

(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the Prospectus and Policy Document. In case of any conflict between the CIS and the Policy Document the terms and conditions mentioned in the Policy Document shall prevail.

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

SI No	Title	Description	Policy Clause Number
1	Name of the Insurance Product/Policy	<u>SENIOR CITIZEN MEDICLAIM POLICY</u>	
2	Policy Number		
3	Type of Insurance Product/Policy	Indemnity	Policy clause 3.1 & 1.00
4	Sum Insured Basis	<ul style="list-style-type: none"> Individual Sum insured. options available are Rs. 1 lakh and 1.5 lakhs 	Prospectus Point 6.3
5	Policy Coverage (What Policy Covers?)	Expense in respect of:	
		Admission in hospital beyond 24 hours	Policy clause 2.17
		Pre-hospitalisation (treatment prior to admission in hospital): Actual Pre-Hospitalisation Medical Expenses of up to 30 days, subject to maximum 5% of hospital bill.	Policy clause 2.32 & 3.2
		Post-Hospitalisation (treatment after discharge from Hospital): Actual Post-Hospitalisation Medical Expenses of up to 60 days, subject to maximum of 10% of hospital bill.	Policy clause 2.33 & 3.3
		Specified / Listed procedures requiring less than 24 hours of hospitalization (day care) List of 22 Day care procedure in policy clause	Policy clause 2.17
		<ul style="list-style-type: none"> COVERAGE UNDER AYUSH TREATMENT: Expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines is covered up to 100% of Sum Insured, during each policy year as specified in the policy schedule. 	Policy Clause 3.4
		<ul style="list-style-type: none"> Expenses incurred towards Ambulance: Ambulance charges, subject to a maximum of Rs.1000/- 	Policy Clause 3.5

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		<ul style="list-style-type: none"> • MEDICAL EXPENSES FOR ORGAN TRANSPLANT: Hospitalisation Expenses (excluding cost of organ) incurred on the donor during the course of organ transplant to the Insured. The Company's liability towards expenses incurred on the donor and the Insured recipient together shall not exceed the sum insured of the latter. 	<p>Policy Clause 3.6</p>
		<ul style="list-style-type: none"> • CUMULATIVE BONUS: The Sum Insured under Policy shall be increased by 5% at each renewal in respect of each claim free year of insurance, subject to maximum of 30%. If a claim is made in any particular year; the cumulative bonus accrued may be reduced at the same rate at which it is accrued. Cumulative bonus will be lost if policy is not renewed before or within 30 days from the date of expiry. In case sum insured under the policy is reduced at the time of renewal, the applicable Cumulative Bonus shall also be reduced in proportion to the sum insured. In case the insured is having more than one policy, the Cumulative Bonus shall be reduced from the policy/policies in which claim is made irrespective of number of policies. 	<p>Policy Clause 5.14</p>
		<ul style="list-style-type: none"> • Congenital Internal Disease or Defects or anomalies shall be covered after Eighteen months of Continuous Coverage. 	<p>Policy Clause 3.9</p>
		<ul style="list-style-type: none"> • Congenital External Disease or Defects or anomalies shall be covered after Forty-Eight months of Continuous Coverage, but such cover for Congenital External Disease or Defects or anomalies shall be limited to 10% of the average Sum Insured in the preceding four years. 	<p>Policy Clause 3.9</p>
		<ul style="list-style-type: none"> • Specific Coverages: <ol style="list-style-type: none"> a) Impairment of Persons' intellectual faculties. b) Artificial life maintenance. c) Puberty and Menopause related Disorders. d) Age Related Macular Degeneration (ARMD) e) Behavioural and Neuro developmental Disorders. f) Genetic diseases or disorders. g) Treatment of mental illness, stress or psychological disorders and neurodegenerative disorders <p>Note: Detail coverage and sub limits for above is as per policy clause 3.7(a) to 3.7(g)</p> 	<p>Policy Clause 3.7(a) to 3.7(g)</p>

