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CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

SI No	Title	Description	Policy Clause Number
1	Name of the Insurance Product/Policy	TERTIARY CARE INSURANCE - INDIVIDUAL	
2	Policy Number		
3	Type of Insurance Product/Policy	Indemnity	Policy clause 3.0
4	Sum Insured Basis	<ul style="list-style-type: none"> Individual Sum insured. Member name A – Sum insured Member name B – Sum insured 	Premium Chart
5	Policy Coverage (What Policy Covers?)	Expense in respect of:	
		Admission in hospital beyond 24 hours	Policy clause 2.13
		<p>The Company undertakes that if during the period stated in the Schedule or during the continuance of this policy by renewal any Insured Person shall contract any of the below mentioned Major Illness / Injury (herein defined),</p> <ul style="list-style-type: none"> A. Nephritis of any Aetiology plus Bacterial renal failure requiring Kidney Transplantation or Dialysis B. Cerebral or Vascular Strokes C. Open and Close Heart Surgery (inclusive of C.A.B.G) D. Malignancy disease which are confirmed on Histopathological report E. Encephalitis (Viral) F. Neuro Surgery G. Total Replacement of joints 3 H. Liver disorder (Hepatitis B & C) associated with complications like Cirrhosis of liver I. Grievous Injury including multiple fracture of long bones, head Injury leading to unconsciousness, burns of more than 40%, Injury requiring artificial ventilator support plus Vertebral Column Injury. And if such condition shall require any such Insured Person, upon the advice of a duly qualified Medical Practitioner / Medical Surgeon to incur 	Policy Clause 3

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		<ul style="list-style-type: none"> • a) Hospitalisation expenses for medical/surgical treatment at any Hospital in India as herein defined (herein defined) as an Inpatient (OR) • b) On Domiciliary treatment in India under Domiciliary Hospitalisation (herein defined), the Company will pay to the Insured Person the amount of such expenses as are Reasonable and Customary, and Medically Necessary incurred in respect thereof by or on behalf of such Insured Person. • c) In the event of any claim becoming admissible under this scheme, the company will pay to the Insured person the amount of such expenses as would fall under different heads mentioned below, and as are Reasonable and Customary, and Medically Necessary incurred thereof by or on behalf of such Insured Person. <ul style="list-style-type: none"> i. Room, Boarding Expenses as provided by the Hospital which includes Registration & Admission Fees. ii. Nursing Expenses. iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees iv. Anesthesia, Blood, Oxygen, Operation Theater Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs & Cost of Organs and similar expenses. v. Reasonable expenses incurred for ambulance within city limits at the time of admission and discharge only. vi. Pre-Hospitalisation Medical Expenses vii. Post-Hospitalisation Medical Expenses <p>N.B. Company's Liability in respect of all claims admitted during the period of insurance shall not exceed the Sum Insured (with Cumulative Bonus) per person per annum to be reckoned from the date of inception of the risk as mentioned in the schedule.</p> <ul style="list-style-type: none"> d) This insurance scheme also provides for Cumulative Bonus. e) Hospitalisation expenses, which are Reasonable and Customary, and Medically Necessarily incurred on person donating the organ to the insured person during the course of organ transplant operation subject to limits available during the policy period. f) Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of Health under any 	
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		<p>circumstances unless in a vegetative state as certified by the treating medical practitioner, is covered up to 10% of Sum Insured and for a maximum of 15 days per policy period following admission for a covered illness. (Explanation: Expenses up to the date of confirmation by the treating doctor that the patient is in vegetative state shall be covered as per the terms and conditions of the policy contract).</p> <p>g) Genetic diseases or disorders are covered with a sub-limit of 25% of Sum Insured per policy period with 36 months waiting periods.</p>	
		<ul style="list-style-type: none"> • Congenital Internal Diseases shall be covered after Twenty Four months of Continuous Coverage. 	<p>Policy Clause 3.i</p>
		<ul style="list-style-type: none"> • Congenital External Diseases shall be covered after Thirty Six 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 Three years. 	<p>Policy Clause 3.i</p>
		<ul style="list-style-type: none"> • AYUSH-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. 	<p>Policy Clause 3.j</p>
		<ul style="list-style-type: none"> • COVERAGE FOR MODERN TREATMENTS or PROCEDURES---7 Treatments as per clause no 3.h.1 to 3. h.7 	<p>Policy Clauses 3.h.1 to 3. h.7</p>

