

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 HEALTH INSURANCE BENEFIT PLUS – PLATINUM Unique Identification No: SHAHLGP23146V012223	-												
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><u>I) Critical Illness :</u></p> <p>If during the period stated in the Schedule the insured person shall contract the below mentioned Critical Illness as a first incidence, then Company will pay the sum insured stated in the Schedule as lump-sum.</p> <table border="1"> <thead> <tr> <th>Classification</th> <th>No.of diseases covered</th> </tr> </thead> <tbody> <tr> <td>Group 1</td> <td align="center">3</td> </tr> <tr> <td>Group 2</td> <td align="center">6</td> </tr> <tr> <td>Group 3</td> <td align="center">9</td> </tr> <tr> <td>Group 4</td> <td align="center">15</td> </tr> <tr> <td>Group 5</td> <td align="center">21</td> </tr> </tbody> </table>	Classification	No.of diseases covered	Group 1	3	Group 2	6	Group 3	9	Group 4	15	Group 5	21	Plan A
Classification	No.of diseases covered														
Group 1	3														
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STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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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

Group 6	32
Group 7	54

[Note: Refer policy schedule/ Certificate of Insurance for the list of Critical Illness]

II) Hospital cash: Hospital Cash Amount stated in the schedule for every 24 hours of hospitalisation subject to maximum number of days stated in the Schedule.

Section 1: Sickness Hospital Cash: If during the Period of Insurance stated in the Policy Schedule / Certificate of Insurance, the Insured Person shall suffer from any Illness/diseases and if such Illness/diseases shall, upon the advice of a duly qualified Medical Practitioner, require admission of the Insured Person/Beneficiary as an In-Patient in any Hospital in India for the purpose of medical /surgical treatment, then the Company will pay, Hospital Cash amount stated in the Policy Schedule / Certificate of Insurance for every 24 hours of Hospitalisation subject to maximum number of Days stated in the Policy Schedule / Certificate of Insurance.

Section 2: Accident Hospital Cash: If during the Period of Insurance stated in the Policy Schedule / Certificate of Insurance, the Insured Person shall sustain bodily Injury due to Accident and if such Accident shall, upon the advice of a duly qualified Medical Practitioner, require admission of the Insured Person/Beneficiary as an In-Patient in any Hospital in India for the purpose of medical /surgical treatment, then the Company will pay, Hospital Cash amount stated in the Certificate of Insurance for every 24 hours of Hospitalisation subject to maximum number of Days stated in the Policy Schedule / Certificate of Insurance.

Optional Covers:

(Available on payment of additional premium and only if specifically opted and shown in the Policy Schedule / Certificate of insurance)

1) **Day Care Hospital Cash:** If during the Period of Insurance stated in the Policy Schedule / Certificate of Insurance, the Insured Person/Beneficiary undergoes a Day Care Procedure, the Company will pay the Hospital Cash amount stated in the Policy

