



Star Comprehensive Insurance Policy

SHAHLIP26044V092526

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	Star Comprehensive Insurance Policy UIN: SHAHLIP26044V092526	-
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:	II(1)(i,ii,iii)
		In-patient Treatment: Admission in Hospital beyond 24 hrs	
		Day Care Treatment: All day care procedures requiring less than 24 hours of hospitalization	II(2)
		AYUSH Treatment: Covered up to Sum Insured	II(3)
		Coverage for Modern Treatments: Payable up to the specified limits	II(4)
		Pre-Hospitalization: Medical Expenses incurred up to 60 days prior to the date of hospitalization	II(5)
		Post-Hospitalization: Medical expenses incurred for a period of 90 days from the date of discharge from the hospital	II(6)
		Road Ambulance: Expenses incurred for transportation of the Insured Person by private ambulance service to go to hospital or transportation from one hospital to another hospital for better medical treatment or for transportation from hospital to residence	II(7)
		Air Ambulance: Expenses incurred towards the cost of air ambulance service up to Rs.2,50,000/- per hospitalization not exceeding Rs.5,00,000/- per Policy Period	II(8)
		Organ Donor Expenses: Expenses incurred for organ transplantation from the Donor to the recipient Insured Person are payable provided the claim for transplantation is payable. In addition, the expenses incurred by the Donor (if any) for the complications that necessitate a Redo Surgery / ICU admission will be covered	II(9)
		Home Care Treatment: Payable up to 10% of Sum Insured subject to maximum of Rs.5 lakhs in a Policy Year, for treatment availed by the Insured Person at home, only for the specified conditions	II(10)
		Domiciliary Hospitalization treatment for a period exceeding three days	II(11)
		Cumulative Bonus: The Insured Person will be eligible for Cumulative Bonus calculated at 50% or 100% of Basic Sum Insured as per the opted Sum Insured, for each claim free year subject to a maximum of 100% of the Basic Sum Insured	II(12)
		Automatic Restoration of Sum Insured: Automatic Restoration of the Basic Sum Insured by 100%	II(13)
		Delivery and New Born: Minimum Rs.15,000/- Maximum Rs.1,00,000/- based on the Sum Insured. New Born Baby cover Minimum Rs.1,00,000/- maximum Rs.2,00,000/- based on the Sum Insured. Vaccination expenses for the new born baby are payable up to the limits mentioned in the policy schedule, until the new born baby completes one year of age and is added in the policy on renewal.	II(14)
Bariatric Surgery: Expenses incurred on hospitalization for bariatric surgical procedure and its complications thereof are payable upto the limits as mentioned in the policy schedule	II(15)		

	<p>Medical Consultations as an Out Patient incurred in a Networked Facility for other than Dental and Ophthalmic Treatments Minimum Rs. 1,200/- Maximum Rs.5,000/- based on the Sum Insured</p>	II(16)
	<p>Outpatient Dental and Ophthalmic Treatment: Covered up to the limits as given in the policy schedule for each block of 3 continuous years</p>	II(17)
	<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. 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(18)
	<p>E-Domestic Second Medical Opinion: The Insured Person can obtain a Second Medical Opinion from a Doctor in the Company's network of Medical Practitioners practicing in India</p>	II(19)
	<p>Unlimited Tele-Consultation: Insured can avail unlimited number of Tele-consultations on Star Health mobile application or digital platforms</p>	II(20)
	<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(21)
	<p>Hospital Cash Benefit: Cash Benefit up to the limits mentioned for each completed day of Hospitalization for a maximum of 7 days per occurrence is payable. This Benefit is available for a maximum of 120 days during the entire Policy Period.</p>	II(22)
	<p>Accidental Death and Permanent Total Disablement: The Company will pay an amount as compensation the Sum Insured for the person specifically mentioned in the Schedule</p>	II(23)
	<p>Star Wellness Program: This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities</p>	II(24)
	<p>Buy Back of Pre-Existing Disease Waiting Period (Optional Cover): On payment of additional premium the Insured Person has the option to opt for reduction of waiting period in respect of Pre-Existing Diseases from 36 months to 12 months. This option is available only for the first purchase of this Star Comprehensive Insurance Policy and also only upto Sum Insured chosen at that time</p>	II(25)

