



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 | Diabetes Safe Insurance Policy Unique Identification No: SHAHLIP23081V082223 | - |
| 2 | Policy Number | Refer Policy Schedule attached with this document | - |
| 3 | Type of Insurance Product / Policy | Both Indemnity and Benefit | - |
| 4 | Sum Insured | Refer Policy Schedule attached with this document | - |
| 5 | Policy Coverage (What the policy covers) | Section 1: Any complications of Diabetes Mellitus (Applicable for Plan A and Plan B) Expenses in respect of: | II(a) (A,B,C) |
| | | 1. In-patient Treatment: Admission in Hospital beyond 24 hours | |
| | | 2. Emergency Ambulance: Up to Rs. 2,000/- per policy period | II(a)(D) |
| | | 3. Pre-Hospitalisation: Medical Expenses incurred up to 30 days prior to the date of hospitalisation | II(a)(E) |

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| | 4. Post-Hospitalisation: Medical Expenses incurred up to 60 days after discharge from the hospital. The amount payable shall not exceed the sum equivalent to 7% of the hospitalization expenses to a maximum of Rs.5,000/- per hospitalization | II(a)(F) |
| | 5. AYUSH Treatment: Medical expenses for Inpatient Hospitalization incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines in a AYUSH Hospital is payable up to the sum insured. | II(A)(G) |
| | Special Condition for Section 1: Any complications of Diabetes Mellitus | |
| | 5. Donor expenses for Kidney transplantation where the insured person is the recipient provided the claim for transplantation is payable and subject to the availability of sum insured | II(b)(1) |
| | 6. Expenses incurred on dialysis (inclusive of AV fistula/graft creation charges) upto Rs.1,000/- per sitting commencing from the policy year in which Chronic Kidney disease occurs upto 24 consecutive months | II(b)(2) |
| | 7. Cost of Artificial Limbs: Up to 10% of sum insured provided the claim for such amputation is admissible under the policy | II(b)(3) |
| | 8. Expenses incurred on treatment of Cardiovascular system, Renal System, Diseases of eye, Foot Ulcer, Diabetic Peripheral Vascular Diseases and other complications of diabetes Covered upto Specified limits | II(b)(4) |
| | Section 2: Other than Diabetes Mellitus | |
| | 9. Expenses incurred on treatment of Cataract upto specified limits | II(d)(2) |
| | 10. In-patient Treatment: Covers hospitalisation expenses for period more than 24 hrs' | II(c)(A,B,C) |
| | 11. Emergency Ambulance: Up to Rs. 2,000/- per policy period | II(c)(E) |
| | 12. Pre-Hospitalisation: Medical Expenses incurred up to 30 days prior to hospitalisation | II(c)(D) |
| | 13. Post-Hospitalisation: Medical Expenses incurred up to 60 days after discharge from the hospital. Medical Expenses incurred up to 7% of hospitalization expenses subject to a maximum of Rs.5,000/- | II(c)(F) |
| | 14. AYUSH Treatment: Medical expenses for Inpatient Hospitalization incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines in a AYUSH Hospital is payable up to the sum insured. | II (C) (G) |
| | Section 3 - Outpatient Expenses | |
| | 14. Company will pay the amount of such expenses as are reasonably and necessarily incurred at any Networked Facility in India, upto the limit as specified in the policy schedule | II(e) (a & b) |
| | 15. Section 4 - Coverage for Modern Treatments – Upto Specified Limits | II(f) |

