

Senior Citizens Red Carpet Health Insurance Policy

Unique Id: SHAHLIP19101V031819

Turning sixty is a major milestone and for people, a time to start being more careful about their health. It is a matter of concern that insurance policies are hardly available to address this critical requirement.

STAR Health's Senior Citizens Red Carpet Health Insurance Policy is aimed specifically at senior citizens. It provides cover to anyone from the age of 60 and permits entry right up to the age of 75 with continuing cover thereafter till lifetime. It is our way of caring for a generation that has done so much to build the country we have today.

❖ Eligibility:

- Entry age between 60 and 75 years
- Guaranteed Lifelong renewals.

❖ **Policy Term:** The policy is available for 1/2/3 years which can be renewed. Where the policy is issued for more than 1 year, the Sum Insured is for each year, without any carry over benefit thereof.

❖ **Policy Type:** Available on Individual Sum Insured and Floater Sum Insured basis.

Floater Sum Insured basis means the sum insured floats amongst the insured persons

❖ **Day Care Procedures:** All day care procedures are covered.

❖ Sum Insured Options

| Sum Insured on Individual Basis (Rs.) | Sum Insured on Individual & Floater Basis (Rs.) |
|---------------------------------------|---|
| 1,00,000/- | |
| 2,00,000/- | 10,00,000/- |
| 3,00,000/- | 15,00,000/- |
| 4,00,000/- | 20,00,000/- |
| 5,00,000/- | 25,00,000/- |
| 7,50,000/- | |

❖ **Pre-acceptance Medical Screening:** No pre-acceptance medical screening. However if following medical records of the person proposed for insurance are submitted, a **discount of 10%** of the premium is allowed.

- Stress Thallium Report
- BP Report
- Sugar (blood & urine) - Fasting / Postprandial
- Blood urea & creatinine

The tests should have been taken within 45 days prior to the date of proposal. If the prospect submits these documents at the time of proposal or at the time of renewal, the discount will be given for all subsequent renewals if the policy is renewed continuously without break.

For Floater Policies both self and spouse should submit the medical report to avail discount

Medical examination may also be done by the Company for those who declare adverse medical history. At present, 100% cost of such medical examination is borne by the company. Under all circumstances, the proposer will be intimated in advance about the need to undergo medical examination.

❖ Coverage:

- Hospitalization Cover:** Room, Boarding and Nursing expenses as per the table given below;

| Sum Insured Rs. | Room Rent Rs. Limit (per day) |
|----------------------------|-------------------------------|
| 1,00,000/- to 5,00,000/- | Up to 1% of the sum insured. |
| 7,50,000/- and 10,00,000/- | Up to 6,000/- |
| 15,00,000/- | Up to 7,000/- |
| 20,00,000/- | Up to 8,500/- |
| 25,00,000/- | Up to 10,000/- |

Note: Expenses relating to the hospitalization will be considered in proportion to the room rent limit stated in the policy or actuals whichever is less.

2. ICU charges

| Sum Insured (Rs.) | Limit per day |
|----------------------------|------------------------------|
| 1,00,000/- to 10,00,000/- | Up to 2% of the sum insured. |
| 15,00,000/- to 25,00,000/- | Actuals |

- Surgeon, Anesthetist, Medical Practitioner, Consultants and Specialist's fees up to 25% of the sum insured per hospitalization.
- Anesthesia, Blood, Oxygen, Operation Theatre charges, Cost of Pacemaker etc up to 50% of the sum insured per hospitalization.
- Emergency ambulance charges as per the table given below for transporting the insured person by private ambulance services to the hospital

| Sum Insured (Rs.) | Limit per hospitalisation (Rs.) | Limit per policy period (Rs.) |
|----------------------------|---------------------------------|-------------------------------|
| 1,00,000/- to 4,00,000/- | 600/- | 1,200/- |
| 5,00,000/- to 10,00,000/- | 1,000/- | 2,000/- |
| 15,00,000/- to 25,00,000/- | 1,500/- | 3,000/- |

