

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Registered Office: No.1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai-600034. 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.

S.No	Title	Description	Refer to Policy Clause Number
1.	Name of Insurance Product / Policy	Classic Group Health Insurance Unique Identification No: SHAHLGP21239V022021	-
2.	Policy number		-
3.	Type of Insurance Product / Policy	Indemnity	-
4.	Sum Insured		-
5	Policy Coverage (What the policy covers)	In-patient Treatment: Admission in Hospital beyond 24 hrs	C (A,B,C)
	(Policy clause Number/s)	Emergency ambulance charges: Covered up-to a sum of Rs.750/- per hospitalization and overall limit of Rs.1,500/- per policy period for transportation of the insured person by private ambulance service	C (D)
		Relevant Pre-Hospitalization medical expenses incurred for a period not exceeding 30 days prior to the date of hospitalization, for the disease/illness, injury sustained following an admissible claim under the policy	C (E)
		Post –Hospitalization expenses incurred up to 60 days after discharge from the hospital. The amount payable shall not exceed the sum equivalent to 7% of the hospitalization expenses subject to a maximum of Rs5000/- per hospitalization. For the purpose of calculation of the 7%, only nursing expenses, surgeon's / consultants fees, diagnostic charges and cost of drugs and medicines will be taken	C (F)
		Coverage for Modern Treatment are payable up to the specified limits	C (G)

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		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.	C (H)
		Patient Care: The cost of engaging one attendant at residence immediately after discharge from the hospital provided the same is recommended by the attending physician. Such expenses are payable up- to Rs 400/- for each completed day up-to 5 days per occurrence and 14 days per policy period. No payment will be made for the first day.	C (I)
		Hospital Cash: Cash Benefit of Rs 1,000/-for each completed day of hospitalization subject to a maximum of 7 days per occurrence and 14 days per policy period, is payable. Provided however there is a valid claim for hospitalization.	C (J)
		The expenses incurred on treatment of cataract are payable up-to the specified limits	C (K)
		Exclusion	D
		<u>Standard Exclusions</u>	
		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 sports	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
6	Exclusions (What the policy does not cover)		

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	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	Excl 15
	Unproven Treatments	Excl 16
	Sterility and Infertility	Excl 17
	Maternity	Excl 18
Specific Exclusion		
	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 diseases/condition defects or anomalies	Excl 20
	Convalescence, general debility, run-down condition, Nutritional deficiency states	Excl 21
	Intentional self injury	Excl 22
	Venereal disease and Sexually transmitted diseases (Other than HIV)	Excl 23
	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

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		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 similar therapies.	Excl 26
		Unconventional, untested, experimental therapies	Excl 27
		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.	Excl1 29
		All treatment for Priapism and erectile dysfunctions.	Excl 30
		Inoculation or Vaccination (except for post-bite treatment and for medical treatment other than for prevention of diseases).	Excl 31
		Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable).	Excl 32
		Medical and / or surgical treatment of Sleep apnea, treatment for endocrine disorders	Excl 33
		Hospital registration charges, admission charges, record charges, telephone charges and such other charges	Excl 34
		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
		Any hospitalizations which are not Medically Necessary	Excl 36
		Other Excluded Expenses as detailed in the website “ www.starheath.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
		Naturopathy Treatment	Excl 40
7	Waiting Period	<ul style="list-style-type: none"> ● 30-day waiting period A. Expenses related to the treatment of any illness within 30 days from the first policy commencement date 	Excl 03

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		<p>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>• Specified disease/procedure waiting period</p> <p>A. 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.</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 (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]. 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 Hepatopancreato-biliary diseases including Gall bladder and Pancreatic calculi. All types of management for Kidney and Genitourinary 	<p>Excl 02</p>

