



Family Health Optima Insurance Plan

SHAHLIP26046V092526





Key Features



**Automatic Restoration
of Sum Insured**



**Coverage for
Newborn Baby**



**Loyalty Bonus
Accumulation up
to 100% of Sum Insured**



**Additional Sum Insured
for Road Traffic
Accidents**



Entry Age

- For Adults: 18 years to 65 years
- For Dependent Children: 16 days to 25 years (Floater Policy)



Sum Insured (SI)

₹5 L, ₹10 L, ₹15 L, ₹20 L and ₹25 L



Policy Tenure

1 and 2 years



Instalment Facility

Monthly, Quarterly and Half-yearly options are available.

If Instalment Facility is opted for 2 year term policies, the full premium applicable for 2 year terms should be paid in monthly, quarterly or half yearly within the expiry of the first year



Discounts

Long-term Discount:

- 2-year policy term – 10% discount on the 2nd year premium

Wellness Discount:

- Up to 20% off on renewal premium

Online Discount:

- 5% discount when you buy this Insurance online at www.starhealth.in

Favourable Claim Experience Discount:

- You may be eligible for a discount on your policy premium based on the past claim history at the policy level. The discount applicable shall be based on both the aggregate claim amount paid, as well as the number of claims made during the past three years, for the 1st time discount calculation. For subsequent renewals, an annual logic will be followed, where only the claim amount paid over past 1 year will be used to arrive at the change in discount % from the previous year. In case of multi-year (long term) policies, the cumulate claim amount paid during such policy period shall be considered.

For detailed understanding of this benefit, kindly refer the Prospectus document of Family Health Optima Insurance Plan available in our website download section.



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.



Coverages



Inpatient Treatment

Covered up to Sum Insured for expenses such as Room Rent (**Single Private A/C Room**), Boarding and Nursing Expenses, ICU charges, Fees for Surgeon, Anaesthetist, Medical Practitioner, Consultants and Specialists, Anaesthesia, Blood, Oxygen, Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Diagnostic Imaging Modalities, Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker, Stent and such other similar expenses.



Day Care Treatment

All day care procedures are covered up to Sum Insured.



Cataract Treatment

Expenses incurred on treatment of Cataract is subject to the limit as per the following table



Cataract Treatment		
Sum Insured (₹)	Limit per Eye (₹)	Limit per Policy Period (₹)
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/-		



AYUSH Treatment

Medical expenses for Inpatient Hospitalization incurred on treatment under Ayurveda, Unani, Siddha and Homeopathy systems of medicines in an AYUSH Hospital are payable up to the Sum Insured.

Note: Claims under Yoga and Naturopathy system of treatment will be payable subject to prior approval from the company.



Coverage for Modern Treatments

Coverage available for the below listed Modern Treatments up to the limits as specified in the Policy Wordings

- Uterine Artery Embolization and HIFU
- Balloon Sinoplasty
- Deep Brain Stimulation
- Oral Chemotherapy* (Sublimits including Pre and Post Hospitalization)
- Immunotherapy-Monoclonal Antibody to be given as injection
- Intravitreal Injections
- Robotic Surgeries
- Stereotactic Radio Surgeries
- Bronchial Thermoplasty
- Vaporisation of the Prostate (Green Laser Treatment or Holmium Laser Treatment)
- IONM-(Intraoperative Neuro Monitoring)
- Stem Cell Therapy: Hematopoietic Stem Cells for Bone Marrow Transplant for Haematological conditions



Pre-Hospitalization Expenses

Coverage for medical expenses incurred up to 60 days immediately before the Insured Person is hospitalized.



Post-Hospitalization Expenses

Coverage for medical expenses incurred up to 90 days immediately after the Insured Person is discharged from the hospital.



Road Ambulance

Subject to an admissible hospitalization claim, Road Ambulance expenses incurred for the following are payable up to ₹750/- per hospitalization and up to ₹ 1,500/- per Policy Period

- For transportation of the Insured Person by private ambulance service to go to hospital when this is needed for medical reasons
- (or)
- For transportation of the Insured Person by private ambulance service from one hospital to another hospital for better medical treatment
- (or)
- For transportation of the Insured Person from the hospital where treatment is taken to their place of residence provided the requirement of an ambulance to the residence is certified by the medical practitioner



Air Ambulance

Subject to an admissible hospitalization claim, the Insured Person(s) is/are eligible for reimbursement of expenses incurred towards the cost of air ambulance service up to 10% of Sum Insured per Policy Year. Applicable for Sum Insured ₹5 L and above.



