



# STAR COMPREHENSIVE INSURANCE POLICY

UIN: SHAHLIP22028V072122

*Unbeatable in features.  
Uncompromising in protection*

STRICTLY FOR INTERNAL TRAINING PURPOSE ONLY



# BENEFITS



Hospitalization



Health Checkup



Pre & Post-hospitalization



No-claim Bonus



Daycare Coverage



Outpatient Consultation



Road Ambulance



OP Dental/Ophthalmic treatment



Air Ambulance



Hospital Cash Benefit

# BENEFITS



Automatic Restoration



Bariatric Surgery



Delivery Expenses and Newborn



Accidental Death & PTD



Organ Donor Expenses



Star Wellness Program



AYUSH Treatment



Buyback of PED Waiting Period



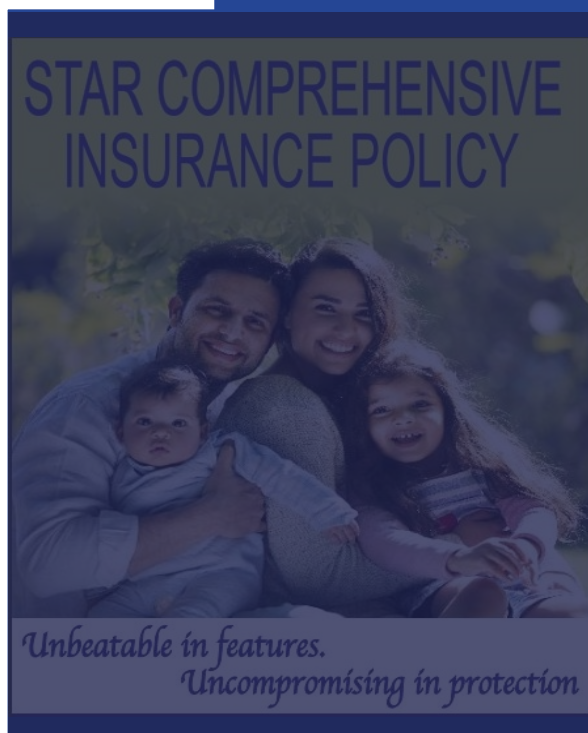
Modern Treatment



Domiciliary Hospitalization



## ABOUT THE POLICY



- **Policy Term**

  - 1 year/2 years/3 years

- **Continuity**

  - Lifetime renewal

- **Pre-Medical Screening**

  - Not required

- **Mid-term Inclusion**

  - Newly married/wedded spouse and newborn are permissible on paying additional premium

  - Intimation within 60 days from the date of marriage or birth of newborn

- **Instalment Facility**

  - Quarterly, Half-yearly, Yearly, Biennial (Once in 2 years) and Triennial (Once in 3 years)



# COVERAGE



## ■ Who Can Avail?

Adults: 18 to 65 years

Dependent Children: 91 days to 25 years

## ■ Policy Type

Individual and Floater (Maximum family size upto 2A+3C)



## SUM INSURED OPTIONS (in Lakh)



5

7.5

10

15

20

25

50

75

100

# HOSPITALIZATION



EXPENSES ON HOSPITALIZATION FOR A MINIMUM PERIOD OF 24 HOURS COVERED

1

**Cashless**

**Network Hospitals**

2

**Reimbursement**

**Non-Network Hospitals**

# HOSPITALIZATION

## CONNECTED TREATMENT EXPENSES



### Professional Fee

- Surgeon
- Consultant
- Anesthetist
- Specialist



### Medical Services

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



### Medicines

- Drugs
- Cost of Pacemaker
- Cost of Implants





## ROOM RENT

- Private single A/C room\* for hospital stay
- Single occupancy A/C room with attached washroom and couch for attendant, may have television and telephone
- Most economical single occupancy A/C
- Actual expenses for therapy and related medical expenses
- If stay is in deluxe/luxury/suite room, costs will be limited to what is required for a private single A/C room. Expenses will be proportionate.
- ICU actuals



Definition\_Associated Medical Expense

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

## PRE & POST-HOSPITALIZATION





# DAYCARE



ALL DAYCARE PROCEDURES ARE COVERED



## ROAD AMBULANCE

- For shifting patient to hospital or
- For shifting between hospitals or
- For shifting from hospital to residence
- On actual basis

