



SENIOR CITIZENS RED CARPET HEALTH INSURANCE POLICY

SHAHLIP22199V062122





BENEFITS





Hospitalization



Health Check-up



Pre & Post-hospitalization



Outpatient Consultation



Daycare Coverage



Premium based on Sum insured



Cataract



Premium Discount



Road Ambulance



PED Waiting Period: 12 Months



COVERAGE



ABOUT THE POLICY

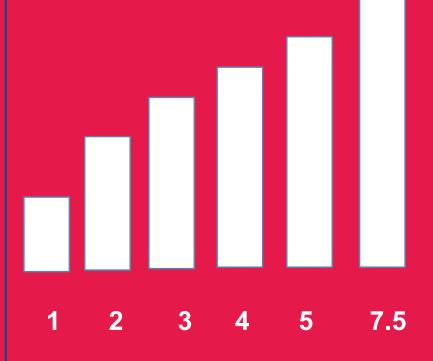
- Who Can Avail?
- Adults: 60 years to 75 years
- Policy Type: Individual & Floater
- Continuity: Lifetime Renewal

- Policy Term
 - 1 year/2 years/3 years
- Instalment Facility
 Quarterly, Half-yearly, Yearly,
 Biennial (Once in 2 years) and
 Triennial (Once in 3 years)



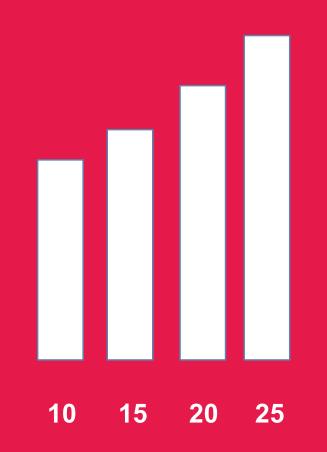
SUM INSURED OPTIONS

(LAKHS)
INDIVIDUAL



SUM INSURED The Health Insurance OPTIONS

(LAKHS)
INDIVIDUAL & FLOATER





HOSPITALIZATION



EXPENSES ON HOSPITALIZATION FOR A MINIMUM PERIOD OF 24 HOURS COVERED







HOSPITALIZATION



CONNECTED TREATMENT EXPENSES



Professional Fee

- Surgeon
- Consultant
- Anesthetist
- Specialist



Medical Services

- Anesthesia
- Blood
- Oxygen
- OT charges
- ICU charges



Medicines

- Drugs
- Cost of pacemaker



ROOM RENT

Sum Insured	Room Rent (Per day)
Rs 1 Lakh to Rs 5 Lakhs	Upto 1% of the Sum Insured
Rs 7.5 Lakhs to Rs 10 Lakhs	Rs 6000
Rs 15 Lakhs	Rs 7000
Rs 20 Lakhs	Rs 8500
Rs 25 Lakhs	Rs 10000



Note: Expenses on hospitalization considered in proportion to eligible room rent

ICU

2% of sum insured per day for upto Rs 10 Lakh sum insured & actuals beyond Rs 10 Lakh sum insured

Sum Insured	Limit (Per day)
Rs 1 Lakh to Rs 10 Lakhs	2% of the sum insured
Rs 15 Lakh to Rs 25 Lakhs	Actuals



PROFESSIONAL FEE

25% of sum insured per hospitalization; surgeon's, anaesthetist's, medical practitioner's, consultants' and specialists' fees

Sum Insured	Professional Fee Per Hospitalization (Rs)
1 Lakh	25000
2 Lakhs	50000
3 Lakhs	75000
4 Lakhs	100000
5 Lakhs	125000
7.5 Lakhs	187500
10 Lakhs	250000
15 Lakhs	375000
20 Lakhs	500000
25 Lakhs	625000



OTHER MEDICAL EXPENSES

Maximum 50 % of the sum insured per hospitalization; anaesthesia, blood, oxygen, operation theatre charges, cost of pacemaker, etc.

