

Single protection,
wider coverage
for entire family



FAMILY HEALTH OPTIMA INSURANCE PLAN



Personal & Caring

Health
Insurance

The Health Insurance Specialist

FAMILY HEALTH OPTIMA Insurance plan

UIN No.: SHAHLIP21211V042021

A Super saver Plan covering the entire family under single sum insured. Loaded with extra benefits.

► A Super Saver Policy

- ★ Single Sum Insured
- ★ Extra Benefits
- ★ Coverage for entire family
- ★ Considerable saving in premium as the family is covered under one policy

► 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 as defined in the policy clause 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:** Proposer, spouse, dependent children from 16 days up to 25 years (Dependent children means children who are economically dependent on their parents)

► Policy Benefits

★ In-Patient Hospitalisation Benefits

- A) Room, Boarding, Nursing Expenses as given below;

Sum Insured Rs.	Limit Rs.
1,00,000/-	Upto 2,000/- per day
2,00,000/-	
3,00,000/-	Upto 5,000/- per day
4,00,000/-	
5,00,000/-	
10,00,000/-	Single Standard A/C Room
15,00,000/-	
20,00,000/-	
25,00,000/-	
25,00,000/-	

Important Note: Expenses relating to the hospitalization will be considered in proportion to the eligible room rent as stated above or actual whichever is less.

- B) Surgeon, Anesthetist, Medical Practitioner, Consultants & Specialist Fees
 C) Anesthesia, Blood, Oxygen, Operation Theatre charges, ICU charges, cost of Pacemaker etc
 E) Cost of Medicine and drugs
 F) **Ambulance Charges:** Emergency ambulance charges up to a sum of Rs.750/- per hospitalisation and overall limit of Rs.1500/- per policy period
 G) **Air Ambulance Cover:** Up to 10% of the Basic 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 are payable
- Post-hospitalization medical expenses incurred up to 90 days 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.

★ Instalment Facility available:

Premium can be paid Monthly, Quarterly, Half-yearly.

Premium can also be paid Annually

★ 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. The age for screening and the cost sharing are subject to change.

► 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 Pharyngitis, Arthritis, Gout and Rheumatism.
- ★ **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. Payment under this benefit does not form part of the sum insured and will not impact the Bonus. If a claim is made by any of the insured persons, the health check up benefits will not be available under the policy.
Note: Payment of expenses towards cost of health check up will not prejudice the company's right to deal with a claim in case of non disclosure of material fact and / or Pre-Existing Diseases in terms of the policy.

Sum Insured Rs.	Limit Per Policy Period (Rs.)
1,00,000/-	Not Available
2,00,000/-	
3,00,000/-	Up to 750/-
4,00,000/-	Up to 1,000/-
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/-

- ★ **Coverage for Newborn 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:

1. 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
2. **Exclusion No.3 (Code Excl 03)** shall not apply for the New Born Baby
3. All other terms, conditions and exclusions shall apply for the New Born Baby

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

Sum Insured Rs.	Limit per hospitalization
Up to 4,00,000/-	Up to Rs.5,000/-
5,00,000/- to 15,00,000/-	Up to Rs.7,500/-
20,00,000/- and 25,00,000/-	Up to Rs.10,000/-

Note: Payment under this benefit does not form part of the sum insured but will impact the Bonus.

- ★ **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 but will impact the Bonus.

- ★ **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 but will impact the Bonus.

- ★ **Treatment in Preferred Network Hospitals:** 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 Basic Sum Insured subject to a maximum of Rs. 5,000/- per policy period is payable as lump sum.

Note: This benefit is available for Basic Sum Insured of Rs. 3,00,000/- and above only. Payment under this benefit does not form part of the sum insured but will impact Bonus.

- ★ **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.

Payment under this benefit does not form part of the sum insured but will impact Bonus;

Sum Insured Rs.	Limit per day Rs.
1,00,000/-	Not Available
2,00,000/-	
3,00,000/-	
4,00,000/-	
5,00,000/-	800/- per day
10,00,000/-	
15,00,000/-	
20,00,000/-	1000/- per day
25,00,000/-	

Note: This benefit is available for Basic Sum Insured of Rs.3,00,000/- and above only.

- ★ **AYUSH Treatment:** Expenses incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines in a Government Hospital or in any institute recognized by the government and/or accredited by the Quality Council of India/National Accreditation Board on Health is payable up to the limits given below;

Sum Insured Rs.	Limit per policy period Rs.
1,00,000/-	Up to 10,000/-
2,00,000/-	
3,00,000/-	
4,00,000/-	
5,00,000/- to 15,00,000/-	Up to 15,000/-
20,00,000/- and 25,00,000/-	Up to 20,000/-

Note: Payment under this benefit forms part of the sum insured and will impact the Bonus.

- ★ **Second Medical Opinion:** The Insured Person is given the facility of obtaining a Medical Second 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.

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

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

- ★ **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 Basic 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 & cannot be carried forward.

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

- ★ **Automatic Restoration of Sum Insured:** There shall be automatic restoration of the Basic 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.

Note: Automatic Restoration of Basic Sum Insured is available only for sum insured options of Rs.3,00,000/- and above.

