



# Star Women Care Insurance Policy

UIN: SHAHLIP27051V032627

Customer Information Sheet





## STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Registered Office: No. 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034. Phone : 044 - 28288800

Corporate Office: No. 148, Acropolis, Dr. Radha Krishnan Salai, Mylapore, Chennai - 600 004. Phone : 044 - 4788 6666

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### 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.

| Sl. No | Title                              | Description                                                         | Refer to Policy Clause Number |
|--------|------------------------------------|---------------------------------------------------------------------|-------------------------------|
| 1      | Name of Insurance Product / Policy | <b>Star Women Care Insurance Policy</b><br>UIN: SHAHLIP27051V032627 | -                             |
| 2      | Policy Number                      | Refer Policy Schedule attached with this document                   | -                             |
| 3      | Type of Insurance Product / Policy | Both Indemnity and Benefit                                          | -                             |
| 4      | Sum Insured                        | Refer Policy Schedule attached with this document                   | -                             |

|   |                                            |                                                                                                                                                                                                                                                                                                                                                                       |                 |
|---|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 5 | Policy Coverage: (What the policy covers?) | <b>Expenses in respect of:</b>                                                                                                                                                                                                                                                                                                                                        | II(1)(i,ii,iii) |
|   |                                            | <b>1. In-patient Treatment:</b> Admission in Hospital beyond 24 hours.                                                                                                                                                                                                                                                                                                |                 |
|   |                                            | <b>2. Day Care Treatment:</b> All day care procedures requiring less than 24 hours of hospitalization.                                                                                                                                                                                                                                                                | II(2)           |
|   |                                            | <b>3. AYUSH Treatment:</b> Medical expenses for Inpatient Hospitalization incurred on treatment under Ayurveda, Unani, Siddha and Homeopathy systems of medicines in a AYUSH Hospital is payable up to the Sum Insured.                                                                                                                                               | II(3)           |
|   |                                            | <b>4. Coverage for Modern Treatment:</b> Covered up to specified limits.                                                                                                                                                                                                                                                                                              | II(4)           |
|   |                                            | <b>5. Pre-Hospitalization:</b> Medical Expenses incurred up to 60 days prior to hospitalization.                                                                                                                                                                                                                                                                      | II(5)           |
|   |                                            | <b>6. Post-Hospitalization:</b> Medical Expenses incurred up to 90 days after discharge from the hospital.                                                                                                                                                                                                                                                            | II(6)           |
|   |                                            | <b>7. Road Ambulance:</b> Actuals will be payable on the expenses incurred for transportation of the Insured Person subject to an admissible hospitalization claim.                                                                                                                                                                                                   | II(7)           |
|   |                                            | <b>8. Air Ambulance:</b> Covered up to specified limits.                                                                                                                                                                                                                                                                                                              | II(8)           |
|   |                                            | <b>9. Organ Donor Expenses:</b> In patient hospitalization expenses incurred for organ transplantation from the Donor to the Recipient Insured Person are payable provided the claim for transplantation is payable. In addition, the expenses incurred by the Donor, (if any) for the complications that necessitate a Redo Surgery / ICU admission will be covered. | II(9)           |
|   |                                            | <b>10. Home Care Treatment:</b> Payable up to 10% of the Sum Insured subject to maximum of Rs.5 lakhs in a Policy Year, for treatment availed by the Insured Person at home, only for the specified conditions.                                                                                                                                                       | II(10)          |
|   |                                            | <b>11. Cumulative Bonus:</b> The Insured Person will be eligible for Cumulative Bonus calculated at 25% of Sum Insured for each claim free year and maximum up to 100% of the Sum Insured.                                                                                                                                                                            | II(11)          |
|   |                                            | <b>12. Automatic Restoration of Sum Insured:</b> There shall be automatic restoration of the Sum Insured once by 100%.                                                                                                                                                                                                                                                | II(12)          |
|   |                                            | <b>13. Delivery Expenses:</b> Expenses for Delivery including Delivery by Caesarean section (including pre-natal and post-natal expenses) is covered up to specified limits subject to waiting periods.                                                                                                                                                               | II(13)          |
|   |                                            | <b>14. Ante-Natal Care (Pregnancy Care):</b> Company pays the expenses for Ante-natal care after confirmation of Pregnancy, incurred as an Out-patient up to the specified limits.                                                                                                                                                                                    | II(14)          |

|  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |
|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|  |  | <p><b>15. In Utero Fetal Surgery/Repair:</b> The Company will pay the expenses incurred for In Utero Fetal Surgeries and Procedure after specific waiting periods.</p> <p>Note: Waiting periods will not apply for treatment related to congenital Internal disease / defects for the Unborn.</p> <p>Types of in utero-surgeries covered</p> <ol style="list-style-type: none"> <li>Open Fetal Surgery</li> <li>Fetendo Fetal Surgery</li> <li>Fetal Image-Guided Surgery (FIGS-IT)</li> <li>EXIT procedure</li> </ol>                                                                                                                                                                                                                                                            | II(15) |
|  |  | <p><b>16. Assisted Reproduction Treatment:</b> The Company will reimburse medical expenses incurred on Assisted Reproduction Treatment for sub-fertility, surrogacy cover and oocyte donor cover up to the specified limits.</p> <p><b>a) Surrogacy Cover</b></p> <p>The company will indemnify the inpatient hospitalization expenses covering post-partum delivery complications for a period of 36 months incurred for the Surrogate mother.</p> <p><b>b) Oocyte Donor cover</b></p> <p>The company will indemnify the inpatient hospitalization expenses for the complications arising out of Assisted Reproductive Treatment Procedures, for the Oocyte donor for a period of 12 months. The cover will commence from the date of initiation of the treatment/procedure.</p> | II(16) |
|  |  | <p><b>17. Voluntary Sterilization Expenses:</b> The Company will pay the expenses incurred for Voluntary Sterilization (Tubectomy / Vasectomy), after a waiting period of 24 months from the inception of this policy</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | II(17) |
|  |  | <p><b>18. Miscarriage due to Accident:</b> The Company will pay the lumpsum amount towards the expenses incurred on miscarriage arising due to accident subject to waiting period.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | II(18) |
|  |  | <p><b>19. Hospitalization expenses for treatment of New Born Baby:</b></p> <p>A. Birth of New born baby during the policy year: In-patient hospitalization expenses (Including Congenital Internal and External defects/anomalies) are covered from day 1 up to specified limits.</p> <p>B. In the subsequent year (on payment of applicable premium for New born): In-patient hospitalization expenses (Including Congenital Internal and External defects/anomalies) are covered up to 100% of the Sum Insured.</p>                                                                                                                                                                                                                                                             | II(19) |

