



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	Smart Health Pro Unique Identification No : SHAHLIP23172V012223	
2	Policy Number	Refer Policy Schedule attached with this document	-
3	Type of Insurance Product / Policy	Indemnity	-
4	Sum Insured (Basis)	Refer Policy Schedule attached with this document	-
5	Policy Coverage (What the policy covers)	1. In-patient Treatment: Admission in Hospital beyond 24 hours	II(1,2,3)
		2. All Day Care Procedures are covered	II(4)
		3. Road Ambulance: Expenses incurred for transportation of the insured person by private ambulance service to go to hospital and transportation from one hospital to another hospital for better medical treatment and for transportation from hospital to residence	II(5)
		4. Air Ambulance: Expenses incurred towards the cost of air ambulance service up to 10% of sum insured per policy year	II(6)

5. Pre-Hospitalization: Medical Expenses incurred up to 60 days prior to hospitalization II(7)

6. Post-Hospitalization: Medical Expenses incurred up to 180 days after discharge from the hospital II(8)

7. Domiciliary Hospitalization: Coverage for medical treatment for a period exceeding three days II(9)

8. Annual Health Checkup: Expenses incurred towards cost of health check-up up to the limits for each policy year (irrespective of claim)

Sum Insured (Rs.)	Limit Upto (Rs.)	
	Individual SI	Floater SI
5,00,000/-	1,500/-	2,500/-
10,00,000/-	2,000/-	5,000/-
15,00,000/-	4,000/-	8,000/-
20,00,000/-	5,000/-	10,000/-
25,00,000/-	5,000/-	10,000/-
50,00,000/-	5,000/-	10,000/-
75,00,000/-	8,000/-	15,000/-
1,00,00,000/-	8,000/-	15,000/-

II(10)

9. Home Care Treatment: Payable up to 10% of the sum insured subject to maximum of Rs.5 lakhs in a policy year, for treatment availed by the Insured Person at home II(11)

10. Hospitalization expenses for treatment of New Born Baby: Expenses up to 10% of the sum insured and maximum upto Rs. 2 lakhs II(12)

11. 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(13)

12. Coverage for Modern Treatment: Covered upto Sum Insured II(14)

13. Automatic Restoration of Sum Insured: There shall be automatic restoration of the Sum Insured once by 100% II(16)

14. StarWellness Program: This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities II(17)

		<p>15. Cumulative Bonus Booster: The insured person will be eligible for Cumulative bonus calculated at 50% of sum insured for each claim free year and maximum up to 600% of the sum insured</p>	III(1)
		<p>16. Modification of Room Category: Insured person can enhance/reduce the room category from Private Single A/c Room to Any Room / Shared Accommodation</p>	III(2)
		<p>17. Reduction of Pre-Existing Diseases Waiting Period: The Insured Person can reduce the Pre-Existing Disease/s waiting period from 36 months to 24/12 months</p>	III(3)
		<p>18. Coverage for Non-medical Items: Items as per List I will become payable If there is an admissible claim under the policy for inpatient / day care treatment.</p>	III(4)
		<p>19. Unlimited Automatic Restoration of Sum Insured: The policy provides automatic restoration of sum insured for unlimited number of times and maximum upto 100% each time</p>	III(5)
6	<p>Exclusions (What the policy does not cover)</p>	<p>Standard Exclusions</p>	
		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 (except to the extent covered under Section II-12)	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
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 therapies similar to those mentioned herein under this exclusion	Excl 26
23. Unconventional, Untested, Experimental therapies	Excl 27
24. Autologous derived Stromal vascular fraction, 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. 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
28. Any hospitalization which are not medically necessary / does not warrant hospitalization	Excl 36
29. Other Excluded Expenses as detailed in List I (68 items) of this policy and in the website www.starhealth.in (except to those who opted for Optional Cover Section III – 4)	Excl 37

		<p>30. Existing disease/s, disclosed by the Insured and mentioned in the policy schedule under Permanent Exclusion (based on Insured's consent)</p>	<p>Excl 38</p>
<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"> • 30-day 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 disease / Procedure waiting period <ul style="list-style-type: none"> A. Expenses related to the treatment of the 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, 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 calculi 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 - [except for New Born in Section II-12] 	
		<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>Excl 01 IV(1)</p>

