

**C U S T O M E R   I N F O R M A T I O N   S H E E T**

**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	<b>Star Extra Protect - Add on Cover</b> Unique Identification No : SHAHLIA23061V012223	-
2	Policy Number	Refer Policy Schedule attached with this document	-
3	Type of Insurance Product / Policy	Indemnity	-
4	Sum Insured	Refer Policy Schedule attached with this document	-

5	Policy Coverage (What the Policy covers)	<b>Section I</b>		
		<b>1. Enhanced Room Rent:</b> Room rent limits of the Base Policy will be increased		C Section – I (1)
		Sum Insured (Rs.)	Room rent eligibility	
		10,00,000/- to 20,00,000/- (as per base policy)	Any Room (Except for suite room and above the category of suite room)	
		Above 20,00,000/- (as per base policy)	Any Room	
<b>2. Claim Guard (Consumables Cover):</b> If there is an admissible claim under the Base Policy, then the expenses towards the items mentioned will become payable				C Section – I (2)
<b>3. Enhanced Limit for Modern Treatments:</b> Covered upto Sum Insured of the Base Policy		a. Uterine Artery Embolization and HIFU b. Balloon Sinuplasty c. Deep brain stimulation d. Oral Chemotherapy e. Immunotherapy - Monoclonal antibody to be given as injection f. Intra Vitreal injection g. Robotic surgeries h. Stereotactic radio surgeries i. Bronchical Thermoplasty j. Vaporisation of the prostate (Green laser treatment or holmium laser treatment) k. IONM - (Intra Operative Neuro Monitoring) l. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions		C Section – I (3)
<b>4. Enhanced Limit for AYUSH Treatment:</b> Medical expenses for Inpatient Hospitalization incurred on treatment under Ayurveda, Unani, Siddha and Homeopathy systems of medicines in a AYUSH Hospital is payable up to sum insured of the Base Policy  The amount payable under this clause shall be part of the Sum Insured under the Base Policy and not in addition to the same				C Section – I (4)
<b>5. Home Care Treatment:</b> Covered up to specific limits in a policy year, for treatment availed by the Insured Person at home, only for the specified conditions				C Section – I (5)

		<p><b>6. Bonus Guard:</b> Cumulative Bonus available under Base Policy will not be reduced at renewals unless bonus is utilized</p>	<p>C Section – I (6)</p>
		<p><b>Section II</b></p>	
		<p><b>1. Option to Choose Aggregate deductible:</b> If the insured person chooses deductible, company will provide a discount on premium</p> <p>The Company will be liable under the Base Policy only if admissible claim/s exceeds the aggregate deductible limit</p>	<p>C Section – II (1)</p>
<p>6</p>	<p><b>Exclusions (What the policy does not cover)</b></p>	<p><b>Standard Exclusion</b></p> <p>All other terms, conditions, exclusions, waiting periods and cancellation will apply as per the Base Policy.</p> <p>Family Health Optima Insurance Plan                  UIN: SHAHLIP26046V092526 and its subsequent revisions                  (or)                  Medi Classic Insurance Policy (Individual)                  UIN: SHAHLIP25038V082425 and its subsequent revisions                  (or)                  Star Comprehensive Insurance Policy                  UIN: SHAHLIP26044V092526 and its subsequent revisions</p>	
<p>7</p>	<p><b>Waiting Period:</b></p> <ul style="list-style-type: none"> <li>• Time period during which specified diseases/ treatments are not covered</li> <li>• It is counted from the beginning of the policy coverage</li> </ul>	<p>All other terms, conditions, exclusions, waiting periods and cancellation will apply as per the Base Policy.</p>	<p>-</p>