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| | | 15. Section 5 - Personal Accident (Applicable for Plan A and Plan B): If the Accident causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as compensation the Sum Insured mentioned in the Schedule. | II(g) | |
| 6 | Exclusions (What the policy does not cover) | Standard Exclusion | | |
| | | 1. Investigation & Evaluation | Excl 04 | |
| | | 2. Rest Cure, rehabilitation and respite care | Excl 05 | |
| | | 3. Obesity/ Weight Control | Excl 06 | |
| | | 4. Change-of-Gender treatments | Excl 07 | |
| | | 5. Cosmetic or plastic Surgery | Excl 08 | |
| | | 6. Hazardous or Adventure sports | Excl 09 | |
| | | 7. Breach of law | Excl 10 | |
| | | 8. Excluded Providers | Excl 11 | |
| | | 9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof | Excl 12 | |
| | | 10. 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 | |
| | | 11. 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 | |
| | | 12. Refractive Error | Excl 15 | |
| | | 13. Unproven Treatments | Excl 16 | |
| | | 14. Sterility and Infertility | Excl 17 | |
| | | 15. Maternity | Excl 18 | |
| | | Specific Exclusions | | |
| | | 16. Circumcision (unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident), Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA | Excl 19 | |
| | | 17. Congenital External Condition / Defects / Anomalies | Excl 20 | |
| | | 18. Convalescence, general debility, run-down condition, Nutritional deficiency states | Excl 21 | |
| 19. Intentional self -injury | Excl 22 | | | |
| 20. Injury/disease caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not) | Excl 24 | | | |

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| | 21. Injury or disease caused by or contributed to by nuclear weapons/ materials | Excl 25 |
| | 22. Expenses incurred on Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other similar therapies | Excl 26 |
| | 23. Unconventional, Untested, Experimental therapies | Excl 27 |
| | 24. Artificial Pancreas, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy | Excl 28 |
| | 25. Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted | Excl 29 |
| | 26. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons) | Excl 31 |
| | 27. Hospital registration charges, admission charges, record charges, telephone charges and such other charges | Excl 34 |
| | 28. Cost of spectacles and contact lens, hearing aids, Cochlear implants and procedures, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids | Excl 35 |
| | 29. Any hospitalization which are not medically necessary / does not warrant hospitalization | Excl 36 |
| | 30. Other Excluded Expenses as detailed in the website www.starhealth.in | Excl 37 |
| | 31. Existing disease/s, disclosed by the Insured and mentioned in the policy schedule under Permanent Exclusion (based on Insured's consent) | Excl 38 |
| | Exclusions applicable for Section 5: Personal Accident (Applicable for Plan A and Plan B) | Sec 5 |
| | 33. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance | III(1) Excl 01 |
| | 34. Any claim arising out of Accident of the Insured Person from; a. Intentional self injury / suicide or attempted suicide or b. Whilst under the influence of intoxicating liquor or drugs or c. Self endangerment unless in self defense or to save human life | III(2) Excl 02 |
| | 35. Any claim arising out of suicide or attempted suicide self inflicted injuries, or sexually transmitted conditions, anxiety, stress, depression, venereal disease (Other than HIV) | III(3) Excl 03 |

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| | | 36. Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from | III(4) Excl 04 |
| | | 37. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detentions of all kings princes and people of whatever nation, condition or quality whatsoever | III(5) Excl 05 |
| | | 38. Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority | III(6) Excl 06 |
| | | 39. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel b. Nuclear weapons material c. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof d. Nuclear, chemical and biological terrorism | III(7) Excl 07 |
| | | 40. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons | III(8) Excl 08 |
| | | 41. Participation in Hazardous Sport / Hazardous Activities | III(9) Excl 09 |
| | | 42. Persons who are physically challenged, unless specifically agreed and endorsed in the policy | III(10) Excl 10 |
| | | 43. Any loss arising out of the Insured Person's actual or attempted commission of or willful, participation in an illegal act or any violation or attempted violation of the law | III(11) Excl 11 |
| | | 44. Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly | III(12) Excl 12 |