- ★ **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.)
1,00,000/-	Up to 12,000/- per eye, per policy period	
2,00,000/-		
3,00,000/-	Up to 25,000/-	Up to 35,000/-
4,00,000/-	Up to 30,000/-	Up to 45,000/-
5,00,000/-	Up to 40,000/-	Up to 60,000/-
10,00,000/-	Up to 50,000/-	Up to 75,000/-
15,00,000/-		
20,00,000/-		
25,00,000/-		
25,00,000/-		

- ★ **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.
1,00,000/-	Not Available
2,00,000/-	
3,00,000/-	75,000/-
4,00,000/-	1,00,000/-
5,00,000/-	1,50,000/-
10,00,000/-	
15,00,000/-	
20,00,000/-	
25,00,000/-	

★ **Bonus:** In respect of a claim free year of Insurance, for the Basic Sum Insured options Rs.3,00,000/- and above, the insured would be entitled to benefit of bonus of 25% of the expiring Basic Sum Insured in the second year and additional 10% of the expiring Basic sum Insured for the subsequent years. The maximum allowable bonus shall not exceed 100%.

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

Bonus shall be available only upon timely renewal without break or upon renewal within the grace period allowed. In the event of a claim, such bonus so granted will be reduced at the same rate at which it has accrued. However the Basic sum insured, will not be reduced.

★ **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.

▶ **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;

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 48 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 portability norms of the extant IRDAI (Health Insurance) Regulations, then for the same would be reduced to the extent of prior coverage
- D. Coverage under the policy after the expiry of 48 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;
 - a. Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Prolapse of Intervertebral Disc (other than caused by accident), Varicose veins and Varicose ulcers, Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula, all Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies, all types of Hernia, Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele, Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence and Congenital Internal disease / defect
 - b) All treatments (conservative, interventional, laparoscopic and open) related to Hepatopancreato-biliary diseases including Gall bladder and Pancreatic calculi. All types of management for Kidney and Genitourinary tract calculi
 - c) 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 and Benign diseases of the breast

- d) 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]
- e) All types of treatment for Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system
- f) Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology
- g) All types of transplant and related surgeries

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;

1. 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
2. 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;

- A. Surgery to be conducted is upon the advice of the Doctor
- B. The surgery/Procedure conducted should be supported by clinical protocols
- C. The member has to be 18 years of age or older and
- D. Body Mass Index (BMI);
 1. greater than or equal to 40 or
 2. 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;
 - a. Obesity-related cardiomyopathy
 - b. Coronary heart disease
 - c. Severe Sleep Apnea
 - d. 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, para-jumping, 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;
 - a. Any type of contraception, sterilization
 - b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization

Note: Except to the extent covered under coverage Assisted Reproduction Treatment.
 18. **Maternity - Code Excl 18**
 - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period
 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 SMEGMA - **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. Venereal Disease and Sexually Transmitted Diseases (Other than HIV) - **Code Excl 23**
 24. Injury/disease directly or indirectly 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**
 25. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/ materials - **Code Excl 25**
 26. 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**
 27. Unconventional, Untested, Experimental therapies - **Code Excl 27**
 28. Autologous derived Stromal vascular fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy - **Code Excl 28**
 29. Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted - **Code Excl 29**
 30. All treatment for Priapism and erectile dysfunctions - **Code Excl 30**
 31. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons) - **Code Excl 31**
 32. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable) - **Code Excl 32**
 33. Medical and / or surgical treatment of Sleep apnea, treatment for endocrine disorders - **Code Excl 33**
 34. Hospital registration charges, admission charges, record charges, telephone charges and such other charges - **Code Excl 34**
 35. 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**
 36. Any hospitalization which are not medically necessary / does not warrant hospitalization - **Code Excl 36**
 37. Other Excluded Expenses as detailed in the website www.starhealth.in - **Code Excl 37**
 38. Existing disease/s, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), for specified ICD codes - **Code Excl 38**
- ▶ **Moratorium Period:** After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years 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 and permanent 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 and Grace Period:** The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person;
 1. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal
 2. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years
 3. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period
 4. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 120 days to maintain continuity of benefits without break in policy
 5. Coverage is not available during the grace period
 6. No loading shall apply on renewals based on individual claims experience
 - ▶ **Possibility of Revision of Terms of the Policy Including the Premium Rates:** The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.
 - ▶ **Revision in Sum Insured:** Any revision in sum insured is permissible only at the time of renewal. The Insured Person can propose such revision and may be allowed subject to Company's approval and payment of appropriate premium.
 - ▶ **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.
For Detailed Guidelines on migration, kindly refer the link
https://www.irdai.gov.in/ADMINCMS/cms/fmGuidelines_Layout.aspx?page=PageNo3987
 - ▶ **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 45 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. For details contact "portability@starhealth.in" or call Telephone No +91-044-28288869.
For Detailed Guidelines on portability, kindly refer the link
https://www.irdai.gov.in/ADMINCMS/cms/fmGuidelines_Layout.aspx?page=PageNo3987

► **Withdrawal of the 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 cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break

► **Instalment Premium Options:** If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, 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. Grace Period of 7 days would be given to pay the instalment premium due for the policy
- ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company
- 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 instalments from the claim amount due under the policy