## AIR AMBULANCE

- Rs 2.50 Lakh per hospitalization
- Rs 5 Lakh per policy period



## HEALTH CHECK-UP



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

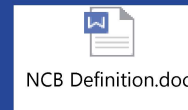
Sum Insured (Lakh)	Limit per policy period (Rs)
5	2,000
7.5	2,500
10	3,000
15	4,000
20	4,500
25	4,500
50 and Above	5,000

**Note:** Payment under this benefit does not form part of the sum insured and will not impact the bonus

## NO-CLAIM BONUS



- Available every claim-free year
- For Rs 5 Lakh sum insured, bonus given 50% every claim-free year
- For all sum insured above Rs 5 Lakh, bonus given 100% every claim-free year
- Maximum accumulation up to 100%





## OUTPATIENT

- Limit per consultation Rs 300
- Claims do not form part of sum insured
- Payable while policy is in force
- Available in our network facility other than OP eye and dental

Sum Insured (Lakh)	OP limit per policy period (upto Rs)
5	1,200
7.5	1,500
10	2,100
15	2,400
20	3,000
25	3,300
50 and Above	5,000

## OP EYE & DENTAL TREATMENT

- Expenses incurred on acute treatment to a natural tooth or teeth
- For the treatment of eye or services or supplies that are medically necessary to treat eye problem
- Cost of spectacles or contact lenses are payable

Sum Insured (Lakh)	OP Eye & Dental available for each block of 3 continuous years (Rs)
5 and 7.5	5,000
10 to 25	10,000
50 & above	15,000

## HOSPITAL CASH

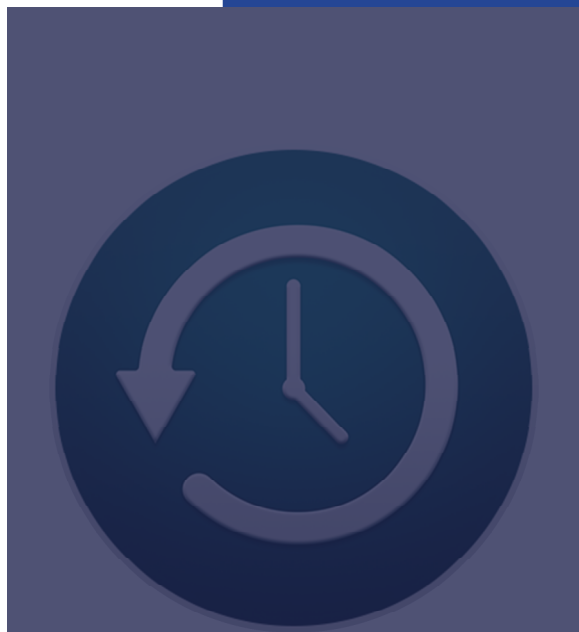


- Cash benefit for each completed day
- Maximum 7 days per occurrence
- Maximum 120 days during policy period

Sum Insured (Lakh)	Per day (Rs)
5	500
7.5 and 10	750
15 and 20	1000
25	1500
50 and Above	2500



## AUTOMATIC RESTORATION OF SUM INSURED



Automatic restoration of the basic sum insured by 100% immediately upon exhaustion of the basic sum insured and accrued cumulative bonus

Restored sum insured can be utilized for illnesses/diseases for which claims were already made

Available once during the policy period

Not available for accident-related claims & modern treatments



## DELIVERY EXPENSES

- Available when both self and spouse are covered either on floater or individual basis for a continuous period of 24 months
- Delivery expenses (Normal delivery or Caesarean) including pre and post-natal expenses
- Two deliveries are covered during the lifetime of insured
- Waiting period of 24 months applicable between deliveries

Sum Insured (Lakh)	Normal Delivery (Rs)	Caesarean Section (Rs)	Limit of Company's liability for Newborn (Rs)
5	15,000	20,000	1 Lakh
7.5	25,000	40,000	1 Lakh
10 to 25	30,000	50,000	1 Lakh
50 & Above	50,000	1 Lakh	2 Lakh

