



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	Special Care Gold, Star Health and Allied Insurance Company Limited UIN: SHAHLIP23182V012223	-
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:	2(A,B,C)
		In-patient Treatment: Admission in Hospital beyond 24 hrs.	
		Day care Procedures: All day care procedures requiring less than 24 hours of hospitalization	2(E)
		Cataract - Expenses incurred on treatment of Cataract is subject to the limit	2(F)
		Road Ambulance: Expenses incurred on Road Ambulance subject to a maximum of Rs.2000/- per hospitalisation.	2(G)
		Pre-hospitalization: Medical Expenses incurred up to 30 days prior to hospitalization	2(J)

		Post-hospitalization: Medical Expenses incurred up to 60 days from the date of discharge from the hospital	2(K)
		AYUSH Treatment: Expenses incurred on hospitalization under AYUSH Treatment	2(I)
		Coverage for Modern Treatment: Up to the specified limits	2(H)
		Lumpsum Coverage for HIV/AIDS: In case the CD4 count goes below 150, the Company will pay 100% of Sum Insured or the balance sum insured available under the policy, whichever is lower. This payment will trigger after a waiting period of 90 days from the date of commencement of the policy.	2(N)
		Optional Cover: Waiver of Co-payment	2(M)
		Standard Exclusions	3
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	Excl 17

		Maternity i Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period	Excl 18
		Specific Exclusions	
		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 (based on insured's consent), for specified ICD codes	Excl 38

7	Waiting Period: - Time period during which specified diseases/treatments are not covered - It is counted from the beginning of the policy coverage	Initial waiting period: - 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.	3(3) Excl 03
		Specific waiting period (Not applicable for claims arising due to an accident) Specified disease / procedure waiting period: - 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 - Benign ENT disorders - Tonsillectomy - Adenoidectomy - Mastoidectomy - Tympanoplasty - Hysterectomy - All internal and external benign tumors, cysts, polyps of any kind, including benign breast lumps. - Benign prostate hypertrophy - Cataract and age-related eye ailments - Gastric/ Duodenal Ulcer - Gout and Rheumatism - Hernia of all types - Hydrocele - Non-Infective Arthritis	3(2) Excl 02

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		3. Expenses incurred on treatment of Cataract is covered up to Rs.40,000/- per each eye in one policy year 4. Emergency Road ambulance: Expenses incurred on Road Ambulance subject to a maximum of Rs.2000/- per hospitalisation 5. Coverage for Modern treatment: Covered up to 50% of Sum Insured 6. AYUSH Treatment: Covered up to 50% of sum insured.	2(F) 2(G) 2(H) 2(I)
	ii) Co-payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policy holder/ insured)	Each and every claim under the Policy shall be subject to a Co-payment of 20% applicable to claim amount admissible and payable as per the terms and conditions of the Policy (Waiver of Co-payment option is available on payment of additional premium)	2(L)
	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	-

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**Claims/
Claims
procedure**

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.
- 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.

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 60 days from the date of discharge from hospital

(Refer policy clause for the complete list of documents)

4(2)

Turn Around Time (TAT) for claims settlement			
		i) TAT for preauthorization of cashless facility: Within 2 hrs from the time of receipt of all necessary relevant documents. https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf ii) a. TAT for cashless final bill authorization: Within 2 hrs from the time of receipt of all necessary relevant documents b. For Reimbursement: The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document 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/ 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 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 Downloading/ getting Pre-Authorisation claim form: a) For Cashless: https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf b) For Reimbursement: https://web.starhealth.in/sites/default/files/CLAIMFORM.pdf	
10	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	
11	Grievances/ Complaints	Details of Grievance Redressal Officer of the Insurer: Dr. S.Guru Mageswaran, 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	4(15)

		If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://bimabharosa.irdai.gov.in/	
		Details of Ombudsman: List of Insurance Ombudsman For updated list refer: https://www.cioins.co.in/ombudsman	Page 7
12	Things to remember	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 fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to - 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 - 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	4(14)
		Policy renewal: The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person. - The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal. - Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years. - Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. - 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. - Coverage is not available during the grace period. - No loading shall apply on renewals based on individual claims experience	4(9)

		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. For Detailed Guidelines on migration, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987	4(7)
		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 45 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. For Detailed Guidelines on portability, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987	4(8)
		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 Exclusions Code Excl1, Code Excl 2 and Code Excl 3.	4(26)
		Moratorium Period: After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.	4(11)
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlements 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 Please disclose the medical history details sought in the proposal form.	4(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".