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 diopres	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 and to the extent covered under Section II.14 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 (except to the extent provided under Section II.14 for New Born)	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	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) (except to the extent covered under Section II.17)	Excl 32
	Hospital registration charges, admission charges, record charges, telephone charges and such other charges	Excl 34
	Cochlear implants and procedure related hospitalization expenses. Cost of spectacles and contact lens(in excess of what is specifically provided), hearing aids, 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

Applicable for Accidental Death and Permanent Total Disablement	
Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance	Sec 10 Excl 01
Any injuries/conditions which are Pre-existing conditions	Sec 10 Excl 02
Any claim arising out of Accidents that the Insured Person has caused i. intentionally or ii. by committing a crime / involved in it or iii. as a result of / in a state of drunkenness or addiction (drugs, alcohol)	Sec 10 Excl 03
Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from	Sec 10 Excl 04
Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detentions of all kings princes and people of whatever nation, condition or quality whatsoever	Sec 10 Excl 05
Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority	Sec 10 Excl 06
Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from i. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel ii. Nuclear weapons material iii. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof iv. Nuclear, chemical and biological terrorism	Sec 10 Excl 07
Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons	Sec 10 Excl 08
Participation in Hazardous Sport / Hazardous Activities	Sec 10 Excl 09
Persons who are physically challenged unless specifically agreed and endorsed in the policy	Sec 10 Excl 10
Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law	Sec 10 Excl 11

		Any payment in case of more than one claim under the policy during the period of insurance by which the maximum liability of the Company in that period would exceed the amount specified in the Schedule	Sec 10 Excl 12
		Any other claim after a claim has been admitted by the Company and becomes payable for Death or Permanent Total Disablement	Sec 10 Excl 13
		Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly	Sec 10 Excl 14
		Any claim for Death or Permanent Total Disablement of the Insured Person from self-endangerment unless in self-defence or to save human life	Sec 10 Excl 15
7	<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 	III A(3) Excl 03
		<ul style="list-style-type: none"> Specific waiting periods (Not applicable for claims arising due to an accident) Specified disease / procedure <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 	III A(2) Excl 02

- F. List of specific diseases/procedures;
- i. 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
 - ii. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology
 - iii. 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]
 - 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 to the extent provided under Section II.14 for New Born)