Plan B

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		<p>Schedule / Certificate of Insurance. This benefit is available only for 5 times in a policy year.</p> <p>2) ICU Hospital Cash due to Sickness: Company will pay 200% of the Section 1 limit. ICU Hospital Cash due to Sickness stated in the Schedule for every 24 hours of treatment in ICU, provided there is an admissible claim under Section 1 Hospital Cash amount under section 1 cover will not be payable for the period the insured person was in ICU. (Available if Section 1 is opted)</p> <p>3) ICU Hospital cash due to Accident: Company will pay 200% of the Section 2 limit. ICU Hospital Cash due to Accident stated in the Schedule for every 24 hours of treatment in ICU, provided there is an admissible claim under Section 2. Hospital Cash amount under Section 2 will not be payable for the period the insured person was in ICU. (Available if Section 2 is opted)</p> <p>4) Convalescence Benefit Hospital Cash : If during the Period of Insurance, the Insured Person/Beneficiary shall suffer from any Illness or sustain bodily Injury through Accident and if such illness / Injury or Accident shall, upon the advice of a duly qualified Medical Practitioner, require admission of the Insured Person/Beneficiary as an In-Patient Company will pay a lump sum amount equal to one Day limit as mentioned in the Policy Schedule / Certificate of Insurance in addition to the admissible claim payable under Section 1 or Section 2.</p> <p>The options available are:</p> <ol style="list-style-type: none"> Lump Sum benefit paid on completion of 5 whole days of stay at the hospital. Lump Sum benefit paid on completion of 7 whole days of stay at the hospital. Lump Sum benefit paid on completion of 10 whole days of stay at the hospital. <p>The Company will pay a lump sum amount equal to one day limit as mentioned in the Policy Schedule in addition to the admissible claim payable under Section 1 or Section 2.</p> <p>5) Child Birth Benefit Hospital Cash: If during the Period of Insurance stated in the Policy Schedule / Certificate of Insurance the Insured Person/Beneficiary shall, require admission as an In-Patient in any Hospital in India for the purpose of Child Delivery, Company will pay Hospital Cash amount subject to maximum number of days stated in the Policy Schedule / Certificate of Insurance.</p> <p>Special Condition:</p>	
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		<p>1. Where a claim under this benefit (5) is admissible, claim under Section 1 and/or Section 2 will not be payable</p> <p>2. The coverage under this benefit is subject to a waiting period of 9 months from the first commencement of this Policy. However this waiting period can be waived on payment of additional premium.</p> <p>3. Only female insured persons/beneficiary are eligible for this benefit</p> <p>6) Worldwide Hospital Cash: If during the Period of Insurance stated in the Policy Schedule / Certificate of Insurance, the Insured Person/Beneficiary shall suffer from any Illness or sustain bodily Injury through Accident require admission as an In-Patient in any Hospital outside India, Company will pay Hospital Cash amount mentioned in the schedule for every 24 hours of hospitalization subject to maximum number of days stated in the Schedule.</p> <p>7) Joint Hospitalisation Hospital Cash: If two or more insured person / beneficiary of the same family are jointly hospitalised as an inpatient, then the Company will pay Joint hospitalisation amount as stated in the schedule, provided there is an admissible claim under Section 1 or Section 2.</p> <ul style="list-style-type: none"> • This benefit is available once during the policy period. • This benefit is applicable on an individual basis <p>8) Surgery Benefit Hospital Cash: Company will pay a surgery benefit amount as stated in the Schedule, provided there is an admissible claim under Section 1 or Section 2</p> <ul style="list-style-type: none"> ➤ Hernia ➤ Hysterectomy ➤ Cardiac Surgeries ➤ Brain Tumour Surgeries ➤ Pace Maker implantation for sick sinus syndrome ➤ Cancer Surgeries ➤ Hip, Knee, Joint Replacement Surgery ➤ Organ Transplant. <ul style="list-style-type: none"> • This benefit is available once per policy year for each person. • This benefit is applicable on individual basis • The payment under this benefit is in addition to the section 1 and/or section 2 benefits specified. 	
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	<p>9) 30 days Waiting Period Waiver: Waiting Period S. No. 3 Stands waived off.</p> <p>10) First 24 months Waiting Period Waiver: Waiting Period S. No. 2 Stands waived off (or) waiting period shall be reduced from 24 month to 12 months as stated in the policy schedule.</p> <p>11) Pre existing Disease Waiting Period Waiver: Waiting Period S. No. 1 Stands waived off (or) waiting period shall be reduced from 36 months to 24 months (or) 12 months as stated in the policy schedule.</p> <p><u>III) Equal Monthly Instalment (EMI) Protect</u></p> <p>Company will pay the number of EMIs/EMI amount as specified in the Policy Schedule/ Certificate of Insurance for every completed continuous hospitalization period of 24 hours.</p> <table border="1" data-bbox="646 760 1493 1227"> <thead> <tr> <th>Hospitalisation in days</th> <th>Number of EMIs payable</th> </tr> </thead> <tbody> <tr> <td>3-5 days</td> <td>1</td> </tr> <tr> <td>6-8 days</td> <td>2</td> </tr> <tr> <td>9-11 days</td> <td>3</td> </tr> <tr> <td>12-14 days</td> <td>4</td> </tr> <tr> <td>15 days & above</td> <td>5</td> </tr> </tbody> </table> <p>Optional Cover:</p> <table border="1" data-bbox="646 1328 1493 1430"> <thead> <tr> <th>Hospitalisation in days</th> <th>Number of EMIs payable</th> </tr> </thead> <tbody> <tr> <td>2-5 days</td> <td>1</td> </tr> </tbody> </table> <p>Note:</p>	Hospitalisation in days	Number of EMIs payable	3-5 days	1	6-8 days	2	9-11 days	3	12-14 days	4	15 days & above	5	Hospitalisation in days	Number of EMIs payable	2-5 days	1	<p>Plan C</p>
Hospitalisation in days	Number of EMIs payable																	
3-5 days	1																	
6-8 days	2																	
9-11 days	3																	
12-14 days	4																	
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		<p>1. Irrespective of number of days of hospitalization, the maximum number of EMLs that will be paid shall not exceed 5 in a policy year. 2. This cover is available on Individual Sum insured basis only.</p> <p><u>IV) Personal Accident</u> Geographical Scope: The Personal Accident insurance cover applies Worldwide unless otherwise stated Important : Benefit 1 and / or Benefit 2 are mandatory:-</p> <p>Benefit 1 - Accidental Death : Company will pay an amount as provided under “Schedule of Benefits”</p> <p>Benefit 2 - Permanent Total Disablement : Company will pay the benefits as provided under “Schedule of Benefits” depending upon the degree of disablement provided that:</p> <p>a) The disablement occurs within 12 Calendar months from the date of the Accident. b) The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.</p> <p>Provided always that the policy will not pay under more than one of the Benefits stated under “Schedule of Benefits” in respect of the same Accident.</p> <p>Optional Covers (Available only if shown in the policy schedule)</p> <p>1) Benefit 3 - Permanent Partial Disablement: Company will pay the benefits as provided under “Schedule of Benefits”, depending upon the degree of disablement provided that: a) The disablement occurs within 12 Calendar months from the date of the Accident. b) The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement. Provided always that the policy will not pay under more than one of the Benefits stated under “Schedule of Benefits” in respect of the same Accident In case of multiple disability from the same accident, the policy will pay the highest of the compensation.</p> <p>2) Benefit 4 - Temporary Total Disablement: Company will pay a sum calculated at 1% of the sum insured under Benefit 4 per completed week but not exceeding the amount</p>	<p>Plan D</p>
