| sion_1.0_SP Parameters |  | ameters  | Star Comprehensive Insurance Policy   |   |                     |                   |                    |                     |                      |                   |                |  |  |
|------------------------|--|--|---|---|---------------------|-------------------|--------------------|---------------------|----------------------|-------------------|----------------|--|--|
| 10                     | About the policy   |  | SHAHLIP22028V072122  Covers hospitalization expenses incurred as a result of illness and/or accidental injuries   |   |                     |                   |                    |                     |                      |                   |                |  |  |
| ****                   | Type of Cover  |  | Individual and Floater (Family Size - 2 Adults + 3 Dependent Children)  |   |                     |                   |                    |                     |                      |                   |                |  |  |
|                        | Entry Age  |  | For Adults: 18 years – 65 years  For Dependent Children: 91 days to 25 years  |   |                     |                   |                    |                     |                      |                   |                |  |  |
|                        | Midterm Inclusion  |  | Available for including Newly married spouse and New Born on paying additional premium  |   |                     |                   |                    |                     |                      |                   |                |  |  |
|                        | Co-payment   |  | (Intimation about the marriage/ newborn should be given within 60 days from the date of marriage/ new born)   |   |                     |                   |                    |                     |                      |                   |                |  |  |
|                        | R  | 10% Co-payment is applicable if the Insured age at entry 61 years and above  |   |   |                     |                   |                    |                     |                      |                   |                |  |  |
| (a)<br>X               | Poli   | Lifelong  One Year, Two years & Three Years  |   |   |                     |                   |                    |                     |                      |                   |                |  |  |
| <u>-</u>               | Pre Policy Medical Checkup   |  | Not Required  |   |                     |                   |                    |                     |                      |                   |                |  |  |
| T                      | Sum Insured Options (Rs. in Lakhs)                                     |  | 5 7.5 10 15 20 25 50 75 100   |   |                     |                   |                    |                     |                      |                   |                |  |  |
|                        | Hospitalization - Room Rent  |  | Private Sing  | gle AC Roon   | n                   |                   |                    |                     |                      |                   |                |  |  |
|                        | ICU, Dr Fees, Tests, Medicines   |  | Expenses Medically Necessary, Reasonable and Customary Charges are covered in policy  |   |                     |                   |                    |                     |                      |                   |                |  |  |
|                        | Road Ambulance Charges   |  | Covered (Actuals) (i) for transportation to hospital (ii) from one hospital to other hospital (iii) from hospital to residence  |   |                     |                   |                    |                     |                      |                   |                |  |  |
|                        | Pre & Post Hospitalization   |  | 60 days & 90 days   |   |                     |                   |                    |                     |                      |                   |                |  |  |
| (PALL)                 | Organ Donor Expenses   |  | Covered  Additional Stun to Book St for the Complications (if any), that passacitate a Book Surgary/ICU admiration  |   |                     |                   |                    |                     |                      |                   |                |  |  |
| # <b>1</b>             |  | Day Care Procedures  |   | Additional SI up to Basic SI for the Complications(if any) that necessitate a Redo Surgery/ICU admission  All day care procedures are covered (Actuals) |                     |                   |                    |                     |                      |                   |                |  |  |
|                        |  | Domiciliary hospitalization  |   | Covered   |                     |                   |                    |                     |                      |                   |                |  |  |
|                        | Air Ambulance  |  | Covered for the period exceeding three days   |   |                     |                   |                    |                     |                      |                   |                |  |  |
| ~~~ <del>==</del>      | Star Wellness Program Available for Insured aged => 18 yrs             |  | Covered. Up to Rs.2,50,000 per hospitalization and maximum up to Rs.5,00,000 per policy year  |   |                     |                   |                    |                     |                      |                   |                |  |  |
| T.                     |  |  | Wellness platform is available both in our mobile app "Star Power" & Customer Portal (Retail)  The Insured can earn reward points and availpremium discount up to 10% on the renewal premium by enrolling and achieving the wellness goals. For details please refer the policy wording / prospectus. |   |                     |                   |                    |                     |                      |                   |                |  |  |
