

SCHEDULE OF BENEFITS

	Sum Insured (in INR)	5 Lacs	7.50 Lacs	10 Lacs	15 Lacs	20 Lacs	25 Lacs
1.	Room Rent (single a/c room)	Actual	Actual	Actual	Actual	Actual	Actual
2	ICU /Operation Theatre Charges	Actual	Actual	Actual	Actual	Actual	Actual
3	Ambulance Charges- Per policy period	Up to Rs 2000/-	Up to Rs 3000/-	Up to Rs 3500/-	Up to Rs 4000/-	Up to Rs 4500/-	Up to Rs 5000/-
4.	Pre Hospitalisation Expenses incurred up to	30 days	30 days	30 days	30 days	30 days	30 days
5.	Post Hospitalisation Expenses incurred up to	60 days	60 days	60 days	60 days	60 days	60 days
6a	Delivery Coverage-Normal Delivery	Up to Rs 10000/-	Up to Rs 20000/-	Up to Rs 25000/-	Up to Rs 25000/-	Up to Rs 25000/-	Up to Rs 25000/-
6b	Delivery by Caesarean Section	Up to Rs 15000/-	Up to Rs 40000/-	Up to Rs 40000/-	Up to Rs 40000/-	Up to Rs 40000/-	Up to Rs 40000/-
7	Waiting Period for Delivery	36months	36 Months	36 Months	36 Months	36 Months	36 Months
8	Coverage for New Born Child (Subject to a valid claim under 6a or 6b above)	Up to Rs 50000/-	Up to Rs 100000/-	Up to Rs 100000/-	Up to Rs 100000/-	Up to Rs 100000/-	Up to Rs 100000/-
9	Vaccination Expenses for New Born. (Subject to a valid claim under 6a or 6b above)	Up to Rs 1000/-	Up to Rs 1000/-	Up to Rs 1000/-	Up to Rs 1000/-	Up to Rs 1000/-	Up to Rs 1000/-
10	OP Dental / ophthal Coverage - once in a block of every 3 years of continuous renewal	Up to Rs 5000/-	Up to Rs 5000/-	Up to Rs 10000/-	Up to Rs 10000/-	Up to Rs 10000/-	Up to Rs 10000/-
11	Day Care Procedure	101	101	101	101	101	101
12	Hospital Cash 7 Days per occurrence & 120 days per policy period. (1 day time excess)	Rs 500/- Per day	Rs 750/- Per day	Rs 750/- Per day	Rs 1000/- Per day	Rs 1000/- Per day	Rs 1500/- Per day
13	Health Check Up once in a block of every 3 claim Free Years of continuous renewal	Up to Rs 5000/-	Up to Rs 7500/-	Up to Rs 7500/-	Up to Rs 12000/-	Up to Rs 12000/-	Up to Rs 12000/-
14	Restoration benefit after exhaustion of sum insured	100%	100%	100%	100%	100%	100%



The Health Insurance Specialist

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INSURANCE IS THE SUBJECT MATTER OF SOLICITATION.
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Registered & Corporate Office:
Star Health and Allied Insurance Co. Limited
No. 1, New Tank street, Valluvar Kottam High Road,
Nungambakkam, Chennai - 34. Phone: 044-28288800.

STAR COMPREHENSIVE INSURANCE POLICY



*No compromise on your
family's health*



The Health Insurance Specialist

STAR COMPREHENSIVE INSURANCE POLICY

*When medical costs are sky rocketing a comprehensive health insurance would go a long way in alleviating your financial burden. **Star Comprehensive Health Insurance Policy** does the same. With no sub-limits or caps the policy offers exclusive benefits for the entire family designed to eliminate your health worries.*

POLICY BENEFITS

Hospitalization (Section 1)

- Room (single a/c room), Boarding and Nursing expenses.
- ICU charges
- Surgeon's fees, Consultant's fees, Anesthetist fees
- Cost of blood, oxygen, diagnostic expenses, cost of pace makers, artificial limbs
- Cost of medicines and drugs
- Ambulance Charges for emergency transportation of the patient up to limits mentioned in benefits table
- 101 Day-care procedures covered