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		<p>stated in the schedule per completed week, in all, under all Personal Accident policies, if such injury be the sole and direct cause of Temporary Total Disablement. This benefit is subject to a maximum period of 100 weeks or the number of weeks stated in the schedule whichever is less from the date of such Temporary Total Disablement. In no case shall the compensation exceed the sum insured for this benefit. The payment shall be made only after the termination of such disablement.</p> <p>3) Ambulance Charges: Company shall pay up to limits mentioned in the schedule during the policy period either</p> <p>a) Towards ambulance charges for emergency treatment to go to the hospital in case of injury Or in case of Death</p> <p>b) Towards transportation of the mortal remains of the insured person (including the cost of embalming and coffin charges) to the residence of the insured, This lump sum amount is payable in addition to the sum insured</p> <p>4) Travel Expenses for one Relative: Following an admissible claim under the policy towards Death of the Insured Person due to an Accident, outside the place of his/her residence, the Company will pay up to the limits mentioned in the schedule for the transport expenses to one relative of the Insured Person. This amount is payable in addition to the sum insured</p> <p>5) Purchase of Blood: The Company will pay up to the limits mentioned in the schedule towards the expenses incurred in purchasing blood through a Hospital or Government approved blood bank for the purpose of the Insured Person's medical or surgical treatment provided there is an admissible claim under this policy. This amount is payable in addition to the sum insured</p> <p>6) Transportation of Imported Medicines: The Company will pay up to the limits mentioned in the schedule towards the expenses incurred on freight charges for importing medicines to India, provided that:</p> <p>a. There is an admissible claim under the policy.</p>	
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		<p>b. The medicines, formulations or alternatives of the imported medicines are not available in India, and c. The medicines are necessary for the medical/surgical treatment of the Insured person in a Hospital following the Accident. d. The medicines which are imported should be permissible under Government Regulation e. The medicines shall not include any drugs under clinical trial or medicines, formulations or molecules of unproven efficacy. f. Prescription of the treating doctor with confirmation that the medicine is not available in India This amount is payable in addition to the sum insured</p> <p>7) Medical Expenses following an Admissible Personal Accident Claim: This insurance is extended to pay any necessary and reasonable medical expenses incurred and expended by the Insured Person arising solely and directly as a result of accident up to the limits mentioned in the schedule</p> <p>8) Medical Expenses Irrespective of an Admissible Personal Accident Claim: This insurance is extended to pay any necessary and reasonable medical expenses incurred and expended by the Insured Person arising solely and directly as a result of accident up to the limits mentioned in the schedule</p> <p>9) Home Convalescence: Following an admissible claim for Permanent Total Disability / Permanent Partial disability under the policy, the Company will pay 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 the limits mentioned in schedule. No payment will be made for the first day. This benefit is payable in addition to the sum insured</p> <p>10) Hospital Cash Benefit: Following an admissible claim under the policy the Company will pay up to the limits mentioned in the schedule for each completed day of hospitalization. This benefit is subject to a time excess of 24hours. No claim under this head shall lie with the Company where the admission is for physiotherapy and/or any epidemic.</p>	
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		<p>This benefit is payable in addition to the sum insured</p> <p>11) Vehicle and/or Residence Modification: The Company will pay upto 10% of the sum insured subject to the limits mentioned in the schedule towards the expenses incurred to modify the Insured Person’s residential accommodation or vehicle as long as the modification have been carried out in India and certified by a Doctor to be necessary and directly required as a result of the Accident for which there is an admissible claim under Permanent Total Disablement - Benefit 2 under this certificate of insurance This amount is payable in addition to the sum insured</p> <p>12) External Support to the Insured Person: This insurance is extended to pay for the cost of crutches / walkers / artificial limbs / wheel chair incurred by the Insured Person arising solely and directly as a result of accident up to the limits mentioned in the schedule subject to exclusions mentioned in the General Exclusion of this policy. Sufficient proof of accident with respective bills, invoices, payment receipts and such other documents should be submitted to the Company. The benefits under this extension is optional and is effective only if there is an admissible claim under the policy for Permanent Total Disablement - Benefit 2</p> <p>13) Funeral Expenses: Following an admissible claim towards death of the insured person due to an accident, the Company shall pay up to the limits mentioned in the schedule towards funeral expenses of the insured person. Sufficient bills, invoices, payment receipts and such other documents should be submitted to the Company</p> <p>14) Educational Benefit in Case of Accidental Death / Permanent Total Disability of the Insured Person: Following an admissible claim under the policy towards Accidental Death - Benefit 1 / Permanent Total Disablement - Benefit 2 of the insured person, the Company will pay Educational Benefit for a maximum of two dependent children of the Insured, as mentioned below:</p> <ul style="list-style-type: none"> • If the Insured Person has dependent child/children below the age of 23 years, an amount as stated in the schedule is payable. <p>15) Out Patient Medical Expenses Due to Grievous Injury: This insurance is extended to pay necessary and reasonable Out Patient Medical Expenses incurred and expended by the Insured Person arising solely and directly as a result of accident resulting in Grievous Injury up to the limits mentioned in the schedule subject to</p>	
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	<p>exclusions mentioned in the General Exclusion of this policy. Sufficient proof for the treatment taken to be submitted to the Company. This amount is payable in addition to the sum insured Note: Medical expenses incurred / expended are during the policy tenure and are payable only if the policy is in force.</p>	
	<p><u>V) Group Health</u> Expenses in respect of:</p> <p>i) Room, boarding, nursing expenses: Up to the limits as given in the Policy schedule /Certificate of Insurance</p> <p>ii) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees</p> <p>iii) Anesthesia, blood, oxygen, operation theatre charges, ICU Charges, surgical appliances, medicines and drugs, diagnostic materials and X-ray, diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy, cost of pacemaker, stent and similar expenses</p>	<p>Plan E</p> <p>a, b & c</p>
	Emergency ambulance charges	d
	Pre-hospitalisation and Post-hospitalisation	e
	AYUSH Treatment : Medical expenses for Inpatient Hospitalization incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines	f
	Automatic restoration of Sum Insured: Upto 25% of Sum Insured per policy year Note: Automatic Restoration of Sum Insured is available only for sum insured options of Rs.3,00,000/- and above. Not applicable for Sum Insured of Rs.2,00,000/-.	g
	Organ Donor Expenses: for organ transplantation where the insured person is the recipient are payable provided the claim for transplantation is payable and subject to the availability of the sum insured	h
	Cost of Health Checkup: Expenses incurred towards cost of health check-up up to specified limit	i
	Expenses incurred on treatment of cataract: Up to specified limit	j