► **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 fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made 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

► **Cancellation:** The policyholder may cancel this policy by giving 15 days written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below;

Cancellation table applicable without instalment option	
Period on risk	Rate of premium to be retained
Up to one month	22.5% of the policy premium
Exceeding one month up to 3 months	37.5% of the policy premium
Exceeding 3 months up to 6 months	57.5% of the policy premium
Exceeding 6 months up to 9 months	80% of the policy premium
Exceeding 9 months	Full of the policy premium
Cancellation table applicable with instalment option of Half-yearly premium payment frequency	
Period on risk	Rate of premium to be retained
Up to one month	45% of the total premium received
Exceeding one month up to 4 months	87.5% of the total premium received
Exceeding 4 months up to 6 months	100% of the total premium received
Exceeding 6 months up to 7 months	65% of the total premium received
Exceeding 7 months up to 10 months	85% of the total premium received
Exceeding 10 months	100% of the total premium received

Cancellation table applicable with instalment option of Quarterly premium payment frequency	
Period on risk	Rate of premium to be retained
Up to one month	87.5% of the total premium received
Exceeding one month up to 3 months	100% of the total premium received
Exceeding 3 months up to 4 months	87.5% of the total premium received
Exceeding 4 months up to 6 months	100% of the total premium received
Exceeding 6 months up to 7 months	85% of the total premium received
Exceeding 7 months up to 9 months	100% of the total premium received
Exceeding 9 months up to 10 months	85% of the total premium received
Exceeding 10 months	100% of the total premium received

Note: If the premium is paid Monthly, cancellation of policy will be on "No Refund Basis". Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

- 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

► **Automatic Termination:** The insurance under this policy shall terminate 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 Basic Sum Insured, Basic Sum Insured Plus Bonus, Basic Sum Insured Plus Bonus Plus Restore and / or Recharge Sum Insured

► **Disclosure to information norms:** The policy shall become 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.

► **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**

- ⌘ Call the 24 hour help-line for assistance - 1800 425 2255 / 1800 102 4477
- ⌘ 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

► **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.

► **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*

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FAMILY HEALTH OPTIMA INSURANCE PLAN

UIN No.: SHAHLIP21211V042021

Premium Chart (Excluding Tax) - Zone 1

Zone 1 means Mumbai, Thane, Delhi including Faridabad, Gurgaon, Ghaziabad and Noida, Ahmedabad, Baroda Surat								
Family Size	Age-band in years	Sum Insured in Rs.						
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
1A+1C	16days-35years	7,210	8,175	8,985	11,475	13,540	15,260	16,875
	36-45	7,925	8,975	9,795	12,495	14,750	16,610	18,360
	46-50	11,315	12,770	13,640	17,330	20,450	22,995	25,390
	51-55	13,630	15,455	16,855	20,690	24,640	27,610	30,395
	56-60	17,545	19,840	21,470	26,280	31,235	34,995	38,520
	61-65	22,280	25,145	27,050	33,040	39,210	43,930	48,350
	66-70	27,895	31,435	33,665	41,055	48,670	54,520	60,000
	71-75	31,150	35,080	37,495	45,695	54,145	60,660	66,750
	76-80	34,185	38,480	41,070	50,030	59,260	66,385	73,050
	Above 80	36,860	41,470	44,220	53,845	63,760	71,425	78,595
1A+2C	16days-35years	9,400	10,625	11,465	14,595	17,225	19,385	21,415
	36-45	10,125	11,435	12,290	15,630	18,445	20,750	22,920
	46-50	13,465	15,180	16,085	20,400	24,075	27,055	29,850
	51-55	16,240	18,375	19,930	24,415	29,035	32,530	35,810
	56-60	19,870	22,445	24,205	29,595	35,145	39,380	43,345
	61-65	25,540	28,795	30,890	37,690	44,700	50,075	55,115
	66-70	31,030	34,945	37,355	45,530	53,950	60,435	66,505
	71-75	34,660	39,010	41,630	50,710	60,060	67,280	74,035
	76-80	38,050	42,805	45,620	55,540	65,765	73,670	81,065
	Above 80	41,030	46,145	49,135	59,795	70,785	79,290	87,250
1A+3C	16days-35years	12,830	14,465	15,360	19,490	23,000	25,855	28,530
	36-45	14,190	15,990	16,905	21,435	25,295	28,420	31,355
	46-50	18,955	21,330	22,315	28,235	33,320	37,405	41,240
	51-55	23,115	26,080	28,030	34,230	40,615	45,505	50,085
	56-60	28,365	31,960	34,215	41,720	49,455	55,400	60,970
	61-65	35,945	40,450	43,145	52,540	62,225	69,705	76,700
	66-70	41,220	46,355	49,355	60,065	71,105	79,650	87,645
	71-75	46,070	51,790	55,070	66,990	79,275	88,800	97,710
	76-80	50,600	56,865	60,405	73,455	86,900	97,340	107,105
	Above 80	54,585	61,325	65,100	79,140	93,610	104,860	115,370
2A	16days-35years	8,015	9,075	9,895	12,620	14,895	16,770	18,540
	36-45	9,500	10,740	11,585	14,740	17,400	19,575	21,625
	46-50	13,695	15,435	16,345	20,730	24,460	27,485	30,330
	51-55	17,055	19,290	20,890	25,580	30,405	34,070	37,505
	56-60	21,445	24,210	26,065	31,845	37,805	42,355	46,615