- Pre hospitalization** medical expenses incurred for a period not exceeding 30 days prior to the date of hospitalisation, for disease/illness, injury sustained following an admissible claim for hospitalisation under the policy
- Post Hospitalisation:** Wherever recommended by the treating medical practitioner, Post Hospitalization medical expenses equivalent to 7% of the hospitalization expenses comprising of Nursing Charges, Surgeon / Consultant fees, Diagnostic charges, Medicines and drugs expenses, subject to a maximum as per the table given below

| Sum Insured (Rs.) | Limits per occurrence (Rs.) |
|-----------------------------|-----------------------------|
| 1,00,000/- to 7,50,000/- | 5,000/- |
| 10,00,000/- and 15,00,000/- | 7,000/- |
| 20,00,000/- and 25,00,000/- | 10,000/- |

❖ Waiting Periods:

- Any disease contracted by the insured person during the first 30 days from the date of commencement of the policy.
- A waiting period of 24 consecutive months of continuous coverage from the inception of this policy will apply to the following specified ailments / illness / diseases:-
 - Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Benign diseases of the breast.
 - Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology
 - 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].
 - All types of treatment for Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system, Prolapse of Intervertebral Disc (other than caused by accident),
 - All treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi. All types of management for Kidney and Genitourinary tract calculi.
 - All types of Hernia,
 - Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula,
 - All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases
 - All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies,
 - Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele,
 - Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence
 - Varicose veins and Varicose ulcers
 - All types of transplant and related surgeries.
 - Congenital Internal disease / defect
- Pre Existing Diseases as defined in the policy until 12 consecutive months of continuous coverage have elapsed; since inception of the first policy with any Indian General/ Health Insurer.

Note: Such of those Pre-Existing Diseases which fall under waiting period ii A to ii N above will be covered only after 24 consecutive months of continuous coverage from the inception of this policy.

The waiting periods i, ii and iii above are subject to Portability Regulations

❖ **Special Features:**

- A. **Out Patient Consultation:** Expenses on Medical Consultations as an Out Patient incurred in Network hospitals up to the limits mentioned in the table given below with a limit of Rs.200/- per consultation. Payment under this benefit will not reduce the sum insured and is payable only when the policy is in force.

| Sum Insured (Rs.) | Limit per person per policy period for policy with Sum Insured on Individual Basis Rs. | For Policy with Sum Insured on Floater Basis | |
|-------------------|--|--|-----------------------------|
| | | Limit Per Person Rs. | Limit Per Policy Period Rs. |
| 1,00,000 | Not Available | Not Available | |
| 2,00,000 | | | |
| 3,00,000 | 600 | | |
| 4,00,000 | 800 | | |
| 5,00,000 | 1,000 | | |
| 7,50,000 | 1,200 | Not Available | |
| 10,00,000 | 1,400 | | |
| 15,00,000 | 1,800 | | |
| 20,00,000 | 2,200 | | |
| 25,00,000 | 2,600 | | |

- B. **Cost of Health Checkup:** 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 check-up is done at our network hospitals and the policy is in force.

| Sum Insured (Rs.) | Limit per person per policy period (Sum Insured on Individual Basis) (Rs.) | For Floater Policies | |
|-----------------------------|--|----------------------|-----------------------------|
| | | Limit per person Rs. | Limit per policy period Rs. |
| 1,00,000/- to 4,00,000/- | Not Available | | |
| 5,00,000/- and 7,50,000/- | 1000/- | Not Available | |
| 10,00,000/- and 15,00,000/- | 2,000/- | 2,000/- | 3,500/- |
| 20,00,000 and 25,00,000/- | 2,500/- | 2,500/- | 4,500/- |

Note :

- Applicable for Policy with sum insured on Floater Basis:** If a claim is made by any of the insured persons, the health check up benefits will not be available under the policy.
- 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

- ❖ **Co-Payment:** This policy is subject to Co-payment mentioned below:

| Sum Insured Rs. | Co-pay |
|--------------------------------|--|
| 1,00,000/- to 10,00,000/- | PED Claims : 50% of each and every admissible claim Non PED Claims : 30% of each and every admissible claim |
| 15,00,000/- to 25,00,000/- | PED and Non PED Claims : 30% each and every admissible claim |
| PED means Pre Existing Disease | |

