



Family Health Optima Insurance Plan

SHAHLIP26046V092526

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	Family Health Optima Insurance Plan UIN: SHAHLIP26046V092526	-
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?)	Expenses in respect of:	
		In-patient Treatment: Admission in Hospital beyond 24 hrs	II(1)(i,ii,iii)
		Day Care Treatment: All day care procedures requiring less than 24 hours of hospitalization	II(2)
		Cataract: Expenses incurred on treatment of Cataract is subject to the limit as given in the policy schedule	II(3)
		AYUSH Treatment: Expenses incurred on hospitalization under AYUSH Treatment is payable up to the Sum Insured	II(4)
		Coverage for Modern Treatments: Up to specified limits	II(5)
		Pre-Hospitalization: Medical expenses incurred for a period not exceeding 60 days prior to the date of hospitalization	II(6)
		Post-Hospitalization: Medical expenses incurred for a period of 90 days from the date of discharge from the hospital	II(7)
		Road Ambulance: Up to Rs. 750/- per hospitalization & Rs.1,500/- per policy period	II(8)
		Air Ambulance : Per policy limit is up to 10% of the Sum Insured Note: This benefit is available for Sum Insured option of Rs.5,00,000/- and above only	II(9)
		Emergency Domestic Medical Evacuation: The Company will reimburse reasonable and necessary expenses incurred towards transportation of the Insured Person from the treating hospital to another hospital for treatment	II(10)
		Organ Donor Expenses: For organ transplantation where the Insured Person is the recipient are payable provided the claim for transplantation is payable and subject to the availability of the Sum Insured	II(11)
		Home Care Treatment: Payable up to 10% of Sum Insured of the Policy in a policy year, for treatment availed by the Insured Person at home, only for the specified conditions	II(12)
Domiciliary Hospitalization treatment for a period exceeding three days	II(13)		
Loyalty Bonus: For the Sum Insured options Rs.3,00,000/- and above, the Insured Person shall be eligible for a Loyalty Bonus of 10% of the expiring Sum Insured subject to a maximum accumulation of Loyalty Bonus of 100% of the Sum Insured.	II(14)		
Automatic Restoration of Sum Insured: Automatic restoration is available 3 times at 100% each time, during the policy period	II(15)		
Recharge Benefit: If the limit of coverage under the policy is exhausted/ exceeded during the policy period, additional indemnity up to the limits would be provided once for the remaining policy period	II(16)		

	<p>Additional Sum Insured for Road Traffic Accident (RTA): If the Insured Person meets with a Road Traffic Accident resulting in patient hospitalization, then the Sum Insured shall be increased by 25% subject to a maximum of Rs.5,00,000/-</p>	II(17)
	<p>Assisted Reproduction Treatment: The Company will reimburse medical expenses incurred on Assisted Reproduction Treatment for sub-fertility</p> <p>Note: This coverage is available for Sum Insured option of Rs.5,00,000/- and above only</p>	II(18)
	<p>Hospitalization expenses for treatment of New Born Baby: The coverage for new born baby starts from the 16th day after its birth up to the limits as given in the policy schedule</p>	II(19)
	<p>Shared Accommodation: If the Insured person occupies shared accommodation during in patient hospitalization, then amount as given in the policy schedule will be payable</p>	II(20)
	<p>Preventive Health Check-up: We will arrange for a Preventive Health Check-up at Our Network Providers for the applicable package as per opted Sum Insured</p> <p>For the updated and applicable list of tests available under such package, Insured Persons are required to check our website www.starhealth.in</p>	II(21)
	<p>E-Domestic Second Medical Opinion: The Insured Person is given the facility of obtaining a Medical Second Opinion from a Doctor in the Company's network of Medical Practitioners</p>	II(22)
	<p>Unlimited Tele-Consultation: Insured can avail unlimited number of Tele-consultations on Star Health mobile application or digital platforms</p>	II(23)
	<p>AI driven Face Scan: Available up to 2 times per month per Insured Person in a Policy Year on Star Health mobile app</p>	II(24)
	<p>Compassionate travel: The Company will reimburse the transportation expenses by air incurred up to Rs.5,000/- for one immediate family member (other than the travel companion) for travel towards the place where hospital is located</p>	II(25)
	<p>Repatriation of Mortal remains: Following an admissible claim for hospitalization under the policy, the Company shall reimburse up to Rs.5,000/-, the cost of repatriation of mortal remains of the Insured Person (including the cost of embalming and coffin charges) to the residence of the Insured as recorded in the policy</p>	II(26)
	<p>Treatment in Valuable Service Providers: If the insured undergoes treatment in a hospital suggested by the Company, then the company will provide lump-sum payment calculated at 1% of Sum Insured subject to a maximum of Rs. 5000/- per policy period.</p>	II(27)
	<p>Star Wellness Program: This program intends to promote, reward the Insured Persons' healthy life style through various wellness activities.</p>	II(29)