Pre & Post Hospitalization

Medical Expenses upto 30 days prior to the date of admission

Medical Expenses upto a period of 60 days after discharge

Pre-existing Disease

Pre-Existing diseases are covered after 48 months of Continuous Insurance with any Indian Insurance Company

Delivery And New Born (Section 2) (As per table of benefits)

- A) Expenses for Delivery including Delivery by Caesarean Section
 - B) Treatment of the New-born
 - C) Vaccination expenses up to Rs 1000/- of the new born baby
- Coverages under this section is only while the policy is in force

Outpatient Dental & Ophthalmic Treatment (Section 3)

Expense incurred on acute anesthetic treatment to a natural tooth or teeth and expenses incurred for the treatment of the eye are payable. Once in every block of 3 years of continuous coverage.

The treatments can be taken as Outpatient. For limits refer schedule of benefits.

Hospital Cash Benefit (Section 4)

Payable for each Completed day of Hospitalization up to 7 days per occurrence and 120 days per policy period.

This benefit is payable only when there is a valid claim under Section (1).

One day time excess applicable.

Health Check Up (Section 5)

This benefit is payable on continuous coverage of a block of every 3 claim free years.

ELIGIBILITY

Persons above 5 months up to 65 years can take this Insurance. Dependent children can be covered only along with parents. Beyond 65 years, only renewals can be made. There is no exit age.

CO PAY

10% of each and every claim made by insured persons who are above 60 years at entry level

EXCLUSIONS

1. Pre Existing Diseases as defined in the policy until 48 consecutive months of continuous coverage has 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 under such Portability shall be limited to the Sum Insured under first policy with any Indian Insurance Company.
2. 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.
3. During the First two Years of continuous operation of insurance cover,
 - a) The expenses for treatment of cataract, degenerative disc and vertebral diseases, prolapse of intervertebral disc (other than caused by accident), varicose veins and varicose ulcers, benign prostatic hypertrophy, deviated nasal septum, sinusitis Tonsillitis, Nasal polyps, Chronic Suppurative Otitis Media and related disorders, hernia, hydrocele, fistula / fissure in ano and haemorrhoids congenital internal disease/defect (except to the extent provided under Section 2 for New Born)
 - b) All treatments (conservative, interventional, open, laparoscopic) for Hepatobiliary Gall Bladder and Pancreatic stones and Genito-urinary calculi.
 - c) All treatments (conservative, interventional, open, laparoscopic) for Uterine prolapse, Dysfunctional Uterine Bleeding, Fibroids, Pelvic Inflammatory Diseases, all diseases of fallopian tubes and ovaries,
 - d) Arthroscopic repair and removal [other than caused by an accident]

If these are Pre-Existing at the time of proposal they will be covered subject to the waiting period mentioned in Exclusion 1 above

The exclusion 3 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 immediately preceding 24 months policy only. Where there is a change in the sum insured in the following continuous policy year the lower of the sum insured will apply.

4. a) Circumcision unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident,
- b) Vaccination. However this exclusion will not apply where such expenses are for post bite treatment, for medical treatment other than preventive treatments and to the extent provided for under Section 2 for new born Child
- c) Inoculation or change of life 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).
5. Cost of spectacles and contact lens (in excess of what is specifically provided), hearing aids including cochlear implants, walkers, crutches wheel chairs and such other aids.
6. Dental treatment or surgery (in excess of what is specifically Provided) unless necessitated due to accidental injuries and requiring hospitalization.
7. 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.
8. Expenses incurred on Enhanced External Counter Pulsation therapy and related therapies and Rotational Field Quantum Magnetic Resonance Therapy are not payable

Note: For a detailed list of exclusions, refer policy condition

Relief under Sec 80D of IT Act.

Amount paid by any mode other than cash is eligible for relief under 80-D of IT Act.

PORTABILITY

This policy is portable. If the insured is desirous of porting to this policy application in the appropriate form should be made before 45 days from the date when the renewal is due. For details contact "portability@starhealth.in" or call Telephone No +91-044-28288869.

