute Gastritis/Gastroenteritis
- Chemotherapy [Where advised by the doctor]
- Palliative Cancer Care requiring medical assistance
- Acute Vertigo
- Diabetic Foot and Cellulitis
- IVDP [Cervical and Lumbar Disc diseases]
- Major surgeries/Arthroplasties needing IV Antibiotics Post Discharge

- Care for Brain and Spinal Injury Cases Post Discharge
- Post CVA Care at Home after discharge
- The amount payable under this clause shall be part of the Sum Insured under the
- Base Policy and not in addition to the same.

Bonus Guard:

- Cumulative bonus available under Base Policy will not be reduced at the time of renewals unless the bonus is utilized.
- On full utilization of sum insured and nil utilization of cumulative bonus accrued, such cumulative bonus so granted under the Base Policy will not be reduced
- On full utilization of sum insured and partial utilization of cumulative bonus accrued, the cumulative bonus granted under the Base Policy on renewal will be the balance cumulative bonus available
- On full utilization of Sum Insured and full utilization of cumulative bonus accrued, the cumulative bonus granted under the Base Policy on renewal will be “nil”

Option to choose aggregate deductible:

- If the insured chooses any of the following deductibles, the Company will provide discount on premium.

Policy Coverage

Hospitalisation Cover Expenses:

- Room charges, Intensive Care Unit charges
- Nursing expenses.
- Surgeon, anaesthetist, medical practitioner, consultants, specialists fees.
- Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances (any disposable consumables subject to upper limit of 10% of sum insured), medicines and drugs, diagnostic materials and X-ray, dialysis, chemotherapy, radiotherapy, cost of pacemaker, artificial limbs and cost of stents and implants, expenses for organ donor's treatment.

Road Ambulance Expenses :

subject to an hospitalisation claim, road ambulance expenses incurred for the following are payable :

- For transportation of the insured person by private ambulance service to go to hospital when this is needed for medical reasons.
- For transportation of the insured person by private ambulance service from one hospital to another hospital for better medical treatment.
- For transportation of the insured person from the hospital where treatment is taken to their place of residence provided the requirement of an ambulance to the residence is certified by medical practitioner

Air Ambulance Expenses :

upto Rs 250000 per hospitalisation, not exceeding Rs 500000 per policy period.

Pre-Hospitalisation:

Medical expenses incurred for a period not exceeding 60 days prior to the date of hospitalisation.

Post-Hospitalisation :

Medical expenses incurred for a period upto 90 days for the date of discharge from the hospital.

Outpatient Medical Consultation :

Expenses on medical consultations as an out patient incurred in a Network Facility for other than dental and ophthalmic treatments, Upto the limit mentioned in the schedule of benefits with a limit of 300 per consultation , This benefit will not reduce the sum insured.

Domiciliary Hospitalisation :

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.

Delivery and New Born :

- Expenses incurred as In-patient for delivery including delivery by Caesarean section.
- Treatment of the new born.
- Vaccination expenses for the new born baby or payable upto the limits mentioned in the schedule of benefits ,until the new born baby completes one year of age and is added in the policy on renewal.Claim under this admissible only claim is under A of section 2 above has been admitted and while the policy is in force.

Outpatient Dental and Ophthalmic Treatment :

Expenses incurred on a acute treatment to a neutral tooth or teeth or eye are payable , once in every block of 3 years of continuous coverage .The treatment can be taken as an outpatient. For Limits please refer schedule of Benefits .This is in addition of sum insured.

Organ Donor Expenses :

In patient Hospitalisation Expenses incurred for organ transplantation from the donor to the Recipient insured person are payable provide the claim for transplantation is payable.In addition,The expenses incurred by the donor, for the complications that necessitate Redo Surgery or ICU admission will be covered.The Coverage limit under this section is over and above the limit of coverage and upto the basic Sum insured. This additional Sum insured can be utilised by the donor and not by the insured.

Hospital Cash Benefit :

- payable for each completed day of hospitalisation upto 7 days per occurrence and maximum of 120 days during the entire policy period.
- This benefit is subject to an excess of first 24 hours of hospitalisation for each and every claim . Claim under this section will not be reduce the sum insured.

Health Check Up:

This benefit is payable for ever claim free year upto the limit mentioned in the schedule of benefits.

Bariatric Surgery :

- The expenses incurred on hospitalisation for bariatric surgical procedure and its complications there of are payable upto the limits mentioned in the schedule of Benefits, during the policy period.
- This Maximum limit of 2,50,000 and Rs 5,00000 are inclusive for pre-Hospitalisation and post-hospitalisation Expenses.
- The limit of cover for bariatric surgery forms forms part of sum insured under section 1.
- Coverage under this section is subject to a waiting period of 36 months and payable only while the policy is in force.

Option For Second Medical Opinion :

The insurer person is given the facility of obtaining a second medical opinion from a doctor in the Company network of medical Practitioner

AYUSH Treatment :

In patient hospitalisation expenses incurred on treatment under Ayurveda , Unami, Sitha and Homeopathy systems of medicines in a government hospital or in any institute recognised by the government and/or accredited by the Quality Council of India/National Accreditation board on Health as in patient is payable up to the limit mention in the schedule of benefits.

Accidental Death and Permanent total Disablement :

- Accidental Death
- Payment Total Disability following an Accident
- Dependent Children and persons above 70 years can be covered under accidental death and permanent total Disablement upto the sum insured of Rs 1000000.

Note : This quotation is for your reference, subject to change at the time of purchase.