<u> </u>	<u> </u>
Sum Insured (Rs)	Other Medical Expenses - Per hospitalization (Rs)
1 Lakh	50000
2 Lakhs	100000
3 Lakhs	150000
4 Lakhs	200000
5 Lakhs	250000
7.5 Lakhs	375000
10 Lakhs	500000
15 Lakhs	750000
20 Lakhs	1000000
25 Lakhs	1250000

Note: Expenses on hospitalization considered in proportion to eligible room rent

EMERGENCY ROAD AMBULANCE

When hospitalisation claim is admissible

Sum Insured (Rs)	Per Hospitalization (Rs)	Per policy period (Rs)
1 Lakh	600	1200
2 Lakhs	600	1200
3 Lakhs	600	1200
4 Lakhs	600	1200
5 Lakhs	1000	2000
7.5 Lakhs	1000	2000
10 Lakhs	1000	2000
15 Lakhs	1500	3000
20 Lakhs	1500	3000
25 Lakhs	1500	3000



DAYCARE PROCEDURES

All daycare procedures are covered







PRE-HOSPITALIZATION

- Pre-hospitalization: 30 days
- Actuals

POST-HOSPITALIZATION

- 7% of the hospitalization expenses
- Nursing charges
- Surgeon/Consultant fees
- Diagnostic charges
- Medicines and drugs

Sum Insured	Limit per Occurrence (Rs)
1 to 7.5 Lakhs	5000
10 & 15 Lakhs	7000
20 & 25 Lakhs	10000

CATARACT

Sum Insured	Individual per policy period	Floater per person	Floater per policy period
1 Lakh	15000	NA	NA
2 Lakhs	15000	NA	NA
3 Lakhs	18000	NA	NA
4 Lakhs	20000	NA	NA
5 Lakhs	21500	NA	NA
7.5 Lakhs	23000	NA	NA
10 Lakhs	25000	25000	45000
15 Lakhs	30000	30000	50000
20 Lakhs	35000	35000	60000
25 Lakhs	40000	40000	70000





- Rs 200 per consultation
- Expenses incurred as outpatient in network hospital
- Payment will not reduce sum insured

Sum Insured	Individual Policy per policy period	Floater policy per person	Floater policy per policy period	
1 Lakh	NA	NA	NA	
2 Lakh	NA	NA	NA	
3 Lakh	600	NA	NA	
4 Lakh	800	800 NA		
5 Lakh	1000	NA	NA	
7.5 Lakh	1200	NA	NA	
10 Lakh) Lakh 1400 1400		2400	
15 Lakh	1800	1800	3000	
20 Lakh	2200	2200	3800	
25 Lakh	2600	2600	4400	



HEALTH CHECK-UP

- Applicable every claim-free year
- Done at our network hospitals and when policy is in force

Sum Insured	Limit per person per policy period (SI on Individual Basis)	Floater policy Limit per person	Floater Policy Limit per policy period
1 Lakh	NA	NA	NA
2 Lakh	NA	NA	NA
3 Lakh	NA	NA	NA
4 Lakh	NA	NA	NA
5 Lakh	1000	NA	NA
7.5 Lakh	1000	NA	NA
10 Lakh	2000	2000	3500
15 Lakh	2000	2000	3500
20 Lakh	2500	2500	4500
25 Lakh	2500	2500	4500



PREMIUM WILL NOT INCREASE WITH AGE

- Premium is based on the sum insured & will not increase with increase in age
- Senior Citizens Red Carpet policy understands the financial limitations of senior citizens



PREMIUM DISCOUNT

- 10% discount available for all renewal premium
- If insured can produce the following medical reports:
 - Stress Thallium Report
 - Blood Pressure Report
 - Sugar (Blood and Urine)
 - Blood Urea and Creatinine

Note: Reports within 45 days prior to date of proposal is must & cost is borne by proposer



COVERAGE FOR MAJOR SURGERIES

- Cerebrovascular Accident (CVA)
- Cardiovascular Diseases (CVD)
- Cancer (including Chemotherapy/Radiotherapy)
- Treatment for breakage of long bones
- Renal complications (including Dialysis)