## NEWBORN



- Coverage for the newborn for any disease, illness (including any congenital disorders) or accidental injuries is applicable, provided there is an admissible claim
- Vaccination available for newborn until the baby completes one year of age and is added in the policy during renewal
- Newborn cover and vaccination benefits are admissible only if claim for delivery of newborn has been admitted

Limits for Vaccination	
Sum Insured (Lakh)	Limit per policy period (Rs)
5 to 25	5,000
Above 25	10,000



## ORGAN DONOR

- In-patient hospitalization expenses incurred for organ transplantation from donor to recipient insured are payable, provided claim for transplantation is payable
- In addition, expenses incurred by the donor (if any) for the complications that necessitate a redo surgery/ICU admission will be covered
- Coverage limit under this section is over and above the limit of coverage and up to basic sum insured.
- This additional sum insured can be utilized by the donor and not by the insured

## AYUSH



- Expenses incurred for in-patient hospitalization
- Ayurveda, Siddha, Homeopathy, Unani
- Government hospital or in any institute recognized by Government and accredited by Quality Council of India/NABH

Sum Insured (Lakh)	Limit per policy period (Rs)
5 to 15	15,000
20 & 25	20,000
50 and Above	30,000





## COVERAGE FOR MODERN TREATMENTS



Sum Insured (Lakh)	Uterine artery embolization and HIFU (Lakh)	Balloon Sinuplasty (Lakh)	Deep Brain Stimulation (Lakh)	Oral Chemotherapy* (Sub-limits including Pre & Post-Hospitalization) [Lakh]	Immunotherapy Monoclonal Antibody to be given as injection (Lakh)	Intravitreal injections (Lakh)
5	1.25	0.50	2.5	1.25	2.5	0.50
7.5	1.25	0.50	2.5	1.25	2.75	0.60
10	1.50	1	3	2	4	0.75
15	1.75	1.25	4	2.5	5	1
20	2	1.5	4.5	2.75	5.5	1.25
25	2	1.5	5	3	6	1.50
50	2.25	1.75	6	4	7.5	1.75
75	2.50	2	7	5	9	2
100	3	2	7.5	6	10	2

Sum insured on individual basis: Limit per person, per policy period for each treatment/procedure & floater basis: Limit per policy period for each treatment/procedure.

Sub-limits all inclusive with or without hospitalization, wherever hospitalization includes pre & post-hospitalization.



## COVERAGE FOR MODERN TREATMENTS



Sum Insured (Lakh)	Robotic surgeries (Lakh)	Balloon Sinuplasty Stereotactic radio surgeries (Lakh)	Bronchial Thermoplasty (Lakh)	Vaporization of the prostate (Green laser treatment or holmium laser treatment) [Lakh]	IONM-(Intra Operative Neuro Monitoring) (Lakh)	Stem cell therapy (Hematopoietic stem cells for bone marrow transplant for hematological conditions) (Lakh)
5	2.5	2	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured	2.5
7.5	2.75	2.75				2.75
10	3	2.25				4
15	4	2.5				5
20	4.5	2.75				5.5
25	5	3				6
50	6	3.5				7.5
75	7	3.75				9
100	7.5	4				10

Sum insured on individual basis: Limit per person, per policy period for each treatment/procedure & floater basis: Limit per policy period for each treatment/procedure.

Sub-limits all inclusive with or without hospitalization, wherever hospitalization includes pre & post-hospitalization.

# BARIATRIC SURGERY



- Waiting period of 3 years from the date of policy commencement and continuous renewal thereafter
- Minimum age of the insured at the time of surgery should be above 18 years

## Claim criteria

- BMI >40 or 35 with co-morbidities (like Diabetes, High Blood Pressure, etc.)
- Unable to lose weight through traditional methods like diet and exercise
- Claim admitted only in cashless mode.
- Forms part of sum insured and will impact NCB

Sum Insured (Lakh)	Limit per policy Period (Rs)
5 to 15	2,50,000
20 & Above	5,00,000



