

POS - FAMILY HEALTH OPTIMA

Insurance plan

Unique ID No.: SHAHLIP18063V031718

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.
- ★ **Family** : Proposer, spouse, dependent children from 16 days up to 25 years (Children who are economically dependent on their parents)

SUM INSURED OPTIONS : Rs. 4,00,000/- and Rs. 5,00,000/-.

POLICY BENEFITS

❖ In-Patient Hospitalisation Benefits :

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

Sum Insured Rs.	Limit Rs.
4,00,000	Up to 5,000/- per day
5,00,000	Single Standard A/C Room

- B) Surgeon, Anesthetist, Medical Practitioner, Consultants & Specialist Fees.
C) Anesthesia, Blood, Oxygen, Operation Theatre 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 only.

❖ 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 Rs.	Limit per policy period Rs
4,00,000/-	Up to 30,000/-	Up to 45,000/-
5,00,000/-	Up to 40,000/-	Up to 60,000/-

❖ 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.

❖ Pre-existing Diseases : Covered after 48 months

❖ Waiting Periods

- ★ 30 days waiting period.
- ★ 24 months waiting period for specified illness/diseases/treatments
- ★ 36 months waiting period for Assisted Reproduction Treatment. (Applicable for sum insured Rs. 5,00,000/- only)

❖ Day Care Procedures : All day care procedures covered.

❖ No Pre-policy Medical Checkup.

SPECIAL FEATURES

❖ Domiciliary Hospitalization

Coverage for medical treatment for a period exceeding three days, for an illness/ disease/ injury, which in the normal course, would require care and treatment at a Hospital but 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

Pre-hospitalisation and Post-hospitalisation expenses are not payable for this cover

❖ 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.
Rs. 4,00,000/-	Up to 1,000/-
Rs. 5,00,000/-	Up to 1,500/-

❖ 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. 30 days waiting 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	Limit per hospitalization (Rs.)
Rs. 4,00,000/	Up to 5,000/-
Rs. 5,00,000/-	Up to 7,500/-

Note : 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 : 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 an amount of Rs. 800/- per day 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 the Bonus

❖ 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.
4,00,000/-	Up to 10,000
5,00,000/-	Up to 15,000

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](mailto: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.

- This benefit is available for sum insured option of Rs.5,00,000/- only.
- The maximum liability of the Company for such treatment shall be limited to Rs.1,00,000/- for every block of 36 months and payable on renewal
- For the purpose of claiming under this benefit, in-patient treatment is not mandatory.
- 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 benefit covers intrauterine insemination (IUI), Intra-Cytoplasmic Sperm Injection (ICSI), In-Vitro Fertilisation(IVF) and TESA / TESE (Testicular / Epididymal Sperm Aspiration / Extraction)

- ❖ **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.

- ❖ **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. This is in addition to the 'Restore' benefit available under the policy. The unutilized Recharge amount cannot be carried forward.

Sum Insured Rs.	Limit Rs.
4,00,000/-	1,00,000/-
5,00,000/-	1,50,000/-

- ❖ **Additional Sum Insured for Road Traffic Accident (RTA) :** 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%. 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

- ❖ **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 above 60 years.

- ❖ **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:

- Circumcision, Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA
- Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons)
- Congenital External Condition / Defects / Anomalies
- Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable)
- Convalescence, general debility, run-down condition or rest cure, Nutritional deficiency states.
- Psychiatric, mental and behavioral disorders.
- Intentional self injury
- Use of intoxicating substances, substance abuse, drugs / alcohol, smoking and tobacco chewing
- Venereal Disease and Sexually Transmitted Diseases,
- 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)
- Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
- All expenses arising out of any condition directly or indirectly caused due to or associated

with Human T-cell Lympho Tropic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or HIV / AIDS. It is however made clear that such of those who are positive for HIV (Human Immuno Deficiency Virus) would be entitled for expenses incurred for treatment, other than for opportunistic infections and for treatment of HIV/AIDS, provided at the time of first commencement of insurance under this policy, their CD4 count is not less than 350.