Sum Insured	Limit per person, per policy period person, for each diseases Individual Basis Limit per person, Basis		Limit Per Policy Period
1 Lakh	75000	NA	NA
2 Lakh	150000	NA	NA
3 Lakh	200000	NA	NA
4 Lakh	225000	NA	NA
5 Lakh	275000	NA	NA
7.5 Lakh	300000	NA	NA
10 Lakh	350000	350000	600000
15 Lakh	400000	400000	700000
20 Lakh	450000	450000	750000
25 Lakh	500000	500000	850000

COVERAGE FOR OTHER SURGERIES



- Intestinal Obstruction
- (Acute/Sub-acute/ Chronic)
- Gastrointestinal surgeries
- Hemiarthroplasty Surgeries
- Bladder Surgeries, including Urethra, Nephrectomy
- Biliopancreatic Surgery
- Surgery related to Genitourinary tract
- Knee/Hip Replacement Surgery
- Major Surgeries of Joints
- Surgeries on Prostate

Sum Insured	Limit per person, per policy period for each diseases / Condition Individual Basis	Limit Per Person Floater Basis	Limit Per Policy Period Floater Basis
1 Lakh	60000	NA	NA
2 Lakh	120000	NA	NA
3 Lakh	150000	NA	NA
4 Lakh	200000	NA	NA
5 Lakh	225000	NA	NA
7.5 Lakh	250000	NA	NA
10 Lakh	275000	275000	450000
15 Lakh	300000	300000	500000
20 Lakh	325000	325000	550000
25 Lakh	350000	350000	600000



MODERN TREATMENTS



	Coverage for Modern Treatment - On Individual Basis											
Sum Insured in Rs.	Uterine artery Embolization and HIFU	Balloon Sinuplasty	Deep Brain Stimulation	Oral Chemotherapy* (Sublimits including Pre and Post Hospitalisation)	Immunotherapy-Monoclonal Antibody to be given as injection	Intra Vitreal injections	Robotic surgeries	Stereotactic radio surgeries	Bronchical Thermoplasty	Vaporisation of the prostate (Green laser treatment or holmium laser treatment)	IONM-(Intra Operative Neuro Monitoring)	Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions
				Limit per	person per p	olicy period	for each trea	tment/proce	edure Rs.			
1,00,000	60,000	60,000	60,000	75,000	75,000	10,000	60,000	60,000	60,000	60,000	60,000	75,000
2,00,000	1,20,000	1,20,000	1,20,000	1,50,000	1,50,000	15,000	1,20,000	1,20,000	1,20,000	1,20,000	1,20,000	1,50,000
3,00,000	1,50,000	1,50,000	1,50,000	2,00,000	2,00,000	20,000	1,50,000	1,50,000	1,50,000	1,50,000	1,50,000	2,00,000
4,00,000	2,00,000	2,00,000	2,00,000	2,25,000	2,25,000	25,000	2,00,000	2,00,000	2,00,000	2,00,000	2,00,000	2,25,000
5,00,000	2,25,000	2,25,000	2,25,000	2,75,000	2,75,000	30,000	2,25,000	2,25,000	2,25,000	2,25,000	2,25,000	2,75,000
7,50,000	2,50,000	2,50,000	2,50,000	3,00,000	3,00,000	40,000	2,50,000	2,50,000	2,50,000	2,50,000	2,50,000	3,00,000
10,00,000	2,75,000	2,75,000	2,75,000	3,50,000	3,50,000	50,000	2,75,000	2,75,000	2,75,000	2,75,000	2,75,000	3,50,000
15,00,000	3,00,000	3,00,000	3,00,000	4,00,000	4,00,000	60,000	3,00,000	3,00,000	3,00,000	3,00,000	3,00,000	4,00,000
20,00,000	3,25,000	3,25,000	3,25,000	4,50,000	4,50,000	75,000	3,25,000	3,25,000	3,25,000	3,25,000	3,25,000	4,50,000
25,00,000	3,50,000	3,50,000	3,50,000	5,00,000	5,00,000	1,00,000	3,50,000	3,50,000	3,50,000	3,50,000	3,50,000	5,00,000

