



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

**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 Health Assure Insurance Policy Unique Identification No : SHAHLIP23131V022223	-
2	Policy Number	Refer Policy Schedule attached with this document	-
3	Type of Insurance Product / Policy	Both Indemnity and Benefit	-
4	Sum Insured	Refer Policy Schedule attached with this document	-

5	Policy Coverage (What the policy covers)	Expenses in respect of:	B(1,2,3)
		1. In-patient Treatment: Admission in Hospital beyond 24 hours	
		2. All Day Care Procedures are covered	B(4)
		3. Coverage for Non-medical Items: If there is an admissible claim under the policy, the Items specified in the policy as per List I will become payable	B(5)
		4. Emergency 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.	B(6)
		5. Air Ambulance: Expenses incurred towards the cost of air ambulance service up to 10% of sum insured per policy year	B(7)
		6. Pre-Hospitalization: Medical Expenses incurred up to 60 days prior to hospitalization	B(8)
		7. Post-Hospitalization: Medical Expenses incurred up to 180 days after discharge from the hospital	B(9)
		8. Domiciliary Hospitalization: Coverage for medical treatment (including AYUSH) for a period exceeding three days, for an illness/disease/injury, which in the normal course, would require care and treatment at a Hospital but, on the advice of the attending Medical Practitioner, is taken whilst confined at home under any of the following circumstances <ol style="list-style-type: none"> 1. The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or 2. The patient takes treatment at home on account of non-availability of room in a hospital. 	B(10)
		9. Organ Donor Expenses: In patient hospitalization expenses incurred for organ transplantation from the Donor to the Recipient Insured Person are payable provided the claim for transplantation is payable. In addition, the expenses incurred by the Donor, (if any) for the complications that necessitate a Redo Surgery / ICU admission will be covered. The coverage limit under this benefit is over and above the Limit of Coverage and upto the Sum Insured. This additional Sum Insured can be utilized by the Donor and not by the Insured	B(11)

	<p>10. Health Checkup Assure: Expenses incurred towards cost of health check-up up to the limits mentioned in the policy schedule for each policy year (irrespective of claim).</p>	B(12)
	<p>11. 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 the specified conditions mentioned in the policy wording, which in normal course would require care and treatment at a hospital but is actually taken at home provided that:</p> <ul style="list-style-type: none"> a) The Medical practitioner advises the Insured person to undergo treatment at home b) There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment c) Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained d) Insured can avail "Home Care Treatment" service on cashless / reimbursement basis, if availed from the list of our Network service providers given in our website "www.starhealth.in" 	B(13)
	<p>12. Delivery Expenses: Expenses for a Delivery including Delivery by Caesarean section (including pre-natal and postnatal expenses) up-to 10% of the Sum Insured is payable</p>	B(14)
	<p>13. In Utero Fetal Surgery/Intervention: The Company will pay the expenses incurred for In Utero Fetal Surgeries and Procedures mentioned in the policy wording after the waiting period of 24 months from the date of inception of this policy:</p> <p>Note: The above mentioned waiting period will not apply for treatment related to congenital Internal disease / defects for the Unborn</p>	B(15)
	<p>14. Assisted Reproduction Treatment: The Company will reimburse medical expenses incurred on Assisted Reproduction Treatment as per the table mentioned in the policy wording, for sub-fertility subject to:</p> <ul style="list-style-type: none"> a) A waiting period of 24 months from the date of first inception of this policy with the Company for the insured person. b) Company will pay for one Assisted Reproduction Treatment cycle in a policy year. c) For the purpose of claiming under this benefit, in-patient treatment is not mandatory 	B(16)