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	Coverage for Modern Treatment: Up to specified limit	k
	Air Ambulance Charges: Upto 10% of Sum Insured Note: This benefit is available for sum insured options of Rs.5,00,000/- and above only.	l
	<p><u>VI) Group Health Top-Up</u></p> <p>(i) Silver Plan (ii) Gold Plan</p> <p>Note: Silver Plan: the Company will pay to the Insured Person/s the amount of such expenses in excess of the deductible per hospitalization mentioned in the schedule Gold Plan: the Company will pay to the Insured Person/s the amount of such expenses in excess of the aggregate limit but not exceeding the sum insured in aggregate in any one period stated in the schedule</p>	Plan F
	<p>Coverage applicable for Silver and Gold Plan</p> <p>i) Room, boarding, nursing expenses ii) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees iii) Anesthesia, blood, oxygen, operation theatre charges, ICU Charges, surgical appliances, medicines and drugs, diagnostic materials and X-ray, diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy, cost of pacemaker, stent and similar expenses</p>	a, b, & c
	iv) Emergency ambulance charges: Payable up to the limits mentioned in the schedule for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment, provided however there is an admissible claim under the policy.	d
	v) Pre –hospitalisation & Post hospitalisation: medical expenses up to the limits mentioned in the schedule	e

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		vi) AYUSH Treatment: Medical expenses for Inpatient Hospitalization incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines	f
		vii) Coverage for Modern Treatment: Up to specified limits	g
		<p>Optional Covers: (Available on payment of additional premium and only if specifically opted and shown in the Policy Schedule / Certificate of insurance)</p> <ol style="list-style-type: none"> 1. Maternity: Company will pay expenses for a Delivery including Delivery by Caesarean section, pre and post natal expenses, up-to the limits & waiting period (if applicable) mentioned in policy schedule. 2. Treatment of sub-fertility: The Company will reimburse medical expenses in excess of the defined limit/deductible as mentioned in policy schedule per treatment incurred on Treatment for sub-fertility subject to- <ol style="list-style-type: none"> a. Waiting period as mentioned in policy schedule b. Maximum liability of the company shall be limited as mentioned in policy schedule. 3. Well mother expenses: Coverage for Room rent as mentioned in policy schedule for Mother who is required to feed the baby post birth if the new born baby is hospitalized. 4. Well baby expenses: Company will pay expenses as mentioned in policy schedule Incurred for Normal baby after the birth till discharge in payable. Such expenses include expenses like doctors check up and any other check up / tests performed to ensure that the baby is well at birth. 5. New Born Cover extension under: Company will pay expenses up-to the limits as mentioned in the policy schedule, incurred in a hospital / nursing home on treatment of the New-born for any disease (including any internal congenital disease), illness or accidental injuries are payable provided the mother is covered under the policy. 6. Domiciliary Hospitalisation: Company will pay expenses up-to the limits mentioned in the policy schedule for a period exceeding three days, for an illness/disease/injury where on the advice of Medical Practitioner is taken at Home under following conditions- <ol style="list-style-type: none"> a. The condition of the patient is such that he/she is not in a condition to be removed to a hospital. b. The patient takes treatment at home on account of non-availability of room in a hospital 7. Corporate Buffer: Company will pay the expenses where the admissible claim amount exceeds the sum insured, such excess amount up to the limit stated in the policy schedule per family is payable. 8. Pandemic Cover: Expenses for treatment of Pandemic disease as an in-patient in excess of the deductible per hospitalization are payable up-to the limits mentioned in the policy schedule. 9. Waiver of 30 days waiting period: 30 days waiting period (Code Excl 03) stand waived off 10. Waiver of first year waiting period: Specified Disease waiting period (Code Excl 02) stands waived off 	Annexure to Plan F

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		<p>11. Waiver of first two year waiting period Exclusion: Specified Disease waiting period (Code Excl 02) stands waived off</p> <p>12. Waiver of waiting period for Pre-Existing Disease: Pre-existing disease (Code Excl 01) waiting period stands waived off</p> <p>13. Reduction in waiting period for Pre-Existing Disease: The waiting period for Pre-Existing Disease Code Excl 01 stands reduced to months as stated in the Policy Schedule.</p>	
6	<p>Exclusions (What the policy does not cover)</p>	<p>Exclusions Applicable for Plan A: Critical Illness</p> <p>The Company shall not be liable to make any payment under this Policy towards a covered Critical Illness, caused by, based on, arising out of or howsoever attributable to any of the following:</p> <ol style="list-style-type: none"> 1. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy. 2. Any claim with respect to any Critical Illness contracted, diagnosed or manifested prior to Commencement date of this policy 3. Pre-existing Disease means any condition, ailment, injury or disease / critical illness / disability: <ol style="list-style-type: none"> a. That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement; or b. For which medical advice or treatment was recommended by, or received from, a Physician within 36 months Prior to the effective date of the policy issued by the insurer or its reinstatement. <p>In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.</p> <p>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> <ol style="list-style-type: none"> 4. Any Critical Illness caused due to treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. 5. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner. 6. Any Critical Illness caused due to intentional self-injury, suicide or attempted suicide, whether the person is medically sane or insane. 7. Any Critical Illness, caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power. 8. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack. 	

