



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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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	Medi Classic Insurance Policy (Individual) UIN: SHAHLIP25038V082425	-
2	Policy Number	Refer Policy Schedule attached with this document	-
3	Type of Insurance Product / Policy	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(A, B, C)
		Day care Procedures: All day care procedures requiring less than 24 hours of hospitalization	Important Note: Applicable for II Coverage and Optional Covers - 4.
		Road Ambulance: Ambulance charges up-to Rs. 750/- per hospitalization and overall limit of Rs.1,500/- per policy period for transportation of the insured person	II(D)

	<p>Pre-hospitalization: Medical Expenses incurred up to 30 days prior to the date of hospitalisation</p>	II(E)
	<p>Post-hospitalization: Medical Expenses incurred up to 60 days from the date of discharge from the hospital, 7% of the hospitalisation expenses subject to a maximum of Rs.5,000/- per hospitalisation</p>	II(F)
	<p>Health check Up: Cost of Health check-up up to 1% of the average Basic Sum Insured of the eligible block subject to a maximum of Rs.5000/- is payable. The insured person becomes eligible for this benefit subject to continuous coverage under this policy with the Company after every block of 4 claim free years and payable on renewal</p>	II(G)
	<p>Cataract Treatment: Expenses incurred towards Cataract Treatment</p>	II(H)
	<p>Coverage for Modern Treatment are payable up to the specified limits</p>	II(I)
	<p>Cumulative Bonus: The insured person will be eligible for Cumulative bonus calculated at 5% of the basic sum insured for every claim free year subject to a maximum of 25%</p>	II(J)
	<p>Automatic Restoration of Basic Sum Insured There shall be automatic restoration of the Basic Sum Insured by 200% once during the policy period, immediately upon exhaustion of the limit of coverage.</p>	II(K)
	<p>Non Allopathic Treatment / AYUSH Treatment: Expenses incurred on In patient hospitalization under AYUSH Treatment</p>	II(L)
	<p>Patient Care: The Company will pay the cost of engaging one attendant at the residence of the insured person immediately after discharge from the hospital provided the same is recommended by the attending physician. Such expenses are payable up-to Rs.400/- for each completed day up-to 5 days per occurrence and 14 days per policy period</p>	III(2)

	Hospital Cash: The Company will pay a Cash Benefit of Rs.1,000/- for each completed day of hospitalization subject to a maximum of 7 days per hospitalization and 14 days per policy period, provided, however there is a valid claim for hospitalization.	III(3)
Policy Coverage: (What the policy covers?) Optional cover – Gold Plan	Expenses in respect of: In-patient Treatment: Admission in Hospital beyond 24 hrs	III(1) (A,B,C)
	Day care Procedures: All day care procedures requiring less than 24 hours of hospitalization	Important Note: Applicable for II Coverage and Optional Covers - 4.
	Road Ambulance: Ambulance charges up-to Rs. 2,000/- per hospitalization for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment, provided there is an admissible claim under the policy	III(1)(D)
	Pre-hospitalization: Medical Expenses incurred up to 30 days prior to the date of hospitalisation	III(1)(E)
	Post-hospitalization: Medical Expenses incurred up to 60 days from the date of discharge from the hospital	III(1)(F)
	Health check Up: Expenses incurred towards cost of health check-up up to specified limits for every claim free year	III(1)(G)
	Cataract Treatment: Expenses incurred towards Cataract Treatment	III(1)(H)
	Coverage for Modern Treatment are payable up to the specified limits	III(1)(I)
	Cumulative Bonus: In respect of a claim free year, the insured person will be eligible for Cumulative bonus calculated 25% of basic sum insured in the second year and additional 20% of the basic sum insured for each subsequent years subject to a maximum of 100% overall	III(1)(J)
	Non Allopathic Treatment / AYUSH Treatment: Expenses incurred on in patient hospitalization under AYUSH Treatment	III(1)(R)
Domiciliary Hospitalization treatment for a period exceeding three days	III(1)(M)	

