



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Registered Office : No. 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034. Phone : 044 - 28288800

Corporate Office : No. 148, Acropolis, Dr. Radha Krishnan Salai, Mylapore, Chennai - 600 004. Phone : 044 - 4788 6666

Email : support@starhealth.in | Website : www.starhealth.in | CIN : L66010TN2005PLC056649 | IRDAI Regn. No. : 129

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

Kind Attention: Policyholder

Please check whether the details given by you about the insured persons in the proposal form (a copy of which was provided at the time of issuance of cover for the first time) are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the person/s covered would be taken as correct.

So also the coverage details may also be gone through and in the absence of any communication from you within 15 days from the date of receipt of this policy, it would be construed that the policy issued is correct and the claims if any arise under the policy will be dealt with based on proposal / policy details.

Sl. No	Title	Description	Refer to Policy Clause Number
1	Name of Insurance Product / Policy	Arogya Sanjeevani Policy, Star Health and Allied Insurance Co Ltd. UIN: SHAHLIP22027V032122	-
2	Policy Number	Refer Policy Schedule attached with this document	-
3	Type of Insurance Product / Policy	Indemnity (Where Insured losses are covered up to the Sum Insured under the policy)	-
4	Sum Insured	Refer Policy Schedule attached with this document	-
5	Policy Coverage (What the policy covers?)	Expenses in respect of:	4(1)
		In-patient Treatment: Admission in Hospital beyond 24 hrs.	4(1.1)(iv)
		Day care Procedures: All day care procedures requiring less than 24 hours of hospitalization	4(1.1)(v)
		Road Ambulance: Expenses incurred on Road Ambulance subject to a maximum of Rs.2000/- per hospitalisation.	4(1.1)(ii)
		Dental treatment: Necessitated due to disease or injury	4(1.1)(iii)
		Plastic surgery: Necessitated due to disease or injury	4(2)
		AYUSH Treatment: Expenses incurred on hospitalization under AYUSH Treatment	

		Cataract Treatment: Expenses incurred towards Cataract Treatment	4(3)
		Pre-hospitalization: Medical Expenses incurred up to 30 days prior to the date of hospitalisation	4(4)
		Post-hospitalization: Medical Expenses incurred up to 60 days from the date of discharge from the hospital	4(5)
		Coverage for Modern Treatment: Up to specified limit	4(6)
6	Exclusions (What the policy does not cover?)	Investigation & Evaluation	Excl 04
		Rest Cure, rehabilitation and respite care	Excl 05
		Obesity / Weight Control	Excl 06
		Change-of-Gender treatments	Excl 07
		Cosmetic or plastic Surgery	Excl 08
		Hazardous or Adventure sport	Excl 09
		Breach of law	Excl 10
		Excluded Providers	Excl 11
		Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof	Excl 12
		Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons	Excl 13
		Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure	Excl 14
		Refractive Error: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries	Excl 15
		Unproven Treatments: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness	Excl 16
		Sterility and Infertility: Expenses related to sterility and infertility. This includes; a. Any type of contraception, sterilization b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI c. Gestational Surrogacy d. Reversal of sterilization	Excl 17

		Maternity i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period	Excl 18
		SPECIFIC EXCLUSIONS	
		War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds	5(19)
		Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense.	5(20)
		Any expenses incurred on Domiciliary Hospitalization and OPD treatment	5(21)
		Treatment taken outside the geographical limits of India	5(22)
		Existing disease/s, disclosed by the Insured and mentioned in the policy schedule under Permanent Exclusion (based on Insured's consent)	5(23)
7	Waiting Period: <ul style="list-style-type: none"> Time period during which specified diseases/treatments are not covered It is counted from the beginning of the policy coverage 	Initial waiting period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents)	5(3) Excl 03
		Specific waiting periods (Not applicable for claims arising due to an accident): A. Expenses related to the treatment of the following listed Conditions, surgeries/treatments shall be excluded until the expiry of 24/36 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase C. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply D. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion E. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage	5(2) Excl 02

		<p>F. List of specific diseases/procedures;</p> <p>24 Months waiting period</p> <ol style="list-style-type: none"> 01. Benign ENT disorders 02. Tonsillectomy 03. Adenoidectomy 04. Mastoidectomy 05. Tympanoplasty 06. Hysterectomy 07. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps 08. Benign prostate hypertrophy 09. Cataract and age related eye ailments 10. Gastric/ Duodenal Ulcer 11. Gout and Rheumatism 12. Hernia of all types 13. Hydrocele 14. Non Infective Arthritis 15. Piles, Fissures and Fistula in anus 16. Pilonidal sinus, Sinusitis and related disorders 17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident 18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy. 19. Varicose Veins and Varicose Ulcers 20. Internal Congenital Anomalies <p>36 Months waiting period</p> <ol style="list-style-type: none"> 1. Treatment for joint replacement unless arising from accident 2. Age-related Osteoarthritis & Osteoporosis 	
		<p>Pre-existing diseases:</p> <ol style="list-style-type: none"> A. Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase C. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then for the same would be reduced to the extent of prior coverage D. Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer 	<p>5(1) Excl 01</p>