	Financial limits of coverage	Room (Private Single A/c Room), Boarding and Nursing Expenses as provided by the Hospital / Nursing Home	II(1)
	i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	Air Ambulance : The Insured Person(s) is/are eligible for reimbursement of expenses incurred towards the cost of air ambulance service up to 10% of sum insured per policy year	II(6)
		Home Care Treatment: Payable up to 10% of the sum insured subject to maximum of Rs.5 lakhs in a policy year, for treatment availed by the Insured Person at home only for specified conditions	II(11)
		Hospitalization expenses for treatment of New Born Baby: Covered up to 10% of the sum insured and maximum upto Rs. 2 lakhs. This sub- limit will not apply for treatment related to congenital internal disease / defects for the new born.	II(12)
8	ii. Co-payment (It is specified amount / Percentage of the admissible claim amount to be paid by policy holder / 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 The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate. 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 In case of emergency hospitalization information to be given within 24 hours after hospitalization 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 KYC (Identity proof with Address) of the proposer, as per AML Guidelines <p>In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents.</p> <p>Note: The Company reserves the right to call for additional documents wherever required.</p>	V(2) (B) (C) & (D)

**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 180 days from the date of discharge from hospital

(Refer policy clause for complete list of document)

Notification of Claim: Upon the happening of the event, notice with full particulars shall be sent to the Company within 24 hours from the date of occurrence of the event irrespective of whether the event is likely to give rise to a claim under the policy or not

i. TAT for preauthorization of cashless facility: Within 1 hr from the time of receipt of all necessary relevant documents.

https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf

ii. TAT for cashless final bill authorization: Within 3 hrs from the time of receipt of all necessary relevant documents.

The details/web link for following:

i. Network Hospital details: <https://www.starhealth.in/lookup/hospital/>

ii. Helpline number: For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255. Senior Citizens may call at 044-40020888

iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer: <https://www.starhealth.in/lookup/hospital/#excluded-hospital>

iv. Downloading/getting claim form:

For Cashless (Pre-Authorization Form):

https://d28c6jni2fmamz.cloudfront.net/Preauthorization_form_38c71d3dca.pdf

For Reimbursement:

<https://web.starhealth.in/sites/default/files/CLAIMFORM.pdf>

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Policy Servicing

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

V (20)

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>	V(14)
		<p>Details of Ombudsman: List of Insurance Ombudsman For updated list refer: https://www.cioins.co.in/ombudsman</p>	Page 9
12	Things to remember	<p>Free Look Period: The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. 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"> a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period 	V(13)
		<p>Policy renewal: The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.</p> <ol style="list-style-type: none"> Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years. 	V(9)

		<ul style="list-style-type: none"> 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>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>Revision of 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(25)
		<p>Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.</p>	V(11)

<p>13</p>	<p>Your Obligations</p>	<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>	<p>V(1)</p>
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Benefit Illustration in respect of policies offered on individual and family floater basis

Age of the Members insured (in yrs)	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)			Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (Rs.)	Sum insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)

Illustration 1

41	10,631	10,00,000	10,631	Nil	10,631	10,00,000	19,235	3,847	15,388	10,00,000
37	8,604	10,00,000	8,604		8,604	10,00,000				
Total Premium for all members of the family is Rs.19,235/- when each member is covered separately. Sum insured available for each individual is Rs.10,00,000/- Total Premium for all members of the family is Rs.19,235/- when they are covered under a single policy. Sum insured available for each family member is Rs.10,00,000/- Total Premium when policy is opted on floater basis is Rs.15,388/- . Sum insured of Rs.10,00,000/-, is available for the entire family (2A)										

Illustration 2

49	14,387	10,00,000	14,387	Nil	14,387	10,00,000	43,870	15,028*	28,842	10,00,000
45	10,631	10,00,000	10,631		10,631	10,00,000				
23	6,284	10,00,000	6,284		6,284	10,00,000				
21	6,284	10,00,000	6,284		6,284	10,00,000				
19	6,284	10,00,000	6,284		6,284	10,00,000				
Total Premium for all members of the family is Rs.43,870/- , when each member is covered under a single policy. Sum insured available for each family member is Rs.10,00,000/- Total Premium when policy is opted on floater basis is Rs.28,842/- . Sum insured of Rs.10,00,000/-, is available for the entire family (2A+3C)										

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.

* Family discount shown here is difference between Premium applicable for Individual Sum Insured and Floater Sum Insured

A-Adult, C-Child

Declaration by the Policy Holder

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

Place:

Date:

(Signature of the Policyholder)

Note:

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