	<p>15. Hospitalization expenses for treatment of New Born Baby: Expenses up-to the limit mentioned in the policy wording given table incurred in a hospital/ nursing home on treatment of the New born for any disease, illness (including any congenital disorders) or accidental injuries are payable from Day 1 of its birth till the expiry date of the policy</p>	B(17)
	<p>16. Treatment for Chronic Severe Refractory Asthma: In-patient hospitalization / Day Care treatment / Home Care Treatment/ Out-patient treatment expenses incurred for treatment of Chronic Severe Refractory Asthma by Advanced Medicine, if recommended by the treating Medical practitioner (Pulmonologist) is payable up to 10% of sum insured not exceeding Rs.5 lakhs per policy period.</p>	B(18)
	<p>17. Compassionate travel: In the event of the insured person being hospitalized for a life threatening emergency at a place away from his usual place of residence as recorded in the policy, the Company will reimburse the transportation expenses by air incurred upto Rs.10,000/- for one immediate family member (other than the travel companion) for travel towards the place where hospital is located, provided the claim for hospitalization is admissible under the policy.</p>	B(19)
	<p>18. Repatriation of Mortal Remains: Following an admissible claim for hospitalization under the policy, the Company shall reimburse up to Rs.15,000/- in a policy year towards the cost of repatriation of mortal remains of the insured person (including the cost of embalming and coffin charges) to the residence of the Insured as recorded in the policy</p>	B(20)
	<p>19. Treatment in Valuable service providers network: In the event of hospitalization in valuable service provider network, an amount calculated at 1% of Sum Insured subject to a maximum of Rs.5,000/- per policy period is payable as lump sum.</p>	B(21)
	<p>20. Shared accommodation: If the Insured person occupies, a shared accommodation during in-patient hospitalization, then amount of Rs.1,000/- per day will be payable for each continuous and completed period of 24 hours of stay in such shared accommodation</p>	B(22)
	<p>21. AYUSH Treatment: 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 the sum insured.</p>	B(23)

6	Exclusions (What the policy does not cover)	<p>22. Second Medical Opinion: The Insured Person can obtain a Second Medical Opinion from a Doctor in the Company's network of Medical Practitioners.</p>	B(24)													
		<p>23. Coverage for Modern Treatments: Covered upto sum insured</p>	B(25)													
		<p>24. 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>	B(27)													
		<p>25. Rehabilitation and Pain Management: The company will pay the medical expenses for Rehabilitation and Pain Management up to the sub-limit (or) maximum up to 20% of the sum insured whichever is less, per policy year</p>	B(28)													
		<p>26. Star Wellness Program: This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities.</p>	B(29)													
		<p>27. Optional Cover to choose Deductible</p> <table border="1"> <thead> <tr> <th>Sum Insured</th> <th>Aggregate Deductible Option</th> <th>Discount Offered</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Up to Rs. 20 lakhs</td> <td>Rs. 50,000/-</td> <td>45%</td> </tr> <tr> <td>Rs. 1,00,000/-</td> <td>55%</td> </tr> <tr> <td rowspan="2">Above Rs. 20 lakhs</td> <td>Rs. 50,000/-</td> <td>35%</td> </tr> <tr> <td>Rs. 1,00,000/-</td> <td>50%</td> </tr> </tbody> </table>	Sum Insured	Aggregate Deductible Option	Discount Offered	Up to Rs. 20 lakhs	Rs. 50,000/-	45%	Rs. 1,00,000/-	55%	Above Rs. 20 lakhs	Rs. 50,000/-	35%	Rs. 1,00,000/-	50%	B(31)
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Standard Exclusions																
1. Investigation & Evaluation	Excl 04															
2. Rest Cure, rehabilitation (except to the extent covered under Coverage 28) 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 (except to the extent covered under Coverage 16)	Excl 17
	15. Maternity (except to the extent covered under Coverage 14)	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 Coverage 17)	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. Existing disease/s, disclosed by the Insured and mentioned in the policy schedule under Permanent Exclusion (based on Insured's consent)	Excl 38

<p style="text-align: center;">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 	<p>30-day waiting period</p> <p>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</p> <p>B. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months</p> <p>C. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently</p>	<p>Excl 03</p>
		<p>Specified disease/procedure waiting period</p> <p>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.</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 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.</p> <p>D. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.</p> <p>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.</p> <p>F. List of specific diseases/procedures</p> <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>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. DesmoidTumor, 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 Unborn in Coverage (15) and New Born in Coverage (17)] 	<p>Excl 02</p>
		<ul style="list-style-type: none"> • Pre-existing diseases <ol style="list-style-type: none"> A. Applicable for 3 year policy term: Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of 30 months of continuous coverage after the date of inception of the first policy with insurer. Applicable for 1 year and 2 year policy term: 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>Excl 01</p>