^{*} Sublimit all inclusive with or without hospitalization where ever hospitalization includes pre and post hospitalization



MODERN TREATMENTS



Coverage for Modern Treatment - On Floater Basis

Sum	Uterine artery		Balloon	n Sinuplasty Deep B		Stimulation	Oral Chemotherapy* (Sublimits including Pre and Post Hospitalisation)		Immunotherapy-Monoclonal Antibody to be given as injection	
Insured in Rs.	Limit Per Person Rs.	Limit Per Policy Period Rs.	Limit Per Person Rs.	Limit Per Policy Period Rs.	Limit Per Person Rs.	Limit Per Policy Period Rs.	Limit Per Person Rs.	Limit Per Policy Period Rs.	Limit Per Person Rs.	Limit Per Policy Period Rs.
10,00,000	2,75,000	4,50,000	2,75,000	4,50,000	2,75,000	4,50,000	3,50,000	6,00,000	3,50,000	6,00,000
15,00,000	3,00,000	5,00,000	3,00,000	5,00,000	3,00,000	5,00,000	4,00,000	7,00,000	4,00,000	7,00,000
20,00,000	3,25,000	5,50,000	3,25,000	5,50,000	3,25,000	5,50,000	4,50,000	7,50,000	4,50,000	7,50,000
25,00,000	3,50,000	6,00,000	3,50,000	6,00,000	3,50,000	6,00,000	5,00,000	8,50,000	5,00,000	8,50,000

^{*} Sublimit all inclusive with or without hospitalization where ever hospitalization includes pre and post hospitalization



TELECONSULTATION FACILITY



TALK TO STAR IS FREE-OF-COST FACILITY!

FOR OUR CUSTOMERS, AGENTS, SALES MANAGERS AND EMPLOYEES



- Provided by our company in times of need, helping us realize our motto - PERSONAL & CARING
- Unique facility offered by our technology platform
- Provided with specialist doctors during the grim period of COVID-19 pandemic and to avoid visiting hospitals
- Consult with specialists in Ophthalmology, Cardiology,
 Paediatrics, Orthopedics, Gynaecology, Psychiatry,
 Diabetology, Dentistry, Neurology and Dermatology
- To avail this facility, call 7676905905 or mail to telemedicine@starhealth.in



CO-PAY

30% co-pay is applicable for all claims

TAX BENEFITS

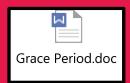
Insured is eligible for relief under
Section 80D of the Income Tax
Act when premium is paid by any
mode other than cash





INSTALMENT FACILITY

- Available in Quarterly, Half yearly & Yearly
- Grace period of 7 days allowed
- During such grace period, coverage will not be available
- In case of instalment premium due not received within the grace period, the policy will get cancelled
- In the event of a claim, all subsequent premium instalments shall immediately become due and payable







WAITING PERIOD

Initial Waiting Period (Code Excl 03)	For 30 days (Other than Accidents)	
Specified Diseases (Code Excl 02)	24 months	
Pre-existing Diseases (Code Excl 01)	12 months	





SPECIFIED DISEASES - FIRST 2 YEARS EXCLUSIONS (CODE EXCL 02)

Treatment of cataract and diseases of the anterior and posterior chamber of the eye, diseases of ENT

All treatments (conservative, interventional, laparoscopic & open) related to hepatopancreatobiliary diseases

Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip/cheek, Carpal Tunnel Syndrome

All types of Hernia

All treatments (Conservative, Operative treatment) and all types of intervention for Diseases related to Tendon

Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula

All types of treatment for degenerative disc and vertebral diseases including replacement of bones and joints

All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix





PERMANENT EXCLUSIONS

- Rest cure, rehabilitation and respite care Code Excl 05
- Obesity/Weight control -Code Excl 06
- Change-of-Gender treatments - Code Excl 07
- Cosmetic or plastic surgery
 - Code Excl 08
- Hazardous or Adventure sports - Code Excl 09
- Breach of law -Code Excl 10