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		<p>COVERAGE FOR MODERN TREATMENTS or PROCEDURES-Sub limits as per 3.8.1 to 3.8.12</p>	<p>Policy Clause 3.8.1 to 3.8.12</p>
		<ul style="list-style-type: none"> • Room rent, Boarding, DMO / RMO / CMO / RMP Charges, Nursing (Including Injection / Drugs and Intra venous fluid administration expenses)- Up to 1% of Sum Insured per day. (Overall limit: 25% of the Sum Insured.) • Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU), Intensivist charges, Monitor and Pulse Oxymeter expenses- Up to 2% of Sum Insured per day (Overall limit: 25% of the Sum Insured.) • Professional fees of Surgeon, Anaesthetist, Consultant, Specialist- Overall limit: 25% of the Sum Insured. • Anaesthesia, Blood, Oxygen, Operating Theatre Charges and Procedure Charges such as Dialysis, Chemotherapy, Radiotherapy & similar medical expenses related to the treatment. Cost of Pharmacy and Consumables, Cost of Implants and Medical Devices and Cost of Diagnostics- Overall limit 50% of Sum Insured. 	<p>Policy Clause 3.1</p>
<p>6</p>	<p>Exclusion (What Policy does not cover)</p>	<p>Standard Exclusions</p> <ul style="list-style-type: none"> • INVESTIGATION & EVALUATION (Code- Excl04) <ul style="list-style-type: none"> a. Expenses related to any admission primarily for diagnostics and evaluation purposes. b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment. However, Treatment for any symptoms, illness, complications arising due to physiological conditions for which aetiology is unknown is not excluded. It is covered with a Sub-Limit of upto 10% of Sum Insured per policy period. • REST CURE, REHABILITATION AND RESPITE CARE (Code- Excl05) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: <ul style="list-style-type: none"> a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. 	<p>Policy clause 4.4.1 to 4.4.15</p>

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- b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs. However, Expenses related to any admission primarily for enteral feedings is not excluded, if the Oral intake is absent for a period of at-least 5 days. It will be covered for a Maximum period of 14 days in a Policy Period.
- **OBESITY/ WEIGHT CONTROL** (Code- Excl06) Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
 - a. Surgery to be conducted is upon the advice of the Doctor
 - b. The surgery/Procedure conducted should be supported by clinical protocols
 - c. The member has to be 18 years of age or older and d. Body Mass Index (BMI);
 1. greater than or equal to 40 or
 2. greater than or equal to 35 in conjunction with any of the following severe comorbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes
 - **CHANGE-OF-GENDER TREATMENTS** (Code- Excl07) Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
 - **COSMETIC OR PLASTIC SURGERY** (Code- Excl08) Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
 - **HAZARDOUS OR ADVENTURE SPORTS** (Code- Excl09) Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving. However, Treatment related to Injury or Illness associated with Hazardous activities related to particular line of employment or occupation (not for recreational purpose) is not excluded.

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- **BREACH OF LAW** (Code- Excl10) Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
- **EXCLUDED PROVIDERS** (Code-Excl11) Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life-threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
- Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)
- 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. (Code- Excl13)
- 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. (Code- Excl14)
- **REFRACTIVE ERROR** (Code- Excl15) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.
- **UNPROVEN TREATMENTS** (Code- Excl16) Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
- **STERILITY AND INFERTILITY** (Code- Excl17) Expenses related to sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization
- **MATERNITY EXPENSES** (Code - Excl18)

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		<p>a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;</p> <p>b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.</p> <p>Specific Exclusions:</p> <ul style="list-style-type: none"> • Any expenses incurred on Domiciliary Hospitalization. • Any kind of Service charges, Surcharges, Luxury Tax and similar charges levied by the Hospital. • Bodily Injury or Illness due to willful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted Injury and attempted suicide. However, Failure to seek or follow medical advice or failure to follow treatment is not excluded. It is covered with a sub-limit of 10% of Sum Insured per policy period. • Change of treatment from one system of medicine to another unless recommended by the Consultant / Hospital under whom the treatment is taken. • Circumcision unless necessary for treatment of an Illness not excluded hereunder or as may be necessitated due to an accident. • Convalescence, General debility, Dementia, Alzheimer's disease and Venereal disease. • Cost of braces, equipment or external prosthetic devices, non-durable implants, eyeglasses, Cost of spectacles and contact lenses, hearing aids including cochlear implants, durable medical equipment. • Dental treatment or Surgery of any kind unless necessitated by accident and requiring Hospitalisation. • Instruments used in treatment of Sleep Apnoea Syndrome (C.P.A.P.) and Continuous Peritoneal Ambulatory Dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition. • Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion: <ul style="list-style-type: none"> a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of 	<p>Policy clause 4.4.16 to 4.4.30</p>
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		<p>fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.</p> <p>b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.</p> <p>c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.</p> <ul style="list-style-type: none"> • Stem cell implantation/Surgery for other than those treatments mentioned in clause 3.8.12 • Treatments such as Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy • Treatment taken outside the geographical limits of India • Vaccination and/or inoculation • War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds. 	
7	Waiting period	<p>Initial Waiting period: First 30 days of all illness(not applicable in case of continuous renewal or accidents)</p>	Policy clause 4.3
		<p>PRE-EXISTING DISEASES (Code- Excl01)</p> <p>a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 18 months of continuous coverage after the date of inception of the first policy with us.</p> <p>b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.</p> <p>c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.</p> <p>d. Coverage under the policy after the expiry of 18 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.</p>	Policy Clause 4.1