Emergency Domestic Medical Evacuation

Subject to an admissible hospitalization claim, the Company will reimburse 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.

Emergency Domestic Medical Evacuation	
Sum Insured (₹)	Limit per Hospitalization (₹)
5,00,000/- to 15,00,000/-	Up to 7,500/-
20,00,000/- and 25,00,000/-	Up to 10,000/-

Note: Payment under this benefit does not form part of the Sum Insured



Organ Donor Expenses

Inpatient hospitalization expenses incurred for organ transplantation from the Donor to the Recipient Insured Person are payable provided the claim for transplantation is payable.

This cover is subject to a limit of 10% of the Sum Insured or Rupees ₹1 L, whichever is less.



Home Care Treatment

Payable up to 10% of the Sum Insured in a Policy Year, for treatment availed by the Insured Person at home, only for the specified conditions.



Domiciliary hospitalization

Coverage available 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, on the advice of the attending Medical Practitioner, is 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.



Loyalty Bonus

The Insured Person shall be eligible for a Loyalty Bonus of 10% of the expiring Sum Insured subject to a maximum accumulation of 100% of the Sum Insured.

The Loyalty Bonus will be calculated on the expiring Sum Insured or on the renewed Sum Insured whichever is less.

Loyalty Bonus shall be available irrespective of a claim and only upon timely renewal without break or upon renewal within the grace period allowed. In case of a claim utilizing the available Loyalty Bonus, only the balance of Loyalty Bonus shall be carried forward to the subsequent Policy Year.



Automatic Restoration of SI

The basic Sum Insured shall be automatically restored 3 times in a Policy Year by 100% each time upon exhaustion of the limit of coverage. Each restoration will operate only after the exhaustion of the earlier one.

Such restored Sum Insured can be utilized only for illness/disease unrelated to the illness/diseases for which claim/s was/were made.

This Benefit is not available for Modern Treatment.



Recharge Benefit

If the Limit of Coverage under the policy is exhausted/exceeded during the Policy Period, additional indemnity up to 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.



Recharge Benefit	
Sum Insured (₹)	Limit (₹)
5,00,000/-	1,50,000/-
10,00,000/-	
15,00,000/-	
20,00,000/-	
25,00,000/-	

This Benefit is not available for Modern Treatment.



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 Sum Insured shall be increased by 25% subject to a maximum of ₹5,00,000/-.

The additional Sum Insured shall be available only once during the Policy Period and should be used for the particular hospitalization following RTA and cannot be carried forward.

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



Assisted Reproduction Treatment

The Company will reimburse medical expenses incurred on Assisted Reproduction Treatment, where indicated, for sub-fertility subject to:

The maximum liability of the Company for such treatment shall be limited to ₹1,00,000/- for Sum Insured of ₹5,00,000/- and ₹2,00,000/- for Sum Insured of ₹10,00,000/- and above for every block of 36 months and payable on renewal.

A waiting period of 36 months from the date of first inception of this Policy with the Company for the Insured Person will apply.

Automatic Restoration of 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.



Hospitalization Expenses for Treatment of New Born 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 ₹50,000, whichever is less, provided the mother is insured under the Policy for a continuous period of 12 months without break.



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.

Shared Accommodation	
Sum Insured (₹)	Limit per day (₹)
5,00,000/-	800/- per day
10,00,000/-	
15,00,000/-	
20,00,000/-	1,000/- per day
25,00,000/-	



Preventive Health Checkup

We will arrange for a Preventive Health Check-up at our Network Providers for the applicable package as specified below as per opted Sum Insured.

Preventive Health Checkup	
Sum Insured (₹)	Package Applicable
5,00,000/-	Package A
10,00,000/-	Package A
15,00,000/-	Package B
20,00,000/-	Package B
25,00,000/-	Package B



E-Domestic Second Medical Opinion

The Insured Person is given the facility of obtaining an “E-Domestic Second Medical Opinion” from the Company’s network of Medical Practitioners.



Unlimited Tele-Consultation

The Insured Person can avail unlimited number of Tele-consultations on Star Health mobile application or digital platforms.