- Treatment arising from or traceable to pregnancy, childbirth, family planning, miscarriage, abortion and complications of any of these (other than ectopic pregnancy).
- Treatment for Sub-Fertility, Assisted Conception and or other related complications of the same except to the extent covered under 1 R.
- Expenses incurred on weight control services including surgical procedures such as Bariatric Surgery and/or medical treatment of obesity.
- Medical and / or surgical treatment of Sleep apnea, treatment for genetic and endocrine disorders.
- Expenses incurred on High Intensity Focused Ultra Sound, Uterine Fibroid Embolisation, Balloon Sinoplasty, Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Deep Brain Stimulation, 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 exclusion no.17.
- Expenses incurred on Lasik Laser or other procedures Refractive Error Correction and its complications, all treatment for disorders of eye requiring intra-vitreal injections.
- Charges incurred on diagnostics that are not consistent with the treatment for which the insured is admitted in the hospital / nursing home. Admission primarily for diagnostic purpose with no positive existence of sickness / disease / ailment / injury and no further treatment is indicated.
- Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician of the hospital where the insured underwent treatment.
- Unconventional, Untested, Unproven, Experimental therapies.
- Stem cell Therapy, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy.
- Oral Chemotherapy, Immuno therapy and Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted.
- All types of Cosmetic, Aesthetic treatment of any description, all treatment for erectile dysfunctions, Change of Sex.
- Plastic surgery (other than as necessitated due to an accident or as a part of any illness),
- Cost of spectacles and contact lens, hearing aids, walkers and crutches, wheel chairs, Nutritional Supplements, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis [CAPD], infusion pump and such other similar aids, Cochlear implants and procedure related hospitalization expenses
- Hospital registration charges, admission charges, record charges, telephone charges and such other charges
- Other excluded expenses as detailed in the website: www.starhealth.in.

- ❖ **Renewal and Grace Period**

The policy will be renewed except on grounds of misrepresentation / Non-disclosure of material fact as declared in the proposal form and at the time of claim, fraud committed / moral hazard non cooperation of the insured.

There is no exit age. Lifelong renewal allowed.

A grace period of 120 days from the date of expiry of the policy is available for renewal. If renewal is made within this 120 days period, the continuity of benefits with reference waiting periods stated will be available. Any Disease/illness contracted or injury sustained during the grace period will be deemed as Pre existing and will be subject to waiting period of 48 months.

Note : 1. The actual period of cover will start only from the date of receipt of premium.

2. Renewal premium is subject to change with prior approval from Regulator

- ❖ **Withdrawal of the policy**

The Company reserves the right to withdraw the product with prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance and the insured shall have the option to choose to be covered by an equivalent or similar policy offered by the Company.

- ❖ **Modification of the terms of the policy**

The Company reserves the right to modify the policy terms and conditions or modify the premium of the policy with the prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance

- ❖ **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.

- ❖ **Automatic Termination**

The insurance under this policy with respect to each relevant insured person 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 sum insured under the policy

- ❖ **Tax Benefits**

Payment of premium by any mode other than cash for this insurance is eligible for relief under

❖ **Cancellation**

The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in the proposal form and/or claim form at the time of claim and non co-operation of the insured by sending the Insured 30 days notice by registered letter at the Insured person's last known address. No refund of premium will be made except where the cancellation is on the grounds of non co-operation of the insured, in which case the refund of premium will be on pro-rata basis.

The insured may at any time cancel this policy and in such event the Company shall allow refund after retaining premium at Company's short Period rate only (table given below) provided no claim has occurred up to the date of cancellation.

PERIOD ON RISK	RATE OF PREMIUM TO BE RETAINED
Up to one month	25% of the annual premium
Exceeding one month up to 3 months	40% of the annual premium
Exceeding 3 months up to 6 months	60% of the annual premium
Exceeding 6 months up to 9 months	80% of the annual premium
Exceeding 9 months	Full annual premium

❖ **Portability**

This policy is portable. If the insured is desirous of porting this policy, application in the appropriate form should be made to the Company at least 45 days before but not earlier than 60 days from the date when the renewal is due. For details contact "portability@starhealth.in" or call Telephone No : +91-044-28288869

❖ **Claims Procedure**

- ★ Call the 24 hour help-line for assistance : 1800-425-2255 / 1800-102-4477. Inform the ID/Policy number for easy reference
- ★ 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 of hospitalization
- ★ Cashless facility can be availed in all network hospitals wherever possible
- ★ In non-network hospitals payment, must be made up-front and then reimbursement will be effected on submission of documents.

❖ **The Company**

Star Health and Allied Insurance Co. Ltd., commenced its operations in 2006 with the business interests in Health Insurance, Travel and Personal Accident. As an exclusive Health Insurance Company and the first of its kind in India, the Company is committed to setting international benchmarks in service and personal caring.