|  |                                                                                                                                                                                                                                                                                                                                                                                                                        |        |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|  | <p>C. <b>Vaccination Expenses:</b> Vaccination Expenses for the new born are payable up to 12 months from the birth of the new born up to specified limits.</p> <p>D. <b>Metabolic Screening:</b> Test for New Born is payable once for each new born subject to limit.</p> <p>E. <b>Pediatrician Consultation:</b> Up to 4 consultations per year are payable up to 12 year of age subject to policy is in force.</p> |        |
|  | <p><b>20. Star Mother Cover:</b> Where the Insured Person is a child age less than 12 years, the Company will provide for expenses up to Single Private A/c room for stay of the mother in the hospital.</p>                                                                                                                                                                                                           | II(20) |
|  | <p><b>21. Bariatric Surgery:</b> Expenses incurred on hospitalization for bariatric surgical procedure and its complications thereof are payable up to the specified limits.</p>                                                                                                                                                                                                                                       | II(21) |
|  | <p><b>22. Expenses of Medical Consultations as an Outpatient:</b> Covered up to specified limits</p>                                                                                                                                                                                                                                                                                                                   | II(22) |
|  | <p><b>23. Shared Accommodation:</b> If the Insured Person occupies, a shared accommodation during in-patient hospitalization, then sum of Rs.2,000/- per day subject to a maximum of 7 days (per hospitalization) will be payable for each continuous and completed period of 24 hours of stay in such shared accommodation.</p>                                                                                       | II(23) |
|  | <p><b>24. Preventive Health Check Up:</b> Expenses incurred towards cost of preventive health check-up up to the limits for each policy year is payable</p>                                                                                                                                                                                                                                                            | II(24) |
|  | <p><b>25. Unlimited Tele-Consultation:</b> Insured can avail unlimited number of Tele-consultations on Star Health mobile application or digital platforms</p>                                                                                                                                                                                                                                                         | II(25) |
|  | <p><b>26. AI driven Face Scan:</b> Available up to 2 times per month per Insured Person in a Policy Year on Star Health mobile app.</p>                                                                                                                                                                                                                                                                                | II(26) |
|  | <p><b>27. Rehabilitation and Pain Management:</b> Covered up to the sub-limit (or) maximum up to 10% of the Sum Insured whichever is less, per policy year.</p>                                                                                                                                                                                                                                                        | II(27) |
|  | <p><b>28. Coverage for Non-medical Items:</b> If there is an admissible claim under the policy, then reasonable and customary charges for the specified non – medical Items will become payable.</p>                                                                                                                                                                                                                   | II(28) |
|  | <p><b>29. Star Wellness Program:</b> This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities</p>                                                                                                                                                                                                                                        | II(29) |
|  | <p><b>30. Optional Cover (Lump sum on diagnosis of Cancer):</b> (Available on payment of additional premium and shown in the policy schedule) If the Insured Person shall contract Cancer as a first incidence, then Company will pay the Sum Insured stated in the Schedule as lump-sum.</p>                                                                                                                          | II(30) |

|   |                                                 |                                                                                                                                                                                                                                                              |         |
|---|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| 6 | Exclusions<br>(What the policy does not covers) | <b>Standard Exclusion</b>                                                                                                                                                                                                                                    |         |
|   |                                                 | 1. Investigation & Evaluation                                                                                                                                                                                                                                | Excl 04 |
|   |                                                 | 2. Rest Cure, rehabilitation (except to the extent covered under Coverage II - 27) and respite care                                                                                                                                                          | Excl 05 |
|   |                                                 | 3. Obesity / Weight Control (except to the extent covered under Coverage II-21)                                                                                                                                                                              | Excl 06 |
|   |                                                 | 4. Change-of-Gender treatments                                                                                                                                                                                                                               | Excl 07 |
|   |                                                 | 5. Cosmetic or plastic Surgery                                                                                                                                                                                                                               | Excl 08 |
|   |                                                 | 6. Hazardous or Adventure sports                                                                                                                                                                                                                             | Excl 09 |
|   |                                                 | 7. Breach of law                                                                                                                                                                                                                                             | Excl 10 |
|   |                                                 | 8. Excluded Providers                                                                                                                                                                                                                                        | Excl 11 |
|   |                                                 | 9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof                                                                                                                                                     | Excl 12 |
|   |                                                 | 10. 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 |
|   |                                                 | 11. 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 |
|   |                                                 | 12. Refractive Error                                                                                                                                                                                                                                         | Excl 15 |
|   |                                                 | 13. Unproven Treatments                                                                                                                                                                                                                                      | Excl 16 |
|   |                                                 | 14. Sterility and Infertility (except to the extent covered under Coverage II-16 & 17)                                                                                                                                                                       | Excl 17 |
|   |                                                 | 15. Maternity (except to the extent covered under Coverage II -13)                                                                                                                                                                                           | Excl 18 |
|   |                                                 | <b>Specific Exclusions</b>                                                                                                                                                                                                                                   |         |
|   |                                                 | 16. 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 |
|   |                                                 | 17. Congenital External Condition / Defects / Anomalies(except to the extent covered under Coverage II - 19)                                                                                                                                                 | Excl 20 |
|   |                                                 | 18. Convalescence, general debility, run-down condition, Nutritional deficiency states                                                                                                                                                                       | Excl 21 |
|   |                                                 | 19. Intentional self -injury                                                                                                                                                                                                                                 | Excl 22 |