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|----------|--|--|---------------------------|
| <p>7</p> | <p>Waiting Period:</p> <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 | <p>30-day waiting periods</p> <p>Applicable for Section 1 under Plan B;</p> <ol style="list-style-type: none"> 1. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered 2. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months 3. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently <p>Applicable for Section 2 and Section 4 under Plan A and Plan B;</p> <ol style="list-style-type: none"> 1. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered 2. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months 3. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently | <p>III(3) Excl 03</p> |
| | | <p>Specified disease/procedure waiting period</p> <p>Applicable for Section 1 under Plan B</p> <ol style="list-style-type: none"> A. Expenses related to the treatment of following listed systems shall be excluded until the expiry of 12 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. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion D. List of Systems: Cardio Vascular System, Renal System, Diseases of eye, Diabetic Peripheral Vascular Diseases and Foot Ulcer <p>Applicable for Section 2 and Section 4 under Plan A and Plan B</p> <ol 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 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 | <p>III(2) Excl 02</p> |

- 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
- F. **List of specific diseases/procedures:**
1. Cataract and diseases of the Anterior and Posterior Chamber of the Eye, Retinal detachment, Glaucoma, Diseases of ENT, Diseases related to Thyroid, Prolapse of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers, all Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies, benign prostatic hypertrophy, stapedectomy, all types of Hernia, Epididymal Cyst, Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele, Fistula / Fissure in ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence, and Congenital Internal disease / defect
 2. Desmoid Tumour of anterior abdominal wall, Gall Bladder and Pancreatic diseases and All treatments (conservative, interventional, laparoscopic and open) for Hepato pancreato biliary diseases including gall bladder and pancreatic calculi. All types of management for kidney calculi and genitourinary tract calculi
 3. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Uterus, Fallopian Tubes, Cervix and Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases, Benign breast diseases, Umbilical Sinus, Umbilical Fistula
 4. Conservative, operative treatment of all types of intervention for diseases related to tendon, ligament, Fascia, bones and joint including Arthroscopy and Arthroplasty [other than caused by accident]
 5. Degenerative disc and vertebral diseases including Replacement of bones and joints and degenerative diseases of the musculo-skeletal system
 6. Subcutaneous benign lumps, sebaceous cyst, dermoid cyst, Mucous Cyst lip/cheek, Carpel Tunnel Syndrome, Trigger Finger, lipoma, neurofibroma, ganglion and similar pathology
 7. Any transplant and related surgery

