

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 OPD Care Unique Identification No: SHAHLGP24144V012324	-
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)	Base Cover	C (Section I)
		Tele – Consultation (audio/video/text) from General Medical Practitioner up to the limits in a policy year specified in the Policy Schedule /Certificate of Insurance /Product Benefit Table of this Policy.	C (Section – I) (a)
		Tele-consultation (audio/video/text) from Psychologist / Psychiatrist up to the limits in a policy year specified in the Policy Schedule/Certificate of Insurance /Product Benefit Table of this Policy.	C (Section – I) (b)
		Tele-consultation (audio/video/text) from Specialist up to the limits in a policy year specified in the Policy Schedule / Certificate of Insurance /Product Benefit Table of this Policy.	C (Section – I) (c)

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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Email: support@starhealth.in Website: www.starhealth.in | CIN: L66010TN2005PLC056649 | IRDAI Regn.No.: 129

Optional Covers	
Out Patient Covers and Ambulance Assistance	C (Section II)
Outpatient Consultation (In-person): Expenses incurred towards Outpatient consultation(s) from a General Medical Practitioner and/or a Specialist Medical Practitioner and/or AYUSH treatment are payable up to the limits in a policy year specified in the Policy Schedule/ Certificate of Insurance /Product Benefit Table of this Policy (excluding Dental and Ophthalmic treatment).	C (Section II) (a)
(i) Diagnostic Tests: Expenses incurred by the Insured towards diagnostic tests upon the advice of treating Medical Practitioner are payable up to the limits in a policy year specified in the Policy Schedule/Certificate of Insurance /Product Benefit Table of this Policy. And/ Or (ii) Minor Procedure Cover: Expenses incurred by the Insured towards the following Minor Procedures done on Outpatient basis upon the advice of the treating Medical Practitioner are payable up to the limits in a policy year specified in the Policy schedule /Certificate of Insurance /Product Benefit Table of this Policy	C (Section II) (b)
Physiotherapy: Expenses incurred by the Insured towards Physiotherapy upon the advice of the treating Medical Practitioner are payable up to the limits in a policy year specified in the Policy Schedule/Certificate of Insurance /Product Benefit Table of this Policy.	C (Section II) (c)
Pharmacy: Expenses incurred by the Insured towards Pharmacy upon the advice of the treating Medical Practitioner are payable up to the limits in a policy year specified in the Policy Schedule/Certificate of Insurance /Product Benefit Table of this Policy.	C (Section II) (d)
OPD Dental and OPD Ophthalmic Treatment due to Accident: Expenses incurred by the Insured towards Dental and Ophthalmic treatment upon the advice of the treating Dentist/ Ophthalmologist due to accidents are payable up to the limits in a policy year specified in the Policy Schedule/Certificate of Insurance /Product Benefit Table of this Policy.	C (Section II) (e)
OPD Dental Treatment: Expenses incurred by the Insured towards Consultation, Filling, Root Canal (including Crown) and Extraction are payable up to the limits in a policy year specified in the Policy Schedule/Certificate of Insurance /Product Benefit Table of this Policy.	C (Section II) (f)
OPD Ophthalmic Treatment: Expenses incurred by the Insured towards Corneal Infection, Glaucoma, Diabetic Retinopathy, Other ophthalmic treatment/s (as mentioned in the Policy Schedule /Certificate of Insurance / Product Benefit Table of this Policy) up to the limits in a policy year specified in the Policy Schedule/Certificate of Insurance /Product Benefit Table of this Policy	C (Section II) (g)
Ambulance Assistance: The Insured can contact the company to get the details of nearest ambulance service, however the cost of ambulance service shall be borne by the Insured person.	C (Section II) (h)