# ACCIDENTAL DEATH & PERMANENT TOTAL DISABLEMENT



- Accidental death: 100% of basic sum insured. Accident that causes death of the insured within 12 calendar months from the date of accident
- Accidental Permanent Total Disability: 100% of basic sum insured. Disablement occurs within 12 calendar months from the date of the accident
- Worldwide cover
- Dependent children and persons above 70 years of age can be covered upto sum insured of Rs 10 Lakh



CHI\_PA.doc

Table of Benefits (B1)

Benefits	Percentage of the Basic Sum Insured
Death	100%
Permanent Total Disablement	100%
<b>Total and Irrevocable Loss of</b>	
Sight of both eyes	100%
Physical separation of two entire hands	100%
Physical separation of two entire foot	100%
One entire hand and one entire foot	100%
Sight of one eye and loss of one hand	100%
Sight of one eye and loss of one entire foot	100%
Use of two hands	100%
Use of two foot	100%
Use of one hand and one foot	100%
Sight of one eye and use of one hand	100%
Sight of one eye and use of one foot	100%



## BUYBACK OF PED WAITING PERIOD (OPTIONAL COVER)



- On payment of additional premium, reduction of waiting period for pre-existing diseases from 36 months to 12 months
- Available only for the first purchase of this Star Comprehensive Insurance Policy and also only up to sum insured chosen
- Not available for renewal or policies ported from other insurance companies
- Insured has to undergo pre-acceptance medical screening at company-nominated center

Additional Premium for Buyback of PED (Optional Cover)			
Age band in years	Additional premium to be paid		
	1-year	2-years	3-years
3m-35	20%	10%	7%
36-45	30%	15%	10%
46-50	35%	18%	12%
Above 50	50%	25%	17%

# EXAMPLE: BUYBACK OF PED WAITING PERIOD

SCHEME 2A+1C; SELF AGE: 51 YEARS; SPOUSE: 41; CHILD: 21; SUM INSURED OPTED IS RS 15,00,000

THE OLDEST MEMBER IS 51 YEARS.

THE FLOATER PREMIUM WILL BE CALCULATED BASED ON THE OLDEST MEMBER'S AGE

Plan type	Age band	5 Lakh	7.50 Lakh	10 Lakh	15 Lakh	20 Lakh	25 Lakh	50 Lakh	75 Lakh	100 Lakh
2A+1C	3m-35	13,170	16,660	19,110	23,760	26,760	29,260	32,190	34,930	37,380
	36-45	14,340	18,450	21,510	26,510	29,510	32,010	35,215	38,210	40,885
	46-50	23,540	29,320	34,910	39,910	42,910	45,410	49,955	54,205	58,000
	51-55	25,810	32,280	38,750	44,250	47,450	50,150	55,165	59,855	64,045
	56-60	31,070	38,310	45,540	51,040	54,540	57,240	62,965	68,320	73,105
	61-65	49,800	59,235	72,987	81,737	97,237	1,14,737	1,26,215	1,36,945	1,46,535
	66-70	62,250	74,050	91,240	98,090	1,16,690	1,37,690	1,51,460	1,64,335	1,75,840
	71-75	80,930	96,270	1,18,620	1,27,520	1,51,700	1,79,000	1,96,900	2,13,640	2,28,595
	>75	1,05,210	1,25,160	1,54,210	1,65,780	1,97,210	2,32,700	2,55,970	2,77,730	2,97,175



Age band	Buyback Premium Loading grid		
	1-year policies	2-year policies	3-year policies
3m-35	20%	10%	7%
36-45	30%	15%	10%
46-50	35%	17.50%	12%
Above 50	50%	25%	17%