- ❖ **Sublimits for Policy with Sum Insured on Individual Basis**

| Sum Insured Rs. | Cataract | Cerebro vascular Accident, Cardio vascular Diseases, Cancer (Including Chemotherapy / Radiotherapy) Medical Renal Diseases (Including Dialysis) Treatment of Breakage of Long Bones | All other major surgeries |
|-----------------|----------|---|---------------------------|
| | | | |
| 1,00,000 | 15,000 | 75,000 | 60,000 |
| 2,00,000 | 15,000 | 1,50,000 | 1,20,000 |
| 3,00,000 | 18,000 | 2,00,000 | 1,50,000 |
| 4,00,000 | 20,000 | 2,25,000 | 2,00,000 |
| 5,00,000 | 21,500 | 2,75,000 | 2,25,000 |
| 7,50,000 | 23,000 | 3,00,000 | 2,50,000 |
| 10,00,000 | 25,000 | 3,50,000 | 2,75,000 |
| 15,00,000 | 30,000 | 4,00,000 | 3,00,000 |
| 20,00,000 | 35,000 | 4,50,000 | 3,25,000 |
| 25,00,000 | 40,000 | 5,00,000 | 3,50,000 |

- ❖ **Sublimits for Policy with Sum Insured on Floater Basis**

| Sum Insured Rs. | Cataract | | Cerebro vascular Accident, Cardio vascular Diseases, Cancer (Including Chemotherapy / Radiotherapy) Medical Renal Diseases (Including Dialysis) Treatment of Breakage of Long Bones | All other major surgeries | | |
|-----------------|----------------------|-----------------------------|---|---------------------------|-----------------------------|----------|
| | Limit per person Rs. | Limit per policy period Rs. | | Limit per person Rs. | Limit per policy period Rs. | |
| 10,00,000 | 25,000 | 45,000 | 3,50,000 | 6,00,000 | 2,75,000 | 4,50,000 |
| 15,00,000 | 30,000 | 50,000 | 4,00,000 | 7,00,000 | 3,00,000 | 5,00,000 |
| 20,00,000 | 35,000 | 60,000 | 4,50,000 | 7,50,000 | 3,25,000 | 5,50,000 |
| 25,00,000 | 40,000 | 70,000 | 5,00,000 | 8,50,000 | 3,50,000 | 6,00,000 |

Note : The limits are applicable for treatment of each disease / condition

All Other Major Surgery means Intestinal obstruction – acute / sub acute / chronic, Bilo Pancreatic surgery, Gastro-Intestinal surgeries, Total Knee Replacement surgery, Total Hip Replacement surgery, Other major surgeries of joints, Hemi-Orthro Plasty surgeries, Surgeries on Prostrate, Surgery related to Genito-Urinary Tract.

Note: Company's liability in respect of all claims admitted during the period of insurance shall not exceed the Sum Insured mentioned in the policy schedule

- ❖ **Claim Illustration for Sublimit and Co-pay:** Treatment for Cerebro Vascular Accident (Individual Basis)

| | | |
|--------------------------------------|--------------|---|
| Sum Insured | Rs.15,00,000 | |
| Actual Claim amount | Rs.10,00,000 | |
| Sublimit for CVA | Rs. 4,00,000 | |
| Admissible claim amount | Rs. 8,00,000 | (After considering 1. Limit for room rent, 2. Limit for ICU Charges, 3. Limit for medical practitioner fee (25% of the Sum Insured), 4. Limit for Anesthesia / OT Charges (50% of the Sum Insured)) - A |
| Less: Co-pay (30%) | Rs. 2,40,000 | (30% co-pay on admissible claim amount) - B |
| Claim amount payable after 30% copay | Rs. 5,60,000 | A (-) B |
| Final Settled amount | Rs.4,00,000 | Claim amount payable is greater than sublimit. Hence Company's liability is up to sublimit |

- ❖ **Exclusions:**

The Company shall not be liable to make any payments under this policy in respect of any expenses incurred by the insured person in connection with or in respect of:

- Circumcision, Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA
- Congenital External Condition / Defects / Anomalies
- Convalescence, general debility, run-down condition or rest cure, Nutritional deficiency states.
- 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.