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6	<p>Exclusion</p> <p>(What Policy does not cover)</p>	<p style="text-align: center;">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. <p>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.</p> <ul style="list-style-type: none"> • 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. • Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12) Note: Liver disorders arising out of consumption of drugs/alcohol. 	<p>Policy clause 4.3 to 4.5</p>
		<p style="text-align: center;">Specific Exclusions</p> <ul style="list-style-type: none"> • 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 • 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. • 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 	<p>Policy clause 4.6 to 4.12</p>

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		<p>sequence to the loss, claim or expense. For the purpose of this exclusion:</p> <p>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 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"> • 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 • Treatment taken outside the geographical limits of India • Stem cell implantation/Surgery for other than those treatments mentioned in clause h.7 • All other conditions not defined as major illness / Injury in this policy. 	
7	Waiting period	<p>Initial Waiting period: First 30 days of all illness(not applicable in case of continuous renewal or accidents)</p>	<p>Policy clause 4.2</p>

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		<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 36 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 36 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
		SPECIFIC WAITING PERIOD (Code- Excl02)-NA	
8	Financial Limit of Coverage	The Policy will pay only up to the limits specified hereunder for the following disease/procedures:	
	i. Sub-limit	NA	
		NA	
	ii. Co-Payment	Not Applicable	
	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.	
		Provide the details/Web link of the following	
		i. Network hospital details-	

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		<p>https://www.newindia.co.in/portal/readMore/HospitalsList</p> <p>ii. Helpline number : 1800-209-1415</p>	
		<p>iii. Hospitals which are blacklisted or from where no claims will be accepted by the insurer- Not applicable</p>	
		<p>iv. Dowloading the claim form- https://www.newindia.co.in/cms/24b38b03-6b17-42e8-b047-43c7784c6528/Claim_Form.pdf?quest=true</p> <p>Pre-authorization approval/rejections:</p> <ul style="list-style-type: none"> • Within 1 hour of receipt of request <p>Final Authorization for Discharge from the Hospital</p> <ul style="list-style-type: none"> • Within 3 hours of receipt of discharge authorization request from the hospital 	
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>Details of policy issuing Office-</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 30 days from the beginning of the policy. For detail please refer policy clause.</p>	Policy clause 5.5

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		<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>Policy clause 5.4</p>
		<p>Migration: means a facility provided to policyholders (including all members under family cover and group Health insurance policy), to transfer the credit gained for pre-existing conditions and specific waiting period, from one health insurance policy to another with the same insurer.</p> <p>Portability: means the facility provided to the health insurance policyholder (including all members under family cover), to transfer the credits gained for pre-existing diseases and specific waiting periods, from one insurer to another insurer.</p>	<p>Policy clause 5.6</p>
		<p>Moratorium period: After completion of five continuous years under this policy no look back would be applied. This period of five years is called as moratorium period. The moratorium would be applicable for the Sums Insured of the first policy and subsequently completion of five 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 5.8</p>
		<p>POLICY YEAR means a period of twelve months beginning from the date of commencement of the policy period and ending on the last day of such twelve-month period. For the purpose of subsequent years, policy year shall mean a period of twelve months commencing from the end of the previous policy year and lapsing on the last day of such twelve-month period, till the policy period, as mentioned in the schedule</p>	<p>Policy clause 2.45</p>

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		<p>Grace Period: The specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage is not available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.</p>	<p>Policy clause 2.11</p>
13	Your Obligation	Please disclose all pre-existing disease/s or conditions before buying a policy. Non-disclosure may affect the claim settlement.	Policy clause 5.1

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.