| T                      | Sum Insured O  | Sum Insured Options (Rs. in Lakhs)   |   | 7.5   | 10                  | 15                | 20                 | 25                  | 50                   | 75                | 100            |  |  |
|                        | Accidental Death & PTD   |  | 5<br>For D  | 7.5<br>Dependent C  | 10<br>Child & Perso | 15<br>ns aged abo | 20<br>ve 70 vears. | 25<br>this cover is | 50<br>s available uj | 75<br>to 10 Lakhs | 100<br>s only. |  |  |
| *                      | Bariatric Surgery<br>(Waiting Period 36 months)                        |  | 2,50,000  | 2,50,000  | 2,50,000            | 2,50,000          | 5,00,000           | 5,00,000            | 5,00,000             | 5,00,000          | 5,00,000       |  |  |
|                        |  | Ayush Treatment<br>(For Ayurveda, Unani, Sidha & Homepathy)  |   | 15,000  | 15,000              | 15,000            | 20,000             | 20,000              | 30,000               | 30,000            | 30,000         |  |  |
| 7                      | Delivery Exp.,<br>(Waiting Period                                      | Normal   | 15,000  | 25,000  | 30,000              | 30,000            | 30,000             | 30,000              | 50,000               | 50,000            | 50,000         |  |  |
|                        |  | Caesarean  | 20,000  | 40,000  | 50,000              | 50,000            | 50,000             | 50,000              | 1,00,000             | 1,00,000          | 1,00,000       |  |  |
| (2)                    | 24 months) & New Born  | New Born Cover   | 1,00,000  | 1,00,000  | 1,00,000            | 1,00,000          | 1,00,000           | 1,00,000            | 2,00,000             | 2,00,000          | 2,00,000       |  |  |
|                        | Cover  | New Born<br>Vaccination  | 5,000   | 5,000   | 5,000               | 5,000             | 5,000              | 5,000               | 10,000               | 10,000            | 10,000         |  |  |
| <b>*</b>               | OP Dental/ Ophthalmic treatment (after every block of 3 policy yrs)    |  | 5,000   | 5,000   | 10,000              | 10,000            | 10,000             | 10,000              | 15,000               | 15,000            | 15,000         |  |  |
| <u>i</u>               | Health Check-up benefit (Rs.)<br>(for every claim free year)           |  | 2,000   | 2,500   | 3,000               | 4,000             | 4,500              | 4,500               | 5,000                | 5,000             | 5,000          |  |  |
| <del>L</del>           | Out Patient Consultation (Rs.)<br>(Limit per consultation Rs.300)      |  | 1,200   | 1,500   | 2,100               | 2,400             | 3,000              | 3,300               | 5,000                | 5,000             | 5,000          |  |  |
| Š                      | Hospital Cash Benefit (Rs.)<br>(7days per admission, 120 days in P.yr) |  | 500   | 750   | 750                 | 1,000             | 1,000              | 1,500               | 2,500                | 2,500             | 2,500          |  |  |
| \$ TEXT                | No Claim Bonus<br>(Up to 100% of the Basic SI)                         |  | 50%<br>+  | 100%  | 100%                | 100%              | 100%               | 100%                | 100%                 | 100%              | 100%           |  |  |
| • AA                   | Automat  | Can be utilized for illness/ disease for which claim/s was/ were already made during the policy year.  |   |   |                     |                   |                    |                     |                      |                   |                |  |  |
| 4804                   |  | (Up to 100%, Once in every policy year)  |   |   |                     |                   |                    |                     |                      |                   |                |  |  |
|                        | Modern   | Based on the Sum insured chosen limits differ, refer policy wording for further details  Quarterly/ Half-Yearly/ Yearly. Premium can also be paid Annually, Biennial   |   |   |                     |                   |                    |                     |                      |                   |                |  |  |
|                        | Instalm  | ents Options   | -   | years) and  | Triennial (O        |                   | -                  | , Dioii             |                      |                   |                |  |  |
|                        |  |  | 14////  |   | onal Cover          | -ii/- 12          |                    | 00 "                |                      |                   |                |  |  |
|                        | Buy back of Pl   | Will reduce the PED/s waiting period to 12 months from 36 months  This Option is available only for the first purchase of <b>this</b> Star Comprehensive Insurance Policy  In case of floater policy, this reduction is applicable only for the persons who opted for this facility  This Option is not available for renewal/ migrated/ ported policies  Waiting Period |   |   |                     |                   |                    |                     |                      |                   |                |  |  |
|                        | Initial wa   | 30 days for all illnesses (except accident)  |   |   |                     |                   |                    |                     |                      |                   |                |  |  |
| DECO                   | For Spec   | 2 years  |   |   |                     |                   |                    |                     |                      |                   |                |  |  |
| <b>25</b>              | For Pre-ex   | For Pre-existing diseases 3 years  |   |   |                     |                   |                    |                     |                      |                   |                |  |  |

<sup>\*</sup> The information provided in this document is only indicative. For more details on the terms and conditions, please read the policy wordings before concluding a sale.