|  |                                                                                                                                                                                                                                                                                                                                     |         |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
|  | 20. 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 |
|  | 21. Injury or disease caused by or contributed to by nuclear weapons/ materials                                                                                                                                                                                                                                                     | Excl 25 |
|  | 22. 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 |
|  | 23. Unconventional, Untested, Experimental therapies                                                                                                                                                                                                                                                                                | Excl 27 |
|  | 24. Autologous derived Stromal vascular fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy                                                                                                                                                                             | Excl 28 |
|  | 25. Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted                                                                                                                                                                                                                 | Excl 29 |
|  | 26. Inoculation or Vaccination (except to the extent covered under Coverage II-25C and for post-bite treatment and for medical treatment for therapeutic reasons)                                                                                                                                                                   | Excl 31 |
|  | 27. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization (Dental implants are not payable)                                                                                                                                                                                      | Excl 32 |
|  | 28. Hospital registration charges, admission charges, record charges , telephone charges and such other charges                                                                                                                                                                                                                     | Excl 34 |
|  | 29. 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 |
|  | 30. Any hospitalization which are not medically necessary / does not warrant hospitalization                                                                                                                                                                                                                                        | Excl 36 |
|  | 31. Existing disease/s, disclosed by the insured and mentioned in the policy schedule under Permanent Exclusion ( based on Insured's consent)                                                                                                                                                                                       | Excl 38 |

|   |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |
|---|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| 7 | Waiting Period: | <ul style="list-style-type: none"> <li>• <b>30-day waiting period (Not Applicable for Accidents)</b> <ol style="list-style-type: none"> <li>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</li> <li>B. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months</li> <li>C. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently</li> </ol> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Excl 03 |
|   |                 | <ul style="list-style-type: none"> <li>• <b>Specified disease / procedure waiting period</b> <ol style="list-style-type: none"> <li>a. Expenses related to the treatment of the 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</li> <li>b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase</li> <li>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</li> <li>d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion</li> <li>e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage</li> <li>f. <b>List of specific diseases/procedures;</b> <ol style="list-style-type: none"> <li>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</li> <li>2. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology</li> <li>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].</li> </ol> </li> </ol> </li> </ul> | Excl 02 |

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|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <ol style="list-style-type: none"> <li>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)</li> <li>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.</li> <li>6. All types of Hernia</li> <li>7. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula</li> <li>8. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases</li> <li>9. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies,</li> <li>10. Benign Tumours of Epididymis, Spermatocoele, Varicocele, Hydrocele,</li> <li>11. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence</li> <li>12. Varicose veins and Varicose ulcers</li> <li>13. All types of transplant and related surgeries</li> <li>14. Congenital Internal disease / defect - [except for Unborn in Coverage (15) and New Born in Coverage (19)]</li> </ol> | Excl 01 |
|  | <ul style="list-style-type: none"> <li>• <b>Pre-Existing Diseases</b> <ol style="list-style-type: none"> <li>A. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with insurer.</li> <li>B. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase</li> <li>C. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage</li> <li>D. Coverage under the policy after the expiry of 24 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.</li> </ol> </li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |

**Waiting period for the following benefits are as follows:**

- a. **Bariatric Surgery:** A waiting period of 24 months from the date of first commencement of this policy and continuous renewal thereof.
  - b. **Assisted Reproduction Treatment:** A waiting period of 36 months from the date of first inception of this policy with the Company
  - c. **Voluntary Sterilization Expenses:** A waiting period of 24 months from the date of first inception of this policy
  - d. **Ante-Natal Care (Pregnancy Care):** For sum insured option of 5 lakhs and 10 lakhs – A waiting period of 24 months from the date of first inception of this policy. For sum insured option of 15 lakhs and above – A waiting period of 12 months from the date of first inception of this policy.
  - e. **In Utero Fetal surgery/Repair:** For sum insured option of 5 lakhs and 10 lakhs – A waiting period of 24 months from the date of first inception of this policy. For sum insured option of 15 lakhs and above – A waiting period of 12 months from the date of first inception of this policy.
- Note:** The above mentioned waiting period will not apply for treatment related to congenital Internal disease / defects for the Unborn.
- f. **Delivery Expenses:** For sum insured option of 5 lakhs and 10 lakhs – A waiting period of 24 months from the date of first inception of this policy. For sum insured option of 15 lakhs and above – A waiting period of 12 months from the date of first inception of this policy.
  - g. **Miscarriage due to Accident:** For sum insured option of 5 lakhs and 10 lakhs – A waiting period of 24 months from the date of first inception of this policy. For sum insured option of 15 lakhs and above – A waiting period of 12 months from the date of first inception of this policy.

**Room, Boarding, Nursing Expenses** all-inclusive as provided by the Hospital / Nursing Home as per the limits given below:

| Sum Insured (Rs.)                                        | Limit                                        |
|----------------------------------------------------------|----------------------------------------------|
| 5,00,000/-                                               | Up to 1% of Sum Insured per day              |
| 10,00,000/-, 15,00,000/-,<br>20,00,000/- and 25,00,000/- | Any Room<br>(except suite or above category) |
| 50,00,000/- and 1,00,00,000/-                            | Any Room                                     |

II(1)(i)

8

**Financial limits of coverage**

- i. Sub-limit  
(It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)

**Coverage for Modern Treatment:** The following expenses are payable during the policy period for treatment/procedures (either as a day care or as an in-patient) is limited to the amount mentioned in table below;

| Sum Insured (Rs.)                                                      | 5,00,000/-               | 10,00,000/- | 15,00,000/- |
|------------------------------------------------------------------------|--------------------------|-------------|-------------|
| Limit per person, per Policy Year for each treatment / procedure (Rs.) |                          |             |             |
| Uterine artery Embolization and HIFU                                   | Up to 50% of Sum Insured |             |             |
| Balloon Sinuplasty                                                     |                          |             |             |
| Deep Brain Stimulation                                                 |                          |             |             |
| Oral Chemotherapy* (Sublimits including pre & Post Hospitalization)    |                          |             |             |
| Immunotherapy Monoclonal Antibody to be given as injection             |                          |             |             |

| Sum Insured (Rs.)                                                                                    | 5,00,000/-               | 10,00,000/- | 15,00,000/- |
|------------------------------------------------------------------------------------------------------|--------------------------|-------------|-------------|
| Limit per person, per Policy Year for each treatment / procedure (Rs.)                               |                          |             |             |
| Intra Vitreal injections                                                                             | Up to 50% of Sum Insured |             |             |
| Robotic surgeries                                                                                    |                          |             |             |
| Stereotactic radio surgeries                                                                         |                          |             |             |
| Bronchical Thermoplasty                                                                              |                          |             |             |
| Vaporisation of the prostate (Green laser treatment or holmium laser treatment)                      |                          |             |             |
| IONM-(Intra Operative Neuro Monitoring)                                                              |                          |             |             |
| Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions |                          |             |             |