<p>8</p> <p>Financial limits of coverage i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</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. Applicable for 3 year policy term: Coverage under the policy after the expiry of 30 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.</p> <p>Applicable for 1 year and 2 year policy term: 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>1. The policy will pay only up to the limits specified hereunder for the following diseases/procedures: In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following Sub-limits</p> <table border="1"> <thead> <tr> <th>Sum Insured in Lakhs (Rs)</th> <th>5</th> <th>10/15/20/25</th> <th>50/75/100/200</th> </tr> </thead> <tbody> <tr> <td>Room Rent Criteria</td> <td>Up to 1% of Sum Insured per day</td> <td>Any Room (Except suite or above category)</td> <td>Any room</td> </tr> </tbody> </table>	Sum Insured in Lakhs (Rs)	5	10/15/20/25	50/75/100/200	Room Rent Criteria	Up to 1% of Sum Insured per day	Any Room (Except suite or above category)	Any room	B(1)
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	<p>2. Air Ambulance Covered upto 10% of sum insured per policy year</p>	B(7)								
	<p>3. Home care treatment 10% of the sum insured subject to maximum of Rs.5 lakhs in a policy year</p>	B(13)								
<p>4. Delivery Expenses Covered up to 10% of the Sum Insured</p>	B(14)									
<p>5. Treatment for Chronic Severe Refractory Asthma 10% of sum insured not exceeding Rs.5 lakhs per policy period</p>	B(18)									

6. Assisted Reproduction Treatment

Sum Insured in Lakhs (Rs.)	Limit of Liability in a Policy year (Rs.)
5	1,00,000/-
10/15/20/25	2,00,000/-
50/75/100/200	4,00,000/-

B(16)

7. Hospitalization expenses for treatment of New Born Baby

Sum Insured in Lakhs (Rs.)	Limit Per Policy Period (Rs.)
5/10/15/20/25	2,00,000/-
50/75/100/200	4,00,000/-

B(17)

Note: The above mentioned sub-limits will not apply for treatment related to congenital Internal disease / defects for the new born.

8. Rehabilitation and Pain Management: The company will pay the medical expenses for Rehabilitation and Pain Management up to the sub-limit (or) maximum up to 20% of the sum insured whichever is less, per policy year.

Pain Management

Name of the covered pain management treatment	Sub-limits (Per Policy year) (Rs.)	
	Sum Insured (Rs in Lakh)	
	5/10/15/20	25 & above
Lumbar and cervical medial branch block with RF ablation for lumbar and cervical facet joint arthritis	65,000/-	75,000/-
Caudal epidural injection for Discogenic pain	40,000/-	50,000/-
Lumbar and cervical selective nerve root block for Lumbar and Cervical radicular pain	50,000/-	60,000/-
Caudal Neuroplasty for Failed back spine surgery	85,000/-	1,00,000/-

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ii Co-payment (It is specified amount / Percentage of the admissible claim amount to be paid by policyholder / insured)	Co-payment: 10% of each and every claim amount for fresh as well as renewal policies for insured person whose age at the time of entry is 61 years and above	B(30)																																					

<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>Optional Cover to choose Deductible</p> <p>If the insured person chooses any of the following deductible, the Company will provide a discount on premium as per the table given below;</p> <table border="1" data-bbox="502 559 1390 969"> <thead> <tr> <th>Sum Insured</th> <th>Aggregate Deductible Option</th> <th>Discount offered</th> </tr> </thead> <tbody> <tr> <td>Up to Rs.20 Lakhs</td> <td>Rs. 50,000/-</td> <td>45%</td> </tr> <tr> <td></td> <td>Rs. 1,00,000/-</td> <td>55%</td> </tr> <tr> <td>Above Rs. 20 Lakhs</td> <td>Rs. 50,000/-</td> <td>35%</td> </tr> <tr> <td></td> <td>Rs. 1,00,000/-</td> <td>50%</td> </tr> </tbody> </table> <p>Note: This deductible is applicable for every policy year (on Aggregate basis)</p>	Sum Insured	Aggregate Deductible Option	Discount offered	Up to Rs.20 Lakhs	Rs. 50,000/-	45%		Rs. 1,00,000/-	55%	Above Rs. 20 Lakhs	Rs. 50,000/-	35%		Rs. 1,00,000/-	50%	<p>B(31)</p>
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<p>iv. Any other limit (As Applicable)</p>	<p>Not Applicable</p>																
<p>9 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>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 	<p>D(2) - (B), (C) & (D)</p>															

- d. Obtain the Pre-authorization 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.