		<p>Pre-Existing Diseases</p> <p>A. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer</p> <p>B. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase</p> <p>C. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage</p> <p>D. Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer</p>	<p>III A(1) Excl 01</p>																																																																																						
<p>8</p>	<p>Financial limits of coverage</p> <p>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures: Sublimits</p> <p>1. Room category: Private Single A/C room</p>	<p>II(1)(i)</p>																																																																																						
		<p>2. Coverage for Modern Treatments:</p> <table border="1" data-bbox="488 1003 1279 1451"> <thead> <tr> <th rowspan="2">Sum Insured (Rs.)</th> <th>Uterine artery Embolization & HIFU</th> <th>Ballon Sinuplasty</th> <th>Deep Brain Stimulation</th> </tr> <tr> <th colspan="3">Limits in Rs.</th> </tr> </thead> <tbody> <tr><td>5,00,000/-</td><td>1,25,000/-</td><td>50,000/-</td><td>2,50,000/-</td></tr> <tr><td>7,50,000/-</td><td>1,25,000/-</td><td>50,000/-</td><td>2,50,000/-</td></tr> <tr><td>10,00,000/-</td><td>1,50,000/-</td><td>1,00,000/-</td><td>3,00,000/-</td></tr> <tr><td>15,00,000/-</td><td>1,75,000/-</td><td>1,25,000/-</td><td>4,00,000/-</td></tr> <tr><td>20,00,000/-</td><td>2,00,000/-</td><td>1,50,000/-</td><td>4,50,000/-</td></tr> <tr><td>25,00,000/-</td><td>2,00,000/-</td><td>1,50,000/-</td><td>5,00,000/-</td></tr> <tr><td>50,00,000/-</td><td>2,25,000/-</td><td>1,75,000/-</td><td>6,00,000/-</td></tr> <tr><td>75,00,000/-</td><td>2,50,000/-</td><td>2,00,000/-</td><td>7,00,000/-</td></tr> <tr><td>1,00,00,000/-</td><td>3,00,000/-</td><td>2,00,000/-</td><td>7,50,000/-</td></tr> </tbody> </table> <table border="1" data-bbox="488 1469 1279 2018"> <thead> <tr> <th rowspan="2">Sum Insured (Rs.)</th> <th>Oral Chemotherapy* (Sublimits including Pre and Post Hospitalization)</th> <th>Immunotherapy – Monoclonal injection</th> <th>Intra vitreal Injections</th> </tr> <tr> <th colspan="3">Limits in Rs.</th> </tr> </thead> <tbody> <tr><td>5,00,000/-</td><td>1,25,000/-</td><td>2,50,000/-</td><td>50,000/-</td></tr> <tr><td>7,50,000/-</td><td>1,25,000/-</td><td>2,75,000/-</td><td>60,000/-</td></tr> <tr><td>10,00,000/-</td><td>2,00,000/-</td><td>4,00,000/-</td><td>75,000/-</td></tr> <tr><td>15,00,000/-</td><td>2,50,000/-</td><td>5,00,000/-</td><td>1,00,000/-</td></tr> <tr><td>20,00,000/-</td><td>2,75,000/-</td><td>5,50,000/-</td><td>1,25,000/-</td></tr> <tr><td>25,00,000/-</td><td>3,00,000/-</td><td>6,00,000/-</td><td>1,50,000/-</td></tr> <tr><td>50,00,000/-</td><td>4,00,000/-</td><td>7,50,000/-</td><td>1,75,000/-</td></tr> <tr><td>75,00,000/-</td><td>5,00,000/-</td><td>9,00,000/-</td><td>2,00,000/-</td></tr> <tr><td>1,00,00,000/-</td><td>6,00,000/-</td><td>10,00,000/-</td><td>2,00,000/-</td></tr> </tbody> </table> <p>* Sublimits are all inclusive with or without hospitalization wherever hospitalization includes pre and post hospitalization.</p>	Sum Insured (Rs.)	Uterine artery Embolization & HIFU	Ballon Sinuplasty	Deep Brain Stimulation	Limits in Rs.			5,00,000/-	1,25,000/-	50,000/-	2,50,000/-	7,50,000/-	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/-	50,00,000/-	2,25,000/-	1,75,000/-	6,00,000/-	75,00,000/-	2,50,000/-	2,00,000/-	7,00,000/-	1,00,00,000/-	3,00,000/-	2,00,000/-	7,50,000/-	Sum Insured (Rs.)	Oral Chemotherapy* (Sublimits including Pre and Post Hospitalization)	Immunotherapy – Monoclonal injection	Intra vitreal Injections	Limits in Rs.			5,00,000/-	1,25,000/-	2,50,000/-	50,000/-	7,50,000/-	1,25,000/-	2,75,000/-	60,000/-	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/-	50,00,000/-	4,00,000/-	7,50,000/-	1,75,000/-	75,00,000/-	5,00,000/-	9,00,000/-	2,00,000/-	1,00,00,000/-	6,00,000/-	10,00,000/-	2,00,000/-	<p>II(4)</p>
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Sum Insured (Rs.)	Robotic surgeries	Stereotactic radio surgeries	Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions
	Limits in Rs.		
5,00,000/-	2,50,000/-	2,00,000/-	2,50,000/-
7,50,000/-	2,75,000/-	2,25,000/-	2,75,000/-
10,00,000/-	3,00,000/-	2,50,000/-	4,00,000/-
15,00,000/-	4,00,000/-	2,75,000/-	5,00,000/-
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50,00,000/-	6,00,000/-	3,50,000/-	7,50,000/-
75,00,000/-	7,00,000/-	3,75,000/-	9,00,000/-
1,00,00,000/-	7,50,000/-	4,00,000/-	10,00,000/-