- Excluded Providers -Code Excl 11
- Treatment for alcoholism, drug or substance abuse -Code Excl 12
- Treatments received in health hydros, nature cure clinics, spas -Code Excl 13
- Dietary supplements & substances that can be purchased without prescription -Code Excl 14

- Refractive Error -Code Excl 15
- Unproven Treatments -Code Excl 16
- Sterility and Infertility -Code Excl 17
- Maternity Code Excl 18
- Circumcision,
 Preputioplasty,
 Frenuloplasty Code Excl 19
- Congenital External Conditions/Defects/ Anomalies - Code Excl 20



CLAIM ILLUSTRATION FOR SUBLIMIT &



CO-PAY

Sum Insured	Rs 15 Lakhs	
Actual claim amount	Rs 10 Lakhs	
Sub-limit for CVA	Rs 4 Lakhs	
Admissible Claim amount	Rs 8 Lakhs	After considering 1. Limit for room rent, 2. Limit for ICU Charges, 3. Limit for medical practitioner fee [25% of the Sum Insured] 4. Limit for Anethesia / OT Charges [50% of the Sum Insured]) - A
Less Co-pay (30%)	Rs 2.40 Lakhs	(30% co-pay on admissible claim amount) - B
Claim amount payable after 30% copay	Rs 5.60 Lakhs	A (-) B
Final Settled amount	Rs 4 Lakhs	Claim amount payable is greater than sublimit. Hence Company's liability is up to sublimit 20



PREMIUM CHART



(INCLUDING TAX)

Individual

Individual Instalment Premium

Sum Insured	One year	Two years	Three years
1 Lakh	5,251	10,134	14,729
2 Lakhs	9,978	19,258	27,989
3 Lakhs	15,222	29,378	42,698
4 Lakhs	18,291	35,302	51,307
5 Lakhs	21,240	40,993	59,578
7.5 Lakhs	24,780	47,825	69,508
10 Lakhs	26,550	51,242	74,473
15 Lakhs	34,462	66,511	96,666
20 Lakhs	38,598	74,494	1,08,267
25 Lakhs	42,462	81,952	1,19,107

Sum Insured	Quarterly	Half Yearly
1 Lakh	1,352	2,678
2 Lakhs	2,569	5,089
3 Lakhs	3,920	7,763
4 Lakhs	4,710	9,329
5 Lakhs	5,469	10,832
7.5 Lakhs	6,381	12,638
10 Lakhs	6,837	13,541
15 Lakhs	8,874	17,576
20 Lakhs	9,939	19,685
25 Lakhs	10,934	21,656

Floater 2A

Sum Insured	One year	Two years	Three years
10 Lakhs	45,135	87,111	1,26,604
15 Lakhs	58,587	1,13,073	1,64,337
20 Lakhs	65,620	1,26,646	1,84,064
25 Lakhs	72,187	1,39,320	2,02,483

Floater 2A Instalment Premium

Sum Insured	Quarterly	Half Yearly
10 Lakhs	11,622	23,019
15 Lakhs	15,086	29,879
20 Lakhs	16,897	33,466
25 Lakhs	18,588	36,815



CLAIM PROCEDURE



Call the 24-hour helpline for assistance - 1800 425 2255/1800 102 4477

Inform the ID number for easy reference

On admission in the hospital, produce the ID card issued by the company at the hospital helpdesk

Obtain pre-authorization form from the hospital helpdesk, complete the patient information and re-submit to the hospital helpdesk

In case of emergency hospitalization, information to be given within 24 hours after hospitalization

Once all the details are furnished, the company will process the request as per the terms and conditions as well as the exclusions therein and either approve or reject the request based on the merits

The company will process the request and call for additional documents/clarifications if the information furnished is inadequate

The treating doctor will complete the hospitalisation/treatment information and the hospital will fill up expected cost of treatment. This form is submitted to the company





ONE-PAGER



FAQ



AML ONE-PAGER