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	In-patient Hospitalization Admission in Hospital beyond 24 hours	C (Section III) (a,b,c)
	Pre-hospitalization Expenses: Medical expenses incurred immediately before the insured person is hospitalized are payable up to the number of days specified in the Policy Schedule / Certificate of Insurance /Product Benefit Table of this Policy.	C (Section III) (d)
	Post Hospitalization Expenses: Medical expenses incurred immediately after the insured person is discharged from the hospital are payable up to the number of days specified in the Policy Schedule/Certificate of Insurance /Product Benefit Table of this Policy.	C (Section III) (e)
	Road ambulance: Expenses incurred for transportation of the insured person by private ambulance service from one hospital to another hospital for better medical treatment	C (Section III) (f)
	All day care treatments are covered	C (Section III) (g)
	Hospital Cash Benefit: During the period stated in the Policy Schedule/ Certificate of Insurance /Product Benefit Table of this Policy, if the insured person shall contract any disease or suffer from any illness/ injury and if such disease / illness / injury, require admission of the insured Person as an In-patient in any Hospital upon the advice of a qualified Medical Practitioner in India for the purpose of medical /surgical treatment, then the Company will pay to the Insured Person, Hospital Cash(lump-sum) amount mentioned in the Policy Schedule/Certificate of Insurance /Product Benefit Table of this Policy for every completed 24 hours of hospitalization.	C (Section IV)
	<p>Personal Accident Cover: If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury resulting solely and directly from Accident caused by external, violent and visible means then the Company will pay as under:</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.</p> <p>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>	C (Section V)

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		<p>Benefit 3 - Permanent Partial 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.</p> <p>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 In case of multiple disability from the same accident, the policy will pay the highest of the compensation.</p> <p>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 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.</p> <p>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.</p>	
		Preventive Care	C (Section VI)
		Preventive Annual Health Check-up: Expenses incurred towards cost of preventive health check-up are payable during the policy year up to the limits specified in the Policy Schedule/Certificate of Insurance /Product Benefit Table of this Policy.	C (Section VI) (a)
		Vaccination Expenses: Expenses incurred towards cost of vaccination are payable up to the limits in a policy year specified in the Policy Schedule/Certificate of Insurance /Product Benefit Table of this Policy.	C (Section VI) (b)
		Medical Second Opinion	C (Section VII)
		Medical Second Opinion: The Insured Person is given the facility of obtaining a Medical Second Opinion from a Doctor in the Company's network of Medical practitioners. All the medical records provided by the Insured Person will be submitted to the Doctor chosen by him/her and the medical opinion will be made available directly to the Insured by the Doctor	C (Section VII) (a)
		International Second Opinion: The Insured Person is given the facility of obtaining a Medical Second Opinion from a Doctor outside India chosen by him/her online as per options specified in the Policy Schedule/Certificate of Insurance/Product Benefit Table of this Policy.	C (Section VII) (b)

