

Adding THE CARE in your Life

**Affordable**



**Individual & Family Health Insurance**

Easy Monthly Installments

Cash on Delivery

FASTEST claim processing

Widest range of Hospitals

Sehat Aasan-android APP

Policy delivered at your doorstep

Make Payment at over 40,000 outlets

**For more information Call 021-38-77-11-00**

**Crescent Star Insurance Limited**

Estd: 1957

MOTOR, HEALTH, FIRE, MARINE, ENGG, TRAVEL, LIVESTOCK & CROP

### **Now you can now pay your health insurance premium in INSTALLMENTS:**

Buying a medical insurance plan has become easier. You can purchase it through monthly installments. CSI introduces for the first time in Pakistan CSI Sehat Aasaan: an Inpatient Hospitalization plan which is easy on your pocket, where you can pay your Health Insurance premium in easy monthly installments. You no more need to cut down on sum insured if it is tough to pay the entire premium in one go.

### **Eligibility:**

Any person aged from 90 days up to 75years: subject to plan selected.

### **Hospitalization core benefit covers:**

- Surgeon, anesthetists fee + OT charges, Laparoscopic surgeries
- ICU/ CCU charges
- Investigations
- Ventilator and allied services
- Physician or surgeons visits, medicines
- Blood and oxygen supplies
- Prescribed medicines
- Implant charges/room charges

### **Specialized Investigations:**

MRI, CT Scan, Endoscopy, Angiography, Thallium Scan, Biopsy

### **Prominent Features of CSI Sehat Aasaan:**

- Individual health insurance plan for treatment in Pakistan only
- Covers medical expenses incurred on hospitalization
- Specialized investigations e.g. MRI, CT scan, Endoscopy, Thallium scan, Biopsy, and Angiography
- Accidental outpatient expenses/ Accidental emergency room treatment
- Expenses incurred prior to hospitalization up to 30 days
- Expenses incurred post discharge from hospitalization up to 30 days
- Day- Care treatments
- **Covers all pre-existing diseases after 2 years of continuous coverage/without break**

### **Maternity Benefits- Optional Cover:**

Following maternity benefits for hospitalization relating to pregnancy are covered up to a pre- determined annual limit if this option is taken:

- Hospital room charges
- Hospital services and supplies, Gynecologist Fee, OT, Anesthetist charges
- Nursery care for the baby while the mother is confined

**Note:** This benefit can be availed 10 months after inception, and is effective from the 1st day after renewal of policy without gap/lapsed and subject in case husband and wife both purchase the policy.

### **The term maternity means:**

- Normal delivery/ Forceps
- Caesarean section
- Multiple births
- Ectopic/ extra- Uterine pregnancy
- Miscarriage
- Pre- natal confinement
- Post-natal medical expenses up to Rs.5,000, if delivery takes place at home
- Circumcision of newly born baby boy up to Rs.2,000

### **Important Notes:**

- The above rates are subject to change without prior notice
- The above rates are exclusive of Govt Taxes
- The family discount 10% is applicable to each additional policy's premium and not the overall premium
- Pre- existing conditions will be covered after two years upon the timely renewal of policy/without gap
- CSI would recommend you to obtain your premium payment receipt
- Please submit a copy of CNIC of spouse & all adult members & NADRA B Form of the kids
- The plan will be effective after 15 days of waiting period
- In the event of hospitalization, the outstanding installments are required to be paid

### **Claim Process:**

In case of emergency hospitalization, you can use your Health Card at any network Hospital throughout the country and avail cashless service without the need to undergo a pre- authorization process. In case of planned hospitalization/ procedures you must inform CSI prior to admittance for pre- authorization. In case of treatment at a non- network hospital, if a panel hospital is not available in a particular city for reimbursement must be filled after discharge and send to our office with relevant supporting bills and receipts.

# Summary of Benefits

Sehat Aasaan	Plan A	Plan B	Plan C	Plan D
Annual Limit	100,000	200,000	350,000	500,000
Sub Limit For	15,000	20,000	35,000	50,000
Accidental Treatment (Per Accident)				
Pre & Post Hospitalization Expense Benefit	30 Days /Actual			
ICU / CCU	Actual			
Daily Room & Board Limit	1,500	G. Ward	Semi private	Private
Coverage Of Specialized Investigations	Actual			
Inside Network	No Co-Payments			
Outside Network / Re-imburement **	80:20 Co-Payment			
Family Discount	10 % discount on each additional premium			
Renewal Discount	10 % discount subject to no claim in previous year			