8	Financial limits of coverage i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	The policy will pay only up to the limits specified hereunder for the following diseases/procedures:			
		1. Room/ICU charges: i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to 2% of the sum insured subject to maximum of Rs.5000/-, per day.		4(1)(i)	
		ii. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up to 5% of sum insured subject to maximum of Rs.10,000/- per day.		4(1)(ii)	
		2. Cataract Treatment: The Company shall indemnify medical expenses incurred for treatment of Cataract, subject to a limit of 25% of Sum Insured or Rs. 40,000/-, whichever is lower, per each eye in one policy year		4(3)	
		3. Road Ambulance: Expenses incurred on Road Ambulance subject to a maximum of Rs.2000/- per hospitalisation.		4(1.1)V	
		4. Modern Treatments:			
		<table><tr><td>A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound) B. Balloon Sinuplasty C. Deep Brain stimulation D. Oral chemotherapy E. Immunotherapy-Monoclonal Antibody to be given as injection F. Intra vitreal injections G. Robotic surgeries H. Stereotactic radio surgeries I. BronchicalThermoplasty J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment) K. IONM - (Intra Operative Neuro Monitoring) L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions</td><td>up to 50% of Sum Insured</td></tr></table>	A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound) B. Balloon Sinuplasty C. Deep Brain stimulation D. Oral chemotherapy E. Immunotherapy-Monoclonal Antibody to be given as injection F. Intra vitreal injections G. Robotic surgeries H. Stereotactic radio surgeries I. BronchicalThermoplasty J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment) K. IONM - (Intra Operative Neuro Monitoring) L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions	up to 50% of Sum Insured	4(6)
A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound) B. Balloon Sinuplasty C. Deep Brain stimulation D. Oral chemotherapy E. Immunotherapy-Monoclonal Antibody to be given as injection F. Intra vitreal injections G. Robotic surgeries H. Stereotactic radio surgeries I. BronchicalThermoplasty J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment) K. IONM - (Intra Operative Neuro Monitoring) L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions	up to 50% of Sum Insured				

	ii) Co-payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policy holder/ insured)	Each and every claim under the Policy shall be subject to a co-payment of 5% applicable to claim amount admissible and payable as per the terms and conditions of the Policy.	4(9)
	iii) Deductible (It is a specified amount: up to which an insurance company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than the specified amount)	NIL	-
	iv) Any other limit (as applicable)	NIL	-
9	Claims/ Claims procedure	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>i) Documents for Cashless Treatment</p> <p>a) For assistance call 24 hours help-line 044-69006900 or Toll Free No.1800 425 2255. Senior Citizens may call at 044-40020888</p> <p>b) Treatment may be taken in a network provider and is subject to pre- authorization by the Company.</p> <p>c) Cashless request form available with the network provider and sent to the Company for authorization.</p>	6(2)

- d) The Company upon getting cashless request form and related medical information from the insured person / network provider will issue preauthorization letter to the hospital after verification.
- e) At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
- f) The Company reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.
- g) In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company for reimbursement.
- h) KYC (Identity proof with Address) of the proposer, as per AML Guidelines
- g) **For Reimbursement claims:** For reimbursement of claims the insured person may submit the necessary documents to Company within the prescribed time limit as specified hereunder;

Sl. No	Type of Claim	Prescribed Time Limit
1	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within 30 days of date of discharge from hospital.
2	Reimbursement of Post hospitalization expenses	Within 15 days from completion of post hospitalization treatment

(Refer policy clause for the complete list of documents)

Turn Around Time (TAT) for claims settlement

- i) TAT for preauthorization of cashless facility: Within 1 hr from the time of receipt of all necessary relevant documents.
https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf
- ii) TAT for cashless final bill authorization: Within 3 hrs from the time of receipt of all necessary relevant documents
- iii) Network Hospital details: Insured can refer the company website using the following link to the list of Network hospitals: <https://www.starhealth.in/lookup/hospital/>