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		Wellness	C (Section VIII)
		Dietician & Nutritionist Consultations: Medical advice from a Dietician and/or Nutritionist up to the number of consultations in a policy year specified in the Policy Schedule / Certificate of Insurance /Product Benefit Table of this Policy.	C (Section VIII) (a)
		Weight Management Program: This Program helps Insured to manage the Body Mass Index (BMI) and maintain the BMI through the guidance under wellness experts	C (Section VIII) (b)
		Chronic Condition Management Program: This Program helps Insured, suffering from any Chronic conditions such as Diabetes, Hypertension, Hyperlipidemia, Asthma to track health through the empanelled wellness experts who guides the insured in improving and maintaining the health condition.	C (Section VIII) (c)
		Emotional Wellness / Employee Assistance Program: This program helps Insured to reduce stress caused due to internal (self-generated) & external factors and increases the ability to handle stress through Mind Body Healing Program, Heartful Meditation, Mindful Yoga by Virtual or Physical sessions or Combination of both. Insured can access Mental Wellness Podcasts and Wellness content under this program.	C (Section VIII) (d)
		Other Wellness Services: This program helps in Sleep Monitoring, Metabolic Profiling, Guided Meditations and Mood Tracking. Insured can access Mental Wellness Podcasts and Wellness content under this program.	C (Section VIII) (e)
		Access to GYM / Fitness Centre/ Health club: Insured can access to GYM/ Fitness Centre/ Health Club up to the number of Sessions in a policy year specified in the Policy Schedule /Certificate of Insurance /Product Benefit Table of this Policy	C (Section VIII) (f)
		AI-driven / Online Daily Fitness Workout: Insured can access to AI-driven customized workout plans based on individual goals up to the number of Sessions in a policy year specified in the Policy Schedule/Certificate of Insurance/Product Benefit Table of this Policy.	C (Section VIII) (g)
		Online Health Risk Assessment(HRA): Insured can get HRA report by completing the online questionnaire.	C (Section VIII) (h)
		Work place well-being: Insured can get Tips to improve the working life, quality and safety of the physical environment, how workers feel about their work, their working environment, the climate at work and work organization.	C (Section VIII) (i)
		Family Counselling: Talk therapy provided by experts that focuses on the improvement of relationships among family members. It can also help treat specific mental health or behavioural conditions	C (Section VIII) (j)
		Tobacco Cessation(De-addiction) Program: This program provides assistance to Insured to avail Deaddiction/ discontinuing tobacco smoking.	C (Section VIII) (k)
		Star Wellness Program: This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities.	C (Section VIII) (l)

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		Value Added Services	C (Section IX)
		Discount on Network Providers' Products & Services	C (Section IX) (a)
		Concierge Assistance Services	C (Section IX) (n)
		Discount on Health & Fitness Equipment: Discount on purchase of products that are primarily intended for health and fitness.	C (Section IX) (c)
		Discount on Health Club: Discount on subscription in health club with exercise facilities.	C (Section IX) (d)
		Value Added Services for Senior Citizens	
		Discount on Network Providers' Products & Services: Discount on expenses incurred on Pharmacy and Nutrition Supplements, Diagnostics, Clinics and Hospitals services, Home Care Treatment	
		Concierge Assistance Services: i. Assistance for arranging Physiotherapy at home ii. Assistance for arranging Nursing at home iii. Appointment booking assistance at Hospital / Laboratory and such other related concierge Assistance services as mentioned in policy schedule / Certificate of insurance of this Policy.	C (Section X)
		Voluntary Deductible and Voluntary Co-payment	C (Section XI)
		Voluntary Deductible: If the Group Administrator opts for Voluntary deductible on per claim basis / on aggregate basis and the same is mentioned in the Policy Schedule/ Certificate of Insurance/Product Benefit Table of this Policy, the Company will indemnify the claim amount after considering such voluntary deductible.	C (Section XI) (a)
		Voluntary Co-payment: If the Group Administrator opts for Voluntary Co-pay (%) and the same is specified in the Policy Schedule/ Certificate of Insurance/Product Benefit Table of this Policy, the Company will indemnify the claim amount after considering such voluntary Co-pay.	C (Section XI) (b)
		EXCLUSIONS	D
		Standard Exclusions	
		Investigation & Evaluation	Excl 04

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6	Exclusions (What the policy does not cover)	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
		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			

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	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
	Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted	Excl 29
	Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons)- (Except to the extent covered under C Section VI (b))	Excl 31
	Hospital registration charges, admission charges, record charges, telephone charges and such other Charges	Excl 34
	Cost of spectacles and contact lens, hearing aids, Cochlear implants and procedures, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids	Excl 35
	Any hospitalization which are not medically necessary / does not warrant hospitalization	Excl 36

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	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
	Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicine other than allopathy	Excl 39
	<p>Exclusions applicable for Personal Accident Cover:</p> <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 intentionally or by committing crime or as a result of drunkenness or addiction (drugs, alcohol) or self-endangerment unless in self-defence 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. 8. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from: <ol style="list-style-type: none"> 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. b) Nuclear weapons material c) The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof. d) Nuclear, Chemical, biological terrorism 	