	<p>Organ Donor Expenses: In patient hospitalization expenses incurred for organ transplantation from the Donor to the recipient insured person are payable provided the claim for transplantation is payable</p>	III(1)(N)
	<p>Shared Accommodation: If the Insured person occupies, a shared accommodation in a networked hospital during in-patient hospitalization, then amount as given in the policy schedule will be payable for each continuous and completed period of 24 hours of stay, provided the hospitalization exceeds 48 hours in such shared accommodation</p>	III(1)(O)
	<p>Additional Basic Sum Insured for Road Traffic Accident (RTA): If the insured person meets with a Road Traffic Accident resulting in in-patient hospitalization, then the Basic Sum Insured shall be increased by 50%</p>	III(1)(P)
	<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>	III(1)(Q)
	<p>Patient Care: The Company will pay the cost of engaging one attendant at the residence of the insured person immediately after discharge from the hospital provided the same is recommended by the attending physician. Such expenses are payable up-to Rs.400/- for each completed day up-to 5 days per occurrence and 14 days per policy period</p>	III(2)
	<p>Hospital Cash: The Company will pay a Cash Benefit of Rs.1,000/- for each completed day of hospitalization subject to a maximum of 7 days per hospitalization and 14 days per policy period, provided, however there is a valid claim for hospitalization.</p>	III(3)
	<p>Automatic Restoration of Sum Insured: There shall be automatic restoration of the Basic Sum Insured by 200% once during the policy period, immediately upon exhaustion of the limit of coverage.</p>	III(1)(K)
	<p>Super Restoration: If the limit of coverage under this policy is exhausted during the policy period, an additional Basic Sum Insured of 100% would be provided once, for the remaining policy period for the subsequent hospitalization.</p>	III(1)(L)

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 dioptres	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		

	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
	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: <ul style="list-style-type: none"> A. 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 B. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months C. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently 	<p>IV(3) Excl 03</p>
		<ul style="list-style-type: none"> • Specific waiting periods(Not applicable for claims arising due to an accident) for specified disease/ procedures: <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 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 F. List of specific diseases/procedures; <ol style="list-style-type: none"> 1. Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye(other than retinal detachment), Diseases of ENT, Diseases related to Thyroid, Benign diseases of the breast 2. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology 3. 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>IV(2) Excl 02</p>

		<ol style="list-style-type: none"> 4. 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) 5. 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 6. All types of Hernia 7. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula, 8. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases 9. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies 10. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele 11. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence 12. Varicose veins and Varicose ulcers 13. All types of transplant and related surgeries 14. Congenital Internal disease / defect 	<p style="text-align: right;">IV(2) Excl 02</p>
		<ul style="list-style-type: none"> ● Pre-existing diseases: <ol style="list-style-type: none"> A. Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase C. If the Insured Person is continuously covered without any break as defined under the 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 style="text-align: right;">IV(1) Excl 01</p>

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Financial limits of coverage
 i. **Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)**

The policy will pay only up to the limits specified hereunder for the following diseases/procedures

1. Room, boarding, nursing expenses:

a. 2% of Basic Sum Insured maximum of Rs.5,000/- per day Note: Expenses relating to Associated Expenses will be considered in proportion to the eligible room rent/room category

II(A)

b. For Optional Cover: Gold Plan

Sum Insured (Rs.)	Limit
3,00,000/- & 4,00,000/-	Up to Rs.5000/- per day
5,00,000/- to 25,00,000/-	Private Single A/c Room

III(1)(A)

2. Cataract Treatment: Coverage:

Sum Insured (Rs.)	Limit for Cataract Surgery Rs.
Up to 2,00,000/-	12,000/- per person per policy period
3,00,000/- to 5,00,000/-	20,000/- per eye per person and not exceeding 30,000/- per person per policy period
10,00,000/- and 15,00,000/-	30,000/- per eye per person and not exceeding 40,000/- per person per policy period

II(H)

Optional cover – Gold Plan:

Sum Insured (Rs.)	Limit for Cataract Surgery Rs.
3,00,000/- to 5,00,000/-	30,000/- per eye and not exceeding 40,000/- per person per policy period
10,00,000/- and 15,00,000/-	40,000/- per eye and not exceeding 50,000/- per person per policy period
20,00,000/- and 25,00,000/-	45,000/- per eye and not exceeding 60,000/- per person per policy period

III(1)(H)

3. Non Allopathic Treatment / AYUSH Treatment:

Coverage: 25% of the Basic Sum Insured subject to a maximum of Rs.25,000/- during entire policy period

II(L)

Optional cover – Gold Plan: 25% of the Basic Sum Insured subject to a maximum of Rs.25,000/- during entire policy period

III(1) (R)

4. Additional Basic Sum Insured for Road Traffic Accident (RTA):

If the insured person meets with a Road Traffic Accident resulting in in-patient hospitalization, then the Basic Sum Insured shall be increased by 50%.