II(4)

| Sum Insured (Rs.)                                                      | 20,00,000/-              | 25,00,000/- | 50,00,000/- | 1,00,00,000/-            |
|------------------------------------------------------------------------|--------------------------|-------------|-------------|--------------------------|
| Limit per person, per Policy Year for each treatment / procedure (Rs.) |                          |             |             |                          |
| Uterine artery Embolization and HIFU                                   | Up to 40% of Sum Insured |             |             | Up to 30% of Sum Insured |
| Balloon Sinuplasty                                                     |                          |             |             |                          |
| Deep Brain Stimulation                                                 |                          |             |             |                          |
| Oral Chemotherapy* (Sublimits including pre & Post Hospitalization)    |                          |             |             |                          |
| Immunotherapy Monoclonal Antibody to be given as injection             |                          |             |             |                          |
| Intra Vitreal injections                                               |                          |             |             |                          |
| Robotic surgeries                                                      |                          |             |             |                          |
| Stereotactic radio surgeries                                           |                          |             |             |                          |
| Bronchical Thermoplasty                                                |                          |             |             |                          |

| Sum Insured (Rs.)                                                                                    | 20,00,000/-              | 25,00,000/- | 50,00,000/- | 1,00,00,000/-            |
|------------------------------------------------------------------------------------------------------|--------------------------|-------------|-------------|--------------------------|
| Limit per person, per Policy Year for each treatment / procedure (Rs.)                               |                          |             |             |                          |
| Vaporisation of the prostate (Green laser treatment or holmium laser treatment)                      | Up to 40% of Sum Insured |             |             | Up to 30% of Sum Insured |
| IONM-(Intra Operative Neuro Monitoring)                                                              |                          |             |             |                          |
| Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions |                          |             |             |                          |

\* Sublimits are all inclusive with or without hospitalization wherever hospitalization includes pre and post hospitalizations.