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		<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> <p>General Exclusions Applicable for all covers</p> <p>1. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner;</p> <p>2. Hormone Replacement Therapy;</p> <p>3. 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;</p> <p>4. We do not assume any liability towards, and shall not be responsible for any actual or alleged errors, omissions or representations made by any Network Provider/ Empanelled Service providers for any consequences of actions taken or not taken in reliance thereon applicable for the coverage/ benefits offered under Section I to Section X</p>	
7	Waiting Period	<ul style="list-style-type: none"> • 30-days waiting period: <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> <p>The Group Administrator can opt for reduction or waiver of 30 days waiting periods for the above covers.</p> <p>Note: 30 days waiting period is applicable for the following covers:</p> <p>C (Section I) (c) Tele-consultation (audio/video/text) from a Specialist</p> <p>C (Section II) (a) Outpatient Consultation (in person)</p> <p>C (Section II) (b) (i) Diagnostic Test (ii) Minor Procedure Cover</p> <p>C (Section II) (c) Physiotherapy</p> <p>C (Section II) (d) Pharmacy</p> <p>C (Section II) (f) OPD Dental Treatment</p> <p>C (Section II) (g) OPD Ophthalmic Treatment</p> <p>C (Section III) Inpatient Hospitalisation</p> <p>C (Section IV) Hospital Cash</p> <p>Note: Waiting period code excl-01, excl-02 and excl-03 is applicable as per the days/ months specified in the Policy schedule / Certificate of Insurance /Product Benefit Table of this Policy.</p>	Excl 03
		<ul style="list-style-type: none"> • Specified disease/procedure waiting period: <p>a. Expenses related to the treatment of the following listed Conditions, surgeries/treatments shall be excluded until the expiry of number of months of continuous coverage after the date of inception of the first policy with</p>	Excl 02

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		<p>us, as specified in the Policy Schedule/ Certificate of insurance/ Product Benefit Table of this policy.</p> <p>This exclusion shall not be applicable for claims arising due to an accident.</p> <p>b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.</p> <p>c. If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.</p> <p>d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.</p> <p>e. List of specific diseases/procedures</p> <p>1. The expenses on treatments (conservative, interventional, laparoscopic and open) related to Hepatopancreato-biliary diseases including Gall bladder and Pancreatic calculi, all types of management for kidney and genitourinary 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.</p> <p>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.</p> <p>3. Desmoid tumour of anterior abdominal wall.</p> <p>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.</p>	
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		<p>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]</p> <p>6. Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system</p> <p>7. Subcutaneous Benign lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal tunnel syndrome, Trigger finger, Lipoma , Neur</p> <p>8. Any transplant and related surgery</p> <p>Note: Specific Diseases/Procedures waiting period is applicable for the following covers</p> <p>C (Section III) Inpatient Hospitalisation</p> <p>C (Section IV) Hospital Cash</p> <p>The Group Administrator can opt for reduction or waiver of specific diseases waiting periods for the above covers at time of inception or during renewal.</p>	
		<p>• Pre-Existing Diseases:</p> <p>a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of number of months of continuous coverage after the date of inception of the first policy with insurer, as specified in the Policy Schedule/ Certificate of insurance/ Product Benefit Table of this policy.</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. Coverage under the policy after the expiry of number of months specified in the Policy Schedule/Certificate of Insurance /Product Benefit Table of this Policy, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer</p> <p>Note: Pre-Existing Diseases waiting period is applicable for following covers: C (Section I) (c) Tele-consultation (audio/video/text) from a Specialist C (Section II) (a) Outpatient Consultation (in person) C (Section II) (b) (i) Diagnostic Test (ii) Minor Procedure Cover C (Section II) (c) Physiotherapy C (Section II) (d) Pharmacy</p>	<p>Excl 01</p>

