

STAR WOMEN CARE INSURANCE POLICY

Unique Identification No.: SHAHLIP22217V012122

Coverage for Modern Treatment							
Sum Insured (Rs.)	5 lacs	10 lacs	15 lacs	20 lacs	25 lacs	50 lacs	100 lacs
	Limit per person, per policy period for each treatment / Procedure (Rs.)						
Uterine artery Embolization and HIFU	Up to 50% of sum insured			Up to 40% of sum insured			Up to 30% of sum insured
Balloon Sinuplasty							
Deep Brain Stimulation							
*Oral Chemotherapy (Sublimits including Pre & Post Hospitalization)							
Immunotherapy - Monoclonal Antibody to be given as injection							
Intra Vitreal injections							
Robotic surgeries							
Stereotactic radio surgeries							
Bronchical Thermoplasty							
Vaporisation of the prostate (Green laser treatment or holmium laser treatment)							
IONM-(Intra Operative Neuro Monitoring)							
Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions							

*Sublimits all inclusive with or without hospitalization where ever hospitalization includes pre and post hospitalizations.