Zone 1 means Mumbai, Thane, Delhi including Faridabad, Gurgaon, Ghaziabad and Noida, Ahmedabad, Baroda Surat								
Family Size	Age-band in years	Sum Insured in Rs.						
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
2A	61-65	26,610	29,995	32,145	39,215	46,500	52,095	57,330
	66-70	31,255	35,200	37,620	45,850	54,325	60,860	66,975
	71-75	34,915	39,295	41,930	51,065	60,485	67,755	74,560
	76-80	37,645	42,350	45,145	54,965	65,080	72,905	80,220
	Above 80	40,590	45,655	48,615	59,170	70,045	78,465	86,340
2A+1C	16days-35years	9,790	11,065	11,915	15,155	17,885	20,125	22,230
	36-45	11,230	12,675	13,545	17,210	20,310	22,835	25,215
	46-50	15,490	17,445	18,380	23,290	27,485	30,870	34,050
	51-55	19,130	21,615	23,335	28,540	33,905	37,985	41,815
	56-60	23,900	26,960	28,955	35,350	41,935	46,980	51,705
	61-65	28,520	32,135	34,400	41,945	49,720	55,700	61,295
	66-70	32,680	36,795	39,300	47,880	56,725	63,545	69,930
	71-75	36,510	41,080	43,805	53,345	63,170	70,765	77,870
	76-80	40,080	45,080	48,015	58,440	69,185	77,500	85,280
	Above 80	43,225	48,600	51,715	62,925	74,480	83,430	91,800
2A+2C	16days-35years	12,030	13,575	14,460	18,355	21,660	24,355	26,880
	36-45	13,305	15,000	15,905	20,175	23,805	26,755	29,520
	46-50	17,760	19,990	20,960	26,530	31,305	35,155	38,765
	51-55	21,665	24,455	26,325	32,160	38,175	42,770	47,075
	56-60	26,570	29,950	32,105	39,160	46,435	52,025	57,255
	61-65	31,730	35,725	38,175	46,520	55,120	61,750	67,950
	66-70	36,370	40,925	43,645	53,145	62,935	70,500	77,580
	71-75	40,640	45,705	48,675	59,240	70,125	78,555	86,440
	76-80	44,625	50,170	53,365	64,925	76,835	86,070	94,705
	Above 80	48,130	54,100	57,500	69,930	82,745	92,685	101,985
2A+3C	16days-35years	15,890	17,895	18,840	23,865	28,160	31,630	34,885
	36-45	17,595	19,805	20,770	26,290	31,025	34,840	38,415
	46-50	23,550	26,475	27,530	34,790	41,055	46,070	50,770
	51-55	28,700	32,335	34,605	42,195	50,015	56,035	61,665
	56-60	35,255	39,680	42,335	51,555	61,060	68,405	75,270
	61-65	42,150	47,400	50,455	61,395	72,670	81,405	89,575
	66-70	48,355	54,350	57,760	70,250	83,120	93,110	102,445
	71-75	54,065	60,740	64,485	78,395	92,730	103,875	114,290
	76-80	59,390	66,710	70,760	86,000	101,705	113,920	125,340
	Above 80	64,080	71,960	76,280	92,690	109,600	122,765	135,070