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		<p>C (Section II) (f) OPD Dental Treatment C (Section II) (g) OPD Ophthalmic Treatment C (Section III) Inpatient Hospitalisation C (Section IV) Hospital Cash The Group Administrator can opt for reduction or waiver of Pre-Existing Diseases waiting periods for the above covers at time of inception or during renewal.</p>	
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>	<p>Tele-Consultation from a General Medical Practitioner: Limit per consultation - Rs.100/ Rs.200/ Rs.300/ Rs.400/ Rs.500/ Rs.600/ Rs.700/ Rs.800/ Rs.1,000/ Actual</p>	C (Section – I) (a)
		<p>Tele-consultation from a Psychologist / Psychiatrist: Limit per consultation - Rs.100/ Rs.200/ Rs.300/ Rs.400/ Rs.500/ Rs.600/ Rs.700/ Rs.800/ Rs.1,000/ Actual</p>	C (Section – I) (b)
		<p>Tele-Consultation from a Specialist (all specialities/ specified specialities): Limit per consultation - Rs.100/ Rs.200/ Rs.300/ Rs.400/ Rs.500/ Rs.600/ Rs.700/ Rs.800/ Rs.1,000/ Actual</p>	C (Section – I) (c)
		Optional Covers	
		<p>Out Patient Consultation (In-person) (General Medical Practitioner and/or a Specialist Medical Practitioner and/or AYUSH treatment) - Excluding dental and Ophthalmic treatment. Limit per consultation - Rs.100/ Rs.200/ Rs.300/ Rs.500/ Rs.700/ Rs.800/ Rs. 1,000/ Rs.1500/ Rs.2000/ Rs.2500/ Actual</p>	C (Section – II) (a)
		<p>(i) Diagnostic Tests and/or (ii) Minor Procedure Cover Limit per prescription - Rs.500/ Rs. 1,000/ 2,000/ 3,000/ 4,000/ 5,000/ 6,000/ 7,000/ 8,000/ 9,000/ 10,000/ Actual</p>	C (Section – II) (b)
		<p>Physiotherapy: Limit per prescription - Rs.500/ 1,000/ 1,500/ 2,000/ 2,500/ 3,000/ Covered (Actual)</p>	C (Section – II) (c)
		<p>Pharmacy: Limit per prescription - Rs.500/ Rs.1,000/ 2,000/ 3,000/ 4,000/ 5,000/ 6,000/ 7,000/ 8,000/ 9,000/ 10,000/ Actual</p>	C (Section – II) (d)

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		OPD Dental and OPD Ophthalmic Treatment due to accident: Limit per claim- Rs.500/ 1,000/ 2,000/ 3,000/ 4,000/ 5,000/ 6,000/ 7,000/ 8,000/ 9,000/ 10,000/ Actual	C (Section – II) (e)
		OPD Dental Treatment: For Consultation, Filling, Root Canal (including Crown) and Extraction Limit per claim - Rs.500/ 1,000/ 2,000/ 3,000/ 4,000/ 5,000/ 6,000/ 7,000/ 8,000/ 9,000/ 10,000/ Actual	C (Section – II) (f)
		OPD Ophthalmic Treatment: Limit per claim - Rs.500/ 1,000/ 2,000/ 3,000/ 4,000/ 5,000/ 6,000/ 7,000/ 8,000/ 9,000/ 10,000/ Actual	C (Section – II) (g)
		Room, Boarding, Nursing Expenses (per day) as provided by the Hospital / Nursing Home: Option 1: Rs.500/ Rs.1,000/ Rs.1,500/ Rs.2,000/ Rs.2,500/ Rs.3,000/ Rs.5,000/ Rs.7,500	C (Section – III) (a)
		Road ambulance: Minimum Rs.500 & Maximum Actual	C (Section – III) (f)
	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	NIL	-

