

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 Net Plus Unique Identification No: SHAHLGP21267V022021	-
2.	Policy number		-
3.	Type of Insurance Product / Policy	Both Indemnity and Benefit	-
4.	Sum Insured		-
5.	Policy Coverage (What the policy covers) (Policy clause Number/s)	<p align="center"><u>HIV Cover Section (Lump sum):</u></p> <p>The insured person shall contract the covered disease / illness/ accidental injuries as defined herein, the Company will pay to the Insured the limit mentioned in the Schedule as a lump sum. In the event of any claim becoming admissible under this insurance, the Company will pay to the Insured as follows: - The lump-sum amount as specified in the Policy Schedule for the covered disease / illness / accidental injuries, subject to terms, conditions, limitations and exclusions mentioned therein, if the Insured Person is declared as having reached the stage of AIDS (if the cd4 count falls below 150) as defined herein and the same is diagnosed and certified by a team of doctors appointed / nominated by the Company after conducting appropriate test(s) and during the Period of Insurance and if all of the following conditions are satisfied. The stage of AIDS experienced by the Insured Person is the first incidence; and The signs or symptoms experienced by the Insured Person commenced more than 90 days (ninety days) following the Commencement Date of the policy.</p>	C (Section I)

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		<p>The Insured Person subjects himself/herself to examination by the panel doctor of the Company and AIDS is confirmed by the panel doctor. Only one lump sum payment shall be provided during the Insured Person's lifetime regardless of the number of treatments undergone by the Insured Person. The cover for the respective individual will be automatically terminated after the lump sum payment is made as above and the cover for the respective person shall not be renewed.</p>	
		Medical Section (Indemnity)	Section II
		In-patient Treatment: Admission in Hospital beyond 24 hrs	(Section II) (B) (1,2,3,4)
		Emergency ambulance charges: Covered up-to a sum of Rs. 750/- per hospitalisation and overall limit of Rs. 1,500/- per policy period for transportation of the insured person by private ambulance service	(Section II) (B) (5)
		Relevant Pre-Hospitalization: Medical Expenses incurred up to 30 days prior to hospitalization	Section II) (B) (6)
		Post-Hospitalization: A Sum equivalent to 7% of the hospitalisation expenses incurred comprising of Nursing charges, Surgeon/consultant fees, Diagnostic charges, Medicines and Drugs only subject to a maximum of Rs. 5,000/- per occurrence towards Post Hospitalisation Medical expenses wherever recommended by the attending Medical Practitioner.	Section II) (B) (7)
		Coverage for Modern Treatment: The expenses payable during the entire policy period for in respect of the following treatment / procedures conditions (either as a day care or as in-patient exceeding 24hrs of admission in the hospital) are covered up to sum insured	Section II) (B) (8)
		AYUSH: In patient Hospitalizations Expenses incurred for treatment of diseases / illness / accidental injuries by system of medicines other than allopathic is payable up to 25% of sum insured.	Section II) (B) (9)
6.	Exclusions (What the policy does not cover)	<p><u>EXCLUSIONS UNDER SECTION I:</u></p> <p>a) The Company shall not be liable to make any payments under this Policy in respect of any expenses what so ever incurred by any Insured person in connection with or in respect of expenses towards the treatment of HIV.</p> <p>b) All medical conditions which are Pre Existing when the cover incepts for the first time including the stage of AIDS except HIV which is specifically covered.</p> <p>c) AIDS confirmed during the first 90 days from the commencement date of the policy.</p>	D
		<u>Standard Exclusions (Applicable for Section II)</u>	E

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	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
	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
	Maternity	Excl 18
	Specific Exclusion (Applicable for Section II)	
	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
	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

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		Injury or disease caused by or contributed to by nuclear weapons/materials.	Excl 25
		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
		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
		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
		Naturopathy Treatment	Excl 40
		Exclusion of medical expenses incurred for treatment of Tuberculosis and Gastro-Enteritis	Excl 44
7	Waiting Period	<ul style="list-style-type: none"> • 30-day waiting period (Applicable for Section II) 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 	Excl 03
		<ul style="list-style-type: none"> • Specified Diseases/ Procedure Waiting Period (Applicable for Section II) A. Expenses related to the treatment of the following listed Conditions, surgeries/treatments shall be excluded until the expiry of 24months 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. The expenses on treatment of Cataract, Hysterectomy for Menorrhagia or Fibromyom, Knee replacement Surgery (other than caused by an accident), Joint Replacement Surgery (other than caused by an accident), Prolapse of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers. Expenses related to the treatment of the following listed Conditions, surgeries/treatments shall be excluded until the expiry of 12months of continuous coverage after the date of inception of the first policy with 	Excl 02