		<p>iv) Helpline Number: For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255. Senior Citizens may call at 044-40020888</p> <p>v) Hospitals which are blacklisted or from where no claims will be accepted by insurer : Insured can refer the company website using the following link to the list of excluded hospitals. https://www.starhealth.in/lookup/hospital/#excluded-hospital</p>	
		<p>Downloading/getting Pre-Authorisation Form:</p> <p>a) For Cashless: https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf</p> <p>b) For Reimbursement: https://web.starhealth.in/sites/default/files/CLAIMFORM.pdf</p>	
10	Policy Servicing	<p>Details of the Company Official: Assistant General Manager – Customer Care Customer Care No. 044-69006900 or Toll Free No. 1800 425 2255, Senior Citizens: 044-69007500 e-mail: support@starhealth.in</p>	6(19)
11	Grievances/ Complaints	<p>Details of Grievance Redressal Officer of the Insurer: Grievance Redressal Officer, Corporate Grievance Department, 4th Floor, Balaji Complex, No. 15, Whites Lane, Whites Road, Royapettah, Chennai- 600014 (Land mark: In the lane next to Satyam Theatre Parking Area) Ph. No: 044-69006900 Toll Free No. 1800 425 2255 Senior Citizens - 044- 6900 7500 Mail ID:- gro@starhealth.in grievances@starhealth.in https://www.starhealth.in/grievance-redressal</p> <p>If Insured person is not satisfied with the redressal of grievance, Insured person may contact the grievance officer at 044-43664600.</p> <p>For updated details of grievance officer, kindly refer the link https://www.starhealth.in/grievance-redressal</p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management System – https://bimabharosa.irdai.gov.in/</p>	6(14)
		<p>Details of Ombudsman: List of Insurance Ombudsman For updated list refer: https://www.cioins.co.in/ombudsman</p>	Page 9

12	Things to remember	<p>Free Look cancellation: Free Look Period: The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.</p> <p>The insured person shall be allowed free look period of thirty days from date of receipt of the policy document whether electronically or otherwise to review the terms and conditions of the policy, and to return the same if not acceptable.</p> <p>If the insured has not incurred any claim during the Free Look Period, the insured shall be entitled to</p> <ol style="list-style-type: none"> a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period 	6(13)
		<p>Policy renewal: The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.</p> <ol style="list-style-type: none"> Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period. No loading shall apply on renewals based on individual claims experience 	6(9)

		<p>Migration: The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the Policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.</p> <p>For Detailed Guidelines on migration, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987</p>	6(7)
		<p>Portability: The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.</p> <p>For Detailed Guidelines on portability, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987</p>	6(8)
		<p>Change in Sum Insured: Sum insured can be changed (increased/ decreased) only at the time of renewal, subject to underwriting by the Company. For any increase in SI, the waiting period shall start afresh only for the enhanced portion of the sum insured.</p>	6(25)
		<p>Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) under the health insurance policy no look back to be applied. This period of sixty months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of sixty continuous months would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud, nondisclosure, misrepresentation and exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.</p>	6(10)
13	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of Information: The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder</p> <p>Please disclose the medical history details sought in the proposal form.</p>	6(1)

Benefit Illustration in respect of policies offered on individual and family floater basis

Age of the Members insured (in yrs)	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (Rs.)	Sum insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)
Illustration 1										
64	16,675	5,00,000	16,675	Nil	16,675	5,00,000	29,500	4,490	25,010	5,00,000
58	12,825	5,00,000	12,825		12,825	5,00,000				
Total Premium for all members of the family is Rs.29,500/- , when each member is covered separately. Sum insured available for each individual is Rs.5,00,000/-			Total Premium for all members of the family is Rs.29,500/- , when they are covered under a single policy. Sum insured available for each family member is Rs.5,00,000/-				Total Premium when policy is opted on floater basis is Rs.25,010/- . Sum insured of Rs.5,00,000/-, is available for the entire family (2A)			
Illustration 2										
47	7,590	5,00,000	7,590	Nil	7,590	5,00,000	17,180	3,795	13,385	5,00,000
44	5,420	5,00,000	5,420		5,420	5,00,000				
19	4,170	5,00,000	4,170		4,170	5,00,000				
Total Premium for all members of the family is Rs.17,180/- , when each member is covered separately. Sum insured available for each individual is Rs.5,00,000/-			Total Premium for all members of the family is Rs.17,180/- , when they are covered under a single policy. Sum insured available for each family member is Rs.5,00,000/-				Total Premium when policy is opted on floater basis is Rs.13,385/- . Sum insured of Rs.5,00,000/-, is available for the entire family (2A+1C)			

Note: Premium rates specified in the above illustration are standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable.

A-Adult, C-Child

Declaration by the Policy Holder

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

Note:

- i. <https://www.starhealth.in/downloads/>
- ii. In case of any conflict, the term and conditions mentioned in the policy document shall prevail.
- iii. Kindly mail us at cisacknowledgement@starhealth.in or call us at +91-7338737872 to acknowledge the receipt of this document

