



## 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 Out Patient Care Insurance Policy UIN: SHAHLIP22231V012122	-
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?) (Applicable for Silver, Gold and Platinum Plan)	Expenses in respect of: <b>Outpatient Consultation</b> expenses incurred at any Networked Facility In India	II(a)
		<b>Non Allopathic Treatment:</b> Expenses incurred on hospitalization under AYUSH Treatment	II(b)
		<b>Diagnostics, Physiotherapy and Pharmacy</b> expenses incurred at any Networked Facility in India	II(c)

		<b>Dental treatment expenses</b> to a natural tooth or teeth arising out of accidents incurred at any Networked Facility in India as an Outpatient	II(d)
		<b>Ophthalmic Treatment</b> expenses arising out of accident incurred at any Networked Facility in India as an Outpatient	II(e)
6	<b>Exclusions: (What the policy does not cover?)</b>	<b>Standard Exclusions</b>	
		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
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		

	<p>Maternity</p> <p>i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy</p> <p>ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period</p>	Excl 18
	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
	Unconventional, Untested, Experimental therapies	Excl 27
	Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons)	Excl 31
	Hospital registration charges, admission charges, hospital record charges charges, telephone charges and such other charges	Excl 34
	Hearing aids, walkers and crutches, wheel chairs, Nutritional Supplements, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis(CAPD), infusion pump and such other similar aids, Cochlear implants and procedure related expenses.	Excl 35
	Existing disease/s, disclosed by the Insured and mentioned in the policy schedule under Permanent Exclusion (based on Insured's consent)	Excl 38

<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>	<ul style="list-style-type: none"> <li><b>Initial waiting period:</b> <ol style="list-style-type: none"> <li>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</li> <li>This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months</li> <li>The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently</li> </ol> </li> </ul>	<p>III(2) Excl 03</p>
		<ul style="list-style-type: none"> <li><b>Specific waiting periods - Not Applicable</b></li> </ul>	<p>-</p>
		<ul style="list-style-type: none"> <li><b>Pre-Existing Diseases:</b> <ol style="list-style-type: none"> <li><b>Applicable for Silver Plan:</b> 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</li> <li><b>Applicable for Gold Plan:</b> Expenses related to the treatment of a Pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with insurer</li> <li><b>Applicable for Platinum Plan:</b> Expenses related to the treatment of a pre existing Disease (PED) and its direct complications shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first policy with insurer</li> </ol> <ol style="list-style-type: none"> <li>In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase</li> <li>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.</li> <li><b>Applicable for Silver Plan:</b> 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</li> <li><b>Applicable for Gold Plan:</b> Coverage under the policy after the expiry of 24 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer</li> <li><b>Applicable for Platinum Plan:</b> Coverage under the policy after the expiry of 12 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer</li> </ol> </li> </ul>	<p>III(1) Excl 01</p>

8	<b>Financial limits of coverage</b> <b>i. Sub-limit</b> (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	NIL	
	<b>ii) Co-payment</b> ( It is a specified amount/ percentage of the admissible claim amount to be paid by policy holder/ insured)	NIL	
	<b>iii) Deductible</b> (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	
	<b>iv) Any other limit (as applicable)</b>	NIL	-

<p style="text-align: center;"><b>9</b></p> <p style="text-align: center;"><b>Claims/ Claims procedure</b></p>		<p><b>I For Cashless Procedure:</b></p> <ol style="list-style-type: none"> <li>a. 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>b. Produce the ID Card issued by the Company at the Network Facility Helpdesk</li> <li>c. For List of Network Hospitals please visit our web-site link <a href="https://www.starhealth.in/network-hospitals">https://www.starhealth.in/network-hospitals</a></li> <li>d. KYC (Identity proof with Address) of the proposer, as per AML Guidelines</li> </ol> <p><b>Note:</b> The Company reserves the right to call for additional documents wherever required.</p> <p><b>II Documents to be submitted for reimbursement:</b> The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit;</p> <ol style="list-style-type: none"> <li>a. Duly completed claim form, and</li> <li>b. Certificate from the attending doctor regarding the diagnosis</li> <li>c. Prescription of the treating doctor</li> <li>d. Receipt from the treating doctor / hospital / Physiotherapist</li> <li>e. Receipt from Pharmacy / chemists</li> <li>f. Receipts and reports for tests done</li> <li>g. KYC (Identity proof with Address) of the proposer, as per AML Guidelines</li> </ol> <p>In case of Accidents and emergency treatments, insured person can claim for Outpatient consultation expenses, Diagnostics and Pharmacy expenses in non network hospitals also</p>	<p>IV(2)</p>
		<p><b>Turn Around Time ( TAT) for claims settlement</b></p>	
<p>i) TAT for preauthorization of cashless facility: 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></p>			
<p>ii) TAT for cashless final bill authorization: 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: <a href="https://www.starhealth.in/lookup/hospital/">https://www.starhealth.in/lookup/hospital/</a></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 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. <a href="https://www.starhealth.in/lookup/hospital/#excluded-hospital">https://www.starhealth.in/lookup/hospital/#excluded-hospital</a></p>			
<p><b>Downloading/ getting Pre-Authorisation claim form :</b></p> <ol style="list-style-type: none"> <li>a) <b>For Cashless:</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> </ol>			

10	<b>Policy Servicing</b>	<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>	
11	<b>Grievances/ Complaints</b>	<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  <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 through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017, as amended from time to time  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> <p>Details of Ombudsman: List of Insurance Ombudsman  For updated list refer: <a href="https://www.cioins.co.in/ombudsman">https://www.cioins.co.in/ombudsman</a></p>	IV(14)
12	<b>Things to remember</b>	<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 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> <ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period</li> </ol>	Page 4  IV(13)

		<p><b>Policy renewal:</b> The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person;</p> <ol style="list-style-type: none"> <li>1. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years</li> <li>2. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period</li> <li>3. 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</li> <li>4. Coverage is not available during the grace period</li> <li>5. No loading shall apply on renewals based on individual claims experience</li> </ol>	IV(9)
		<p><b>Migration:</b> 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>	IV(7)
		<p><b>Portability:</b> 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>	IV(8)
		Change in Sum Insured: Not Applicable	-
		<p><b>Renewal Discount:</b> At the time of renewal, the insured person is eligible for a discount of 25% of the premium after every block of two continuous claim free years.</p>	IV(27)

		<p><b>Moratorium Period:</b> 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(12)
13	<b>Your Obligations</b>	<p>Please disclose all pre-existing disease/s or condition/s 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 medical history details sought in the proposal form.</p>	IV(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".