10. Expenses incurred on weight control services including surgical procedures such as Bariatric Surgery and/or medical treatment of obesity.
11. 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.11
12. 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.
13. 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.
14. Unconventional, Untested, Unproven, Experimental therapies.
15. Stem cell Therapy, Autologous derived Stromal vascular Fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy.
16. Oral Chemotherapy, Immuno therapy and Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted.
17. All types of Cosmetic, Aesthetic treatment of any description, all treatment Priapism and for erectile dysfunctions, Change of Sex.
18. Plastic surgery (other than as necessitated due to an accident or as a part of any illness),
19. Hospital record charges and such other charges
20. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons.
21. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable).
22. Treatment arising from or traceable to pregnancy, childbirth, family planning, miscarriage, abortion and complications of any of these (other than ectopic pregnancy).
23. Treatment for Sub-Fertility, Assisted Conception and or other related complications of the same.
24. Medical and / or surgical treatment of Sleep apnea, treatment for endocrine disorders.
25. Expenses incurred on Lasik Laser or other procedures Refractive Error Correction and its complications, all treatment for disorders of eye requiring intra-vitre injections.
26. Cochlear implants and procedure related hospitalization expenses
27. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicine other than allopathy.
28. Hospital registration charges, admission charges, telephone charges and such other charges
29. Any hospitalizations which are not Medically Necessary
30. Other Excluded Expenses as detailed in the website www.starhealth.in.

Note: Exclusion Nos.20 to 27 are not applicable for Coverage under Outpatient Consultation (A under Special Features)

❖ **Revision of Sum Insured:**

Reduction or enhancement of sum insured is permissible only at the time of renewal.

Enhancement of sum insured is subject to no claim being lodged or paid under this policy, Both the acceptance for enhancement and the amount of enhancement will be at the discretion of the Company. Where the sum insured is enhanced, the amount of additional sum insured including the respective sub-limits by way of such enhancement shall be subject to the following terms

A Waiting period as under shall apply afresh from the date of such enhancement for the increase in the sum insured, that is, the difference between the expiring policy sum insured and the increased sum insured.

- i) First 30 days as under waiting period (i)
- ii) 24 months with continuous coverage without break (with grace period) in respect of diseases / treatments falling under waiting period (ii).
- iii) 12 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases as defined under waiting period (iii).
- iv) 24 months of continuous coverage without break (with grace period) in respect of Pre-Existing Diseases which fall under waiting period (ii)
- v) 12 months of continuous coverage without break (with grace period) for diseases / conditions diagnosed / treated irrespective of whether any claim is made or not in the immediately preceding three policy periods

The above applies to each relevant insured person

❖ **Renewal:** 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 or non cooperation of the insured.

A grace period of 30 days from the date of expiry of the policy is available for renewal. If renewal is made within this 30 days period, the continuity of benefits with reference to waiting periods will be allowed.

Note:

1. The actual period of cover will start only from the date of payment of premium.
2. Renewal premium is subject to change with prior approval from the Regulator

❖ **Free Look Period:** At the time of inception of the policy, the Insured will be allowed a period of 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the policy if not acceptable. In such a case, the premium refund shall be as follows :

If the Insured has not made any claim during the free look period, the Insured shall be entitled to –

- 1) a refund of the premium paid less any expenses incurred by the Insurer on medical examination of the insured persons and the stamp duty charges or
- 2) where the risk has already commenced and the option of return of the policy is exercised by the policy holder, a deduction towards the proportionate risk premium for period on cover or
- 3) where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