**Buyback premium loading grid is as follows:-**

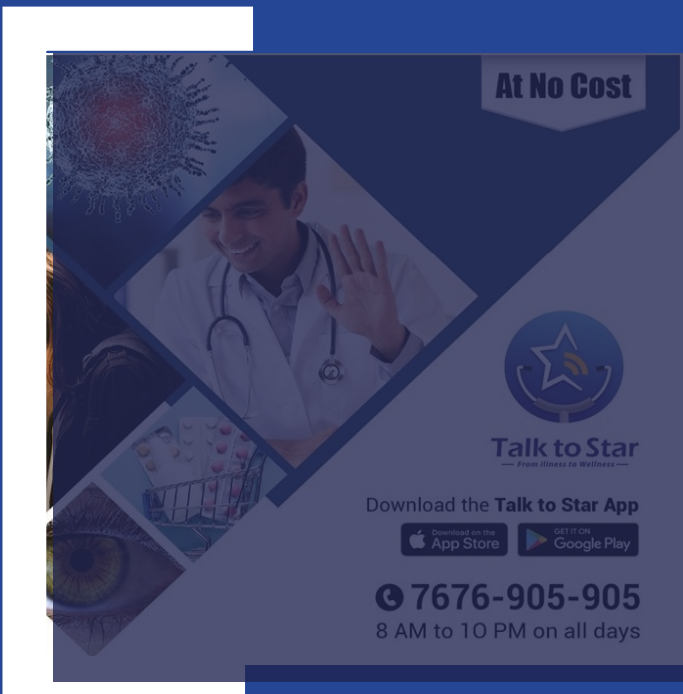
- For above 50 yrs, the premium loading percentage is 50%.
- This loading percentage of 50% is applied on the floater premium of Rs 44,250
- The buyback loading premium will be  $\text{Rs.}44,250 \times 50\% = \text{Rs } 22,125$
- This loading amount of Rs 22,125/- is added to the floater premium of Rs 44,250
- The total premium before tax will be  $\text{Rs } 22,125 + 44,250 = \text{Rs } 66,375$

Note: If one person or all persons have PED, only one loading percentage is applied on the floater premium.

# TELECONSULTATION FACILITY

## TALK TO STAR IS FREE-OF-COST FACILITY! FOR OUR CUSTOMERS, AGENTS, SALES MANAGERS AND EMPLOYEES

- Provided by our company in the time 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](mailto:telemedicine@starhealth.in)



At No Cost

**Talk to Star**  
From illness to Wellness

Download the **Talk to Star App**

Download on the App Store | GET IT ON Google Play

**7676-905-905**  
8 AM to 10 PM on all days





# ACTIVITY FOR WELLNESS PROGRAM



- Manage & Track Health
  - a) Completion for Health Risk Assessment (HRA)
  - b) Preventive Risk Assessment
- Affinity towards wellness
- Stay Active
- Weight Management Program
- Chronic Condition Management Program
- Online Chat with Doctor
- Medical Concierge Services
- Period & Fertility Tracker
- Digital Health Vault
- Wellness Content
- Health Quiz & Gamification
- Post-Operative Care
- Discounts from Network Providers



Star Wellness Program\_version 1.

# STAR WELLNESS PROGRAM



Wellness Points Earned	Discount in Premium
200 to 350	2%
351 to 600	5%
601 to 750	7%
751 to 1000	10%
Floater Policy	
Family Size	Weightage
Self, Spouse	1:1
Self, Spouse and Dependent Children (up to 18 years)	1:1:0:0:0
Self, Spouse and Dependent Children (aged above 18 years)	2:2:1:1:1

- This intends to promote, incentivize and to reward the insured's healthy lifestyle through various wellness activities
- Makes insured earn wellness reward points which will be tracked and monitored by the company
- Can be utilized to get discount in premium
- Applicable for those aged 18 years and above only
- In case of two-year policy, total number of wellness points earned in two-year period will be divided by two
- Each insured will be given an individual login facility, which will be linked to his/her policy



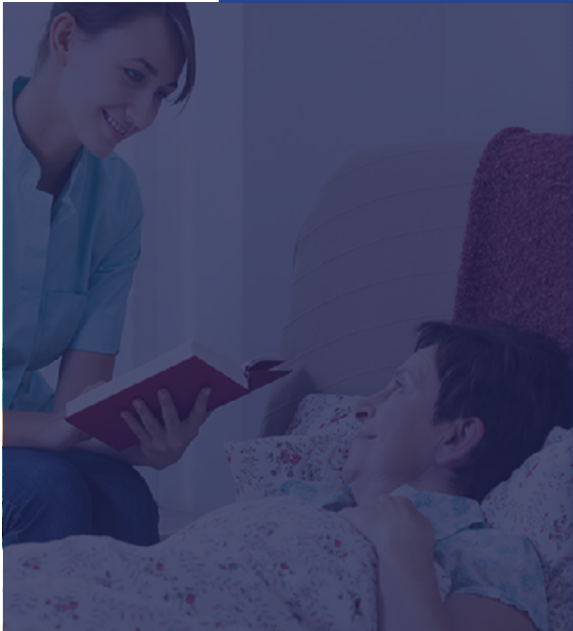
# ILLUSTRATIONS FOR STAR WELLNESS PROGRAM