III(2)
Excl 02

| | | <p>Pre-Existing Diseases Applicable for Section 2 (Other than Diabetes) and Section 4 (Modern Treatments) under Plan A and Plan B:</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>III(1) Excl 01</p> | | | | | | | | | | |
|---|---|---|--|---|-------------|--|-----------------|------------|------------|------------|-------------|------------|-----------------|
| <p>8</p> | <p>Financial limits of coverage</p> <p>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>Room (Single Standard A/C room), Boarding and Nursing Expenses</p> | <p>II(A)</p> | | | | | | | | | | |
| | | <p>Emergency ambulance: Covered up-to a sum of Rs. 2000/- per policy period for transportation of the insured person by private ambulance service</p> | <p>II(a)(D)</p> | | | | | | | | | | |
| | | <p>Post Hospitalization: 7% of the hospitalization expenses subject to a maximum of Rs.5,000/- per hospitalization</p> <p>For the purpose of calculation of the 7%, only nursing expenses, surgeon's / consultants fees, diagnostic charges and cost of drugs and medicines will be taken</p> | <p>II(a)(F)</p> | | | | | | | | | | |
| | | <p>Coverage for Cardio Vascular System: Payable upto the limits mentioned below (Applicable for Plan B)</p> <table border="1" data-bbox="502 1390 1345 1719"> <thead> <tr> <th>Sum Insured (Rs.)</th> <th>Limit of the Company's Liability per policy period (Rs.)</th> </tr> </thead> <tbody> <tr> <td>3,00,000/-</td> <td>2,00,000/-</td> </tr> <tr> <td>4,00,000/-</td> <td>2,50,000/-</td> </tr> <tr> <td>5,00,000/-</td> <td>3,00,000/-</td> </tr> <tr> <td>10,00,000/-</td> <td>4,00,000/-</td> </tr> </tbody> </table> | Sum Insured (Rs.) | Limit of the Company's Liability per policy period (Rs.) | 3,00,000/- | 2,00,000/- | 4,00,000/- | 2,50,000/- | 5,00,000/- | 3,00,000/- | 10,00,000/- | 4,00,000/- | <p>II(b)(4)</p> |
| | | Sum Insured (Rs.) | Limit of the Company's Liability per policy period (Rs.) | | | | | | | | | | |
| 3,00,000/- | 2,00,000/- | | | | | | | | | | | | |
| 4,00,000/- | 2,50,000/- | | | | | | | | | | | | |
| 5,00,000/- | 3,00,000/- | | | | | | | | | | | | |
| 10,00,000/- | 4,00,000/- | | | | | | | | | | | | |
| <p>The expenses incurred on treatment of cataract (Applicable for Plan A and Plan B): Payable upto the limits mentioned below</p> <table border="1" data-bbox="502 1872 1345 2170"> <thead> <tr> <th>Sum Insured Rs</th> <th>Limit Rs.</th> </tr> </thead> <tbody> <tr> <td>3,00,000/- 4,00,000/- and 5,00,000/-</td> <td>20,000/- per eye per hospitalisation and 30,000/- for the entire policy period.</td> </tr> <tr> <td>10,00,000/-</td> <td>30,000/- per eye per hospitalisation and 40,000/- for the entire policy period</td> </tr> </tbody> </table> | Sum Insured Rs | Limit Rs. | 3,00,000/- 4,00,000/- and 5,00,000/- | 20,000/- per eye per hospitalisation and 30,000/- for the entire policy period. | 10,00,000/- | 30,000/- per eye per hospitalisation and 40,000/- for the entire policy period | <p>II(d)(2)</p> | | | | | | |
| Sum Insured Rs | Limit Rs. | | | | | | | | | | | | |
| 3,00,000/- 4,00,000/- and 5,00,000/- | 20,000/- per eye per hospitalisation and 30,000/- for the entire policy period. | | | | | | | | | | | | |
| 10,00,000/- | 30,000/- per eye per hospitalisation and 40,000/- for the entire policy period | | | | | | | | | | | | |

Outpatient Expenses: Cost of Fasting and Post Prandial and HbA1C tests - once every six months – upto Rs.750/- per event upto Rs.1500/- per policy period

II(e)(a)

Other expenses like medical consultation, other diagnostics, medicines and drugs upto the limits given below per policy period

| Applicable for Plan A | | | | |
|-------------------------|----------|----------|----------|-----------|
| Individual | | | | |
| Sum Insured (Rs.) | 3,00,000 | 4,00,000 | 5,00,000 | 10,00,000 |
| Limit of OP Benefit Rs. | 1,000/- | 2,500/- | 3,500/- | 5,500/- |
| Floater | | | | |
| Sum Insured (Rs.) | 3,00,000 | 4,00,000 | 5,00,000 | 10,00,000 |
| Limit of OP Benefit Rs. | 2,000/- | 3,500/- | 5,500/- | 7,500/- |

II(e)(b)

| Applicable for Plan B | | | | |
|-------------------------|----------|----------|----------|-----------|
| Individual | | | | |
| Sum Insured (Rs.) | 3,00,000 | 4,00,000 | 5,00,000 | 10,00,000 |
| Limit of OP Benefit Rs. | 500/- | 2,000/- | 3,000/- | 5,000/- |
| Floater | | | | |
| Sum Insured (Rs.) | 3,00,000 | 4,00,000 | 5,00,000 | 10,00,000 |
| Limit of OP Benefit Rs. | 1,500/- | 3,000/- | 5,000/- | 7,000/- |

