

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	GROUP AROGYA SANJEEVANI POLICY, STAR HEALTH AND ALLIED INSURANCE CO LTD Unique Identification No: SHAHLGP22041V022122	-
2.	Policy number		-
3.	Type of Insurance Product / Policy	Indemnity	-
4.	Sum Insured		-
5	Policy Coverage (What the policy covers) (Policy clause Number/s)	In-patient Treatment: Admission in Hospital beyond 24 hrs	4.1 (i, ii, iii, iv)
		Day Care Procedures: All day care procedures requiring less than 24 hours of hospitalization	4
		Road Ambulance: Expenses incurred on Road Ambulance subject to a maximum of Rs.2000/- per hospitalisation	4.1.1(v)
		Dental Treatment: Necessitated Due to disease or Injury	4.1.1(ii)
		AYUSH Treatment: Expenses incurred on hospitalization under Ayush treatment	4.2
		Cataract Treatment: Expenses incurred towards cataract treatment	4.3

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		Pre-Hospitalization: Medical Expenses incurred up to 30 days prior to the date of hospitalization	4.4
		Post-Hospitalization: medical expenses incurred up to 60 days from the date of discharge from the hospital.	4.5
		Coverage for Modern Treatment: Up to specified limit	4.6
		Cumulative Bonus: 5% for each free year subject to maximum of 50% of sum insured	5
6	Exclusions (What the policy does not cover)	Exclusion	7
		<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
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		

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	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 dioptres	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
	War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds	7.16
	Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death. b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death. c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or- biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.	7.17

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		Any expenses incurred on Domiciliary Hospitalization and OPD treatment	7.18
		Treatment taken outside the geographical limits of India	7.19
		In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule under Permanent Exclusion (based on insured's consent).	7.20
7	<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"> 30-day waiting period: Initial waiting period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents) 	Excl 03
		<p>Specific waiting periods (Not applicable for claims arising due to an accident):</p> <p>A. Expenses related to the treatment of the following listed Conditions, surgeries/treatments shall be excluded until the expiry of 24/36 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> <p>24 Months waiting period</p> <p>01. Benign ENT disorders</p> <p>02. Tonsillectomy</p> <p>03. Adenoidectomy</p>	Excl 02

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		<p>04. Mastoidectomy</p> <p>05. Tympanoplasty</p> <p>06. Hysterectomy</p> <p>07. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps</p> <p>08. Benign prostate hypertrophy</p> <p>09. Cataract and age related eye ailments</p> <p>10. Gastric/ Duodenal Ulcer</p> <p>11. Gout and Rheumatism</p> <p>12. Hernia of all types</p> <p>13. Hydrocele</p> <p>14. Non Infective Arthritis</p> <p>15. Piles, Fissures and Fistula in anus</p> <p>16. Pilonidal sinus, Sinusitis and related disorders</p> <p>17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident</p> <p>18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.</p> <p>19. Varicose Veins and Varicose Ulcers</p> <p>20. Internal Congenital Anomalies</p> <p>36 Months waiting period</p> <p>1. Treatment for joint replacement unless arising from accident</p> <p>2. Age-related Osteoarthritis & Osteoporosis</p>	
		<ul style="list-style-type: none"> • Pre-Existing Diseases 	<p>Excl 01</p>

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		<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 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>	
8	Financial limits of coverage	Room/ICU charges:	4.1 (i)
	i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to 2% of the sum insured subject to maximum of Rs.5000/-, per day	4.1 (ii)
		ii. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up to 5% of sum insured subject to maximum of Rs.10,000/- per day.	4.3
		Cataract Treatment: The Company shall indemnify medical expenses incurred for treatment of Cataract, subject to a limit of 25% of Sum Insured or Rs. 40,000/-, whichever is lower, per each eye in one policy year	4.1.1(v)
		Road Ambulance: Expenses incurred on Road Ambulance subject to a maximum of Rs.2000/- per hospitalisation.	4.6
	Modern Treatments: Covered up to 50% of Sum Insured		
	ii Co-payment (It is specified amount / Percentage of the admissible claim amount to be paid by policyholder / insured)	Each and every claim under the Policy shall be subject to a co-payment of 5% applicable to claim amount admissible and payable as per the terms and conditions of the Policy.	9.5
	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	

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		<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: a) For Cashless : https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf 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>	10.6
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>	11

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		<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 For updated list refer: https://www.cioins.co.in/ombudsman</p>	Page no.17
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, moral hazard, misrepresentation by the insured person. The Company is not bound to give notice that it is due for renewal.</p> <ul style="list-style-type: none"> i. Renewal shall not be denied on the ground that the insured 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 to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period. iv. If not renewed within Grace Period after due renewal date, the Policy shall terminate. 	10.17
		<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. For Detailed Guidelines on migration, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987</p>	10.16
		<p>Revision of 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</p>	8

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		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.	
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>	10.1

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 or call us at +91-7338737872 to acknowledge the receipt of this document "Customer Information Sheet".