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		<p>9. Congenital External Anomalies, inherited disorders or any complications or conditions arising there from including any developmental conditions of the Insured.</p> <p>10. Any Critical Illness caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, including but not limited to, para jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving and selfie accident.</p> <p>11. Participation by the Insured Person in any flying activity, except as a bona fide, fare paying passenger of a recognized airline on regular routes and on a scheduled timetable.</p> <p>12. Any Critical Illness caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.</p> <p>13. Any Critical Illness, caused by any unproven/ experimental treatment, service and supplies for or in connection with any treatment. Unproven/ experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.</p> <p>14. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he/ she is licensed for.</p> <p>15. Any Critical Illness, caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.</p> <p>16. Any Critical Illness, caused due to cosmetic or plastic surgery or any treatment to change the appearance unless for reconstruction following an Accident, Burn(s), or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.</p> <p>17. Any Critical Illness, caused due to surgical treatment of obesity that does not fulfil all the below conditions:</p> <ol style="list-style-type: none"> a. Surgery to be conducted is upon the advice of the Doctor b. The Surgery / Procedure conducted should be supported by clinical protocols c. The member has to be 18 years of age or older and d. Body Mass Index (BMI): <ul style="list-style-type: none"> • greater than or equal to 40 or • greater than or equal to 35 in conjunction with any of the following severe comorbidities following failure of less invasive methods of weight loss: <ol style="list-style-type: none"> i. Obesity related cardiomyopathy ii. Coronary heart disease iii. Severe Sleep Apnea iv. Uncontrolled Type 2 Diabetes despite optimal therapy 	
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		<p>17. Any Critical Illness, caused due to 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 reason. 18. Any Critical Illness, caused by treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. 19. In the event of the death of the Insured Person within the stipulated survival period as set out above. 20. Any Critical Illness, caused by sterility and infertility. This includes: a. Any type of contraception, sterilization b. Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI c. Gestational Surrogacy d. Reversal of sterilization</p>	
Specific Exclusions - Applicable for Plan B: Hospital Cash and Plan C: Equal Monthly Instalment (EMI) Protect			
		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 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
		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 therapies similar to those mentioned herein under this exclusion	Excl 26
		Unconventional, Untested, Experimental therapies	Excl 27
		Autologous derived Stromal vascular fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy.	Excl 28

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	Immunotherapy without proper indication	
	Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted (Not applicable for Plan B and Plan C)	Excl 29
	Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons)	Excl 31
	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 (Not applicable for Plan B and Plan C)	Excl 35
	Any hospitalization which are not medically necessary	Excl 36
Exclusions Applicable for Plan D – Personal Accident		
	<p>The Company shall not be liable to make any payments in respect of:</p> <ol style="list-style-type: none"> 1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance. 2. Any claim in respect of Pre-existing conditions. <p>Note: “Where the Proximate cause is accident, then the benefit will become payable as per policy”</p> <ol style="list-style-type: none"> 3. Any claim if the insured acts against the advice of a physician. 4. Any claim arising out of Accidents that the Insured Person has caused a. intentionally or by committing <ol style="list-style-type: none"> a. crime or b. as a result of drunkenness or addiction (drugs, alcohol). or c. self-endangerment unless in self-defense or to save human life. 5. Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on a Standard type aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from. 6. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detainments of all kings princes and people of whatever nation, condition or quality whatsoever. 7. Participation of the Insured Person in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority. 	

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		<p>8. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:</p> <p>a) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel.</p> <p>b) Nuclear weapons material</p> <p>c) The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.</p> <p>d) Nuclear, Chemical, biological terrorism</p> <p>9. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.</p> <p>10. Participation in Hazardous Sport / Hazardous Activities</p>	
<u>Standard Exclusions-</u> Applicable for PLAN E – Group Health and PLAN F – Group Top up			
		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	Excl 15
		Unproven Treatments	Excl 16
		Sterility and Infertility	Excl 17
		Maternity	Excl 18
		Specific Exclusions- Applicable for PLAN E – Group Health and PLAN F – Group Top up	
		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 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
		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 therapies similar to those mentioned herein under this exclusion	Excl 26

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	Unconventional, Untested, Experimental therapies	Excl 27
	Autologous derived Stromal vascular fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy. Immunotherapy without proper indication	Excl 28
	Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted (Not applicable for Plan B and Plan C)	Excl 29
	Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons)	Excl 31
	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 (Not applicable for Plan B and Plan C)	Excl 35
	Any hospitalization 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 Exclusions (based on insured's consent), for specified ICD codes	Excl 38
	Naturopathy Treatment	Excl 40
General Exclusions (Applicable for all plans – A,B,C,D,E and F)		
	<ol style="list-style-type: none"> 1. Out-patient treatment except for accidental injuries 2. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, Areca nut intoxicating drugs and alcohol or hallucinogens; 3. Impairment of an Insured Person’s intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner; 4. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, remodeling clinic or similar institutions; 5. Hormone Replacement Therapy; 	-

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		6. Genetic tests undertaken to establish whether or not the Insured may be genetically disposed to the development of a medical condition in the future unless requires for current medical treatment;	
7	Waiting Period	<p>30-day waiting period</p> <p>Applicable for Plan A, B, C, E and F</p> <p>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</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>	Excl 03
		<p>Specified disease/procedure waiting period</p> <p>1) Applicable for Plan B and Plan C: The following specified ailments / illness / diseases for 24 consecutive months from the inception date under the policy.</p> <ol style="list-style-type: none"> 1. Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye, 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) 	Excl 02