Sum Insured (Rs.)	Bronchial Thermoplasty	Vaporisation of the prostate	IONM
	Limits in Rs.		
5,00,000/-	Upto the Sum Insured		
7,50,000/-			
10,00,000/-			
15,00,000/-			
20,00,000/-			
25,00,000/-			
50,00,000/-			
75,00,000/-			
1,00,00,000/-			

3. Home care treatment: Payable up to 10% of Sum Insured subject to maximum of Rs.5 lakhs in a Policy Year, for treatment availed by the Insured Person at home, only for the specified conditions.

II(10)

4. Delivery and New Born:

Sum Insured (Rs.)	Limit per Delivery		Limit for New Born Baby cover (Rs.)
	Normal (Rs.)	C-section (Rs.)	
5,00,000/-	15,000/-	20,000/-	1,00,000/-
7,50,000/-	25,000/-	40,000/-	1,00,000/-
10,00,000/- to 25,00,000/-	30,000/-	50,000/-	1,00,000/-
50,00,000/- to 1,00,00,000/-	50,000/-	1,00,000/-	2,00,000/-

II(14)(A,B)

5. Limits of Vaccination

Sum Insured (Rs.)	Limit per Policy Period (Rs.)
5,00,000/- to 25,00,000/-	5,000/-
Above 25,00,000/-	10,000/-

II(14)(C)

6. Bariatric Surgery:

Sum Insured (Rs.)	Limit per Policy Period (Rs.)
5,00,000/- to 15,00,000/-	2,50,000/-
Above 15,00,000/-	5,00,000/-

II(15)

7. Medical Consultations as an Out Patient:(Limit per consultation is Rs. 300/-)

Sum Insured (Rs.)	Limit for Out Patient consultation per Policy Period
5,00,000/-	1,200/-
7,50,000/-	1,500/-
10,00,000/-	2,100/-
15,00,000/-	2,400/-
20,00,000/-	3,000/-
25,00,000/-	3,300/-
50,00,000/- 75,00,000/- and 1,00,00,000/-	5,000/-

II(16)

8. Out-patient Dental and Ophthalmic Treatment

Sum Insured (Rs.)	Limit for each block of continuous 3 years
5,00,000/- to 7,50,000/-	5,000/-
10,00,000/- to 25,00,000/-	10,000/-
Above 25,00,000/-	15,000/-

II(17)

9. Hospital Cash Benefit:

Sum Insured (Rs.)	Limit per day (Rs.)
5,00,000/-	500/-
7,50,000/- and 10,00,000/-	750/-
15,00,000/- and 20,00,000/-	1,000/-
25,00,000/-	1,500/-
50,00,000/- 75,00,000/- and 1,00,00,000/-	2,500/-

II (21)

<p>ii) Co-payment (It is a 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 renewal policies for Insured Persons whose age at the time of entry is 61 years and above.</p>	<p>IV(2)(I)</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>-</p>
<p>iv) Any other limit (as applicable)</p>	<p>NIL</p>	<p>-</p>

<p>9</p>	<p>Claims/ Claims procedure</p>	<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> <p>For Cashless Treatment:</p> <ol style="list-style-type: none"> 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 <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>	<p>IV(2)</p>
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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)

- Claims of Out Patient Consultations / treatments will be settled on Cashless basis

Turn Around Time (TAT) for claims settlement:

- 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
- 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:

- 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/>
- 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
- 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>
- Downloading/ getting claim form:**
 - For Cashless** (Pre- Authorisation Form):
https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf
 - For Reimbursement:**
<https://web.starhealth.in/sites/default/files/CLAIMFORM.pdf>
- 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>.

