

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	Star Group Covid Insurance Policy (Indemnity Plan) Unique Identification No: SHAHLGP22147V022122	-
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	III (A,B)
		Emergency ambulance charges: Covered up to Rs.2000/- per hospitalization for transportation of the insured person by private ambulance service.	III (C)
		Pre-hospitalization/ home care treatment: Medical Expenses incurred up to 15 days prior to hospitalization	III (D)
		Post-Hospitalization/ / home care treatment: Medical Expenses incurred up to 30 days after discharge from the hospital	III (E)
		Home Care Treatment means Treatment availed by the Insured Person at home for COVID on positive diagnosis of COVID in a Government authorized diagnostic Centre, which in normal course would require care and treatment at a hospital but is actually taken at home maximum up to 14 days per incident	III (F)

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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 limits specified in policy schedule.	III (G)
		Optional Cover (On payment of additional premium): The Company shall pay the Insured Person 0.5% of sum insured per day for each 24 hours of continuous hospitalization for which the Company has accepted a claim. The benefit shall be payable maximum up to 15 days during a policy period in respect of every insured person.	III (H)
		Exclusion	V
		<u>Standard Exclusions</u>	
		Investigation & Evaluation	Excl 04
		Rest Cure, rehabilitation and respite care	Excl 05
		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	Excl 16
		Specific Exclusion	
		Any claim in relation to Covid where it has been diagnosed prior to Policy Start Date.	V (3)
		Any expenses incurred on Day Care treatment and OPD treatment	V (4)
		Diagnosis /Treatment outside the geographical limits of India	V (5)
		Testing done at a Diagnostic centre which is not authorized by the Government shall not be recognized under this Policy	V (6)
		All covers under this Policy shall cease if the Insured Person travels to any country placed under travel restriction by the Government of India.	V (7)
6	Exclusions (What the policy does not cover)		

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		Other expenses as detailed in annexure 1.	V (8)
7	Waiting Period	<ul style="list-style-type: none"> Initial waiting period: An initial waiting period of 15 days is applicable from the date of commencement of this Insurance 	IV
		<ul style="list-style-type: none"> Specified Diseases/ Procedure Waiting Period: Not Applicable 	-
		<ul style="list-style-type: none"> Pre-Existing Diseases: Not Applicable 	-
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)	Emergency ambulance charges: Covered up to Rs.2000/- per hospitalization for transportation of the insured person by private ambulance service.	III (C)
	ii. Co-payment (It is specified amount / Percentage of the admissible claim amount to be paid by policyholder / insured)	NIL	-
	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>	VI (2)

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		<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>													
		<p>For Reimbursement claims:</p> <table border="1" data-bbox="758 776 1686 1052"> <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 fifteen days from completion of post hospitalization treatment</td> </tr> <tr> <td>3</td> <td>Reimbursement of Home Care expenses</td> <td>Within thirty days from completion of home care treatment</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 fifteen days from completion of post hospitalization treatment	3	Reimbursement of Home Care expenses	Within thirty days from completion of home care treatment	
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		<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>													

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		<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://d28c6jini2fmamz.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>	VI (19)
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 For updated list refer: https://www.cioins.co.in/ombudsman</p>	VI (9)
12	Things to remember	<p>Free look cancellation: Not Applicable</p>	-

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		<p>Renewal of Policy: The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person;</p> <p>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</p>	VI (7)
		Migration: Not Applicable	-
		Change in Sum Insured: Not Applicable	-
		Moratorium Period: Not Applicable	-
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>	VI (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".