A = Adult, C = Child

FAMILY HEALTH OPTIMA INSURANCE PLAN

UIN No.: SHAHLIP21211V042021

Premium Chart (Excluding Tax) - Zone1a

Zone 1a means Chennai, Bangalore, Pune, Nasik, Ernakulam, Trivandrum and Rest of Gujarat.								
Family Size	Age-band in years	Sum Insured in Rs.						
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
1A+1C	16days-35years	6,295	7,150	8,180	10,615	12,525	14,120	15,625
	36-45	6,915	7,840	8,905	11,545	13,620	15,350	16,975
	46-50	9,835	11,110	12,335	15,940	18,810	21,155	23,365
	51-55	11,855	13,470	15,115	19,025	22,670	25,405	27,975
	56-60	15,230	17,250	19,200	24,105	28,665	32,120	35,360
	61-65	19,315	21,825	24,135	30,250	35,920	40,245	44,295
	66-70	24,160	27,250	29,990	37,535	44,520	49,875	54,890
	71-75	26,960	30,390	33,380	41,755	49,500	55,450	61,025
	76-80	29,580	33,320	36,545	45,695	54,145	60,660	66,750
	Above 80	31,885	35,900	39,330	49,165	58,235	65,240	71,790
1A+2C	16days-35years	8,180	9,260	10,395	13,450	15,875	17,870	19,750
	36-45	8,805	9,965	11,130	14,395	16,985	19,115	21,120
	46-50	11,685	13,190	14,515	18,730	22,100	24,845	27,420
	51-55	14,105	15,990	17,835	22,410	26,670	29,880	32,900
	56-60	17,235	19,495	21,620	27,120	32,225	36,105	39,745
	61-65	22,125	24,975	27,535	34,480	40,910	45,835	50,445
	66-70	26,860	30,275	33,260	41,605	49,320	55,250	60,805
	71-75	29,990	33,780	37,040	46,315	54,875	61,475	67,650
	76-80	32,910	37,050	40,575	50,710	60,060	67,280	74,035
	Above 80	35,480	39,930	43,680	54,575	64,625	72,390	79,660
1A+3C	16days-35years	11,140	12,575	13,870	17,905	21,125	23,755	26,220
	36-45	12,310	13,890	15,250	19,670	23,210	26,085	28,790
	46-50	16,420	18,490	20,080	25,850	30,505	34,255	37,775
	51-55	20,035	22,630	25,005	31,335	37,200	41,675	45,870
	56-60	24,560	27,700	30,475	38,140	45,230	50,675	55,770
	61-65	31,095	35,020	38,380	47,980	56,840	63,675	70,070
	66-70	35,645	40,110	43,880	54,820	64,915	72,720	80,015
	71-75	39,825	44,795	48,935	61,115	72,340	81,035	89,170
	76-80	43,730	49,170	53,655	66,990	79,275	88,800	97,710
	Above 80	47,165	53,015	57,810	72,160	85,375	95,635	105,225
2A	16days-35years	6,985	7,925	8,990	11,655	13,755	15,495	17,140
	36-45	8,270	9,360	10,500	13,585	16,030	18,045	19,945
	46-50	11,885	13,410	14,750	19,025	22,450	25,240	27,855
	51-55	14,810	16,780	18,685	23,470	27,915	31,280	34,435
	56-60	18,595	21,020	23,265	29,165	34,640	38,810	42,720

Zone 1a means Chennai, Bangalore, Pune, Nasik, Ernakulam, Trivandrum and Rest of Gujarat.								
Family Size	Age-band in years	Sum Insured in Rs.						
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
2A	61-65	23,050	26,005	28,650	35,865	42,545	47,665	52,460
	66-70	27,055	30,490	33,495	41,895	49,660	55,635	61,225
	71-75	30,205	34,020	37,305	46,640	55,260	61,905	68,120
	76-80	32,560	36,660	40,150	50,180	59,440	66,585	73,270
	Above 80	35,100	39,505	43,225	54,005	63,950	71,640	78,830
2A+1C	16days-35years	8,520	9,640	10,795	13,960	16,475	18,545	20,490
	36-45	9,760	11,030	12,250	15,825	18,680	21,010	23,205
	46-50	13,430	15,145	16,570	21,355	25,200	28,315	31,240
	51-55	16,600	18,785	20,850	26,160	31,095	34,840	38,355
	56-60	20,710	23,390	25,825	32,350	38,395	43,020	47,350
	61-65	24,695	27,850	30,640	38,345	45,475	50,945	56,065
	66-70	28,280	31,865	34,975	43,745	51,840	58,075	63,910
	71-75	31,580	35,560	38,965	48,710	57,700	64,640	71,130
	76-80	34,660	39,010	42,690	53,345	63,170	70,765	77,870
	Above 80	37,370	42,045	45,965	57,420	67,980	76,155	83,795
2A+2C	16days-35years	10,450	11,805	13,065	16,870	19,910	22,390	24,720
	36-45	11,550	13,035	14,355	18,520	21,855	24,570	27,120
	46-50	15,390	17,335	18,870	24,300	28,675	32,210	35,525
	51-55	18,785	21,230	23,495	29,450	34,980	39,190	43,135
	56-60	23,015	25,970	28,610	35,815	42,490	47,600	52,390
	61-65	27,460	30,945	33,985	42,510	50,385	56,445	62,115
	66-70	31,460	35,430	38,820	48,530	57,490	64,400	70,870
	71-75	35,145	39,550	43,275	54,070	64,025	71,720	78,925
	76-80	38,580	43,400	47,425	59,240	70,125	78,555	86,440
	Above 80	41,600	46,785	51,080	63,790	75,495	84,570	93,055
2A+3C	16days-35years	13,780	15,530	16,975	21,875	25,815	29,005	32,000
	36-45	15,245	17,175	18,700	24,085	28,420	31,920	35,205
	46-50	20,380	22,925	24,735	31,810	37,540	42,135	46,440
	51-55	24,850	28,020	30,825	38,575	45,745	51,245	56,400
	56-60	30,500	34,355	37,660	47,085	55,785	62,495	68,770
	61-65	36,445	41,010	44,850	56,030	66,340	74,315	81,775
	66-70	41,795	47,000	51,315	64,080	75,835	84,950	93,475
	71-75	46,715	52,510	57,265	71,485	84,575	94,740	104,240
	76-80	51,305	57,655	62,820	78,395	92,730	103,875	114,290
	Above 80	55,350	62,180	67,705	84,480	99,910	111,910	123,130

