THE NEW INDIA ASSURANCE CO. LTD.

REGISTERED & HEAD OFFICE: 87, MAHATMA GANDHI ROAD, MUMBAI - 400 001.

YOUNG INDIA DIGI HEALTH - PROSPECTUS

We welcome You as Our Customer. This document explains how the YOUNG INDIA DIGI HEALTH could provide value to You. In the document the word 'You', 'Your' means the all the members covered under the Policy. 'We', 'Our', 'Us' means The New India Assurance Co. Ltd.

YOUNG INDIA DIGI HEALTH is a Policy designed to cover Hospitalisation expenses.

1. WHO CAN TAKE THIS POLICY?

This insurance is available to persons between the age of 18 years and 45 years. Children from 3 months up to 25 years can be covered provided they are financially dependent on the parents and one or both parents are covered simultaneously. The upper age limit will not apply to a mentally challenged children and an unmarried daughter(s). The persons beyond 45 years can continue their insurance provided they are insured under the Policy with us without any break.

Midterm inclusion is allowed for newly married spouse by charging pro-rata premium for the remaining period of the policy.

2. CAN I COVER MY FAMILY MEMBERS IN ONE POLICY?

Yes. You can cover the entire family under a Single Sum Insured. The members of the family who could be covered under the Policy are:

a) Proposer

b) Proposer's Spouse

c) Proposer's Dependent Children

Maximum six members can be covered in a single policy.

3. WHAT IS NEW BORN BABY COVER?

A New Born Baby to an insured mother, who has 24 months of Continuous Coverage, is covered for any Illness or Injury from the date of birth till the expiry of the Policy, within the terms of the Policy, without any additional Premium. Any expenses incurred towards post-natal care, pre-term or pre- mature care or any such expense incurred for delivery of the New Born Baby would not be covered. Congenital External Anomaly of the New Born Baby is also not covered under the policy.

No coverage for the New Born Baby would be available during subsequent renewals until the child is declared for insurance and covered as an Insured Person.

4. WHAT DOES THE POLICY COVER?

This Policy is designed to give You and Your family, protection against unforeseen Hospitalisation expenses.

5. WHAT ARE THE EXPENSES COVERED UNDER THIS POLCY?

Policy covers following Hospitalisation Expenses:

A. Single AC Room including including Boarding, DMO / RMO / CMO / RMP Charges, Nursing (Including Injection / Drugs and Intra venous fluid administration expenses) as provided by the hospital.

B. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU), Intensivist charges, Monitor and Pulse Oxymeter expenses.

C. Associate Medical Expenses; such as Professional fees of Surgeon, Anaesthetist, Consultant,

Specialist; Operating Theatre Charges and Procedure Charges such as Dialysis, Chemotherapy, Radiotherapy & similar medical expenses related to the treatment.

D. Cost of Pharmacy and Consumables including Anaesthesia, Blood and Oxygen, Cost of Implants and Medical Devices and Cost of Diagnostics.

E. Pre-Hospitalization Medical expenses up to 60 days prior to the date of admission to the hospital

F. Post-Hospitalization Medical expenses up to 90 days from the date of discharge from the hospital.

G. All Hospitalisation Expenses (excluding cost of organ, if any) incurred for donor in respect of Organ transplant.

H. For cataract claims, the liability of the company will be restricted to 10% of Sum Insured or Rs. 50,000 whichever less, for each eye/per insured.

I. Coverage for Hazardous sports up to 10% of the Sum Insured.

J. Medical Second opinion up to a maximum of Rs. 5,000/- during a Policy Period.

K. Health Check-up for every two claim free years

L. Reinstatement of Sum Insured

M. Treatments Under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy Systems up to Sum Insured

N. New Born Coverage

O. Treatment for Congenital Internal and External Diseases

P. Hospital Cash of Rs. 500/- for each day for up to 5 days.

Q. Road Ambulance Charges of up to Rs. 5,000/-. Additional Amount, 1% of the Sum Insured, Maximum up to Rs. 5,000, towards ambulance charges shall be reimbursed in case the Insured has to be shifted from Hospital to their place of residence as certified by the Medical Practitioner.

R. Medical Expenses incurred for Organ Transplant

S. Dental Treatment necessitated due to an accident/injury/illness requiring Hospitalization as Inpatient treatment.

T. Specific Coverages:

   i. **Artificial life maintenance** including life support machine use, where such treatment will not result in recovery or restoration of normal state of Health under any circumstances. We cover the expenses up to 25% of the Sum Insured and for a maximum of 15 days per policy period for covered illness. This sub limit is applicable only for person who is declared to be in a vegetative state as certified by the treating medical practitioner.

   ii. **Puberty and Menopause related Disorders** - Treatment for any symptoms, Illness, complications arising due to physiological conditions associated with Puberty, Menopause such as menopausal bleeding or flushing is covered only as Inpatient procedure after 12 months of continuous coverage. This cover will have a sub-limit of up to 25% of Sum Insured per policy period

   iii. **Age Related Macular Degeneration (ARMD)** - is covered after 24 months of continuous coverage only for Intravitreal Injections and anti - VEGF medication. This cover will have a sub-limit of up to a maximum of 20% of sum insured per policy period

   iv. Genetic diseases or disorders - are covered with a sub-limit of 25% of Sum Insured per

policy period with 24 months waiting periods

v. Treatment of mental illness - The Company shall indemnify the Medical Expenses incurred towards treatment of Mental Illness subject to the condition that Treatment shall be undertaken at a Hospital categorized as Mental Health Establishment or at a Hospital with a specific department for Mental Illness, under a Medical Practitioner qualified as Mental Health Professional.