III(1) (P)

5. Hospitalization expenses for treatment of New Born Baby:

The coverage for New Born Baby is subject to a limit of 10% of the Basic Sum Insured or Rupees Fifty thousand, whichever is less, subject to the availability of the Basic Sum Insured.

III(Q)

6. Modern Treatment:**i) Coverage:**

Sum Insured (Rs.)	Uterine artery Embolization & HIFU	Ballon Sinuplasty	Deep Brain Stimulation
1,50,000/-	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/-

Sum Insured (Rs.)	Oral Chemotherapy	Immunotherapy – Monoclonal Antibody to be given as injection	Intra vitreal Injections
1,50,000/-	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/-

II(I)

Sum Insured (Rs.)	Robotic Surgeries	Stereotactic Radio Surgeries	Stem cell Therapy
1,50,000/-	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/-

Sum Insured (Rs.)	Bronchial Thermoplasty	Vaporisation of the prostate	IONM
1,50,000/-	Up to Sum Insured		
2,00,000/-			
3,00,000/-			
4,00,000/-			
5,00,000/-			
10,00,000/-			
15,00,000/-			

ii) Optional Cover: Gold Plan

Sum Insured (Rs.)	Uterine artery Embolization & HIFU	Balloon Sinuplasty	Deep Brain Stimulation
3,00,000/-	75,000/-	30,000/-	1,50,000/-
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/-

III(1)(I)

Sum Insured (Rs.)	Oral Chemotherapy	Immunotherapy – Monoclonal Antibody to be given as injection	Intra vitreal Injections
3,00,000/-	75,000/-	1,50,000/-	30,000/-
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
3,00,000/-	1,50,000/-	1,50,000/-	1,50,000/-
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/-

Sum Insured (Rs.)	Bronchial Thermoplasty	Vaporisation of the prostate	IONM
3,00,000/-	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured
4,00,000/-			
5,00,000/-			
10,00,000/-			
15,00,000/-			
20,00,000/-			
25,00,000/-			

<p>ii. Co-payment (It is specified amount / Percentage of the admissible claim amount to be paid by policy holder / insured)</p>	<p>This policy is subject to co-payment of 10% of each and every claim amount, for fresh as well as for the policies subsequently renewed for insured persons whose age at the time of entry in to this policy is 61 years and above</p>	<p>Note: Applicable for II Coverage and Optional Covers - 6</p>
<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)</p>	<p>NIL</p>	
<p>iv. Any other limit (as applicable)</p>	<p>Road Ambulance:</p> <p>i) Coverage: Ambulance charges up-to Rs. 750/- per hospitalization and overall limit of Rs.1,500/- per policy period for transportation of the insured person by private ambulance service</p> <p>ii) Optional Cover - Gold Plan Ambulance charges up-to Rs. 2,000/- per hospitalization for transportation of the insured person by private ambulance service</p> <p>Post Hospitalization: Coverage: The amount payable shall not exceed the sum equivalent to 7% of the hospitalization expenses subject to a maximum of Rs.5,000/- per hospitalisation.</p>	<p>II(D)</p> <p>III(1)(D)</p> <p>II(F)</p>

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**Claims/
Claims
procedure**

V(2)

Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.

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 hospitalisation/ 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 Kindly remove the highlighted portion.
- j. KYC (Identity proof with Address) of the proposer, as per AML Guidelines

For Reimbursement claims: Time limit for submission of

SI.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

(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: 1 hr 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: 3 hrs from the time of receipt of all necessary relevant documents</p> <p>iii) Network Hospital details: Insured can refer the company website using the following link to the list of Network hospitals: https://www.starhealth.in/lookup/hospital/</p> <p>iv) Helpline Number: For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255. Senior Citizens may call at 044-40020888</p> <p>v) Hospitals which are blacklisted or from where no claims will be accepted by insurer: Insured can refer the company website using the following link to the list of excluded hospitals. https://www.starhealth.in/lookup/hospital/#excluded-hospital</p> <p>Downloading/ getting claim form:</p> <p>a) For Cashless (Pre-Authorization Form): https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf</p> <p>b) For Reimbursement: https://web.starhealth.in/sites/default/files/CLAIMFORM.pdf</p>	V(2)
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>	V(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 If Insured person is not satisfied with the redressal of grievance, Insured person may contact the grievance officer at 044-43664600.</p>	V(15)

		<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. 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. 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>V(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"> i) Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years. ii) Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. iii) 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. iv) Coverage is not available during the grace period. v) No loading shall apply on renewals based on individual claims experience 	<p>V(9)</p>

		<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>	V(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>	V(8)
		<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>	V(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>	V(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>	V(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"