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 Note: Except to the extent covered under Coverage II. 18	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
		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

	Congenital External Condition / Defects / Anomalies	Excl 20
	Convalescence, general debility, run-down condition, Nutritional deficiency states	Excl 21
	Intentional self-injury	Excl 22
	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
	Injury or disease caused by or contributed to by nuclear weapons/ materials	Excl 25
	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 therapies similar to those mentioned herein under this exclusion	Excl 26
	Unconventional, Untested, Experimental therapies	Excl 27
	Autologous derived Stromal vascular fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy	Excl 28
	Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted	Excl 29
	Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons)	Excl 31
	Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization (Dental implants are not payable)	Excl 32
	Hospital registration charges, admission charges, record charges, telephone charges and such other charges	Excl 34
	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
	Any hospitalization which are not medically necessary / does not warrant hospitalization	Excl 36
	Other Excluded Expenses as detailed in the website www.starhealth.in	Excl 37
	Existing disease/s, disclosed by the Insured and mentioned in the policy schedule under Permanent Exclusion (based on Insured's consent)	Excl 38

<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 	<ul style="list-style-type: none"> • Initial waiting period <ol style="list-style-type: none"> 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 This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months 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>
		<ul style="list-style-type: none"> • Specified disease / procedure waiting period <ol style="list-style-type: none"> 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 In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase 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 The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion 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 List of specific diseases/procedures; <ol style="list-style-type: none"> Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Benign diseases of the breast Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology All treatments (Conservative, Operative treatment) and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty / Joint Replacement [other than caused by accident] 	<p>III(2) Excl 02</p>

		<ul style="list-style-type: none"> iv. All types of treatment for Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system, Prolapse of Intervertebral Disc (other than caused by accident) v. All treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi. All types of management for Kidney and Genitourinary tract calculi vi. All types of Hernia vii. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula viii. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases ix. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies, x. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele, xi. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence xii. Varicose veins and Varicose ulcers xiii. All types of transplant and related surgeries xiv. Congenital Internal disease / defect - (except for coverage II(19)) 	
		<ul style="list-style-type: none"> • Pre-existing diseases <ul 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 applicable norms on portability stipulated by IRDAI, then waiting period 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>III(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)	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>i. Room, Boarding, Nursing Expenses:</p> <table border="1" data-bbox="486 425 1276 940"> <thead> <tr> <th>Sum Insured (Rs.)</th> <th>Limit (Rs.)</th> </tr> </thead> <tbody> <tr> <td>1,00,000/-</td> <td rowspan="2">Up to 2,000/- per day</td> </tr> <tr> <td>2,00,000/-</td> </tr> <tr> <td>3,00,000/-</td> <td rowspan="2">Up to 5,000/- per day</td> </tr> <tr> <td>4,00,000/-</td> </tr> <tr> <td>5,00,000/-</td> <td rowspan="5">Single Standard A/C Room</td> </tr> <tr> <td>10,00,000/-</td> </tr> <tr> <td>15,00,000/-</td> </tr> <tr> <td>20,00,000/-</td> </tr> <tr> <td>25,00,000/-</td> </tr> </tbody> </table> <p>Expenses relating to Associated medical expenses will be considered in proportion to the eligible room rent/room category.</p>	Sum Insured (Rs.)	Limit (Rs.)	1,00,000/-	Up to 2,000/- per day	2,00,000/-	3,00,000/-	Up to 5,000/- per day	4,00,000/-	5,00,000/-	Single Standard A/C Room	10,00,000/-	15,00,000/-	20,00,000/-	25,00,000/-	II(1)(i)								
		Sum Insured (Rs.)	Limit (Rs.)																						
1,00,000/-	Up to 2,000/- per day																								
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		<p>ii. Expenses incurred on treatment of Cataract is subject to the limit:</p> <table border="1" data-bbox="486 1366 1276 1971"> <thead> <tr> <th>Sum Insured (Rs.)</th> <th>Limit Per eye (Rs.)</th> <th>Limit Per Policy period (Rs.)</th> </tr> </thead> <tbody> <tr> <td>1,00,000/-</td> <td colspan="2" rowspan="2">Up to 12,000/- per eye, per policy period</td> </tr> <tr> <td>2,00,000/-</td> </tr> <tr> <td>3,00,000/-</td> <td>Up to 25,000/-</td> <td>Up to 35,000/-</td> </tr> <tr> <td>4,00,000/-</td> <td>Up to 30,000/-</td> <td>Up to 45,000/-</td> </tr> <tr> <td>5,00,000/-</td> <td>Up to 40,000/-</td> <td>Up to 60,000/-</td> </tr> <tr> <td>10,00,000/-</td> <td rowspan="4">Up to 50,000/-</td> <td rowspan="4">Up to 75,000/-</td> </tr> <tr> <td>15,00,000/-</td> </tr> <tr> <td>20,00,000/-</td> </tr> <tr> <td>25,00,000/-</td> </tr> </tbody> </table>	Sum Insured (Rs.)	Limit Per eye (Rs.)	Limit Per Policy period (Rs.)	1,00,000/-	Up to 12,000/- per eye, per policy period		2,00,000/-	3,00,000/-	Up to 25,000/-	Up to 35,000/-	4,00,000/-	Up to 30,000/-	Up to 45,000/-	5,00,000/-	Up to 40,000/-	Up to 60,000/-	10,00,000/-	Up to 50,000/-	Up to 75,000/-	15,00,000/-	20,00,000/-	25,00,000/-	II(3)
Sum Insured (Rs.)	Limit Per eye (Rs.)	Limit Per Policy period (Rs.)																							
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4,00,000/-	Up to 30,000/-	Up to 45,000/-																							
5,00,000/-	Up to 40,000/-	Up to 60,000/-																							
10,00,000/-	Up to 50,000/-	Up to 75,000/-																							
15,00,000/-																									
20,00,000/-																									
25,00,000/-																									