Coverage for Modern Treatments: The expenses payable during the entire policy period for the following treatment / procedure (either as a day care or as an in-patient exceeding 24hrs of admission in the hospital) is limited to the amount mentioned below

| Sum Insured (Rs.) | 3,00,000/- | 4,00,000/- | 5,00,000/- | 10,00,000/- |
|--------------------------------------|--|------------|------------|-------------|
| Treatment / Procedure | Sum Insured on Individual Basis: Limit per person, per policy period for each treatment / procedure Sum Insured on Floater Basis: Limit per policy period for each treatment / procedure Rs. | | | |
| Uterine artery Embolization and HIFU | 37,500/- | 1,00,000/- | 1,25,000/- | 1,50,000/- |

II(f)

| Sum Insured (Rs.) | 3,00,000/- | 4,00,000/- | 5,00,000/- | 10,00,000/- |
|--|--|------------|------------|-------------|
| Treatment / Procedure | Sum Insured on Individual Basis: Limit per person, per policy period for each treatment / procedure Sum Insured on Floater Basis: Limit per policy period for each treatment / procedure Rs. | | | |
| Balloon Sinuplasty | 15,000/- | 40,000/- | 50,000/- | 1,00,000/- |
| Deep Brain Stimulation | 75,000/- | 2,00,000/- | 2,50,000/- | 3,00,000/- |
| Oral Chemotherapy* | 37,500/- | 1,00,000/- | 1,25,000/- | 2,00,000/- |
| Immunotherapy- Monoclonal Antibody to be given as injection | 75,000/- | 2,00,000/- | 2,50,000/- | 4,00,000/- |
| Intra Vitreal injections | 15,000/- | 40,000/- | 50,000/- | 75,000/- |
| Robotic surgeries | 75,000/- | 2,00,000/- | 2,50,000/- | 3,00,000/- |
| Stereotactic radio surgeries | 75,000/- | 1,75,000/- | 2,00,000/- | 2,25,000/- |
| Bronchical Thermoplasty | Up to Sum Insured | | | |
| 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 | 75,000/- | 2,00,000/- | 2,50,000/- | 3,00,000/- |

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|---|---|---|--------------------|
| | ii. Co-payment (It is specified amount / Percentage of the admissible claim amount to be paid by policyholder / insured) | NIL | |
| | 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>For Cashless Treatment:</p> <ol style="list-style-type: none"> For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255. Senior Citizens may call at 044- 40020888 Inform the ID number for easy reference On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk The Treating Doctor will complete the hospitalisation/ treatment information and the hospital will fill up expected cost of treatment. This form is submitted to the Company | IV(2) (B) & (C) |

- f. The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate.
- g. Once all the details are furnished, the Company will process the request as per the terms and conditions as well as the exclusions therein and either approve or reject the request based on the merits
- h. In case of emergency hospitalization information to be given within 24 hours after hospitalization
- i. Cashless facility can be availed only in networked Hospitals. For details of Networked Hospitals, the insured may visit www.starhealth.in or contact the nearest branch
- j. KYC (Identity proof with Address) of the proposer, as per AML Guidelines

In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents.

Note: The Company reserves the right to call for additional documents wherever required.

Notification of Claim: Upon the happening of any event, which may give rise to a valid claim under this policy, notice with full particulars shall be sent to the Company prior to hospitalisation and in any case not later than 24 hours from the time of Hospitalisation

Claims of Out Patient Consultations / treatments (Section 3) will be settled on a reimbursement basis on production of cash receipts

For Accidental Death Claims: Claim Form

- a. Death Certificate
- b. Post-mortem Certificate, if conducted
- c. FIR (wherever required)
- d. Police Investigation report (wherever required)
- e. Viscera Sample Report (wherever required)
- f. Forensic Science Laboratory report (wherever required)
- g. Legal Heir Certificate
- h. Succession Certificate (wherever required)
- i. KYC (Identity proof with Address) of the proposer, as per AML Guidelines

For Reimbursement claims:

(Refer policy clause for the complete list of documents)

| Sl. No | Type of Claim | Prescribed Time Limit |
|--------|---|---|
| 1 | Reimbursement of hospitalization, day care and pre hospitalization expenses | Claim must be filed within 15 days from the date of discharge from the Hospital. |
| 2 | Reimbursement of Post hospitalization | Within 15 days after completion of 60 days from the date of discharge from hospital |

| | | | |
|----|--------------------------------|--|--------|
| | | <p>i. TAT for preauthorization of cashless facility: Within 1 hour from the time of receipt of all necessary relevant documents. https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf</p> <p>ii. TAT for cashless final bill authorization: Within 3 hours from the time of receipt of all necessary relevant documents.</p> <p>The details/web link for following:</p> <p>i. Network Hospital details: https://www.starhealth.in/lookup/hospital/</p> <p>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</p> <p>iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer: https://www.starhealth.in/lookup/hospital/#excluded-hospital</p> <p>iv. Downloading/getting claim form: For Cashless(Pre-AuthorizationForm):https://d28c6jni2fmamz.cloudfront.net/Preauthorization_form_38c71d3dca.pdf 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> | IV(21) |
| 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> | IV(15) |

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| | | <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> | |
| | | <p>Details of Ombudsman: List of Insurance Ombudsman For updated list refer: https://www.cioins.co.in/ombudsman</p> | <p>Page 9</p> |
| <p>12</p> | <p>Things to remember</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.</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"> i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or ii. 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 iii. where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period | <p>IV(14)</p> |
| | | <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"> 1. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years 2. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period 3. 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 4. Coverage is not available during the grace period 5. No loading shall apply on renewals based on individual claims experience | <p>IV(9)</p> |

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| | | <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> | IV(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 30 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> | IV(8) |
| | | <p>Change in Sum Insured: Reduction or enhancement of sum insured is permissible only at the time of renewal. Enhancement of sum insured is subject to no claim being lodged or paid under this policy, Both the acceptance for enhancement and the amount of enhancement will be at the discretion of the Company. Where the sum insured is enhanced, the amount of such additional sum insured including the respective sublimits shall be subject to the following terms</p> <p>Exclusion given below shall apply afresh from the date of such enhancement for the increase in the sum insured, that is, the difference between the expiring policy sum insured and the increased current sum insured;</p> <ol style="list-style-type: none"> i. First 30 days exclusion as under - Code Excl 03 ii. 24 months with continuous coverage without break (with grace period) in respect of diseases / treatments falling under exclusion - Code Excl 02 iii. 36 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases as under exclusion - Code Excl 01 iv. 36 months of continuous coverage without break (with grace period) for diseases / conditions diagnosed / treated irrespective of whether any claim is made or not in the immediately preceding three policy periods <p>The above applies to each relevant insured person</p> | IV(26) |

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|----|-------------------------|--|--------|
| | | <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> | IV(11) |
| 13 | Your Obligations | <p>Please disclose all pre-existing disease/s or conditions 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> | IV(1) |



Benefit Illustration in respect of Policies offered on Individual and Family Floater Basis - Plan A

| 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 | 37,205 | 5,00,000 | 37,205 | Nil | 37,205 | 5,00,000 | 67,618 | 15,798 | 51,820 | 5,00,000 |
| 58 | 30,413 | 5,00,000 | 30,413 | | 30,413 | 5,00,000 | | | | |
| Total Premium for all members of the family is Rs.67,618/- , when each member is covered separately. Sum insured available for each individual is Rs.5,00,000/- | | | | | | | | | | |
| Illustration 2 | | | | | | | | | | |
| 47 | 22,983 | 5,00,000 | 22,983 | Nil | 22,983 | 5,00,000 | 43,216 | 11,039 | 32,177 | 5,00,000 |
| 44 | 20,233 | 5,00,000 | 20,233 | | 20,233 | 5,00,000 | | | | |
| Total Premium for all members of the family is Rs.43,216/- , when each member is covered separately. Sum insured available for each individual is Rs.5,00,000/- | | | | | | | | | | |

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

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 "Customer Information Sheet."