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		<p>Pre-existing conditions of Diabetes mellitus and Hypertension are covered from inception of the policy but on payment of additional premium.</p>	
		<p>SPECIFIC WAITING PERIOD (Code- Excl02)</p> <p>a. Expenses related to the treatment of the following listed conditions, surgeries / treatments shall be excluded until the expiry of Ninety Days / 18 / 48 months of continuous coverage, as may be the case after the date of inception of the first policy with the insurer. This exclusion shall not be applicable for claims arising due to an accident.</p> <p>b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.</p> <p>c. If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.</p> <p>d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.</p> <p>e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.</p> <p>(i) 90 Days Waiting Period</p> <p>1. Cardiac Conditions</p> <p>(ii) 18 Months waiting period</p> <p>1. All internal & external benign tumors, cysts, polyps of any kind, including benign breast lumps</p> <p>2. Benign Ear, Nose, Throat disorders</p> <p>3. Benign Prostate Hypertrophy</p> <p>4. Cataract & age related eye ailments</p> <p>5. Gastric/ Duodenal Ulcer</p> <p>6. Gout & Rheumatism</p> <p>7. Hernia of all types</p> <p>8. Hydrocele</p> <p>9. Hysterectomy for Menorrhagia/Fibromyoma, Myomectomy and Prolapse of uterus</p> <p>10. Non Infective Arthritis</p> <p>11. Piles, Fissure and Fistula in Anus</p> <p>12. Pilonidal Sinus, Sinusitis and related disorders</p> <p>13. Prolapse Inter Vertebral Disc unless arising from accident</p> <p>14. Skin disorders</p> <p>15. Stone in Gall Bladder & Bile duct</p> <p>16. Stones in Urinary Systems</p>	<p>Policy clause 4.2</p>