iii. Modern Treatment:

Sum Insured (Rs.)	Uterine arthey Embolization & HIFU	Balloon Sinuplasty	Deep Brain Stimulation
	Limits in Rs.		
1,00,000/-	12,500/-	5,000/-	25,000/-
2,00,000/-	25,000/-	10,000/-	50,000/-
3,00,000/-	37,500/-	15,000/-	75,000/-
4,00,000/-	1,00,000/-	40,000/-	2,00,000/-
5,00,000/-	1,25,000/-	50,000/-	2,50,000/-
10,00,000/-	1,50,000/-	1,00,000/-	3,00,000/-
15,00,000/-	1,75,000/-	1,25,000/-	4,00,000/-
20,00,000/-	2,00,000/-	1,50,000/-	4,50,000/-
25,00,000/-	2,00,000/-	1,50,000/-	5,00,000/-

Sum Insured (Rs.)	Oral Chemotherapy	Immunotherapy – Monoclonal injection	Intra vitreal Injections
	Limits in Rs.		
1,00,000/-	12,500/-	25,000/-	5,000/-
2,00,000/-	25,000/-	50,000/-	10,000/-
3,00,000/-	37,500/-	75,000/-	15,000/-
4,00,000/-	1,00,000/-	2,00,000/-	40,000/-
5,00,000/-	1,25,000/-	2,50,000/-	50,000/-
10,00,000/-	2,00,000/-	4,00,000/-	75,000/-
15,00,000/-	2,50,000/-	5,00,000/-	1,00,000/-
20,00,000/-	2,75,000/-	5,50,000/-	1,25,000/-
25,00,000/-	3,00,000/-	6,00,000/-	1,50,000/-

Sum Insured (Rs.)	Robotic surgeries	Stereotactic radio surgeries	Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions
	Limits in Rs.		
1,00,000/-	25,000/-	25,000/-	25,000/-
2,00,000/-	50,000/-	50,000/-	50,000/-
3,00,000/-	75,000/-	75,000/-	75,000/-
4,00,000/-	2,00,000/-	1,75,000/-	2,00,000/-
5,00,000/-	2,50,000/-	2,00,000/-	2,50,000/-
10,00,000/-	3,00,000/-	2,25,000/-	3,00,000/-
15,00,000/-	4,00,000/-	2,50,000/-	4,00,000/-
20,00,000/-	4,50,000/-	2,75,000/-	4,50,000/-
25,00,000/-	5,00,000/-	3,00,000/-	5,00,000/-

II(5)

Sum Insured (Rs.)	Bronchial Thermoplasty	Vaporisation of the prostate (Green laser treatment or holmium laser treatment)	IONM (Intra Operative Neuro Monitoring)	
	Limits in Rs.			
1,00,000/-	Upto the Sum Insured			
2,00,000/-				
3,00,000/-				
4,00,000/-				
5,00,000/-				
10,00,000/-				
15,00,000/-				
20,00,000/-				
25,00,000/-				
iv. Road ambulance: Rs. 750/- per hospitalization and up to Rs.1,500/- per Policy Period				II(8)
v. Air Ambulance: Up to 10% of the Sum Insured during the entire Policy Period				II(9)
vi. Emergency Domestic Medical Evacuation:				II(10)
Sum Insured	Limit per hospitalization			
Up to Rs.4,00,000/-	Up to Rs.5,000/-			
Rs.5,00,000/- to Rs.15,00,000/-	Up to Rs.7,500/-			
Rs.20,00,000/- and Rs.25,00,000/-	Up to Rs.10,000/-			
vii. Organ Donor Expenses: 10% of the Sum Insured or Rupees One lakh, whichever is less.				II(11)
viii. Home Care Treatment: Payable up to 10% of Sum Insured of the Policy in a policy year				II(12)
ix. Assisted Reproduction Treatment:				II(18)
Sum Insured (Rs.)	Limit (Rs.)			
5,00,000/-	1,00,000/-			
10,00,000/- and above	2,00,000/-			
x. Hospitalization expenses for treatment of New Born Baby: 10% of the Sum Insured or Rupees Fifty thousand, whichever is less				II(19)