RENEWAL

Renewal will not be normally refused except on grounds of misrepresentation/non disclosure of material facts as declared in proposal form. Where the claims ratio for the preceding 2 consecutive years exceeds 100%, premium loading as per the table given below would be applicable.

LOADING OF PREMIUM

Sr.No	Average claims ratio of preceding 2 years(consecutive)	Loading on premium
1	> 100%-125%	20%
2	126%-150%	30%
3	> 150%	50%

Claim under Delivery and New Born Section, Dental and Ophthalmic treatment will not be taken for loading Purpose

If the policy is to be renewed for enhanced Sum Insured then the restrictions as applicable to a fresh policy will apply to additional Sum Insured as if a separate policy has been issued for the difference. In other words the enhanced Sum Insured will not be available for an illness, disease, injury already

contracted under the preceding policy periods.Claim under Delivery and New Born Section, Dental and Ophthalmic treatment will not be taken for loading Purpose

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A grace period of 15 days from the date of expiry of the policy is available for renewal. If renewal is made within this 15 day period the continuity of benefits will be allowed. However the actual period of cover will start only from the date of payment of premium. In other words no protection is available between the policy expiry date and the date of payment of premium for renewal.

CANCELLATION

The Company may cancel this policy on grounds of misrepresentation, fraud, non disclosure of material fact as declared in the proposal form or non-co-operation of the insured person, by sending the Insured 30 days notice by registered letter at the Insured person's last known address. The insured may at any time cancel this policy and in such event the Company shall allow refund of 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 CHARGED
Up to one-month	1/3 rd of the annual premium
Up to three Months	1/2 of the annual premium
Up to six months	3/4 th of the annual premium
Exceeding six months	Full annual premium

CLAIMS PROCEDURE

- Inform the ID Number for easy reference
- In case of planned hospitalization, please inform 24 hours prior to admission into the hospital
- In case of emergency hospitalization, information to be given within 24 hours after hospitalization
- In non-network hospitals, payment must be made up front and then reimbursement will be effected on the submission of documents

AUTOMATIC RESTORATION OF SUM INSURED

The policy Sum Insured upon exhaustion shall be automatically restored once up-to 100% for the remaining policy period. Such restored Sum Insured can be utilized only for illness /disease unrelated to the illness /diseases for which claim/s was /were made. Such restoration of sum insured is available for section 1 only.

STAR ADVANTAGES

- No Third Party Administrator direct in-house claims settlement.
- Faster & hassle-free claim settlement.
- Cashless hospitalization wherever possible.
- Network of more than 4900 hospitals across India
- 24x7 Toll Free Help line
- Free General Physician Consultation over phone. We have Doctors on duty all 24 hours and on all days of the week. Any person, by quoting the policy number, can contact our doctor on the toll free number 1800 425 2255 for medical advices.

THE COMPANY

Star Health and Allied Insurance Co. Ltd., is a joint venture between Oman Insurance Company, UAE and leading NRIs and Indian business men/houses. It has a capital base of INR 438 crores. As an exclusive Health Insurance Company and the first of its kind in India, the Company is committed to setting international benchmarks in service and personal caring.

For Details Please refer to policy documents.

Prohibition of rebates: (Section 41 of the Insurance Act)

No person shall allow or offer to allow either directly or indirectly as inducement to take out 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 on the premium shown on the policy nor shall any person taking out renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer. Any person making default in complying with the provision of this section shall be punishable with fine, which may extend to five hundred rupees.

Medical Screening:

Pre-acceptance medical screening at Company nominated centres only at our cost.

PREMIUM IN Rs (SERVICE TAX EXTRA)

Sum Insured Rs.500000 /-

Family Size / Age in yrs	5m-35	36-45	46-50	51-55	56-60	61-65	66-70	71-75	More than 75
1A+1C	9180	10120	14240	16190	19700	31420	39280	51070	66400
1A+2C	10950	12020	19480	20510	23580	36990	46240	60120	78160
1A+3C	15590	17060	23460	26900	30270	41360	51700	67210	87380
2A	10420	12120	22400	23640	28560	38800	48500	63050	81970
2A+1C	13170	14340	23540	25810	31070	49800	62250	80930	105210
2A+2C	14800	16410	25390	28170	33330	53400	66750	86780	112820
2A+3C	17000	19150	28510	31200	36430	56000	70000	91000	118300