10	Policy Servicing	<p>Details of the Company Official: Assistant General Manager – Customer Care Customer Care No. 044-69006900 or Toll Free No. 1800 425 2255, Senior Citizens: 044-69007500 e-mail: support@starhealth.in</p>	IV(21)
11	Grievances/ Complaints	<p>Details of Grievance Redressal Officer of the Insurer: Grievance Redressal Officer, Corporate Grievance Department, 4th Floor, Balaji Complex, No. 15, Whites Lane, Whites Road, Royapettah, Chennai- 600014 (Land mark: In the lane next to Satyam Theatre Parking Area) Ph. No: 044-69006900 Toll Free No. 1800 425 2255 Senior Citizens - 044- 6900 7500 Mail ID:- gro@starhealth.in grievances@starhealth.in https://www.starhealth.in/grievance-redressal</p> <p>If Insured person is not satisfied with the redressal of grievance, Insured person may contact the grievance officer at 044-43664600.</p> <p>For updated details of grievance officer, kindly refer the link https://www.starhealth.in/grievance-redressal</p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management System – https://bimabharosa.irdai.gov.in/</p>	IV(15)
		<p>Details of Ombudsman: List of Insurance Ombudsman For updated list refer: https://www.cioins.co.in/ombudsman</p>	Page No. 45
12	Things to remember	<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>	IV(14)

		<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> <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. 	<p>IV(9)</p>
		<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 Basic 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. Where the basic sum insured is enhanced, the amount of such additional basic sum insured including the respective sublimits shall be subject to the following terms. Exclusion as under shall apply afresh from the date of such enhancement for the increase in the Basic Sum Insured, that is, the difference between the expiring policy Basic Sum Insured and the increased current Basic Sum Insured.</p>	<p>IV(26)</p>

		<ul style="list-style-type: none"> i. First 30 days as per exclusion - Code Excl 03 ii. 24 months with continuous coverage without break (with grace period) in respect of diseases / treatments as per exclusion - Code Excl 02 iii. 36 months of continuous coverage without break (with grace period) in respect of Pre-Existing Diseases as per exclusion - Code Excl 01 iv. 36 months of continuous coverage without break (with grace period) for diseases / conditions diagnosed / treated irrespective of whether any claim is made or not in the immediately preceding three Policy Periods v. The above applies to each relevant insured person 	
		<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)

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.)	Sum Insured (Rs.)
Illustration 1										
64	30,591	5,00,000	30,591	Nil	30,591	5,00,000	52,807	6,713	46,094	5,00,000
58	22,216	5,00,000	22,216		22,216	5,00,000				
Total Premium for all members of the family is Rs. 52,807/-, when each member is covered separately. Sum Insured available for each individual is Rs. 5,00,000/- Total Premium for all members of the family is Rs. 52,807/-, when they are covered under a single policy. Sum Insured available for each family member is Rs. 5,00,000/- Total Premium when policy is opted on floater basis is Rs. 46,094/-, Sum Insured of Rs. 5,00,000/- is available for the entire family (2A)										
Illustration 2										
46	15,682	5,00,000	15,682	Nil	15,682	5,00,000	33,609	5,644	27,965	5,00,000
44	9,593	5,00,000	9,593		9,593	5,00,000				
18	8,334	5,00,000	8,334		8,334	5,00,000				
Total Premium for all members of the family is Rs. 33,609/-, when each member is covered separately. Sum Insured available for each individual is Rs. 5,00,000/- Total Premium for all members of the family is Rs. 33,609/-, when they are covered under a single policy. Sum Insured available for each family member is Rs. 5,00,000/- Total Premium when policy is opted on floater basis is Rs. 27,965/-, Sum Insured of Rs. 5,00,000/- is available for the entire family (2A+1C)										

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.
- Floater discount shown here is difference between Premium applicable for Individual Sum Insured and Floater Sum Insured.
- Premium considered are of Zone D

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"