	ii. Co-payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policy holder/ insured)	<p>Mandatory Co-payment: This policy is subject to co-payment of 20% of each and every claim amount for fresh as well as renewal policies for Insured Persons whose age at the time of entry is 61 years and above</p>	II(28)					
		<p>Optional Cover: Option to choose Voluntary Co-payment: If the insured person chooses voluntary co-payment, the Company will provide a discount on premium as per the table given below;</p> <table border="1" data-bbox="587 546 1147 680"> <thead> <tr> <th>Co-payment %</th> <th>Discount %</th> </tr> </thead> <tbody> <tr> <td>10%</td> <td>10%</td> </tr> <tr> <td>20%</td> <td>20%</td> </tr> </tbody> </table> <p>Note: If Insured Persons whose age at the time of entry is 61 years and above, the voluntary co-payment will be in addition to the mandatory co-payment mentioned under Coverage above. The opted co-payment is applicable for each and every claim.</p>	Co-payment %	Discount %	10%	10%	20%	20%
	Co-payment %	Discount %						
	10%	10%						
20%	20%							
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: Upon the happening of any event giving rise or likely to give rise to a claim under the Policy, a Notification of Claim with full particulars shall be sent to the Company within stipulated time limit as described below:</p> <p>Emergency Hospitalization (Cashless/ Reimbursement): Within 24 hours of date and time of Hospitalization if the Insured Person has been hospitalized in an Emergency.</p> <p>Planned Hospitalization (Cashless / Reimbursement): At least 48 hours prior to the proposed treatment or date and time of Hospitalization.</p>						

For Cashless Treatment:

- a. For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255. Senior Citizens may call at 044- 40020888
- b. Inform the ID number for easy reference
- c. On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk
- d. Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk
- e. The Treating Doctor will complete the hospitalization/ treatment information and the hospital will fill up expected cost of treatment. This form is submitted to the Company
- 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

IV(2) (B) (C) & (D)

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.

For Reimbursement claims: Time limit for submission of

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 90 days from the date of discharge from hospital

(Refer policy clause for the complete list of documents)

		<p>Turn Around Time (TAT) for claims settlement:</p> <p>i. TAT for preauthorization of cashless facility: Within 1 hr from the time of receipt of all necessary relevant documents.</p> <p>https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf</p> <p>ii. TAT for cashless final bill authorization: Within 3 hrs from the time of receipt of all necessary relevant documents</p> <p>The details/web link for following:</p> <p>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/</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 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</p> <p>iv. Downloading/getting claim form:</p> <p>a. For Cashless: Pre- Authorisation Form https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf</p> <p>b. For Reimbursement: https://web.starhealth.in/sites/default/files/CLAIMFORM.pdf</p> <p>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.</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)

<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</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>	<p>IV(15)</p>
		<p>Details of Ombudsman: List of Insurance Ombudsman For updated list refer: https://www.cioins.co.in/ombudsman</p>	<p>Page 41</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 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.</p> <p>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>IV(14)</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>	<p>IV (9)</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. iii. At the time of renewal, if the dependent child covered under the policy is above 25 years of age, the policy shall be renewed on Individual basis for the said child. iv. If at the time of renewal, adult(s) insured under the policy cease to be Insured Person on account of death, then the dependent child or children if any covered, shall be insured on Individual basis. Proof of death has to be submitted for this purpose. Proposer (at the time of such renewal and its subsequent renewals) should have insurable interest to insure such child or children. v. Where the policy is issued for a family size of 2A (covering Self and Spouse / Live in Partner / Same Sex Partners), in the event of death of one of the adult or divorce or separation of the partners, the policy shall be renewed on Individual basis. Proof of death or separation has to be submitted for this purpose. Name of the person proposed to continue cover under this policy has to be specifically stated at the time of renewal. 	
	<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>	<p>IV(7)</p>
	<p>Portability:</p> <ul style="list-style-type: none"> i. 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. ii. 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 	<p>IV(8)</p>

		<p>Change in Sum Insured: Reduction or enhancement of Sum Insured is permissible only at the time of renewal. The acceptance for enhancement and the amount of enhancement will be at the discretion of the Company and subject to Exclusion Code Excl 01, Exclusion Code Excl 02 and Exclusion Code Excl 03.</p>	IV(26)
		<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 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>	IV(1)

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"