Sum Insured Rs.750000 /-

Family Size / Age in yrs	5m-35	36-45	46-50	51-55	56-60	61-65	66-70	71-75	More than 75
1A+1C	11340	12340	17170	20600	26880	37660	47080	61210	79580
1A+2C	13330	14490	23330	24600	29470	44059	55080	71610	93100
1A+3C	18990	20620	28840	33550	38010	49066	61340	79750	103680
2A	13310	16330	28020	29520	35670	47030	58790	76430	99360
2A+1C	16660	18450	29320	32280	38310	59235	74050	96270	125160
2A+2C	18480	20260	31500	34950	41350	64384	80480	104630	136020
2A+3C	21020	22980	34470	38380	45430	66731	83420	108450	140990

Sum Insured Rs.1000000 /-

Family Size / Age in yrs	5m-35	36-45	46-50	51-55	56-60	61-65	66-70	71-75	More than 75
1A+1C	13250	14670	20710	24590	32300	44972	56220	73090	95020
1A+2C	15000	16540	26920	29040	35060	47226	59040	76760	99790
1A+3C	20950	23030	33250	39250	44900	60670	75840	98600	128180
2A	15560	18840	33860	35830	43470	57270	71590	93070	121000
2A+1C	19110	21510	34910	38750	45540	62987	791240	118620	154210
2A+2C	20920	23520	37090	41610	49570	67414	86770	125810	163560
2A+3C	23630	26210	39480	44000	54150	74103	93380	131800	171340

Sum Insured Rs.1500000 /-

Family Size / Age in yrs	5m-35	36-45	46-50	51-55	56-60	61-65	66-70	71-75	More than 75
1A+1C	16230	18400	25710	29590	37300	51472	61770	80310	104410
1A+2C	19000	21540	31920	34040	42060	53726	64480	83830	108980
1A+3C	26450	29530	43250	50250	58900	73170	87810	114160	148410
2A	19560	22840	37860	40330	47970	61770	74130	96370	125290
2A+1C	23760	26510	39910	44250	51040	67737	82090	107520	145780
2A+2C	25560	28520	42090	46610	55070	68164	83400	108420	1474750
2A+3C	30630	33210	46480	51500	61500	73603	89230	1146030	189840

Sum Insured Rs.2000000 /-

Family Size / Age in yrs	5m-35	36-45	46-50	51-55	56-60	61-65	66-70	71-75	More than 75
1A+1C	18730	20900	28210	32590	40300	58431	70120	91160	118510
1A+2C	21630	24810	34920	37040	45560	65888	79190	102490	135340
1A+3C	29810	33640	48250	55250	64400	94745	113700	147810	192160
2A	22560	25840	40860	43330	50970	64770	77730	101050	131370
2A+1C	26760	29510	42910	47450	54540	72737	88690	115700	152710
2A+2C	28560	31520	45090	50110	58570	76664	93200	120000	158600
2A+3C	35090	37710	50980	56000	66650	86103	103930	132020	172280

Sum Insured Rs.2500000 /-

Family Size / Age in yrs	5m-35	36-45	46-50	51-55	56-60	61-65	66-70	71-75	More than 75
1A+1C	21130	23900	31210	35590	43300	63931	78720	102340	133950
1A+2C	24130	27810	37920	40040	49560	74088	91290	117990	153080
1A+3C	33310	37340	52250	59250	69400	102245	124700	161110	2127650
2A	25060	28340	43360	46030	53670	74770	90970	118270	156860
2A+1C	29260	32010	45410	50150	57240	814737	100690	132000	1732700
2A+2C	31260	34220	47790	53110	61570	86164	104000	135900	1761670
2A+3C	39110	41710	54980	60500	71500	102603	125930	165100	216770

For persons entering after 60 years maximum Sum Insured will be limited to Rs.7,50,000/-.

Age band of 66 years and above are for renewals only.

Premium rates are subject to change with prior approval of the regulator.