A = Adult, C = Child

FAMILY HEALTH OPTIMA INSURANCE PLAN

UIN No.: SHAHLIP21211V042021

Premium Chart (Excluding Tax) - Zone2

Zone 2 means Coimbatore, Indore City, and Rest of Kerala.								
Family Size	Age-band in years	Sum Insured in Rs.						
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
1A+1C	16days-35years	6,025	6,845	7,885	10,350	12,210	13,765	15,240
	36-45	6,610	7,505	8,590	11,250	13,270	14,960	16,550
	46-50	9,390	10,620	11,925	15,515	18,305	20,595	22,750
	51-55	11,330	12,880	14,505	18,525	22,075	24,745	27,245
	56-60	14,545	16,480	18,430	23,455	27,895	31,260	34,420
	61-65	18,435	20,840	23,180	29,425	34,940	39,150	43,095
	66-70	23,045	26,000	28,805	36,500	43,285	48,495	53,375
	71-75	25,715	28,995	32,070	40,595	48,120	53,910	59,335
	76-80	28,210	31,785	35,110	44,420	52,635	58,965	64,895
	Above 80	30,400	34,240	37,790	47,785	56,605	63,415	69,785
1A+2C	16days-35years	7,820	8,855	10,035	13,105	15,460	17,405	19,245
	36-45	8,415	9,525	10,750	14,020	16,535	18,615	20,570
	46-50	11,160	12,595	14,040	18,225	21,505	24,175	26,690
	51-55	13,470	15,280	17,120	21,810	25,955	29,085	32,025
	56-60	16,455	18,620	20,760	26,385	31,350	35,130	38,675
	61-65	21,110	23,835	26,445	33,530	39,785	44,575	49,060
	66-70	25,620	28,885	31,950	40,445	47,945	53,715	59,120
	71-75	28,600	32,220	35,585	45,020	53,340	59,760	65,765
	76-80	31,380	35,335	38,980	49,285	58,375	65,395	71,965
	Above 80	33,825	38,080	41,970	53,040	62,805	70,360	77,425
1A+3C	16days-35years	10,635	12,010	13,415	17,425	20,555	23,120	25,525
	36-45	11,755	13,265	14,755	19,140	22,580	25,385	28,015
	46-50	15,665	17,645	19,440	25,140	29,660	33,315	36,740
	51-55	19,120	21,605	24,015	30,475	36,180	40,540	44,620
	56-60	23,430	26,430	29,275	37,085	43,980	49,275	54,230
	61-65	29,655	33,405	36,875	46,635	55,250	61,895	68,115
	66-70	33,985	38,250	42,160	53,280	63,090	70,675	77,775
	71-75	37,965	42,715	47,025	59,390	70,300	78,750	86,660
	76-80	41,685	46,880	51,560	65,095	77,030	86,290	94,950
	Above 80	44,955	50,540	55,555	70,115	82,955	92,925	1,02,245
2A	16days-35years	6,680	7,585	8,675	11,360	13,400	15,100	16,705
	36-45	7,905	8,950	10,140	13,235	15,610	17,580	19,430
	46-50	11,345	12,805	14,265	18,515	21,845	24,560	27,110
	51-55	14,140	16,030	17,940	22,840	27,170	30,445	33,520
	56-60	17,750	20,070	22,340	28,370	33,695	37,755	41,560

Zone 2 means Coimbatore, Indore City, and Rest of Kerala.								
Family Size	Age-band in years	Sum Insured in Rs.						
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
2A	61-65	21,990	24,815	27,515	34,875	41,370	46,355	51,020
	66-70	25,805	29,090	32,175	40,730	48,280	54,090	59,530
	71-75	28,805	32,455	35,840	45,335	53,715	60,175	66,225
	76-80	31,045	34,965	38,575	48,775	57,770	64,720	71,225
	Above 80	33,465	37,675	41,530	52,490	62,155	69,630	76,620
2A+1C	16days-35years	8,140	9,220	10,425	13,600	16,040	18,060	19,960
	36-45	9,320	10,540	11,840	15,410	18,180	20,455	22,595
	46-50	12,820	14,460	16,030	20,775	24,510	27,550	30,395
	51-55	15,845	17,940	20,020	25,455	30,255	33,905	37,325
	56-60	19,765	22,325	24,800	31,460	37,345	41,840	46,055
	61-65	23,555	26,575	29,435	37,285	44,215	49,535	54,520
	66-70	26,975	30,400	33,600	42,525	50,395	56,460	62,135
	71-75	30,115	33,920	37,440	47,345	56,085	62,830	69,145
	76-80	33,050	37,205	41,020	51,845	61,395	68,780	75,685
	Above 80	35,630	40,095	44,170	55,805	66,065	74,010	81,440
2A+2C	16days-35years	9,980	11,280	12,630	16,425	19,375	21,795	24,065
	36-45	11,025	12,450	13,885	18,025	21,265	23,910	26,400
	46-50	14,685	16,545	18,265	23,635	27,890	31,330	34,555
	51-55	17,930	20,270	22,560	28,650	34,025	38,125	41,965
	56-60	21,955	24,785	27,480	34,830	41,315	46,290	50,950
	61-65	26,190	29,525	32,645	41,325	48,980	54,875	60,395
	66-70	30,000	33,790	37,300	47,170	55,880	62,600	68,890
	71-75	33,505	37,720	41,580	52,550	62,225	69,710	76,710
	76-80	36,780	41,385	45,575	57,570	68,150	76,345	84,010
	Above 80	39,660	44,610	49,090	61,985	73,360	82,180	90,430
2A+3C	16days-35years	13,150	14,830	16,425	21,285	25,110	28,215	31,135
	36-45	14,545	16,390	18,100	23,425	27,640	31,050	34,250
	46-50	19,435	21,870	23,960	30,930	36,490	40,965	45,155
	51-55	23,705	26,740	29,610	37,505	44,475	49,830	54,845
	56-60	29,085	32,770	36,185	45,770	54,225	60,750	66,855
	61-65	34,745	39,110	43,095	54,450	64,470	72,225	79,475
	66-70	39,840	44,815	49,310	62,265	73,695	82,555	90,840
	71-75	44,530	50,060	55,035	69,455	82,175	92,055	101,290
	76-80	48,900	54,960	60,375	76,165	90,095	100,925	111,045
	Above 80	52,750	59,270	65,070	82,070	97,065	108,730	119,630