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		<p>tract calculi.</p> <p>6. All types of Hernia,</p> <p>7. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula,</p> <p>8. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases</p> <p>9. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies,</p> <p>10. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele,</p> <p>11. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence</p> <p>12. Varicose veins and Varicose ulcers</p> <p>13. All types of transplant and related surgeries.</p> <p>14. Congenital Internal disease / defect.</p>		
		<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 portability norms of the extant IRDAI (Health Insurance) Regulations, 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>	Excl 01	
8	Financial limits of coverage	Room, boarding, nursing expenses as provided by the Hospital / Nursing Home at 2% of the Sum Insured, subject to a maximum of Rs.5,000/- per day	C (A)	
	i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	Emergency ambulance charges up-to a sum of Rs.750/- per hospitalization and overall limit of Rs.1,500/- per policy period for transportation of the insured person by private ambulance service	C (D)	
		Post –Hospitalization expenses incurred up to 60 days after discharge from the hospital. The amount payable shall not exceed the sum equivalent to 7% of the hospitalization expenses subject to a maximum of Rs. 5000/- per hospitalization.	C (F)	
		<p>The expenses incurred on treatment of cataract:</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Sum Insured</td> <td style="width: 50%; text-align: center;">Limit for Cataract Surgery</td> </tr> </table>	Sum Insured	Limit for Cataract Surgery
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		Up to Rs.2,00,000/-	Rs.12,000/- per person per policy period					
		Rs.3,00,000/- to Rs.5,00,000/-	Rs.20,000/- per eye per person and not exceeding Rs.30,000/- per policy period					
		Above Rs.5,00,000/-	Rs.30,000/- per eye per person and not exceeding Rs.40,000/- per policy period					
		Coverage for Modern treatment:						
		Sum Insured	Rs.1,50,000/-	Rs.2,00,000/-	Rs.3,00,000/-	Rs.4,00,000/-	Rs.5,00,000/-	Rs.10,00,000/-
		Limit per person, per policy period for each diseases / Condition Rs.						
		Uterine artery Embolization and HIFU	12500	25000	37500	100000	125000	150000
		Balloon Sinuplasty	5000	10000	15000	40000	50000	100000
		Deep Brain Stimulation	25000	50000	75000	200000	250000	300000
		Oral Chemotherapy*	12500	25000	37500	100000	125000	200000
		Immunotherapy- Monoclonal Antibody to be given as injection	25000	50000	75000	200000	250000	400000
		Intra Vitreal injections	5000	10000	15000	40000	50000	75000
		Robotic surgeries	25000	50000	75000	200000	250000	300000
		Stereotactic radio surgeries	25000	50000	75000	175000	200000	225000
		Bronchical Thermoplasty	Up to Sum Insured					
		Vaporisation of the prostate (Green laser treatment or holmium laser treatment)						
		IONM-(Intra Operative Neuro Monitoring)						
		Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions	25000	50000	75000	200000	250000	300000
	ii. Co-payment (It is specified)	NIL						-

C (G)

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	amount / Percentage of the admissible claim amount to be paid by policyholder / insured)		
	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>Documents for Cashless Treatment:</p> <p>a. 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>b. Inform the ID number for easy reference</p> <p>c. On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk</p> <p>d. Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.</p> <p>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</p> <p>f. The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate.</p> <p>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.</p> <p>h. In case of emergency hospitalization information to be given within 24 hours after hospitalization</p> <p>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 or refer to the list of Networked Hospitals provided with the policy document.</p> <p>j. KYC (Identity proof with Address) of the proposer, as per AML Guidelines</p>	E (2)

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		<p>In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents.</p> <p>For Reimbursement claims:</p> <table border="1" data-bbox="735 389 1512 633"> <thead> <tr> <th>Sl.no.</th> <th>Type of Claim</th> <th>Prescribed time limit</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Reimbursement of hospitalization, day care and pre hospitalization expenses</td> <td>Claim must be filed within 15 days from the date of discharge from the Hospital.</td> </tr> <tr> <td>2</td> <td>Reimbursement of Post hospitalization</td> <td>within 15 days after completion of 60 days from the date of discharge from hospital</td> </tr> </tbody> </table>	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 60 days from the date of discharge from hospital	
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 60 days from the date of discharge from hospital										
		<p>Turn Around Time (TAT) for claims settlement</p> <p>i) TAT for preauthorization of cashless facility: Within 1 hour 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 hours 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 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>										

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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>	E (16)
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. 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> <p>Details of Ombudsman: List of Insurance Ombudsman</p> <p>For updated list refer: https://www.cioins.co.in/ombudsman</p>	E (10)
12	Things to remember	<p>Free Look Cancellation: Not Applicable</p> <p>Renewal of Policy: The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person</p> <ol style="list-style-type: none"> 1. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years. 2. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. 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. 4. Coverage is not available during the grace period. 	-

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		<p>5. In the event of the group policy being discontinued or not renewed or when the members of the group leave the group on account of resignation/retirement/termination or otherwise, the following provision shall apply.</p> <p>The insured person/s covered under this group policy will be granted cover under Indemnity based Individual Health Policy as given below</p> <p>1) In respect of persons who have been covered continuously for a period of one year under this group policy with the Company, exclusion Excl – 03 shall be waived.</p> <p>2) In respect of persons who have been covered continuously for a period of two years under this group policy with the Company, exclusions Excl-03 and Excl-02 shall be waived</p> <p>3) In respect of persons who have been covered continuously for a period of three years under this group policy with the Company, exclusions Excl-03, Excl-02 and Excl-01 shall be waived.</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>For Detailed Guidelines on migration, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987</p>	E(11)
		<p>Revision of Sum Insured: NIL</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>	E (9)
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>	E (1)

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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".