



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	Star Micro Rural and Farmers Care UIN: SHAHMIP22038V032122	-
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?)	Expenses in respect of:	
		In-patient Treatment: Admission in Hospital beyond 24 hrs.	2(A,B,C)
		Cataract Treatment: Expenses incurred on treatment of Cataract is limited to specified amount	2(D)
		Day care Procedures: All day care procedures requiring less than 24 hours of hospitalization	2(E)
		Coverage for Modern Treatment: Upto Specified Limits	2(F)
		AYUSH Treatment: Medical expenses for Inpatient Hospitalization incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines in a AYUSH Hospital is payable up to the sum insured.	2(G)

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 dioptrcs	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		

	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	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
	Cochlear implants and procedure related hospitalization expenses	Excl 35
	Any hospitalization which are not medically necessary	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

<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 	<ul style="list-style-type: none"> • Initial waiting period: <ol style="list-style-type: none"> A. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered B. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months C. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently 	<p>3(3) Excl 03</p>
	<ul style="list-style-type: none"> • Specified disease / procedure waiting period; <ol style="list-style-type: none"> A. Expenses related to the treatment of the following listed Conditions, surgeries/treatments shall be excluded until the expiry of 6 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase C. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply D. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion E. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage F. List of specific diseases/procedures; <ol style="list-style-type: none"> 1. Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye(Other than retinal detachment), 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>3(2) Excl 02</p>	

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 and Genitourinary tract calculi
6. All types of Hernia
7. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula
8. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases
9. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies
10. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele
11. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence
12. Varicose veins and Varicose ulcers
13. All types of transplant and related surgeries
14. Congenital Internal disease / defect

- **Pre-existing diseases:**

- A. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 6 months of continuous coverage after the date of inception of the first policy with insurer
- B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase
- C. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage
- D. Coverage under the policy after the expiry of 6 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer

3(1)
Excl 01

8

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)**

The policy will pay only up to the limits specified hereunder for the following diseases/procedures:

Sublimits

1. **Room, boarding, nursing expenses** as provided by the Hospital / Nursing Home up to 1% of Sum Insured per day.

Note: Expenses relating to the hospitalization will be considered in proportion to the room rent stated in the policy

2(A)

2. **Expenses incurred on treatment of Cataract** is limited to Rs.10,000/- per eye and up to Rs.15,000/- per policy period

2(D)

3. **Modern Treatments:**

Procedures	Limit per person per policy year for each treatment (Rs.)	
	1,00,000/-	2,00,000/-
Uterine artery Embolization and HIFU	12,500/-	25,000/-
Balloon Sinuplasty	5,000/-	10,000/-
Deep Brain Stimulation	25,000/-	50,000/-
Oral Chemotherapy*	12,500/-	25,000/-
Immunotherapy- Monoclonal Antibody to be given as injection	25,000/-	50,000/-
Intra Vitreal injections	5,000/-	10,000/-
Robotic surgeries	25,000/-	50,000/-
Stereotactic radio surgeries	25,000/-	50,000/-
Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions	25,000/-	50,000/-
Bronchial Thermoplasty	Up to Sum Insured	
Vaporisation of the prostate (Green laser treatment or holmium laser treatment)		
IONM-(Intra Operative Neuro Monitoring)		

2(F)

	ii) Co-payment (It is a specified amount/percentage of the admissible claim amount to be paid by policy holder/insured)	This policy is subject to co-payment of 20% of each and every admissible claim amount, for fresh as well as for the policies subsequently renewed for insured persons whose age at the time of entry in to this policy is 61 years and above.	Note. 3 under coverage
	iii) Deductible (It is a specified amount: up to which an insurance company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than the specified amount)	NIL	
	iv) Any other limit (as applicable)	NIL	
9	Claims / Claims Procedure	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim.</p> <p>Documents for Cashless Treatment:</p> <ol style="list-style-type: none"> For assistance call 24 hours help-line 044-69006900 or Toll Free No.1800 425 2255, Senior Citizens may call at 044-40020888 Inform the ID number for easy reference On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk 	4(2)

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

For Reimbursement claims: Time limit for submission of

Sl.No	Type of Claim	Prescribed Time Limit
1	Reimbursement of hospitalization, day care	Claim must be filed within 15 days from the date of discharge from the Hospital.

Documents to be submitted: The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit;

- a. Duly completed claim form, and
- b. Pre Admission investigations and treatment papers
- c. Discharge Summary from the hospital
- d. Cash receipts from hospital, chemists
- e. Cash receipts and reports for tests done

Turn Around Time (TAT) for claims settlement

- i) **TAT for preauthorization of cashless facility:** 1 hr from the time of receipt of all necessary relevant documents.
https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf
- ii) **TAT for cashless final bill authorization:** 3 hrs from the time of receipt of all necessary relevant documents

		<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 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</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</p> <p>Assistant General Manager – Customer Care</p> <p>Customer Care No. 044-69006900 or</p> <p>Toll Free No. 1800 425 2255,</p> <p>Senior Citizens: 044-69007500</p> <p>e-mail: support@starhealth.in</p>	4(21)
11	Grievances/ Complaints	<p>Details of Grievance Redressal Officer of the Insurer</p> <p>Grievance Redressal Officer,</p> <p>Corporate Grievance Department,</p> <p>4th Floor, Balaji Complex, No. 15, Whites Lane, Whites Road, Royapettah, Chennai- 600014</p> <p>(Land mark: In the lane next to Satyam Theatre Parking Area)</p> <p>Ph. No: 044-69006900 Toll Free No. 1800 425 2255</p> <p>Senior Citizens - 044- 6900 7500</p> <p>Mail ID:- gro@starhealth.in grievances@starhealth.in</p> <p>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>	4(15)
		<p>Details of Ombudsman: List of Insurance Ombudsman. For updated list refer: https://www.cioins.co.in/ombudsman</p>	Page 7

<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, and to return the same if not acceptable.</p> <ul style="list-style-type: none"> i. If the insured has not incurred 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 ii. 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 iii. where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period 	<p>4(14)</p>
	<p>Policy renewal: The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.</p> <ul style="list-style-type: none"> i) Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years. ii) Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. iii) At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy.. iv) Coverage is not available during the grace period. v) No loading shall apply on renewals based on individual claims experience 	<p>4(9)</p>
	<p>Migration: The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the Policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.</p>	<p>4(7)</p>

		<p>Portability: The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.</p>	4(8)
		<p>Change in Sum Insured: Not Applicable</p>	
		<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>	4(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>	4(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	3,400	1,00,000	3,400	Nil	3,400	1,00,000	6,800	1,940	4,860	2,00,000
58	3,400	1,00,000	3,400		3,400	1,00,000				
Total Premium for all members of the family is Rs.6,800/- , when they are covered under a single policy. Sum insured available for each family member is Rs.1,00,000/-										
Illustration 2										
47	2,430	1,00,000	2,430		2,430	1,00,000	6,595	2,695	3,900	2,00,000
44	2,430	1,00,000	2,430	Nil	2,430	1,00,000				
19	1,735	1,00,000	1,735		1,735	1,00,000				
Total Premium for all members of the family is Rs.6,595/- , when they are covered under a single policy. Sum insured available for each family member is Rs.1,00,000/-										
Total Premium when policy is opted on floater basis is Rs.3,900/- Sum insured of Rs.2,00,000/- . 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.

A-Adult, C-Child

Declaration by the Policy Holder

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

Place:

Date:

(Signature of the Policyholder)

Note:

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