A = Adult, C = Child

FAMILY HEALTH OPTIMA INSURANCE PLAN

UIN No.: SHAHLIP21211V042021

Premium Chart (Excluding Tax) - Zone3

Zone 3 means Rest of India								
Family Size	Age-band in years	Sum Insured in Rs.						
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
1A+1C	16days-35years	5,530	6,290	7,400	9,730	11,475	12,950	14,340
	36-45	6,065	6,890	8,055	10,565	12,460	14,050	15,550
	46-50	8,590	9,720	11,140	14,515	17,125	19,275	21,295
	51-55	10,370	11,805	13,335	17,325	20,665	23,160	25,505
	56-60	13,295	15,080	16,905	21,895	26,050	29,195	32,145
	61-65	16,830	19,040	21,220	27,420	32,575	36,500	40,180
	66-70	21,020	23,735	26,335	33,970	40,300	45,155	49,700
	71-75	23,450	26,455	29,300	37,760	44,780	50,170	55,215
	76-80	25,715	28,995	32,070	41,305	48,955	54,850	60,365
	Above 80	27,710	31,225	34,500	44,420	52,635	58,965	64,895
1A+2C	16days-35years	7,160	8,120	9,395	12,280	14,485	16,320	18,045
	36-45	7,700	8,725	10,055	13,125	15,485	17,440	19,275
	46-50	10,195	11,520	13,100	17,025	20,085	22,590	24,940
	51-55	12,320	13,990	15,715	20,370	24,255	27,180	29,930
	56-60	15,030	17,025	19,020	24,605	29,250	32,780	36,085
	61-65	19,265	21,765	24,190	31,220	37,060	41,520	45,705
	66-70	23,360	26,355	29,195	37,625	44,615	49,985	55,015
	71-75	26,070	29,390	32,500	41,860	49,610	55,580	61,170
	76-80	28,600	32,220	35,585	45,810	54,275	60,800	66,915
	Above 80	30,825	34,715	38,305	49,285	58,375	65,395	71,965
1A+3C	16days-35years	9,720	10,985	12,520	16,280	19,210	21,605	23,865
	36-45	10,735	12,125	13,760	17,870	21,080	23,705	26,170
	46-50	14,295	16,110	18,100	23,425	27,640	31,050	34,250
	51-55	17,455	19,740	21,980	28,390	33,720	37,785	41,595
	56-60	21,370	24,125	26,760	34,510	40,945	45,875	50,490
	61-65	27,030	30,465	33,670	43,355	51,380	57,560	63,345
	66-70	30,965	34,870	38,475	49,505	58,635	65,690	72,290
	71-75	34,585	38,930	42,895	55,165	65,315	73,170	80,515
	76-80	37,965	42,715	47,025	60,445	71,545	80,150	88,195
	Above 80	40,940	46,045	50,655	65,095	77,030	86,290	94,950
2A	16days-35years	6,125	6,960	8,135	10,665	12,580	14,185	15,700
	36-45	7,235	8,205	9,490	12,400	14,630	16,475	18,220
	46-50	10,365	11,710	13,310	17,290	20,400	22,940	25,330
	51-55	12,930	14,670	16,455	21,320	25,380	28,440	31,315
	56-60	16,205	18,340	20,460	26,445	31,420	35,210	38,760