Sr. No.	Activity	Maximum number of Wellness Points that can be earned under each policy in a policy year
1.	Manage and Track Health	
	Online Health Risk Assessment (HRA)	50
	Preventive Risk Assessment	200
2.	Affinity to Wellness	
	Participating in Walkathon, Marathon, Cyclothon and similar activities	100
	Membership in a health club (for 1 year or more)	100
3.	Stay Active – If the Insured member achieves the step count target on mobile app	200
4.	Weight Management Program (for Overweight/Obese Insured)	100
	Sharing Insured Fitness Success Story through adoption of Star Wellness Program (for Insured who is/are not Overweight/Obese)	50
5.	Chronic Condition Management Program (for Insured suffering from Chronic Condition/s - Diabetes, Hypertension, Cardiovascular Disease or Asthma)	250
	On Completion of De-Stress & Mind Body Healing Program (for Insured not suffering from Chronic Condition/s - Diabetes, Hypertension, Cardiovascular Disease or Asthma)	125
<b>Additional Wellness Services</b>		
6.	Online Chat with Doctor	
7.	Medical Concierge Services	
8.	Period & Fertility Tracker	
9.	Digital Health Vault	
10.	Wellness Content	
11.	Health Quiz & Gamification	
12.	Post-Operative Care	
13.	Discounts from Network Providers	



# DOMICILIARY HOSPITALIZATION



On advice of the attending medical practitioner benefit of hospitalization treatment right in home, if such treatment exceeds 3 days!

Condition of the patient such that she/he cannot be removed to hospital

Patient takes treatment at home because of non-availability of room in hospital

Pre and post-hospitalization expenses are not payable for this cover



## SECOND MEDICAL OPINION



- Second medical opinion is provided on specific request from insured
- Claimant to provide medical records electronically or by post/courier
- Opinion by company's network of doctors
- Doctor sends medical opinion directly to the insured
- Using this facility is not deemed as a claim
- Opinion not on the basis of clinical examination but based on the documents submitted
- Second medical opinion is for medical reasons and not for medico-legal purpose
- Documents can be sent to [e\\_medical.opinion@starhealth.in](mailto:e_medical.opinion@starhealth.in)



# PREMIUM FOR MID-TERM INCLUSION



For 1 year					
Risk period up to (Months)	1	3	6	9	> 9
Refund on existing plan's premium	74%	60%	40%	20%	NA
% to be charged on proposed plan's premium	74%	60%	40%	20%	

For 2 Years									
Risk period up to (Months)	1	3	6	9	12	15	18	21	>21
Retention on existing plan's premium	23%	30%	40%	50%	60%	70%	80%	90%	NA
Refund on existing plan's premium	77%	70%	60%	50%	40%	30%	20%	10%	
% to be charged on proposed plan's premium	77%	70%	60%	50%	40%	30%	20%	10%	

For 3 Years													
Risk period up to (Months)	1	3	6	9	12	15	18	21	24	27	30	33	> 33
Refund on existing plan's premium	82.5%	77.5%	70.0%	62.5%	57.5%	50.0%	42.5%	36%	27.5%	20%	15%	7.5%	NA
% to be charged on proposed plan's premium	82.5%	77.5%	70.0%	62.5%	57.5%	50.0%	42.5%	36%	27.5%	20%	15%	7.5%	