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		<p>us. This exclusion shall not be applicable for claims arising due to an accident.</p> <p>The expenses on treatment of diseases such as Benign Prostate Hypertrophy, Hernia, Hydrocele, Congenital Internal disease/defect, Fistula in anus, Piles, Sinusitis and related disorders, Gallstones and renal stones removal are not payable.</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>	
		<ul style="list-style-type: none"> • Pre-Existing Diseases (Applicable for Section II) <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	<p>Financial limits of coverage</p> <p>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p>	Room, Boarding Expenses as provided by the Hospital / Nursing Home at 2% of the sum insured	Section II) (B) (1)
		Emergency ambulance charges: Covered up-to a sum of Rs. 750/- per hospitalisation and overall limit of Rs. 1,500/- per policy period for transportation of the insured person by private ambulance service	(Section II) (B) (5)
		Post-Hospitalization: A Sum equivalent to 7% of the hospitalisation expenses incurred comprising of Nursing charges, Surgeon/consultant fees, Diagnostic charges, Medicines and Drugs only subject to a maximum of Rs. 5,000/- per occurrence towards Post Hospitalisation Medical expenses wherever recommended by the attending Medical Practitioner.	Section II) (B) (7)
		AYUSH: In patient Hospitalizations Expenses incurred for treatment of diseases / illness / accidental injuries by system of medicines other than allopathic is payable up to 25% of sum insured.	Section II) (B) (9)
		The amount payable respect of the following treatment is up-to the limit mentioned there-against:	

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		<p>Cataract surgery - Rs.20000/- in respect of one eye and Rs.30000/- in the entire policy period Lithotripsy (Kidney stone removal) – Rs.20000/- Tonsillectomy- Rs.7500/- Cutting and Draining of Abscess- Rs.1500/- Liver Aspiration- Rs.2000/- Pleural Effusion Aspiration- Rs.2000/- Sclerotherapy – Rs.5000/- Provided the waiver of the minimum period of 24 hours hospitalisation is limited to the above noted treatments only</p>	
	<p>ii. Co-payment (It is specified amount / Percentage of the admissible claim amount to be paid by policyholder / insured)</p>	NIL	-
	<p>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)</p>	NIL	-
	<p>iv. Any other limit (As Applicable)</p>	NIL	
9.	<p>Claims / Claims Procedure</p>	<p>Documents for Cashless Treatment:</p> <p>i. 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>ii. Inform the ID number for easy reference</p> <p>iii. On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk</p> <p>iv. Obtain the Pre-authorization Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.</p> <p>v. The Treating Doctor will complete the hospitalization / treatment information and the hospital will fill up expected cost of treatment.</p> <p>vi. This form is submitted to the Company</p>	F (2)

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		<p>vii. The Company will process the request and call for additional documents/ clarifications if the information furnished is inadequate.</p> <p>viii. 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>ix. In case of emergency hospitalization information to be given within 24 hours after hospitalization</p> <p>x. Cashless facility can be availed only in networked Hospitals</p> <p>xi. KYC (Identity proof with Address) of the proposer, as per AML Guidelines</p> <p>For Reimbursement claims:</p> <table border="1" data-bbox="741 626 1600 761"> <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> </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.	
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.							
		<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>							

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		<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>	F (17)
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>	F (11)
		<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: 15
12	Things to remember	Free look cancellation: Not Applicable	-

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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>i) Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.</p> <p>ii) Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.</p> <p>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.</p> <p>iv) Coverage is not available during the grace period.</p>	F (8)
		<p>Migration (Applicable for Section II only):</p> <p>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/fmGuidelines_Layout.aspx?page=PageNo3987</p>	F (7)
		<p>Change in Sum Insured: Not Applicable</p>	-
		<p>Moratorium Period:</p> <p>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>	F (10)
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>	F (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".