Zone 3 means Rest of India								
Family Size	Age-band in years	Sum Insured in Rs.						
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
2A	61-65	20,060	22,660	25,165	32,465	38,530	43,170	47,515
	66-70	23,530	26,545	29,400	37,885	44,925	50,335	55,395
	71-75	26,260	29,600	32,730	42,150	49,955	55,970	61,595
	76-80	28,295	31,880	35,215	45,335	53,715	60,175	66,225
	Above 80	30,495	34,345	37,905	48,775	57,770	64,720	71,225
2A+1C	16days-35years	7,455	8,450	9,750	12,740	15,030	16,925	18,710
	36-45	8,525	9,650	11,065	14,415	17,005	19,140	21,150
	46-50	11,705	13,210	14,945	19,385	22,870	25,710	28,375
	51-55	14,480	16,405	18,350	23,745	28,235	31,640	34,835
	56-60	18,040	20,395	22,695	29,305	34,800	38,990	42,920
	61-65	21,485	24,255	26,905	34,695	41,160	46,115	50,760
	66-70	24,590	27,735	30,695	39,550	46,885	52,530	57,810
	71-75	27,450	30,935	34,185	44,010	52,150	58,425	64,300
	76-80	30,115	33,920	37,440	48,180	57,070	63,935	70,355
	Above 80	32,460	36,545	40,300	51,845	61,395	68,780	75,685
2A+2C	16days-35years	9,125	10,320	11,795	15,355	18,115	20,380	22,515
	36-45	10,075	11,385	12,955	16,840	19,865	22,345	24,670
	46-50	13,400	15,110	17,015	22,035	25,995	29,210	32,225
	51-55	16,370	18,525	20,660	26,700	31,725	35,550	39,135
	56-60	20,035	22,630	25,130	32,425	38,480	43,110	47,455
	61-65	23,880	26,940	29,830	38,435	45,575	51,060	56,195
	66-70	27,345	30,820	34,055	43,850	51,960	58,215	64,065
	71-75	30,530	34,385	37,945	48,830	57,840	64,795	71,305
	76-80	33,505	37,720	41,580	53,480	63,320	70,940	78,060
	Above 80	36,125	40,650	44,775	57,570	68,150	76,345	84,010
2A+3C	16days-35years	12,005	13,545	15,310	19,855	23,425	26,330	29,055
	36-45	13,275	14,970	16,860	21,840	25,765	28,950	31,940
	46-50	17,720	19,950	22,290	28,785	33,960	38,130	42,040
	51-55	21,620	24,405	27,065	34,900	41,405	46,390	51,060
	56-60	26,515	29,890	33,045	42,550	50,430	56,500	62,180
	61-65	31,660	35,650	39,325	50,590	59,920	67,125	73,865
	66-70	36,290	40,835	44,980	57,830	68,455	76,690	84,385
	71-75	40,550	45,610	50,180	64,485	76,310	85,485	94,065
	76-80	44,530	50,060	55,035	70,700	83,645	93,700	103,095
	Above 80	48,025	53,980	59,305	76,165	90,095	100,925	111,045

A = Adult, C = Child

Family Health Optima Insurance Plan - Schedule of Benefits

Sum Insured Options (In Lakh)	3	4	5	10	15	20	25
Policy Period	1 year			1 year			
Family definition (Dependent child from 16 days up to 25 years)	P+Sp+3C			P+Sp+3C			
Hospitalization Benefits	Up to Rs.5,000/-			Single Standard A/C Room			
ICU/ Operation Theatre Charges	Actual			Actual			
No. of Day Care Treatments / Procedures covered	All			All			
Sub-Limits for Treatment of Cataract	Applicable			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)	X			Up to 10% of the Sum Insured			
Pre-Hospitalization	60 days			60 days			
Post-Hospitalization	90 days			90 days			
Domiciliary Hospitalization - for period exceeding three days	✓			✓			
Organ Donor Expenses	Up to 10% of SI or maximum of Rs.1,00,000/-						
Additional Benefits (In-built)							
Cost of Health Check-up - (benefit payable up to in ?) (available after every claim free year per policy)	Rs.750/-	Rs.1,000/-	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)	Up to 10% of SI or maximum of Rs.50,000/- subject to availability of the SI (from 16th day to till the expiry of the policy)						
Emergency Domestic Medical Evacuation (per Hospitalization)	Rs.5,000/-			For SI - 5/ 10/ 15Lakh - Rs.7,500/-			For SI - 20/ 25L - Rs.10,000/-
Compassionate Travel (Available for S.I 10Lakh and above)	X	X	X	Up to Rs.5,000/- Per Hospitalization			
Repatriation of Mortal Remains (benefit in ?)	Up to Rs.5,000/- per policy period						
Treatment in Preferred Network Hospitals (payable as lump-sum)	Up to 1% of SI subject to a maximum of Rs.5,000/- per policy period						
Share Accommodation (benefit per day in ?)	For SI 3Lakh to 15Lakh - Rs.800/- per day					For SI 20 / 25Lakh - Rs.1,000/- per day	
AYUSH Treatment (per policy period)	Up to Rs.10,000/-			Up to Rs.15,000/-			Up to Rs.20,000/-
Second Medical Opinion	✓			✓			
Assisted Reproduction Treatment (payable after a waiting period of 36 months)	X		Rs. 1,00,000/-	For SI 10Lakh to 25Lakh - 2,00,000/-			
Automatic Restoration of Basic Sum Insured 3 times during the policy period, 100% each time	✓			✓			
Recharge Benefit (Provided once during the policy period)	75,000/-	1,00,000/-	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)						
Bonus - Maximum allowable bonus is 100%	25% of Sum Insured after first year if claim free and additional 10% for the subsequent years						
Waiting Periods							
30 days - for fresh proposals excluding accidental hospitalization	✓			✓			
24 months - for specified illness/ diseases	✓			✓			
48 months - for Pre-existing diseases	✓			✓			
P - Proposer SP - Spouse C - Child SI - Sum Insured ✓ - Available X - Not Available							