|                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Air Ambulance:</b> Up to 10% of the Sum Insured per year is payable                                                                                                                                                                                                                                                         | II(8)                                                        |                                                              |                                      |            |                                                      |                                       |                               |                             |                             |               |             |            |               |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------|------------|------------------------------------------------------|---------------------------------------|-------------------------------|-----------------------------|-----------------------------|---------------|-------------|------------|---------------|------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Home Care Treatment:</b> Up to 10% of the Sum Insured subject to maximum of Rs.5 lakhs in a Policy Year.                                                                                                                                                                                                                    | II(10)                                                       |                                                              |                                      |            |                                                      |                                       |                               |                             |                             |               |             |            |               |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Delivery Expenses:</b> Expenses for a Delivery including Delivery by Caesarean section (including pre-natal and post natal expenses) up-to the limits as given below:                                                                                                                                                       | II(13)                                                       |                                                              |                                      |            |                                                      |                                       |                               |                             |                             |               |             |            |               |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                        | <table><tr><th>Sum Insured (Rs.)</th><th>Limit per delivery up to (Rs.)</th></tr><tr><td>5,00,000/-</td><td>25,000/-</td></tr><tr><td>10,00,000/-, 15,00,000/-, 20,00,000/-</td><td>50,000/-</td></tr><tr><td>25,00,000/- and 50,00,000/-</td><td>75,000/-</td></tr><tr><td>1,00,00,000/-</td><td>1,00,000/-</td></tr></table> |                                                              | Sum Insured (Rs.)                                            | Limit per delivery up to (Rs.)       | 5,00,000/- | 25,000/-                                             | 10,00,000/-, 15,00,000/-, 20,00,000/- | 50,000/-                      | 25,00,000/- and 50,00,000/- | 75,000/-                    | 1,00,00,000/- | 1,00,000/-  |            |               |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                        | Sum Insured (Rs.)                                                                                                                                                                                                                                                                                                              |                                                              | Limit per delivery up to (Rs.)                               |                                      |            |                                                      |                                       |                               |                             |                             |               |             |            |               |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5,00,000/-                                                                                                                                                                                                                                                                                                                     |                                                              | 25,000/-                                                     |                                      |            |                                                      |                                       |                               |                             |                             |               |             |            |               |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                        | 10,00,000/-, 15,00,000/-, 20,00,000/-                                                                                                                                                                                                                                                                                          |                                                              | 50,000/-                                                     |                                      |            |                                                      |                                       |                               |                             |                             |               |             |            |               |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                        | 25,00,000/- and 50,00,000/-                                                                                                                                                                                                                                                                                                    | 75,000/-                                                     |                                                              |                                      |            |                                                      |                                       |                               |                             |                             |               |             |            |               |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1,00,00,000/-                                                                                                                                                                                                                                                                                                                  | 1,00,000/-                                                   |                                                              |                                      |            |                                                      |                                       |                               |                             |                             |               |             |            |               |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Ante-Natal Care (Pregnancy Care):</b> Company pays the expenses for Ante-natal care after confirmation of Pregnancy, incurred as an Out-patient up to the limits given below:                                                                                                                                               | II(14)                                                       |                                                              |                                      |            |                                                      |                                       |                               |                             |                             |               |             |            |               |            |
| <table><tr><th>Sum Insured (Rs.)</th><th>Limit per policy year (Rs.)</th></tr><tr><td>5,00,000/-, 10,00,000/-, 15,00,000/-</td><td>2,500/-</td></tr><tr><td>20,00,000/-, 25,00,000/-, 50,00,000/-, 1,00,00,000/-</td><td>5,000/-</td></tr></table>                                                                                                                                                                                     | Sum Insured (Rs.)                                                                                                                                                                                                                                                                                                              |                                                              | Limit per policy year (Rs.)                                  | 5,00,000/-, 10,00,000/-, 15,00,000/- | 2,500/-    | 20,00,000/-, 25,00,000/-, 50,00,000/-, 1,00,00,000/- | 5,000/-                               |                               |                             |                             |               |             |            |               |            |
| Sum Insured (Rs.)                                                                                                                                                                                                                                                                                                                                                                                                                      | Limit per policy year (Rs.)                                                                                                                                                                                                                                                                                                    |                                                              |                                                              |                                      |            |                                                      |                                       |                               |                             |                             |               |             |            |               |            |
| 5,00,000/-, 10,00,000/-, 15,00,000/-                                                                                                                                                                                                                                                                                                                                                                                                   | 2,500/-                                                                                                                                                                                                                                                                                                                        |                                                              |                                                              |                                      |            |                                                      |                                       |                               |                             |                             |               |             |            |               |            |
| 20,00,000/-, 25,00,000/-, 50,00,000/-, 1,00,00,000/-                                                                                                                                                                                                                                                                                                                                                                                   | 5,000/-                                                                                                                                                                                                                                                                                                                        |                                                              |                                                              |                                      |            |                                                      |                                       |                               |                             |                             |               |             |            |               |            |
| <b>Assisted Reproduction Treatment:</b> Company will reimburse medical expenses incurred on Assisted Reproduction Treatment as per the table given below:                                                                                                                                                                                                                                                                              | II(16)                                                                                                                                                                                                                                                                                                                         |                                                              |                                                              |                                      |            |                                                      |                                       |                               |                             |                             |               |             |            |               |            |
| <table><tr><th>Sum Insured (Rs.)</th><th>Limit of Liability of the Company for each policy year (Rs.)</th></tr><tr><td>5,00,000/-</td><td>50,000/-</td></tr><tr><td>10,00,000/-</td><td>1,00,000/-</td></tr><tr><td>15,00,000/-</td><td>1,50,000/-</td></tr><tr><td>20,00,000/- and 25,00,000/-</td><td>2,00,000/-</td></tr><tr><td>50,00,000/-</td><td>2,50,000/-</td></tr><tr><td>1,00,00,000/-</td><td>3,00,000/-</td></tr></table> |                                                                                                                                                                                                                                                                                                                                | Sum Insured (Rs.)                                            | Limit of Liability of the Company for each policy year (Rs.) | 5,00,000/-                           | 50,000/-   | 10,00,000/-                                          | 1,00,000/-                            | 15,00,000/-                   | 1,50,000/-                  | 20,00,000/- and 25,00,000/- | 2,00,000/-    | 50,00,000/- | 2,50,000/- | 1,00,00,000/- | 3,00,000/- |
| Sum Insured (Rs.)                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                | Limit of Liability of the Company for each policy year (Rs.) |                                                              |                                      |            |                                                      |                                       |                               |                             |                             |               |             |            |               |            |
| 5,00,000/-                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                | 50,000/-                                                     |                                                              |                                      |            |                                                      |                                       |                               |                             |                             |               |             |            |               |            |
| 10,00,000/-                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                | 1,00,000/-                                                   |                                                              |                                      |            |                                                      |                                       |                               |                             |                             |               |             |            |               |            |
| 15,00,000/-                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                | 1,50,000/-                                                   |                                                              |                                      |            |                                                      |                                       |                               |                             |                             |               |             |            |               |            |
| 20,00,000/- and 25,00,000/-                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                | 2,00,000/-                                                   |                                                              |                                      |            |                                                      |                                       |                               |                             |                             |               |             |            |               |            |
| 50,00,000/-                                                                                                                                                                                                                                                                                                                                                                                                                            | 2,50,000/-                                                                                                                                                                                                                                                                                                                     |                                                              |                                                              |                                      |            |                                                      |                                       |                               |                             |                             |               |             |            |               |            |
| 1,00,00,000/-                                                                                                                                                                                                                                                                                                                                                                                                                          | 3,00,000/-                                                                                                                                                                                                                                                                                                                     |                                                              |                                                              |                                      |            |                                                      |                                       |                               |                             |                             |               |             |            |               |            |
| <b>a. Surrogacy Cover:</b> up to the sub-limits specified under “Assisted Reproduction Treatment”                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                |                                                              |                                                              |                                      |            |                                                      |                                       |                               |                             |                             |               |             |            |               |            |
| <b>b. Oocyte Donor cover:</b> up to the sub-limits specified under “Assisted Reproduction Treatment” for a period of 12 months                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                |                                                              |                                                              |                                      |            |                                                      |                                       |                               |                             |                             |               |             |            |               |            |
| <b>Miscarriage due to Accident:</b> The Company will pay the lumpsum amount as per the table given above towards miscarriage arising due to accident subject to a waiting period.                                                                                                                                                                                                                                                      | II(18)                                                                                                                                                                                                                                                                                                                         |                                                              |                                                              |                                      |            |                                                      |                                       |                               |                             |                             |               |             |            |               |            |
| <table><tr><th>Sum Insured (Rs.)</th><th>Limit of liability (Rs.)</th></tr><tr><td>5,00,000/- to 15,00,000/-</td><td>25,000/-</td></tr><tr><td>20,00,000/- and 25,00,000/-</td><td>35,000/-</td></tr><tr><td>50,00,000/- and 1,00,00,000/-</td><td>40,000/-</td></tr></table>                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                | Sum Insured (Rs.)                                            | Limit of liability (Rs.)                                     | 5,00,000/- to 15,00,000/-            | 25,000/-   | 20,00,000/- and 25,00,000/-                          | 35,000/-                              | 50,00,000/- and 1,00,00,000/- | 40,000/-                    |                             |               |             |            |               |            |
| Sum Insured (Rs.)                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                | Limit of liability (Rs.)                                     |                                                              |                                      |            |                                                      |                                       |                               |                             |                             |               |             |            |               |            |
| 5,00,000/- to 15,00,000/-                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                | 25,000/-                                                     |                                                              |                                      |            |                                                      |                                       |                               |                             |                             |               |             |            |               |            |
| 20,00,000/- and 25,00,000/-                                                                                                                                                                                                                                                                                                                                                                                                            | 35,000/-                                                                                                                                                                                                                                                                                                                       |                                                              |                                                              |                                      |            |                                                      |                                       |                               |                             |                             |               |             |            |               |            |
| 50,00,000/- and 1,00,00,000/-                                                                                                                                                                                                                                                                                                                                                                                                          | 40,000/-                                                                                                                                                                                                                                                                                                                       |                                                              |                                                              |                                      |            |                                                      |                                       |                               |                             |                             |               |             |            |               |            |

**Hospitalization expenses for treatment of New Born Baby:**

a. Birth of New born baby during the policy year: 25% of the Sum Insured (including medical and surgical treatment expenses, neonatal and Postnatal surgery/repair)

**Note:** The above mentioned sub-limit will not apply for treatment related to congenital Internal disease / defects for the new born.