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		<p>5. All treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi. All types of management for Kidney calculi and Genitourinary 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 (Other than bone marrow transplant for acute hematological malignancies and acute medical emergencies when indicated)</p> <p>14. Congenital Internal disease / defect</p> <p>Note: If these are pre-existing at the time of proposal, they will be covered subject to exclusion number 3 mentioned below</p> <p>In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.</p> <p>2) Applicable for Plan E</p> <p>a. Expenses related to the treatment of the following listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 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>	
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		<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. List of specific diseases/procedures</p> <ol style="list-style-type: none"> 1. The expenses on treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi, all types of management for kidney and genitourinary tract calculi., all Diseases of Prostate, all types of Hernia,, Hydrocele, Congenital Internal disease/defect anomalies (Except to the extent covered under Newborn Baby Cover if specifically opted) Pilonidal sinus and Fistula / Fissure in ano, Piles, Sinusitis and related disorders. 2. Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Prolapse of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers, all Stricture Urethra, all Obstructive Uropathies, Epididymal Cyst, Benign Tumours of Epididymis, Spermatocele, Varicocele, Hemorrhoids, Rectal Prolapse, Stress Incontinence. 3. Desmoid tumour of anterior abdominal wall. 4. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Uterus, Fallopian tubes, Cervix and Ovaries, Uterine bleeding, Pelvic Inflammatory Diseases, Benign breast diseases, Umbilical sinus, Umbilical fistula. 5. Conservative, operative treatment and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty [other than caused by accident] 6. Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system 	
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		<p>7. Subcutaneous Benign lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal tunnel syndrome, Trigger finger, Lipoma , Neurofibroma, Fibroadenoma, Ganglion and similar pathology</p> <p>8. Any transplant and related surgery</p> <p>3. Applicable for Plan F</p> <p>1. Expenses related to the treatment of the following listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 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>List of specific diseases/procedures :</p> <ul style="list-style-type: none"> a) Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi b) All types of management for kidney and genitourinary tract calculi c) All Diseases of Prostate d) All types of Hernia e) Hydrocele f) Congenital Internal disease/defect anomalies (Except to the extent covered under Newborn Baby Cover if specifically opted) g) Pilonidal sinus and Fistula / Fissure in ano, h) Piles i) Sinusitis and related disorders <p>2. 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>	
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		<p>List of specific diseases/procedures</p> <p>a) Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Prolapse of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers, all Stricture Urethra, all Obstructive Uropathies, Epididymal Cyst, Benign Tumours of Epididymis, Spermatocele, Varicocele, Hemorrhoids, Rectal Prolapse, Stress Incontinence.</p> <p>b) Desmoid tumour of anterior abdominal wall.</p> <p>c) All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Uterus, Fallopian tubes, Cervix and Ovaries, Uterine bleeding, Pelvic Inflammatory Diseases, Benign breast diseases, Umbilical sinus, Umbilical fistula.</p> <p>d) Conservative, operative treatment and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty [other than caused by accident]</p> <p>e) Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system</p> <p>f) Subcutaneous Benign lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal tunnel syndrome, Trigger finger, Lipoma , Neurofibroma, Fibroadenoma, Ganglion and similar pathology</p> <p>g) Any transplant and related surgery</p> <p>3. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.</p> <p>4. 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>5. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.</p>	
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		<p>• Pre-existing diseases</p> <p>I. Applicable for Plan B and Plan C: Pre Existing Diseases as defined in the policy until 36 consecutive months of continuous coverage have elapsed under this Policy since inception of the first policy with the Company.</p> <p>Note for Plan B: In the event of this Insurance Policy not being renewed or when the Individual member of the group leaves the group, such individual member has the option to migrate to retail hospital cash insurance policy offered by the Company. In such an event the continuity of benefits with respect to waiting periods 1, 2, and 3 will be given in the individual health insurance policy according to the number of years covered continuously under this Policy. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.</p> <p>II. Applicable for Plan E: 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. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. 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> <p>III. Applicable for Plan F: 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. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. 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>	<p>D.(1) Code Excl 01</p>
<p>8</p>	<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>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following Sub-limits</p> <p>Plan E – Group Health</p>	

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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

			7,00,000/-	Upto 1,750/-				
			10,00,000/-	Up to 2,000/-				
			15,00,000/-	Upto 2,500/-				
			20,00,000/-	Up to 3,000/-				
			25,00,000/-	Up to 3,500/-				
	E) Expenses incurred on treatment of Cataract is subject to the limit as given in the table below;					j		
			Sum Insured (Rs.)	Limit per Eye (Rs.)	Limit per policy period(Rs.)			
			2,00,000/-	Upto 12000/- per eye per policy period				
			3,00,000/-	Upto 25,000/-	Up to 35,000/-			
			4,00,000/-	Up to 30,000/-	Up to 45,000/-			
			5,00,000 & 7,00,000/-	Up to 40,000/-	Up to 60,000/-			
			10,00,000 to 25,00,000/-	Up to 50,000/-	Up to 75,000/-			
	F) Coverage for Modern Treatments:					k		
	The expenses payable during the entire policy period for the following Treatment / Procedures (either as a day care or as an in-patient exceeding 24hrs of admission in the hospital) is limited to the amount mentioned in table below							
			Sum Insured (Rs.)	Uterine Artery Embolization and HIFU	Balloon Sinuplasty	Deep Brain Stimulation	Oral Chemotherapy	Immunotherapy – Monoclonal Antibody to be given as injection
			Limit per person per policy period for each Treatment/Procedure (Rs.)					