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		<p>17. Congenital internal disease/defects 18. Varicose Veins and Varicose Ulcers 19. Puberty and Menopause related Disorders 20. Behavioural and Neuro-Developmental Disorders: a. Disorders of adult personality b. Disorders of speech and language including stammering, dyslexia</p> <p>(iii) 48 Months waiting period 1. Joint Replacement due to Degenerative Condition 2. Age-related Osteoarthritis & Osteoporosis 3. Treatment of mental illness, stress or psychological disorders and neurodegenerative disorders. 4. Age Related Macular Degeneration (ARMD) 5. Genetic diseases or disorders 6. External Congenital Diseases</p>									
8	<p>Financial Limit of Coverage</p> <p>i. Sub-limit</p>	<p>The Policy will pay only up to the limits specified hereunder for the following disease/procedures:</p> <table border="1" data-bbox="407 890 1300 1879"> <thead> <tr> <th data-bbox="407 890 867 926">Hospitalisation Benefit</th> <th data-bbox="867 890 1300 926">Limits</th> </tr> </thead> <tbody> <tr> <td data-bbox="407 926 867 1514"> <p>(i) Room rent, Boarding, DMO / RMO / CMO / RMP Charges, Nursing (Including Injection / Drugs and Intra venous fluid administration expenses)</p> <p>(ii) (ii) Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU), Intensivist charges, Monitor and Pulse Oxymeter expenses</p> </td> <td data-bbox="867 926 1300 1514"> <p>Up to 1% of Sum Insured per day</p> <p>Up to 2% of Sum Insured per day</p> <p>Overall limit: 25% of the Sum Insured.</p> </td> </tr> <tr> <td data-bbox="407 1514 867 1625"> <p>Professional fees of Surgeon, Anaesthetist, Consultant, Specialist;</p> </td> <td data-bbox="867 1514 1300 1625"> <p>Overall limit 25% of Sum Insured</p> </td> </tr> <tr> <td data-bbox="407 1625 867 1879"> <p>Anesthesia, Blood, Oxygen, OT charges, Surgical appliances (any disposable surgical consumables), Medicines, drugs, Diagnostic material & X-Ray, Dialysis, Chemotherapy, Radiotherapy,</p> </td> <td data-bbox="867 1625 1300 1879"> <p>Overall limit 50% of Sum Insured</p> </td> </tr> </tbody> </table>	Hospitalisation Benefit	Limits	<p>(i) Room rent, Boarding, DMO / RMO / CMO / RMP Charges, Nursing (Including Injection / Drugs and Intra venous fluid administration expenses)</p> <p>(ii) (ii) Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU), Intensivist charges, Monitor and Pulse Oxymeter expenses</p>	<p>Up to 1% of Sum Insured per day</p> <p>Up to 2% of Sum Insured per day</p> <p>Overall limit: 25% of the Sum Insured.</p>	<p>Professional fees of Surgeon, Anaesthetist, Consultant, Specialist;</p>	<p>Overall limit 25% of Sum Insured</p>	<p>Anesthesia, Blood, Oxygen, OT charges, Surgical appliances (any disposable surgical consumables), Medicines, drugs, Diagnostic material & X-Ray, Dialysis, Chemotherapy, Radiotherapy,</p>	<p>Overall limit 50% of Sum Insured</p>	<p>Policy clause 3.1.1</p>
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		Artificial limbs and implants other than Orthopedic.	
		Diseases with sub limits as per Policy clause 3.1.2	POLICY CLAUSE 3.1.2
	ii. Co-Payment	In all the claims Company's liability will be: a) Sum Insured, or b) 90% of the admissible claim amount. Whichever is less .	POLICY CLAUSE 5.16
	iii. Deductible	Not applicable	
	iv. Any Other limit as applicable	No	
9	Claims/Claim Procedure	Details of procedure to be followed for cashless service as well as for reimbursement of claims including pre and post hospitalisation.	
		the details/Weblink of the following i. Networkhospital details- https://www.newindia.co.in/portal/readMore/HospitalsList ii. Helpline number : 1800-209-1415	
		iii. Hospitals which are blacklisted or from where no claims will be accepted by the insurer- Not applicable	
		iv. Downloading the claim form- https://www.newindia.co.in/cms/24b38b03-6b17-42e8-b047-43c7784c6528/Claim_Form.pdf?guest=true	
		v. Pre-authorisation approval/rejections: • Within 2 hours from the time of admission. • Within 1 hour of receipt of request for enhancement. • Within 1 hour of receipt of final bill for discharge. • Within 1 hour from the receipt of response to queries. • Within 24 hours if confirmation of policy is required. No pre-authorisation will be done in the absence of beneficiary photo ID and other valid ID proof as defined	

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10	Policy Servicing	<p>Call centre number of the insurer-1800-209-1415</p> <p>Details of the Company Officials-https://www.newindia.co.in/</p> <p><u>Details of policy issuing office:-</u></p>	
11	Grievances/Complaints	<p>Details of</p> <p>Grievance redressal officer of the company:https://www.newindia.co.in/portal/readMore/Grievances</p> <p>Insurance company grievance portal/department: Not applicable</p> <p>Ombudsman's:Annexure IV of the policy clause</p>	
12	Things to Remember	<p>Free look cancellation : You may cancel the insurance policy, if you do not want it, within 15 days from the beginning of the policy.</p> <p>Policy Renewal:Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied , provided the policy is not withdrawn.</p> <p>Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p>Moratorium period: After completion of eight continuous years under this policy no look back would be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the Sums Insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of Sums Insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments as per the policy.</p>	<p>Policy clause 5.3</p> <p>Policy clause 5.5</p> <p>Policy clause 5.6</p> <p>Policy clause 5.8</p>
13	Your Obligation	<p>Please disclose all pre-existing disease/s or conditions before buying a policy. Non-disclosure may affect the claim settlement.</p>	<p>Policy clause 2.14</p>

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Declaration by the Policy Holder;

I have read the above and confirm having noted the details.

Place:

Date : _____ (Signature of the Policy Holder)

Note:

- i. web-link where the product related documents including the Customer information sheet are available on <https://www.newindia.co.in/health/all-products>
- ii. In case of any conflict , the terms and condition mentioned in the policy document shall prevail.