II(19)(A)

b. Vaccination Expenses: Payable up to 12 months from the birth of the new born. The Company's liability for vaccination is as per the limits mentioned in the table below:

| Sum Insured (Rs.)         | Limit (Rs) |
|---------------------------|------------|
| 5,00,000/- to 10,00,000/- | 2,500/-    |
| 15,00,000/- and above     | 3,500/-    |

II(19)(C)

c. **Metabolic Screening:** Up to Rs.3500/- once for each new born

II(19)(D)

d. **Pediatrician Consultation:** Up to Rs.500/- for each consultation

II(19)(E)

**Bariatric Surgery:** Maximum limit of Rs.2,50,000/- and Rs.5,00,000/- are inclusive of pre-hospitalization and post-hospitalization expenses

| Sum Insured (Rs.)         | Limit per Policy Year (Rs.) |
|---------------------------|-----------------------------|
| 5,00,000/- to 15,00,000/- | 2,50,000/-                  |
| Above 15,00,000/-         | 5,00,000/-                  |

II(21)

**Expenses of Medical Consultations as an Outpatient:**  
Covered up to the limits mentioned in the table given below.

| Sum Insured (Rs.)             | Limit per policy year up to (Rs.) |
|-------------------------------|-----------------------------------|
| 5,00,000/- to 15,00,000/-     | 2,500/-                           |
| 20,00,000/- and 25,00,000/-   | 3,500/-                           |
| 50,00,000/- and 1,00,00,000/- | 5,000/-                           |

II(22)

**Preventive Health Check Up:**

| Gender                                              | Benefit Description                        | Limit per policy year up to (Rs.) | Tests                                              |
|-----------------------------------------------------|--------------------------------------------|-----------------------------------|----------------------------------------------------|
| Female                                              | Adolescent Puberty<br>Age: 13-19 yrs       | 1,000/-                           | USG Abdomen                                        |
| Female                                              | Adult Reproductive<br>Age: 20-39 yrs       | 3,000/-                           | Thyroid profile,<br>PAP, Vitamin D,<br>USG Abdomen |
| Female                                              | Middle Aged Meno-<br>pausal Age: 40-59 yrs | 5,000/-                           | Dexa Scan,<br>Sonomamogram,<br>PAP, USG<br>Abdomen |
| Female                                              | Sr Citizens Age: 60<br>yrs and above       | 4,000/-                           | Dexa Scan, PAP,<br>USG Abdomen                     |
| Male                                                | Any age                                    | 1,000/-                           | Any Tests                                          |
| The above limit is inclusive of cost of Vaccination |                                            |                                   |                                                    |

II(24)

**Rehabilitation and Pain Management:** Covered up to the sub-limit (or) maximum up to 10% of the Sum Insured whichever is less, per policy year.

| Subject - Pain Management Cover                                                                                        |                   | Sub-limits (Per Policy Year) (Rs.)                   |                                |
|------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------|--------------------------------|
| Name of the covered pain management treatment                                                                          | Rs.<br>5,00,000/- | Rs 10,00,000/-;<br>Rs 15,00,000/-;<br>Rs 20,00,000/- | Rs 25,00,000/-<br>and above SI |
| Lumbar and cervical medial branch block with RF ablation for lumbar and cervical facet joint arthritis                 | 50,000/-          | 65,000/-                                             | 75,000/-                       |
| Caudal epidural injection for Discogenic pain                                                                          | 30,000/-          | 40,000/-                                             | 50,000/-                       |
| Lumbar and cervical selective nerve root block for Lumbar and Cervical radicular pain                                  | 40,000/-          | 50,000/-                                             | 60,000/-                       |
| Caudal Neuroplasty for Failed back spine surgery                                                                       | 50,000/-          | 85,000/-                                             | 1,00,000/-                     |
| Stellate ganglion ablation for upper limb CRPS                                                                         | 50,000/-          | 65,000/-                                             | 75,000/-                       |
| Occipital nerve Pulsed RF lesioning for Migraines, Cluster headache and cervicogenic headaches                         | 50,000/-          | 65,000/-                                             | 75,000/-                       |
| Lumbar sympathetic chain RF ablation for lower limb CRPS,diabetic periphery painful neuropathy and Ischaemic limb pain | 50,000/-          | 65,000/-                                             | 75,000/-                       |
| Gasserian ganglion ablation for Trigeminal neuralgia                                                                   | 50,000/-          | 65,000/-                                             | 75,000/-                       |
| Intercostal nerve Ablation for post thoracotomy pain and Thoracic malignancy pain                                      | 40,000/-          | 65,000/-                                             | 75,000/-                       |
| Coeliac plexus ablation for upper gastrointestinal malignancies pain                                                   | 40,000/-          | 65,000/-                                             | 75,000/-                       |
| Superior hypogastric plexus ablation for lower Gastro intestinal malignancies pain                                     | 40,000/-          | 65,000/-                                             | 75,000/-                       |