AI-driven Face Scan

The Insured Person can avail, AI-driven face scan facility by using STAR Health mobile app to know the vital parameters such as heart rate, oxygen saturation, respiration rate up to two times per month per Insured Person in a Policy Year.



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 up to ₹5000/- 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 ₹10 L and above only.



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.



Treatment in Valuable Service Providers

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 Sum Insured subject to a maximum of Rs.5,000/- per Policy Period is payable as lump sum.

For list of Valuable Service Providers, please visit website www.starhealth.in



Star Wellness Program

This program is intended to promote, incentivize and to reward the Insured Persons' healthy lifestyle through various wellness activities. The wellness activities as detailed in the website is designed to help the Insured Person to earn wellness reward points which will be tracked and monitored by the Company. The wellness points earned by the Insured Person(s) under the wellness program, can be utilized to get discount in premium. The following table shows the discount on premiums available under the Wellness Program

Star Wellness Program	
Wellness Points Earned	Discount in Premium
200 to 350	4%
351 to 600	10%
601 to 750	14%
751 to 1000	20%

For more information, please visit our website: www.starhealth.in.



Optional Cover



Option to Choose Voluntary Co-payment

If the Insured Person chooses voluntary co-payment, the Company will provide a discount on premium as per the table given below;



Option to choose Voluntary Co-payment	
Co-payment %	Discount %
10%	10%
20%	20%

Note: If Insured Persons whose age at the time of entry is 61 years and above, the voluntary co-payment will be in addition to the mandatory co-payment. The opted co-payment is applicable for each and every claim.



Zone Description

(Premiums are payable as per applicable Zone)

Zone A: Delhi, New Delhi, Faridabad, Gurugram, Shahdara, Ahmedabad, Surat, Vadodara, Gautam Buddha Nagar, Ghaziabad, Mewat, Alwar, Baghpat, Bhiwani, Bulandshahar, Fatehabad, Hisar, Jhajjar, Jind, Kaithal, Karnal, Kurukshetra, Mahendragarh, Meerut, Muzaffar nagar, Palwal, Panchsheel Nagar, Panipat, Rewari, Rohtak, Saharanpur, Sirsa and Sonipat

Zone B: Mumbai (Including suburban), Rest of Gujarat, Thane, Palghar and Raigad

Zone C: Chennai, Ernakulam, Thiruvananthapuram, Bengaluru, Chengalpattu, Kanchipuram, Nashik, Pune, Tiruvallur, Hyderabad, Kollam, Wayanad, Indore, K V Ranga Reddy, Medchal Malkajgiri, Ahmed Nagar and Gwalior

Zone D: Rest of India



Waiting Periods

- **Initial Waiting Period:** 30 days
- **Specified Disease/Procedure Waiting Period:** 24 months
- **Pre-existing Diseases Waiting Period:** 36 months
- **Assisted Reproduction Treatment:** 36 months



Key Exclusions*

Expenses related to any admission primarily for diagnostics and evaluation purposes only, Rest Cure, Rehabilitation and Respite Care, Change of Gender Treatments, Cosmetic or Plastic Surgery, Breach of Law, Treatment for Alcoholism, Drug or Substance Abuse or any addictive condition and consequences thereof, Unproven Treatments, Intentional Self-injury, Any hospitalizations which are not Medically Necessary / does not warrant Hospitalization.

*Refer to the policy document for complete list of Exclusions under this Product.

The information provided in this brochure is only indicative. This is only a summary of selective SI and features of this Product. 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



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.



97% Claims
Approved in < 3 hrs



14000+
Network Hospitals



1.4 Crore+
Claims Settled



Telemedicine
Services

Disclaimer

This is only a summary of the product features and is for reference purposes only. The details of benefits available shall be as described in the prospectus, and will be subject to the policy wording, terms, conditions and exclusions. Please call our customer service if you require any further information (044 - 6900 6900).

Star Health and Allied Insurance Co. Ltd.

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Email: support@starhealth.in | **Website:** www.starhealth.in
CIN: L66010TN2005PLC056649 | **IRDAI Regn. No.:** 129

For more details on risk factors, terms and conditions, please read the prospectus carefully before concluding a sale.

IRDAI or its officials do not involve in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.