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		4,00,000/-	40,000	2,00,000	1,75,000	Up to Sum Insured	2,00,000	
		5,00,000/-	50,000	2,50,000	2,00,000		2,50,000	
		7,00,000/-	60,000	2,75,000	2,25,000		2,75,000	
		10,00,000/-	75,000	3,00,000	2,50,000		3,00,000	
		15,00,000/-	1,00,000	4,00,000	2,75,000		5,00,000	
		20,00,000/-	1,25,000	4,50,000	2,75,000		5,50,000	
		25,00,000/-	1,50,000	5,00,000	3,00,000		6,00,000	
		*Sublimit all inclusive with or without hospitalization where ever hospitalization includes pre and post hospitalization.						
		G) Air Ambulance charges upto 10% of Sum Insured						I
		Plan F – Group Health Top Up						
		Coverage applicable for Silver and Gold Plan						
		1) Room, boarding , nursing expenses covered upto Rs. 5000/- per day						a
		2) Emergency Ambulance charges covered upto the limits mentioned in the policy schedule/certificate of insurance						d
		3) Pre –hospitalization and Post – hospitalization medical expenses upto the limits mentioned in the schedule						e
		4) AYUSH Treatment expenses covered upto the amount stated in the Policy						

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schedule/ certificate of insurance							f
5) Coverage for Modern Treatment							g
Sum Insured (Rs.)	Uterine Artery Embolization and HIFU	Balloon Sinuplasty	Deep Brain Stimulation	Oral Chemotherapy (Sublimits including pre&post hospitalization)	Immunotherapy Monoclonal antibody to be given as injection	Intra Vitreal Injections	
Limit per person per policy period (Rs.)							
5,00,000/- to 7,50,000/-	1,25,000	50,000	2,50,000	1,25,000	2,75,000	60,000	
7,50,001/- to 10,00,000/-	1,50,000	1,00,000	3,00,000	2,00,000	4,00,000	75,000	
10,00,001/- to 15,00,000/-	1,75,000	1,25,000	4,00,000	2,50,000	5,00,000	1,00,000	
15,00,001/- to 20,00,000/-	2,00,000	1,50,000	4,50,000	2,75,000	5,50,000	1,25,000	
20,00,001/- to 25,00,000/-	2,00,000	1,50,000	5,00,000	3,00,000	6,00,000	1,50,000	
Sum Insured (Rs.)	Robotic Surgeries	Stereotactic Radio Surgeries	Bronchial Theroplasty	Vaporisation of the prostate	IONM (Intra Operative Neuro Monitoring)	Stem Cell Therapy: Hematopoietic stem cells for bone marrow transplant for hemotologic	

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							al conditions	
		Limit per person per policy period for each Treatment/Procedure (Rs.)						
		5,00,000/- to 7,50,000/-	2,75,000	2,75,000	Up to Sum Insured	2,75,000		
		7,50,001/- to 10,00,000/-	3,00,000	2,25,000		4,00,000		
		10,00,001/- to 15,00,000/-	4,00,000	2,50,000		5,00,000		
		15,00,001/- to 20,00,000/-	4,50,000	2,75,000		5,50,000		
		20,00,001/- to 25,00,000/-	5,00,000	3,00,000		6,00,000		
	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)	Applicable for Plan F – Group Health Top-Up a) Silver Plan 1. The company is liable only for the amount in excess of the deductible. 2. Deductible is applied for each hospitalization b) Gold Plan 1. The Company's liability will begin only when the aggregate of the hospitalization expenses admissible under this policy during this policy period exceed the aggregate limit.						-

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		2. The amount payable shall be the amount in excess of the aggregate limit, however not exceeding the Sum Insured for the policy period.	
	iv. Any other limit (As Applicable)	Not Applicable	
9.	Claims / Claims Procedure	<p>Notification of Claim (Applicable for Plan A, Plan B, Plan C, and Plan D): Upon the happening of any event, which may give rise to a valid claim under this Policy, notice with full particulars shall be sent to the Company within 15 Days from the date of occurrence of the event / Diagnosis of Critical Illness</p> <p>Submission of Documents</p> <p>a. Applicable for Plan A: The Insured Person or person(s) claiming on behalf of the Insured Person shall submit within 15 Days of notification of claim, the filled and signed claim form and all relevant documents, information medical records and any other information/ documents the Company may request, to establish the Claim made The company may examine and relax the time limits depending upon the merits of the Case Such documents include but not limited to the following:-</p> <ul style="list-style-type: none"> • Claim form duly completed and signed • Medical Certificate confirming the Diagnosis / treatment of critical Illness from the treating Medical Practitioner in letter head. • All Diagnostic test results / Imaging confirming positive existence of critical Illness • Discharge summary / in case papers / complete treatment records (wherever applicable) • Treating Medical Practitioner's certificate regarding the duration & etiology of the Critical Illness in letter head. • Any other document specific to the treatment / Illness • Copy of PAN Card • Copy of Aadhar Card • KYC (Identity proof with Address) of the proposer, as per AML Guidelines <p>b. Applicable for Plan B & C: Claim must be filed within 15 Days from the date of discharge from the Hospital.</p>	<p>F.8(II)</p> <p>III. a</p> <p>b</p>

