

and related disorders, congenital internal disease/ defects, treatment for gallstones and renal stones.

- Naturopathy treatment.
- Expenses which are purely diagnostic in nature with no positive existence of any disease.
- Treatment of congenital external disease/defects/ anomalies.
- Expenses which are mainly cosmetic in nature.

Note: For a detailed list of exclusions, refer policy conditions.

★ Tax Benefits

- Payment by any mode other than cash for this insurance is eligible for relief under Section 80D of the Income Tax Act.

★ How much to pay

Sum Insured	18 yrs to 35 yrs	36 yrs to 45 yrs	46 yrs to 55 yrs	56 yrs to 65 yrs	66 yrs to 70 yrs*
2,00,000	3,750	4,200	6,400	7,550	11,150
3,00,000	5,400	6,000	8,900	11,600	16,200
4,00,000	7,000	7,680	12,300	15,900	21,050
5,00,000	8,400	9,400	15,200	19,500	25,900
10,00,000	14,600	16,100	22,600	28,200	35,350

*applicable for renewals.

Note: The above figures exclude service tax.

★ Claims Procedure

- Inform the ID Number for easy reference.
- In case of planned hospitalization, please inform 24 hours prior to admission into the hospital
- In case of emergency hospitalization, information to be given within 24 hours after the hospitalization.
- In non-network hospitals, payment must be made upfront and then reimbursement will be effected on the submission of documents.

STAR CRITICARE PLUS INSURANCE



★ The Company

Star Health And Allied Insurance Co Ltd is a joint venture between Oman Insurance Company, UAE and leading NRIs and Indian businessmen/houses. It has a capital base of INR 138 crores that far exceeds the requirement to form a full-fledged general insurance company. 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.
- Faster & hassle-free claim settlement.
- Cashless hospitalization.
- Network of more than 4000 hospitals across India
- 24 x 7 Toll-free Helpline
- Free General Physician Consultation over phone. Doctors on duty 24 x 7. By quoting the policy number, any person can contact our doctor on the toll-free number 1800 425 2255 for medical advices.

NOTE: The benefits and exclusions mentioned herein are only an outline of the policy.

★ To buy this insurance

Contact our Marketing Executive at

Buy this insurance online at www.starhealth.in
 Call toll-free: 1800-425-2255 or 044-2826 3300
 Fax toll-free: 1800-425-5522
 sms STAR to 56677
 or E-mail: info@starhealth.in



STAR HEALTH AND ALLIED INSURANCE CO LTD
 REGD & CORPORATE OFFICE: 1, New Tank Street,
 Valluvar Kottam High Road, Nungambakkam, Chennai 600 034.



It pays to be prepared

Insurance is the subject matter of solicitation



The Health Insurance Specialist

STAR CRITICARE PLUS INSURANCE

Star Criticare Plus Insurance from Star Health is a policy that aims to provide reimbursement of hospitalization expenses incurred as a result of illness/disease/sickness and/or accidental injuries and also provides for a lumpsum in case the insured person is diagnosed with a major illness as listed in the policy for the first time during the policy period. Because illnesses don't come with a warning.

★ Policy Benefits Under Section I

- Hospitalization Cover: In-patient hospitalization expenses for a minimum of 24 hours. Includes room rent, boarding and nursing expenses @ 2% of sum insured, subject to a maximum of Rs 4,000 per day.
- Surgeon's fees, consultant's fees, Anaesthetist's and Specialist's fees.
- Cost of medicines and drugs.
- Emergency ambulance charges for transporting the insured patient to the hospital upto a sum of Rs 750/- per hospitalization and overall limit of Rs 1,500/- per policy period.

★ Non-Allopathic Treatments (Applicable for Section I only)

Upto Rs 25% of sum insured per occurrence, subject to a maximum of 25,000/- per policy period.

★ Pre & Post Hospitalization (Applicable for Section I only)

- Pre-hospitalization medical expenses upto 30 days prior to the date of admission.
- Post-hospitalization – a lumpsum calculated at 7% of the hospitalization expenses (excluding room charges), subject to a maximum of Rs 5,000/- are payable.

★ Pre-Existing Disease (Applicable to Section I only)

- Pre-existing diseases are covered after 48 months of

continuous insurance with the Company.

- Sub-limits & co-payment (for persons above 60 years at entry).

★ Policy Benefits Under Section II

- Lumpsum compensation under Section II in addition to payment of hospitalization expenses under Section I.
- Such hospitalization expenses would be paid only till the date of diagnosis of the major illness.
- On the payment of a claim under Section II, all further benefits under Section II of the policy shall cease.
- Only one lumpsum payment will be made during the insured person's lifetime regardless of the number of the major illnesses suffered by the insured person.
- No survival period. Only waiting period of 90 days from the date of inception of policy (not applicable of renewals).

★ Major Illness

- First diagnosis of Cancer, Chronic Kidney Disease, Brain Tumour.
- Undergoing Major Organ Transplant for first time.
- Occurrence of any of the following medical events for the first time:
 - Cerebro Vascular Stroke causing Hemiplegia
 - Acute Myocardial Infarction resulting in Left Ventricular Ejection Fraction of < 25%
 - Established irreversible Coma
 - Established irreversible Paraplegia
 - Established irreversible Quadriplegia

★ Eligibility

- Any person aged between 18 years and 65 years, residing in India, can take this insurance.
- Renewable upto 70 years.

★ Family Discount

- 5% for upto 2 members, 10% for more than 2 members.

★ Renewability

- A grace period of 15 days from the date of expiry of the

policy is available for the renewal. If a renewal is made within this 15-day period, the continuity of benefits will be allowed. However, the actual period of cover will commence only from the date of payment of premium. In other words, no protection is available between the policy expiry date and the date of payment of premium for the renewal.

- Where the average claims ratio under the insurance for immediately preceding two consecutive periods of Insurance exceeds 100%, the Company may impose a loading of premium as per the scales below:

Claims Ratio	Loading on Basic Premium
Between 100 & 125	20%
Between 126 & 150	30%
> 150%	50%

However in respect of disease/sickness/illness/condition for which claim/s has/have been made, the sum insured will be restricted to that policy sum insured where the claim/s was/were first made. The term "Claims" referred under this condition means claims under Section I only except where specifically stated. Where a claim has been admitted/paid under Section II of the policy, the renewal shall be in accordance with the terms and conditions of Medi-Classic insurance policy or its equivalent with the exclusion of the major disease for which the lumpsum has been admitted/paid.

★ Exclusions

- Expenses for the treatment of any illness/diseases/condition which is pre-existing.
- Treatment of illness/disease/sickness contracted by the insured person during the first 30 days from the commencement date of the policy.
- First Two Years Exclusions: Cataract, Hysterectomy for Menorrhagia or Fibromyoma, Treatment for knee and/or joint (other than caused by an accident), Prolapse of Intervertebral Disc (other than caused by accident), varicose veins and varicose ulcers.
- First year Exclusions: Benign Prostate Hypertrophy, Hernia, Hydrocele, Fistula in anus, Piles, Sinusitis