



Arogya Sanjeevani Policy,

Star Health and Allied Insurance Co Ltd.

SHAHLIP26045V042526



Customer Information Sheet



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: SHAHLIP26045V042526	-
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: In-patient Treatment: Admission in Hospital beyond 24 hrs.	4(1)
		Day care Procedures: All day care procedures requiring less than 24 hours of hospitalization	4(1.1)(iv)
		Road Ambulance: Expenses incurred on Road Ambulance subject to a maximum of Rs.2000/- per hospitalization.	4(1.1)(v)
		Dental treatment: Necessitated due to disease or injury	4(1.1)(ii)
		Plastic surgery: Necessitated due to disease or injury	4(1.1)(iii)
		AYUSH Treatment: Expenses incurred on hospitalization under AYUSH Treatment	4(2)
		Cataract Treatment: Expenses incurred towards Cataract Treatment	4(3)
		Pre-hospitalization: Medical Expenses incurred up to 30 days prior to the date of hospitalization	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)
	Cumulative Bonus: Cumulative Bonus will be increased by 5% in respect of each claim free Policy Year subject to maximum of 50% of the Sum Insured	4(8)	
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

6	Exclusions (What the Policy does not cover?)	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 dioptrres	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) <ul style="list-style-type: none"> 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

F. List of specific diseases/procedures;

24 Months waiting period

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

36 Months waiting period

1. Treatment for joint replacement unless arising from accident
2. Age-related Osteoarthritis & Osteoporosis

		<p>Pre-existing diseases:</p> <p>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</p> <p>B. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase</p> <p>C. 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</p> <p>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>	<p>5(1) Excl 01</p>
<p>8</p>	<p>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)</p>	<p>The Policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>1. Room/ICU charges:</p> <p>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.</p> <p>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.</p> <p>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</p> <p>3. Road Ambulance: Expenses incurred on Road Ambulance subject to a maximum of Rs.2000/- per hospitalization.</p>	<p>4(1)(i)</p> <p>4(1)(ii)</p> <p>4(3)</p> <p>4(1.1)V</p>

		<p>4. Modern Treatments:</p> <table border="1" data-bbox="488 291 1278 1406"> <tr> <td data-bbox="488 291 1038 1406"> <ul style="list-style-type: none"> 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 data-bbox="1038 291 1278 1406" style="text-align: center; vertical-align: middle;"> <p>up to 50% of Sum Insured</p> </td> </tr> </table>	<ul style="list-style-type: none"> 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 	<p>up to 50% of Sum Insured</p>	<p>4(6)</p>
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	<p>ii) Co-payment (It is a specified amount/ percentage of the admissible claim amount to be paid by Policy holder/ insured)</p>	<p>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.</p>	<p>4(9)</p>		

	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>Notification of Claim: Notice with full particulars shall be sent to the Company as under;</p> <p>i. Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.</p> <p>ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.</p> <p>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

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)

		<p>Turn Around Time (TAT) for claims settlement</p> <ul style="list-style-type: none"> 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 <p>The details/web link for following:</p> <ul style="list-style-type: none"> i. 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/ ii. 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 iii. Hospitals which are excluded 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 iv. Downloading/getting <ul style="list-style-type: none"> a. For Cashless (Pre-Authorisation Form): https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf b. For Reimbursement: https://web.starhealth.in/sites/default/files/CLAIMFORM.pdf v. For the comprehensive list of documents to be submitted while filing a reimbursement claim, please refer our website under the link https://www.starhealth.in/claims/#claim-process 	
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)

<p>11</p>	<p>Grievances/ Complaints</p>	<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 If Insured person is not satisfied with the redressal of grievance, Insured Person may contact the grievance officer at 044-43664600. For updated details of grievance officer, kindly refer the link https://www.starhealth.in/grievance-redressal Grievance may also be lodged at IRDAI Integrated Grievance Management System – https://bimabharosa.irdai.gov.in/</p>	<p>6(14)</p>
		<p>Details of Ombudsman: List of Insurance Ombudsman For updated list refer: https://www.cioins.co.in/ombudsman</p>	<p>Page 24</p>
		<p>Free Look Cancellation: 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. The Policyholder 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. If the Policyholder is not satisfied with any of the terms and conditions and has not made any claim, the Policyholder has the option to cancel his/her Policy. This option is available in case of policies with a term of one year or more. The Policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any incurred by the Insurer on medical examination of the proposer and stamp duty charges.</p>	<p>6(13)</p>

		<p>Policy renewal: The Policy shall be renewable provided the product is not withdrawn, except in case of established fraud or non-disclosure or misrepresentation by the Policyholder. If the product is withdrawn, the Policyholder shall be provided with suitable options to migrate as per the procedure stated under “withdrawal clause”</p> <ul style="list-style-type: none"> i. At the end of the Policy Period, the Policy shall terminate and can be renewed within the Grace Period of 30 days. ii. While coverage is not available during the Grace Period, if the Policy is renewed during the Grace Period, all the credits (Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc.) accrued under the Policy shall be protected. 	6(9)
		<p>Migration: In case of migration of one Policy to another with the same insurer, the Policyholder (including all members under family cover and group insurance policies) can transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc. in the previous Policy to the migrated Policy.</p>	6(7)
		<p>Portability:</p> <ul style="list-style-type: none"> A. The Policyholder has the choice to port his / her Policy from one Insurer to another by applying to such Insurer to port the entire Policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the Policy renewal date as per IRDAI guidelines related to portability. B. The Policyholder is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc. from the existing Insurer to the Acquiring Insurer in the previous policy. 	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) in health insurance Policy, no Policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first Policy. Wherever, the Sum Insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.</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	18,343	5,00,000	18,343	Nil	18,343	5,00,000	32,451	4,940	27,511	5,00,000
58	14,108	5,00,000	14,108		14,108	5,00,000				
Total Premium for all members of the family is Rs. 32,451/- , 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. 32,451/- , 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. 27,511/- . Sum Insured of Rs.5,00,000/- , is available for the entire family (2A)			
Illustration 2										
47	8,349	5,00,000	8,349	Nil	8,349	5,00,000	18,898	4,174	14,724	5,00,000
44	5,962	5,00,000	5,962		5,962	5,00,000				
19	4,587	5,00,000	4,587		4,587	5,00,000				
Total Premium for all members of the family is Rs. 18,898/- , 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. 18,898/- , 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. 14,724/- . 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