In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents.

For Reimbursement claims:

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

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

		<p>(Refer policy clause for the complete list of documents)</p> <p>Turn Around Time (TAT) for claims settlement</p> <p>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</p>	
		<p>ii) TAT for cashless final bill authorization: Within 3 hrs from the time of receipt of all necessary relevant documents</p>	
		<p>iii) Network Hospital details: Insured can refer the company website using the following link to the list of Network hospitals: https://www.starhealth.in/lookup/hospital/</p>	
		<p>iv) Helpline Number: For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255. Senior Citizens may call at 044-40020888</p>	
		<p>v) Hospitals which are 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</p>	
		<p>Downloading/ getting Pre-Authorisation claim form:</p> <p>a) For Cashless: https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf</p> <p>b) For Reimbursement: https://web.starhealth.in/sites/default/files/CLAIMFORM.pdf</p>	
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>	D(21)

<p>11</p>	<p>Grievances/ Complaints</p>	<p>Details of Grievance Redressal Officer of the Insurer Grievance Redressal Officer, Corporate Grievance Department, 4th Floor, Balaji Complex, No. 15, Whites Lane, Whites Road, Royapettah, Chennai- 600014 (Land mark: In the lane next to Satyam Theatre Parking Area) Ph. No: 044-69006900 Toll Free No. 1800 425 2255 Senior Citizens - 044- 6900 7500 Mail ID:- gro@starhealth.in grievances@starhealth.in. https://www.starhealth.in/grievance-redressal If Insured person is not satisfied with the redressal of grievance, Insured person may contact the grievance officer at 044-43664600. For updated details of grievance officer, kindly refer the link https://www.starhealth.in/grievance-redressal Grievance may also be lodged at IRDAI Integrated Grievance Management System – https://bimabharosa.irdai.gov.in/</p>	<p>D(15)</p>
		<p>Details of Ombudsman: List of Insurance Ombudsman For updated list refer: https://www.cioins.co.in/ombudsman</p>	<p>Page 35</p>
<p>12</p>	<p>Things to remember</p>	<p>Free Look Cancellation: The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. The Insured Person shall be allowed free look period of thirty days from date of receipt of the policy document whether electronically or otherwise to review the terms and conditions of the policy. If the Insured is not satisfied with any of the terms and conditions and has not made any claim, the Insured has the option to cancel his/her policy. This option is available in case of policies with a term of one year or more. The Insured 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>	<p>D(14)</p>

	<p>Renewal of Policy: 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. 	D(9)
	<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>	D(7)
	<p>Portability:</p> <ul style="list-style-type: none"> A. 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. B. 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. 	D(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>	D(26)

		<p>Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.</p>	D(11)
13	Your Obligations	<p>Please disclose all pre-existing disease/s or conditions 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 material information details sought in the proposal form.</p>	D(1)

BENEFIT ILLUSTRATION

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

63	31,872	10,00,000	31,872	Nil	31,872	10,00,000	57,460	6,202	51,258	10,00,000
58	25,588	10,00,000	25,588		25,588	10,00,000				
Total Premium for all members of the family is Rs.57,460/- , 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.57,460/- , 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.51,258/- . Sum insured of Rs.10,00,000/- , is available for the entire family (2A)			

Illustration 2

54	19,787	10,00,000	19,787	Nil	19,787	10,00,000	57,247	13,084	44,163	10,00,000
51	19,787	10,00,000	19,787		19,787	10,00,000				
17	5,891	10,00,000	5,891		5,891	10,00,000				
15	5,891	10,00,000	5,891		5,891	10,00,000				
13	5,891	10,00,000	5,891		5,891	10,00,000				
Total Premium for all members of the family is Rs.57,247/- , 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.57,247/- , 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.44,163/- . 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.

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