II(27)

|                                                                                                                                                                                                                       |     | Subject - Pain Management Cover                                                                |                   | Sub-limits (Per Policy Year) (Rs.)                   |                                |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------|--------------------------------|--|
|                                                                                                                                                                                                                       |     | Name of the covered pain management treatment                                                  | Rs.<br>5,00,000/- | Rs 10,00,000/-;<br>Rs 15,00,000/-;<br>Rs 20,00,000/- | Rs 25,00,000/-<br>and above SI |  |
|                                                                                                                                                                                                                       |     | Ganglion impar ablation for perineal cancer pain and coccydynia                                | 50,000/-          | 65,000/-                                             | 75,000/-                       |  |
|                                                                                                                                                                                                                       |     | Cooled RF ablation of genicular nerve for grade 1 and 2 osteoarthritis knee and hip            | 50,000/-          | 1,00,000/-                                           | 1,25,000/-                     |  |
|                                                                                                                                                                                                                       |     | Suprascapular nerve RF ablation for rotator cuff partial tear and peri arthritis shoulder pain | 40,000/-          | 65,000/-                                             | 75,000/-                       |  |
| ii) <b>Co-payment</b><br>(It is a specified amount/ percentage of the admissible claim amount to be paid by policy holder/ insured)                                                                                   | NIL |                                                                                                |                   |                                                      |                                |  |
| iii) <b>Deductible</b><br>(It is a specified amount: up to which an insurance company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than the specified amount)) | NIL |                                                                                                |                   |                                                      | -                              |  |
| iv) <b>Any other limit ( as applicable)</b>                                                                                                                                                                           | NIL |                                                                                                |                   |                                                      | -                              |  |

|   |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |
|---|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 9 | Claims/<br>Claims<br>procedure | <p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization</p> <p><b>Notification of Claim:</b> Upon the happening of any event giving rise or likely to give rise to a claim under the Policy, a Notification of Claim with full particulars must be sent to the Company within stipulated time limit as described below:</p> <p><b>Emergency Hospitalization (Cashless / Reimbursement):</b> Within 24 hours of date and time of Hospitalization if the Insured Person has been hospitalized in an Emergency.</p> <p><b>Planned Hospitalization (Cashless / Reimbursement):</b> At least 48 hours prior to the proposed treatment or date and time of Hospitalization whichever is earlier.</p> <p><b>Process for Cashless Treatment:</b></p> <ol style="list-style-type: none"> <li>Intimate us as specified in section above on "Notification of Claim".</li> <li>Inform the ID number for easy reference.</li> <li>On admission in the hospital, produce the customer ID Card issued by the Company at the Hospital Helpdesk.</li> <li>Obtain the Pre-authorization Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.</li> <li>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.</li> <li>The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate.</li> <li>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.</li> <li>Cashless facility can be availed only in networked Hospitals. For details of Networked Hospitals, the insured may visit <a href="http://www.starhealth.in">www.starhealth.in</a> or contact the nearest branch.</li> <li>For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255, Senior Citizens may call at 044-40020888.</li> <li>Submit KYC (Identity proof with Address) of the proposer, as per AML Guidelines.</li> </ol> <p>In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents.</p> | IV(2) and V |
|---|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|

**Time limits and Documents for Reimbursement claims:**

- a. Intimate us as specified in section above on “Notification of Claim”.
- b. Submit the documents for the reimbursement claims within the time limits as prescribed below:

| 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 maximum number of Post hospitalization number of days applicable under the product. |

(Refer policy clause for the complete list of documents)

**Note:** The details shared in this section “Claims / Claims Procedure” are for reference purpose. For the complete and exhaustive details on Cashless & Reimbursement Claims, Medical protocols & Position Statements and Talk to Star & Home Health Care please refer sections IV(2) and V of Policy Wordings.

**Turn Around Time (TAT) for claims settlement:**

- 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](https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf)
- ii. **TAT for cashless final bill authorization:** Within 3 hours from the time of receipt of all necessary relevant documents

**The details/web link for following:**

- i. **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/>
- ii. **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
- iii. **Hospitals which are excluded 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>
- iv. **Downloading/ getting claim form:**
  - a. **For Cashless (Pre- Authorisation Form):**  
[https://d28c6jni2fmamz.cloudfront.net/Preauthorisation\\_form\\_38c71d3dca.pdf](https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf)
  - b. **For Reimbursement:**  
[https://d28c6jni2fmamz.cloudfront.net/CLAIMFORM\\_89ec9742bd.pdf](https://d28c6jni2fmamz.cloudfront.net/CLAIMFORM_89ec9742bd.pdf)
- v. For the comprehensive list of documents to be submitted while filing a reimbursement claim, please refer our website under the link  
<https://www.starhealth.in/claims/#claim-process>

|    |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |
|----|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 10 | Policy Servicing       | Details of the Company Official:<br>Assistant General Manager – Customer Care<br>Customer Care No. 044-69006900 or<br>Toll Free No. 1800 425 2255,<br>Senior Citizens: 044-69007500<br>e-mail: support@starhealth.in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | IV(21)      |
| 11 | Grievances/ Complaints | <p>Details of Grievance Redressal Officer of the Insurer:<br/>Grievance Redressal Officer,<br/>Corporate Grievance Department,<br/>4th Floor, Balaji Complex, No. 15, Whites Lane, Whites Road,<br/>Royapettah, Chennai- 600014<br/>(Land mark: In the lane next to Satyam Theatre Parking Area)<br/>Ph. No: 044-69006900   Toll Free No. 1800 425 2255<br/>Senior Citizens - 044- 6900 7500<br/>Mail ID:- gro@starhealth.in   grievances@starhealth.in<br/><a href="https://www.starhealth.in/grievance-redressal">https://www.starhealth.in/grievance-redressal</a></p> <p>If Insured person is not satisfied with the redressal of grievance, Insured Person may contact the grievance officer at 044-43664600.</p> <p>For updated details of grievance officer, kindly refer the link <a href="https://www.starhealth.in/grievance-redressal">https://www.starhealth.in/grievance-redressal</a></p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management System – <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a></p> | IV(15)      |
|    |                        | <p><b>Details of Ombudsman:</b> List of Insurance Ombudsman<br/>For updated list refer: <a href="https://www.cioins.co.in/ombudsman">https://www.cioins.co.in/ombudsman</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Page No. 52 |
| 12 | Things to remember     | <p><b>Free Look Cancellation:</b> The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.</p> <p>The Policyholder shall be allowed free look period of thirty days from date of receipt of the policy document whether electronically or otherwise to review the terms and conditions of the policy. If the Policyholder is not satisfied with any of the terms and conditions and has not made any claim, the Policyholder has the option to cancel his/her policy. This option is available in case of policies with a term of one year or more.</p> <p>The Policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any incurred by the Insurer on medical examination of the proposer and stamp duty charges.</p>                                                                                                                                           | IV(14)      |