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	Which will be deducted from total claim amount (if claim amount is more than the specified amount)		
	iv. Any other limit (As Applicable)	NIL	-
9.	Claims / Claims Procedure	<p>For Cashless Treatment for In-patient claims</p> <ol style="list-style-type: none"> 1. For assistance call 24 hour help-line 044-69006900 or Toll Free No. 1800 425 2255, Senior Citizens may call at 044-40020888 2. Inform the ID number for easy reference 3. On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk 4. Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk. 5. The Treating Doctor will complete the hospitalization/ treatment information and the hospital will fill up expected cost of treatment. This form is submitted to the Company 6. The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate. 7. 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. 8. In case of emergency hospitalization information to be given within 24 hours after hospitalization 9. Cashless facility can be availed only in Networked Hospitals. For details of Networked Hospitals, the insured may visit www.starhealth.in or contact the nearest branch or refer to the list of Networked Hospitals provided with the policy document. 10. KYC (Identity proof with Address) of the proposer, as per AML guidelines. <p>In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents.</p>	E (ii)

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		<p>For Reimbursement claims (within and/ or outside the networked facility): Time limit for submission of</p> <table border="1"> <thead> <tr> <th>Sl.no.</th> <th>Type of Claim</th> <th>Prescribed time limit</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Reimbursement of hospitalization, day care and pre hospitalization expenses</td> <td>Claim must be filed within 15 days from the date of discharge from the Hospital.</td> </tr> <tr> <td>2</td> <td>Reimbursement of Post hospitalization</td> <td>within 15 days after completion of the specified days in Policy schedule from the date of discharge from hospital</td> </tr> </tbody> </table>	Sl.no.	Type of Claim	Prescribed time limit	1	Reimbursement of hospitalization, day care and pre hospitalization expenses	Claim must be filed within 15 days from the date of discharge from the Hospital.	2	Reimbursement of Post hospitalization	within 15 days after completion of the specified days in Policy schedule from the date of discharge from hospital	
Sl.no.	Type of Claim	Prescribed time limit										
1	Reimbursement of hospitalization, day care and pre hospitalization expenses	Claim must be filed within 15 days from the date of discharge from the Hospital.										
2	Reimbursement of Post hospitalization	within 15 days after completion of the specified days in Policy schedule from the date of discharge from hospital										
		<p>Turn Around Time (TAT) for claims settlement</p> <p>i) TAT for preauthorization of cashless facility: Within 1 hour from the time of receipt of all necessary relevant documents. https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf</p> <p>ii) TAT for cashless final bill authorization: Within 3 hours from the time of receipt of all necessary relevant documents</p> <p>iii) Network Hospital details: Insured can refer the company website using the following link to the list of Network hospitals: https://www.starhealth.in/lookup/hospital/</p> <p>iv) Helpline Number: For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255. Senior Citizens may call at 044-40020888</p> <p>v) Hospitals which are blacklisted or from where no claims will be accepted by insurer: Insured can refer the company website using the following link to the list of excluded hospitals. https://www.starhealth.in/lookup/hospital/#excluded-hospital</p> <p>Downloading/ getting Pre-Authorisation claim form: a) For Cashless : https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf</p>										

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		b) For Reimbursement: https://web.starhealth.in/sites/default/files/CLAIMFORM.pdf	
10	Policy servicing	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	Specific conditions (iv)
11	Grievances/ Complaints	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	E (xiii)
		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 Grievance may also be lodged at IRDAI Integrated Grievance Management System – https://bimabharosa.irdai.gov.in/	

		<p>Details of Ombudsman: List of Insurance Ombudsman</p> <p>For updated list refer: https://www.cioins.co.in/ombudsman</p>	Page No: 41
12	Things to remember	<p>Free look cancellation: Not Applicable</p>	-
		<p>Renewal of Policy: The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person. 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>	E (viii)
		<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>	E (vii)
		<p>Change in Sum Insured: Not Applicable</p>	-
		<p>Moratorium Period: (Applicable for C Section III) After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.</p>	E (x)

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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>	E (i)
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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".