8	<p><b>Financial limits of coverage</b></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><b>Home Care Treatment:</b> Payable up to 10% of the sum insured of the Base Policy, subject to maximum of Rs.5,00,000/- in a policy year, for treatment availed by the Insured Person at home, only for the specified conditions</p>	C Section – I (5)																	
	<p>ii Co-payment (It is specified amount / Percentage of the admissible claim amount to be paid by Policyholder / insured)</p>	NIL	-																	
	<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>	<table border="1"> <thead> <tr> <th>Sum Insured (Rs.)</th> <th>Aggregate Deductible Options</th> <th>Discount offered (in %)</th> </tr> </thead> <tbody> <tr> <td rowspan="3">10,00,000/- to 20,00,000/-</td> <td>Rs.25,000</td> <td>15%</td> </tr> <tr> <td>Rs.50,000</td> <td>20%</td> </tr> <tr> <td>Rs.1,00,000</td> <td>30%</td> </tr> <tr> <td rowspan="3">Above 20,00,000/-</td> <td>Rs.25,000</td> <td>12%</td> </tr> <tr> <td>Rs.50,000</td> <td>18%</td> </tr> <tr> <td>Rs.1,00,000</td> <td>25%</td> </tr> </tbody> </table>	Sum Insured (Rs.)	Aggregate Deductible Options	Discount offered (in %)	10,00,000/- to 20,00,000/-	Rs.25,000	15%	Rs.50,000	20%	Rs.1,00,000	30%	Above 20,00,000/-	Rs.25,000	12%	Rs.50,000	18%	Rs.1,00,000	25%	C Section – II (1)
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<p>iv. Any other limit (as applicable)</p>	NIL	-																		

9	<b>Claims / Claims Procedure</b>	<p>Details of procedure to be followed for cashless service as per the base policy -                      Family Health Optima Insurance Plan                      UIN: SHAHLIP26046V092526 and its subsequent revisions                      (or)                      Medi Classic Insurance Policy (Individual)                      UIN: SHAHLIP25038V082425 and its subsequent revisions                      (or)                      Star Comprehensive Insurance Policy                      UIN: SHAHLIP26044V092526 and its subsequent revisions</p>	
		<p><b>Notification of Claim:</b> 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</p>	
		<p><b>Turn Around Time ( TAT) for claims settlement</b></p> <ul style="list-style-type: none"> <li>i. TAT for preauthorization of cashless facility: Within 1 hr from the time of receipt of all necessary relevant documents  <a href="https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf">https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf</a></li> <li>ii. TAT for cashless final bill authorization: Within 3 hrs from the time of receipt of all necessary relevant documents</li> <li>iii. <b>Network Hospital details:</b> Insured can refer the company website using the following link to the list of Network hospitals:  <a href="https://www.starhealth.in/lookup/hospital/">https://www.starhealth.in/lookup/hospital/</a></li> <li>iv. <b>Helpline number:</b> For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255. Senior Citizens may call at 044-40020888</li> <li>v. 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.  <a href="https://www.starhealth.in/lookup/hospital/#excluded-hospital">https://www.starhealth.in/lookup/hospital/#excluded-hospital</a></li> <li>vi. Downloading/ getting claim form:                         <ul style="list-style-type: none"> <li>a) <b>For Cashless (Pre- Authorisation Form):</b>  <a href="https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf">https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf</a></li> <li>b) <b>For Reimbursement:</b>  <a href="https://web.starhealth.in/sites/default/files/CLAIMFORM.pdf">https://web.starhealth.in/sites/default/files/CLAIMFORM.pdf</a></li> </ul> </li> <li>vii. For the comprehensive list of documents to be submitted while filing a reimbursement claim:  <a href="https://www.starhealth.in/claims/#claim-process">https://www.starhealth.in/claims/#claim-process</a></li> </ul>	

10	Policy servicing	<p><b>Details of the Company Official:</b>                  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>	
11	Grievances/ Complaints	<p><b>Details of Grievance Redressal Officer of the Insurer:</b>                  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  <a href="https://www.starhealth.in/grievance-redressal">https://www.starhealth.in/grievance-redressal</a></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 <a href="https://www.starhealth.in/grievance-redressal">https://www.starhealth.in/grievance-redressal</a></p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management System – <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a></p>	E(5)
		<p><b>Details of Ombudsman:</b> List of Insurance Ombudsman                  For updated list refer: <a href="https://www.cioins.co.in/ombudsman">https://www.cioins.co.in/ombudsman</a></p>	Page 8
12	Things to remember	<p><b>Free Look Cancellation:</b> 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>	E(4)
		<p><b>Renewal of Policy:</b> As per Base Policy</p>	-

		<b>Migration:</b> As per Base Policy	-
		<b>Portability:</b> As per Base Policy	-
		<b>Change in Sum Insured:</b> NIL	-
		<b>Moratorium Period:</b> NIL	-
13	<b>Your Obligations</b>	<p>Please disclose all pre-existing disease/s or conditions before buying a Policy. Non-disclosure may affect the claim settlement.</p> <p><b>Disclosure of Information:</b> 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 material information details sought in the proposal form</p>	E(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](mailto:cisacknowledgement@starhealth.in) or call us at +91-7338737872 to acknowledge the receipt of this document "Customer Information Sheet"