|  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |       |
|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
|  |  | <p><b>Policy renewal:</b> The policy shall be renewable provided the product is not withdrawn, except in case of established fraud or non-disclosure or misrepresentation by the Policyholder. If the product is withdrawn, the policyholder shall be provided with suitable options to migrate as per the procedure stated under “withdrawal clause”</p> <p>i. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period of 30 days.</p> <p>ii. While coverage is not available during the Grace Period, if the policy is renewed during the Grace Period, all the credits (Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc.) accrued under the policy shall be protected.</p> <p><b>For Surrogate Mother:</b> After completion of 36 months period, Surrogacy cover will be excluded for the Surrogate Mother and the coverage under Section II (except Surrogacy cover) will continue.</p> <p><b>For Oocyte Donor:</b> After completion of 12 months period, Oocyte Donor cover will be excluded for the Oocyte Donor and the coverage under Section II (except Oocyte cover) will continue.</p> | IV(9) |
|  |  | <p><b>Migration:</b> In case of migration of one policy to another with the same insurer, the Policyholder (including all members under family cover and group insurance policies) can transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc. in the previous policy to the migrated policy.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | IV(7) |
|  |  | <p><b>Portability:</b></p> <p>i. The Policyholder has the choice to port his / her policy from one Insurer to another by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability.</p> <p>ii. The Policyholder is entitled to 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. from the existing Insurer to the Acquiring Insurer in the previous policy.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | IV(8) |

|    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |
|----|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|    |                         | <b>Revision of Sum Insured:</b><br>Reduction or enhancement of Sum Insured is permissible only at the time of renewal. The acceptance for enhancement and the amount of enhancement will be at the discretion of the Company and subject to Exclusion Code Excl 01, Exclusion Code Excl 02 and Exclusion Code Excl 03.                                                                                                                                                                                                                                                                                                             | IV(26) |
|    |                         | <b>Moratorium Period:</b> 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 | IV(11) |
| 13 | <b>Your Obligations</b> | Please disclose all pre-existing disease/s or conditions before buying a policy. Non-disclosure may affect the claim settlement.<br><br><b>Disclosure of Information:</b> 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<br><br>Please disclose the material information details sought in the proposal form.                                                                                                                                                               | IV(1)  |
|    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |

## Benefit Illustration

### Benefit Illustration in respect of policies offered on individual and family floater basis

| Age of the Members insured (in years)                                                                                                                                          | Coverage opted on individual basis covering each member of the family separately (at a single point of time) |                   | Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)                              |                  |                              |                   | Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)                                              |                         |                              |                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------|-------------------|
|                                                                                                                                                                                | Premium (Rs.)                                                                                                | Sum insured (Rs.) | Premium (Rs.)                                                                                                                                                                          | Discount, if any | Premium after discount (Rs.) | Sum insured (Rs.) | Premium or consolidated premium for all members of family(Rs.)                                                                                                         | Floater discount,if any | Premium after discount (Rs.) | Sum insured (Rs.) |
| Illustration 1                                                                                                                                                                 |                                                                                                              |                   |                                                                                                                                                                                        |                  |                              |                   |                                                                                                                                                                        |                         |                              |                   |
| 45                                                                                                                                                                             | 11,400                                                                                                       | 5,00,000          | 11,400                                                                                                                                                                                 | Nil              | 11,400                       | 5,00,000          | 19,365                                                                                                                                                                 | 4,106                   | 15,259                       | 5,00,000          |
| 20                                                                                                                                                                             | 7,965                                                                                                        | 5,00,000          | 7,965                                                                                                                                                                                  |                  | 7,965                        | 5,00,000          |                                                                                                                                                                        |                         |                              |                   |
| Total Premium for all members of the family is <b>Rs.19,365/-</b> , when each member is covered separately. Sum insured available for each individual is <b>Rs.5,00,000/-</b>  |                                                                                                              |                   | Total Premium for all members of the family is <b>Rs.19,365/-</b> , when they are covered under a single policy. Sum insured available for each family member is <b>Rs.5,00,000/-</b>  |                  |                              |                   | Total Premium when policy is opted on floater basis is <b>Rs.15,259/-</b> . Sum insured of <b>Rs.5,00,000/-</b> . Is available for the entire family ( <b>1A+1C</b> )  |                         |                              |                   |
| Illustration 2                                                                                                                                                                 |                                                                                                              |                   |                                                                                                                                                                                        |                  |                              |                   |                                                                                                                                                                        |                         |                              |                   |
| 56                                                                                                                                                                             | 23,490                                                                                                       | 10,00,000         | 23,490                                                                                                                                                                                 | Nil              | 23,490                       | 10,00,000         | 54,390                                                                                                                                                                 | 20,383                  | 34,007                       | 10,00,000         |
| 25                                                                                                                                                                             | 10,300                                                                                                       | 10,00,000         | 10,300                                                                                                                                                                                 |                  | 10,300                       | 10,00,000         |                                                                                                                                                                        |                         |                              |                   |
| 23                                                                                                                                                                             | 10,300                                                                                                       | 10,00,000         | 10,300                                                                                                                                                                                 |                  | 10,300                       | 10,00,000         |                                                                                                                                                                        |                         |                              |                   |
| 18                                                                                                                                                                             | 10,300                                                                                                       | 10,00,000         | 10,300                                                                                                                                                                                 |                  | 10,300                       | 10,00,000         |                                                                                                                                                                        |                         |                              |                   |
| Total Premium for all members of the family is <b>Rs.54,390/-</b> , when each member is covered separately. Sum insured available for each individual is <b>Rs.10,00,000/-</b> |                                                                                                              |                   | Total Premium for all members of the family is <b>Rs.54,390/-</b> , when they are covered under a single policy. Sum insured available for each family member is <b>Rs.10,00,000/-</b> |                  |                              |                   | Total Premium when policy is opted on floater basis is <b>Rs.34,007/-</b> . Sum insured of <b>Rs.10,00,000/-</b> . Is available for the entire family ( <b>1A+3C</b> ) |                         |                              |                   |

#### Note:

- Premium rates specified in the above illustration are standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable.
- Floater discount shown here is difference between Premium applicable for Individual Sum Insured and Floater Sum Insured.

#### A-Adult, C-Child

**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](mailto:cisacknowledgement@starhealth.in) or call us at +91-7338737872 to acknowledge the receipt of this document "Customer Information Sheet"