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		<p>Note: Conditions 2 & 3 are precedent to admission of liability under the Policy. However the Company may examine and relax the time limit mentioned in these conditions depending upon the merits of the case</p> <p>The Insured Person/s shall submit to the Company:-</p> <ol style="list-style-type: none"> Duly completed claim form, and Discharge Summary from the Hospital Hospital Main bill with breakup details. KYC (Identity proof with Address) of the proposer, as per AML Guidelines <p>c. Applicable for Plan D: Documents to be submitted for claims: Duly completed claim form, copy of PAN Card and Aadhar Card of the Insured Person Nominee / Legal Heir as the case may be and For Death Claims:-</p> <ul style="list-style-type: none"> Death Certificate Post-mortem Certificate, if conducted FIR (wherever required) Police Investigation report / Panchanama (wherever required) Viscera Sample Report / Chemical analysis report (wherever required) Forensic Laboratory Report (wherever required) Legal Heir Certificate (wherever required) Succession Certificate (wherever required) <p>For Permanent Total Disablement - Benefit 2 and Permanent Partial Disablement - Benefit 3</p> <ul style="list-style-type: none"> Certificate from Government doctor not below the rank of Civil Surgeon, confirming the disability and its %. <p>Note: The Company authorized doctor may examine the Insured Person/s if required</p> <p>For Temporary Total Disablement (Weekly Compensation) - Benefit 4</p> <ul style="list-style-type: none"> Certificate from the employer confirming leave of absence from duty (applicable for employer – employee group) Certificate from the treating doctor that the claimant is fit to resume duty (fitness certificate) <p>Travel expenses for one relative</p> <ul style="list-style-type: none"> Proof of expenses incurred (original) <p>Vehicle and/or residence modification</p> <ul style="list-style-type: none"> Certificate from the Medical Practitioner confirming the Disability and the requirement of modification Estimate from Workshop Invoice and Cash receipt for having carried the modification Estimate from civil engineer 	C
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	<ul style="list-style-type: none"> • Invoice / Cash receipt for completion of the civil work modification <p>Purchase of blood:</p> <ul style="list-style-type: none"> • Original receipt for purchase of blood (wherever applicable) <p>Transportation of imported medicines:</p> <ul style="list-style-type: none"> • Prescription of the treating Medical Practitioner with confirmation that the medicine is not available in India. • Original receipt for the freight incurred for import of the medicine, along with a copy of invoice <p>Ambulance charges / transportation expenses of mortal remains</p> <ul style="list-style-type: none"> • Death Certificate or • Proof of Hospitalisation • Proof of utilized services of either Ambulance or Mortuary Van (Original Receipt) <p>Medical expenses due to Accident:</p> <ul style="list-style-type: none"> • Original Discharge Summary (wherever applicable) • Original Medical Reports • Original Invoices/Bills, • Original Payment Receipts <p>Hospital Cash and Home Convalescence</p> <ul style="list-style-type: none"> • Discharge Summary (Where original is required for other purposes, a certified copy may be submitted) • Recommendation by the treating Medical Practitioner for appointing an attendant at home for continuation of treatment. • Cash receipt for payment made to the attendant <p>Educational Benefit</p> <ul style="list-style-type: none"> • Death certificate of Parent/s or Guardian • Age proof of the student • Proof of education. <p>Note: The Company reserves the right to call for additional documents wherever required.</p> <p>Out Patient Medical Expenses due to Grievous Injury</p> <ul style="list-style-type: none"> • Original Prescription • Original Invoices/Bills, • Original Payment Receipts <p>Note</p> <ol style="list-style-type: none"> 1. For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255, Senior Citizens may call at 044-40020888 2. KYC (Identity proof with Address) of the proposer, as per AML Guidelines <p><u>(Applicable for Plan E and Plan F)</u></p> <p>A. Documents for Cashless Treatment:</p>	
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		<ul style="list-style-type: none"> a. For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255, Senior Citizens may call at 044-40020888 b. Inform the ID number for easy reference c. On admission in the Hospital, produce the ID Card issued by the Company at the Hospital Helpdesk d. Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk. e. The Treating Medical Practitioner will complete the Hospitalisation/ treatment information and the Hospital will fill up expected cost of treatment. This form is submitted to the Company f. The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate. 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. h. In case of emergency Hospitalization information to be given within 24 hours after Hospitalization i. Cashless facility can be availed only in Networked Hospitals. For details of Networked Hospitals, the Insured Person may visit www.starhealth.in or contact the nearest branch. j. KYC (Identity proof with Address) of the proposer, as per AML Guidelines. <p>B. Documents to be submitted for Reimbursement: The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.</p> <ul style="list-style-type: none"> a. Duly completed claim form, and b. Pre Admission investigations and treatment papers. c. Discharge Summary from the Hospital d. Cash receipts from Hospital, chemists e. Cash receipts and reports for tests done f. Receipts from Medical Practitioner, surgeons, anesthetist g. Certificate from the attending Medical Practitioner regarding the Diagnosis. h. Copy of PAN card i. Organ transplant on the Insured Person shall satisfy the requirements of the Transplantation of Human Organs Act of 1994 and any amendments thereto. j. KYC (Identity proof with Address) of the proposer, as per AML Guidelines k. NEFT documents viz., Customer name, Bank Account No., Name of the Bank, IFSC code l. CKYC No. of the proposer 	
		<p>Turn Around Time (TAT) for claims settlement</p> <ul style="list-style-type: none"> i) TAT for preauthorization of cashless facility: Within 1 hr from the time of receipt of all necessary relevant documents. <p>https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf</p>	

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		<p>ii) TAT for cashless final bill authorization: Within 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: 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: 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>	F(15)
11	Grievances/ Complaints	<p>Details of Grievance Redressal Officer of the insurer</p> <p>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</p>	F (7)

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		<p>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>	
12	Things to remember	<p>Free Look Cancellation: NIL</p> <p>Renewal of Policy: The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person. i) Renewal shall not be denied on the ground that the insured person 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 of 30 days to maintain continuity of benefits without break in policy. iv) Coverage is not available during the grace period.</p>	F (9)

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		<p>Migration : (Applicable for Plan E and Plan F) 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> <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>	<p>(2)</p> <p>(3)</p> <p>(7)</p>
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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".