Age Wise Premium Per Month				
Age Group	Plan A	Plan B	Plan C	Plan D
90 days – 18	324	433	639	902
19 – 29	363	485	704	994
30 – 34	420	552	815	1,136
35 – 39	509	664	974	1,371
40-44	626	844	1,245	1,711
45 – 49	788	1,043	1,541	2,144
50 – 54	902	1,191	1,752	2,459
55 – 59	1,045	1,294	2,058	2,876
60 – 64	1,289	1,710	2,491	3,255
65 – 69	1,884	3,028	5,198	NIL
70 – 75	3,115	4,701	7,539	NIL

Maternity Benefit (Optional)				
Normal Delivery	15,000	25,500	31,000	52,500
C-Section	23,000	38,000	46,000	80,000
D & C	5,500	8,000	15,000	26,000
Maternity Premium Per Month	731	1,238	1,273	1,949

\*A discount of 20% is offered if the policy premium amount is paid outright at the time of issuance of the policy.  
\*\*Rates subject to change without prior notice.  
\*\*\*The above premium is per month based on annual premium applicable.  
\*\*\*\*Monthly premium must be paid on due date, the policy will be cancelled if monthly payment is not received within days of the due date.  
\*\*\*\*\*Terms & Conditions apply

# Application for Health Insurance

## Select Your Required Plan

<b>Sehat Aasaan</b>	Plan A <input type="checkbox"/>	Plan B <input type="checkbox"/>	Plan C <input type="checkbox"/>	Plan D <input type="checkbox"/>
<b>Applicant Information</b>				
Applicant Name:				
Mr./Ms./Dr.:				
CNIC No:				
Occupation:				
Full mailing address:				
Telephone Number:				
Mobile No:				
Email Address:				

Premium Calculation				Premium Payment Option	
S.No.	Name in full	Date of Birth	Relationship	Premium	
				Annual <input type="checkbox"/>	Monthly <input type="checkbox"/>
				Rs.	Rs.
				Rs.	Rs.
				Rs.	Rs.
				Rs.	Rs.
				Rs.	Rs.
Maternity Coverage Premium				Rs.	Rs.
Premium Amount				Rs.	Rs.
Family Discount 10%				Rs.	Rs.
Premium Payable				Rs.	Rs.
Annual Premium Payment Discount 20%					N/A
<b>NET PREMIUM PAYABLE</b>				Rs.	Rs.
Payment		Cheque No	Amount		Cash

### Declaration:

I agree that the insurance benefit available to me shall become void in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any particulars in the application form/ personal statement, declaration and connected documents or if any material information has been withheld by me or anyone acting on my behalf. I hereby declare that I am not aware of any neglect or omission or error or existence of any circumstances likely to give rise to a claim thereof. I hereby declare that in case of false declaration the insurance company shall have the right to not entertain the claim.

The insurance company shall have the right to change the terms and conditions being communicated to me. I hereby agree that my enrollment for insurance would be at the sole discretion of the insurance company. I also consent and authorize you to seek information from my doctor who has treated me or any other person to be insured and from any life or non-life company to which a proposal for critical illness or any other health cover has been made.

Plan features and availability may vary by location. Plans may be subject to medical underwriting or other restrictions. Health insurance plans contain exclusions. Providers are independent contractors and are not agents of CSI. Provider participation may change without notice. CSI does not guarantee access to health services. Not all health services are covered. Please see our health insurance plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage.

### Pre-existing conditions are not covered:

Pre-existing condition/ Illness: Means any sickness, disease, injury or any other symptoms related to it or even generating any complication/further ailment arising out of it; either availed or availing treatment with or without medical advice before the inception of the policy.

I have read the terms & conditions specified overleaf, understand and agree.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** Please obtain receipt for your payment made.



### What cannot be claimed?

- Expenses for treatment other than allopathic
- Expenses, which are purely diagnostic in nature with no positive existence of any disease
- Any birth defects or congenital diseases
- **Pre-existing condition/illness:** Means any sickness, disease, injury, or any other symptom related to it or even generating any complication/further ailment arising out of it; either availed or availing treatment with or without medical advice before the inception of the policy
- Expenses prior and after the policy period
- Expenses arising from HIV/AIDS
- Maternity expenses not covered if maternity benefit not opted
- Expenses for fertility, infertility, contraception or sterilization and any complication relating hereto
- Optical and/ or vision care
- Cosmetic treatment
- All dental treatment or oral surgery apart from emergency accidental dental treatment    Self-inflicted injury, attempted suicide, abuse of alcohol or drug addiction and participation in hazardous sports
- Injury or treatment arising or resulting from war, riots, strike, acts of terrorism, nuclear weapon induced treatment
- Ionizing radiation or contamination by radioactivity from any nuclear fuel or waste, from the process of nuclear fission or from any nuclear weapons material
- Pet scans
- Preventive treatment, Vaccinations, antiretroviral drugs, dietary supplements, vitamins and hormone replacement therapy (if out-patient benefit is not    provided)



**Crescent Star Insurance Limited**

**For more information Call 021-38-77-11-00**

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