# MID-TERM INCLUSION



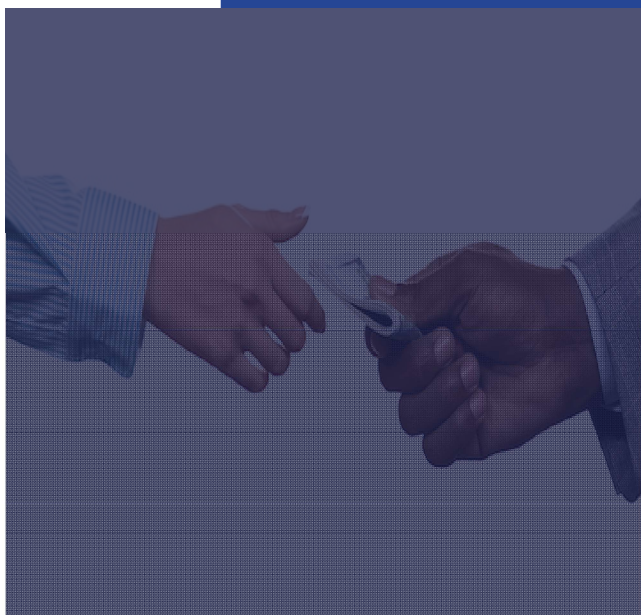
## EXAMPLE-1 IF THE AGE OF SPOUSE IS LESS THAN AGE OF SELF



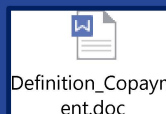
Policy inception date	01-10-2019
Policy end date	30-09-2020
End effective from date	02-11-2019
Period month of Mid-term Inclusion	2 <sup>nd</sup> Month
Premium for 1A for 5 Lakh sum insured, Age of Individual (Self) is 35	Rs 6,515
Premium for 2A (Floater Scheme) for 5 Lakh sum insured, Age of Individual (Spouse) is 32	Rs 10,420
Step 1: 60% Refund at 5 Lakh sum insured is 6,515	Rs 3,909
Step 2: 60% Addition at 5 Lakh sum insured is 10,420	Rs 6,252
<b>Remaining Premium Payable (Result of Step 2 – Step 1) This is excluding tax</b>	<b>Rs 2,343</b>



# CO-PAY



- 10% of each and every claim
- Amount for fresh as well as renewal policies for insured whose age at the time of entry is 61 years and above



Definition\_Copayment.doc





## WAITING PERIOD



For the first 30 days of cover, no treatment benefits for any diseases/surgeries (Other than Accidents) [Code Excl 03]

For the first 24 consecutive months of cover, certain identified surgeries/medical conditions/diseases (Code Excl 02)

For the first 36 consecutive months - Pre-Existing Diseases (PED) – Declared and endorsed in the policy (Code Excl 01)



# SPECIFIED DISEASE/PROCEDURE WAITING PERIOD - CODE EXCL 02



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



Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip/cheek



Carpal Tunnel Syndrome, Trigger Finger



All treatments (Conservative, Operative treatment) and all types of intervention for diseases related to Tendon, Ligament, Fascia, Bones and Joint



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



All treatments (conservative, interventional, laparoscopic and open) related to hepato-pancreatobiliary diseases, including gall bladder



All types of Hernia

\*For full list, please refer to the policy.



## PERMANENT EXCLUSIONS\*



- Investigation & Evaluation – (Code- Excl 04)
- 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 or any addictive condition - (Code Excl 12)
- Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home - (Code Excl. 13)

\*For complete list, please refer to the policy.



# 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



# CLAIM PROCEDURE

## CASHLESS

1

Call the 24-hour helpline for assistance - 1800 425 2255/  
1800 104 2277

2

Inform the ID number for  
easy reference

3

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

4

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

5

The treating doctor will complete  
the hospitalization/treatment  
information and the hospital will  
fill up expected cost of treatment

6

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

# CLAIM PROCEDURE

## REIMBURSEMENT

1 Duly completed claim form, and pre-admission investigations and treatment papers

2 Discharge summary from the hospital

3 Cash receipts from hospital, chemists

4 Cash receipts and reports for tests done

5 Receipts from doctors, surgeons, anaesthetist


6 Certificate from the attending doctor regarding the diagnosis

7 Copy of PAN card




# BRIEF NOTE, PREMIUM CHART INCLUDING TAX, ONE PAGER, AML (ANTI-MONEY LAUNDERING)



  
Part of the SI,  
Bonus Impact and

  
CHI\_Premium  
Chart\_Version 1.0

  
CHI\_3 years  
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pager\_Version 1.0

  
AML\_One  
pager-Version 1

  
FAQ CHI.pdf