❖ **Star Advantages**

- ★ No Third Party Administrator, direct in-house claims settlement.

POS - FAMILY HEALTH OPTIMA INSURANCE PLAN - Schedule of Benefits		
Sum Insured Options (In Lakh)	4	5
Policy Period	1 year	
Family definition (Dependent child from 16 days up to 25 years)	Proposer + Spouse + 3 Dependant Children	
Hospitalization-Room Rent Limit per day	Up to Rs.5,000/-	Single Standard A/C Room
ICU/ Operation Theatre Charges	Actual	
No. of Day Care Treatments / Procedures covered	All	
Sub-Limits for Treatment of Cataract	Applicable	
Ambulance Charges – By Road	Upto 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	
Post-Hospitalization	90 days	
Domiciliary Hospitalization – for period exceeding three days	✓	
Organ Donor Expenses	Upto 10% of Sum Insured or maximum of Rs.1,00,000/-	
Additional Benefits (In-built)		
Cost of Health Check-up (available after every claim free year)	Upto Rs.1,000/- per policy	Upto Rs.1,500/- per policy
Coverage for New Born Baby (provided if mother is insured for 12 months without break)	Upto 10% of Sum Insured or maximum of Rs.50,000/- subject to availability of the Sum Insured (from 16 th day to till the expiry of the policy)	
Emergency Domestic Medical Evacuation (per Hospitalization)	Upto Rs.5,000/-	Upto Rs.7,500/-
Repatriation of Mortal Remains	Up to Rs.5,000/- per policy period	
Treatment in Preferred Network Hospitals (payable as lump-sum)	Up to 1% of Sum Insured subject to a maximum of Rs.5,000/- per policy period	
Share Accommodation	Rs.800/- per day	
AYUSH Treatment (per policy period)	Upto Rs.10,000/-	Up to Rs.15,000/-
Second Medical Opinion	✓	
Assisted Reproduction Treatment (payable after a waiting period of 36 months)	X	Rs. 1,00,000/-
Automatic Restoration of Basic Sum Insured 3 times during the policy period, 100% each time	✓	
Recharge Benefit (Provided once during the policy period)	Rs.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	✓	

✓ : Available; X : Not Available;

Zone 1: means Mumbai, Thane, Delhi including Faridabad, Gurgaon, Ghaziabad and Noida, Ahmedabad, Baroda Surat.

Zone 1a: means Chennai, Bangalore, Pune, Nasik, Ernakulam, Trivandrum and Rest of Gujarat.

Zone 2: means Coimbatore, Indore City, and Rest of Kerala.

Zone 3: means Rest of India.

★ Faster and hassle – free claim settlement.

★ Cashless hospitalization

❖ **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 lakh rupees.

❖ **Free Look Period**

A free look period of 15 days from the date of receipt of the policy is available to the insured to review the terms and conditions of the policy. In case the insured is not satisfied with the terms and conditions, the insured may seek cancellation of the policy and in such an event the Company shall allow refund of premium paid after adjusting the cost of pre-acceptance medical screening, stamp duty charges and proportionate risk premium for the period concerned provided no claim has been made until such cancellation.

Free look period is not applicable at the time of renewal of the policy

Premium Excluding Tax Rs.