Free look period shall not be applicable at the time of renewal

❖ **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

❖ **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

❖ **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

| Policy Term with 1 year | |
|-------------------------|--------------------------------|
| Period on Risk | Rate of premium to be retained |
| UP to 1 Month | 25% of the policy premium |
| Up to 3 months | 40% of the policy premium |
| Up to 6 Months | 60% of the policy premium |
| Up to 9 Months | 80% of the policy premium |
| Exceeding 9 Months | Full Policy Premium |

| Policy Term with 2 years | |
|--------------------------|--------------------------------|
| Period on Risk | Rate of premium to be retained |
| Up to 1 Month | 20% of the policy premium |
| Up to 3 Months | 30% of the policy premium |
| Up to 6 Months | 40% of the policy premium |
| Up to 9 Months | 50% of the policy premium |
| Up to 12 Months | 60% of the policy premium |
| Up to 15 Months | 70% of the policy premium |
| Up to 18 Months | 80% of the policy premium |
| Up to 21 Months | 90% of the policy premium |
| Exceeding 21 Months | Full policy premium |

| Policy Term with 3 years | |
|--------------------------|--------------------------------|
| Period on Risk | Rate of premium to be retained |
| Up to 1 Month | 17.5% of the policy premium |
| Up to 3 Months | 22.5% of the policy premium |
| Up to 6 Months | 30.0% of the policy premium |
| Up to 9 Months | 37.5% of the policy premium |
| Up to 12 Months | 45.0% of the policy premium |
| Up to 15 Months | 52.5% of the policy premium |
| Up to 18 Months | 57.5% of the policy premium |
| Up to 21 Months | 65.0% of the policy premium |
| Up to 24 Months | 72.5% of the policy premium |
| UP to 27 Months | 80.0% of the policy premium |
| Up to 30 Months | 87.5% of the policy premium |
| Up to 33 Months | 95.0% of the policy premium |
| Exceeding 33 Months | Full Policy Premium |

❖ **Automatic Expiry:** The insurance under this policy with respect to each relevant Insured Person shall expire immediately on the earlier of the following events:

- ✓ Upon the death of the Insured Person. This also means that in case of family floater policy, 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

❖ **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
- 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 Benefit:** 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

❖ **The Company**

Star Health and Allied Insurance Co.Ltd., commenced its operations in 2006 with the business interests in Health, Travel and Personal Accident Insurance. 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 claim settlement.
- Faster & hassle-free claim settlement.
- Cashless hospitalization.

❖ **Prohibition 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
Or

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Buy this Insurance Online at www.starhealth.in and avail discount 5%
Call Toll-free: 1800-425-2255 / 1800-102-4477, sms STAR to 56677
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SENIOR CITIZENS RED CARPET HEALTH INSURANCE POLICY

Unique Identification No.: SHAHLIP19101V031819



STAR HEALTH AND ALLIED INSURANCE CO LTD

REGD & CORPORATE OFFICE: 1, New Tank Street,
Valluvar Kottam High Road, Nungambakkam, Chennai 600 034.

BRO / SCRC / N7 / 2019

Insurance is the subject matter of solicitation

PREMIUM CHART (Excluding Tax) Amount in Rs.

| Individual (1A) | | | |
|-----------------|--------|---------|---------|
| Policy Term | 1 year | 2 years | 3 years |
| Sum Insured | | | |
| 1,00,000 | 4,450 | 8,610 | 12,710 |
| 2,00,000 | 8,456 | 16,360 | 24,155 |
| 3,00,000 | 12,900 | 24,960 | 36,845 |
| 4,00,000 | 15,501 | 29,990 | 44,275 |
| 5,00,000 | 18,000 | 34,825 | 51,410 |
| 7,50,000 | 21,000 | 40,630 | 59,980 |
| 10,00,000 | 22,500 | 43,530 | 64,265 |
| 15,00,000 | 29,205 | 56,500 | 83,415 |
| 20,00,000 | 32,710 | 63,285 | 93,425 |
| 25,00,000 | 35,985 | 69,620 | 102,780 |

| Floater (2A) | | | |
|--------------|--------|---------|---------|
| Policy Term | 1 year | 2 years | 3 years |
| Sum Insured | | | |
| 10,00,000 | 38,250 | 74,000 | 109,245 |
| 15,00,000 | 49,650 | 96,055 | 141,805 |
| 20,00,000 | 55,610 | 107,585 | 158,830 |
| 25,00,000 | 61,175 | 118,350 | 174,720 |

A = Adult, 2A = Self + Spouse