* - For Renewals Only

Zone	Family Size	1A+1C	1A+2C	1A+3C	2A	2A+1C	2A+2C	2A+3C	1A+1C	1A+2C	1A+3C	2A	2A+1C	2A+2C	2A+3C
	Age in Yrs.	Sum Insured Rs. 4,00,000/-							Sum Insured Rs. 5,00,000/-						
zone1	16days-35	8175	10625	14465	9075	11065	13575	17895	8985	11465	15360	9895	11915	14460	18840
	36-45	8975	11435	15990	10740	12675	15000	19805	9795	12290	16905	11585	13545	15905	20770
	46-50	12770	15180	21330	15435	17445	19990	26475	13640	16085	22315	16345	18380	20960	27530
	51-55	15455	18375	26080	19290	21615	24455	32335	16855	19930	28030	20890	23335	26325	34605
	56-60	19840	22445	31960	24210	26960	29950	39680	21470	24205	34215	26065	28955	32105	42335
	61-65	25145	28795	40450	29995	32135	35725	47400	27050	30890	43145	32145	34400	38175	50455
	66-70*	31435	34945	46355	35200	36795	40925	54350	33665	37355	49355	37620	39300	43645	57760
	71-75*	35080	39010	51790	39295	41080	45705	60740	37495	41630	55070	41930	43805	48675	64485
	76-80*	38480	42805	56865	42350	45080	50170	66710	41070	45620	60405	45145	48015	53365	70760
above 80*	41470	46145	61325	45655	48600	54100	71960	44220	49135	65100	48615	51715	57500	76280	
zone1a	16days-35	7150	9260	12575	7925	9640	11805	15530	8180	10395	13870	8990	10795	13065	16975
	36-45	7840	9965	13890	9360	11030	13035	17175	8905	11130	15250	10500	12250	14355	18700
	46-50	11110	13190	18490	13410	15145	17335	22925	12335	14515	20080	14750	16570	18870	24735
	51-55	13470	15990	22630	16780	18785	21230	28020	15115	17835	25005	18685	20850	23495	30825
	56-60	17250	19495	27700	21020	23390	25970	34355	19200	21620	30475	23265	25825	28610	37660
	61-65	21825	24975	35020	26005	27850	30945	41010	24135	27535	38380	28650	30640	33985	44850
	66-70*	27250	30275	40110	30490	31865	35430	47000	29990	33260	43880	33495	34975	38820	51315
	71-75*	30390	33780	44795	34020	35560	39550	52510	33380	37040	48935	37305	38965	43275	57265
	76-80*	33320	37050	49170	36660	39010	43400	57655	36545	40575	53655	40150	42690	47425	62820
above 80*	35900	39930	53015	39505	42045	46785	62180	39330	43680	57810	43225	45965	51080	67705	
zone2	16days-35	6845	8855	12010	7585	9220	11280	14830	7885	10035	13415	8675	10425	12630	16425
	36-45	7505	9525	13265	8950	10540	12450	16390	8590	10750	14755	10140	11840	13885	18100
	46-50	10620	12595	17645	12805	14460	16545	21870	11925	14040	19440	14265	16030	18265	23960
	51-55	12880	15280	21605	16030	17940	20270	26740	14505	17120	24015	17940	20020	22560	29610
	56-60	16480	18620	26430	20070	22325	24785	32770	18430	20760	29275	22340	24800	27480	36185
	61-65	20840	23835	33405	24815	26575	29525	39110	23180	26445	36875	27515	29435	32645	43095
	66-70*	26000	28885	38250	29090	30400	33790	44815	28805	31950	42160	32175	33600	37300	49310
	71-75*	28995	32220	42715	32455	33920	37720	50060	32070	35585	47025	35840	37440	41580	55035
	76-80*	31785	35335	46880	34965	37205	41385	54960	35110	38980	51560	38575	41020	45575	60375
above 80*	34240	38080	50540	37675	40095	44610	59270	37790	41970	55555	41530	44170	49090	65070	
zone3	16days-35	6290	8120	10985	6960	8450	10320	13545	7400	9395	12520	8135	9750	11795	15310
	36-45	6890	8725	12125	8205	9650	11385	14970	8055	10055	13760	9490	11065	12955	16860
	46-50	9720	11520	16110	11710	13210	15110	19950	11140	13100	18100	13310	14945	17015	22290
	51-55	11805	13990	19740	14670	16405	18525	24405	13335	15715	21980	16455	18350	20660	27065
	56-60	15080	17025	24125	18340	20395	22630	29890	16905	19020	26760	20460	22695	25130	33045
	61-65	19040	21765	30465	22660	24255	26940	35650	21220	24190	33670	25165	26905	29830	39325
	66-70*	23735	26355	34870	26545	27735	30820	40835	26335	29195	38475	29400	30695	34055	44980
	71-75*	26455	29390	38930	29600	30935	34385	45610	29300	32500	42895	32730	34185	37945	50180
	76-80*	28995	32220	42715	31880	33920	37720	50060	32070	35585	47025	35215	37440	41580	55035
above 80*	31225	34715	46045	34345	36545	40650	53980	34500	38305	50655	37905	40300	44775	59305	



Single protection, wider coverage for entire family



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 or visit our website www.starhealth.in

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POS - FAMILY HEALTH OPTIMA Insurance plan

Unique Identification No.: SHAHLIP18063V031718

Insurance is the subject matter of solicitation

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STAR HEALTH AND ALLIED INSURANCE CO LTD
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POS - FAMILY HEALTH OPTIMA Insurance plan