The following Mental Illnesses are covered after completion of 24 months of Continuous Coverage with a sub-limit up to 25% of Sum Insured per policy period.

ICD Code	ICD Code Description
F01-F09	Mental disorders due to known physiological conditions
F10-F19	Mental and behavioral disorders due to psychoactive substance use
F20-F29	Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders
F60-F69	Disorders of adult personality and behavior
F70-F79	Intellectual disabilities

Exclusions: Any kind of psychological counselling, cognitive/ family/ group/ behaviour/ palliative therapy or psychotherapy shall not be covered.

U. Coverage for modern treatments or procedures:

Treatment or Procedure	Limit (Per Policy Period)
Uterine Artery Embolization and HIFU (High intensity focused ultrasound)	Upto 20% of Sum Insured subject to a Maximum upto Rs. 1 Lakh
Balloon Sinuplasty	Upto 20% of Sum Insured subject to a Maximum upto Rs. 1 Lakh
Deep Brain stimulation	Upto 25% of Sum Insured subject to a maximum upto Rs. 2 Lakh
Oral chemotherapy	Upto 10% of Sum Insured subject to Maximum upto Rs. 50,000
Immunotherapy- Monoclonal Antibody to be given as injection	Upto 25% of Sum Insured subject to a Maximum of Rs 2 Lakh.
Intravitreal injections	Upto 10% of Sum Insured subject to a Maximum of Rs.75,000.
Robotic surgeries	Upto 25% of Sum Insured subject to Maximum of Rs. 2 Lakh.
Stereotactic radio surgeries	Upto 25% of Sum Insured subject to Maximum Rs. 2 Lakh.
Bronchial Thermoplasty	Upto 25% of Sum Insured subject to Maximum of Rs. 1 Lakh.
Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)	Upto 25% of Sum Insured subject to Maximum of Rs. 1 Lakh.
IONM - (Intra Operative Neuro Monitoring)	Upto 5% of Sum Insured subject to Maximum of Rs. 30,000.
Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered	Upto 25% of Sum Insured subject to Maximum of Rs. 1.5 Lakh.

Note: Procedures/treatments usually done in outpatient department are not payable under the policy even if converted as an in-patient in the hospital for more than 24 hours or carried out in Day Care Centers.

6. WHAT IS ABHA NUMBER?

ABHA stands for AYUSHMAN BHARAT HEALTH ACCOUNT (ABHA), a number is a hassle-free method of accessing and sharing health records digitally. It enables interaction with participating healthcare providers, and allows to receive digital lab reports, prescription and diagnosis seamlessly from a verified healthcare professionals and health service providers.

7. CAN I GET TREATED ANYWHERE?

a. Insured Person opting for Zone I can avail treatment anywhere in India and No Co-pay shall be applicable.

b. In case the Insured Person opting Zone II takes treatment in Zone I, Co-pay of 10% shall be applicable on admissible claim.

c. Co-Pay shall not be applicable for immediate hospitalization arising out of Accident.

d. Co-Pay shall also not be applicable for Illness or Treatments having sub-limits.

8. WHAT IS HOSPITAL CASH BENEFIT?

This policy provides for payment of Hospital Cash Rs. 500 per day of Hospitalisation. The payment under this Clause shall be for maximum five days for Any One Illness. The payment under this Clause is applicable only where the period of Hospitalisation exceeds twenty-four hours.

9. IS HOSPITALISATION ALWAYS NECESSARY TO GET A CLAIM?

Yes. Unless the Insured Person is Hospitalised for a condition warranting Hospitalisation, no claim is payable under the Policy. The Policy does not cover outpatient treatments.

10. HOW LONG DOES THE INSURED PERSON NEED TO BE HOSPITALISED?

The Policy pays only where the Hospitalisation is for more than twenty-four hours. But for certain treatments specified in the Policy, period of stay at the Hospital could be less than twenty-four hours. The 24 hours treatments are according to the table given in Point 13 below.

11. WHAT ARE THE DAY CARE TREATMENTS COVERED UNDER THIS POLICY?

Following are the day-care treatments covered under this policy (treatments done within 24 hours)

No	LIST OF DAY-CARE TREATMENTS	No	LIST OF DAY-CARE TREATMENTS
ENT		General Surgery	
1	Stapedotomy	148	Infected keloid excision
2	Myringoplasty(Type I Tympanoplasty)	149	Incision of a pilonidal sinus / abscess
3	Revision stapedectomy	150	Infected sebaceous cyst
4	Labyrinthectomy for severe Vertigo	151	Infected lipoma excision
5	Stapedectomy under GA	152	Maximal anal dilatation
6	Ossiculoplasty	153	Surgical Treatment Of Haemorrhoids
7	Myringotomy with Grommet Insertion	154	Liver Abscess- catheter drainage
8	Tympanoplasty (Type III)	155	Fissure in Ano- fissurectomy
9	Stapedectomy under LA	156	Fibroadenoma breast excision
10	Revision of the fenestration of the	157	Oesophageal varices Sclerotherapy

	inner ear.		
11	Tympanoplasty (Type IV)	158	ERCP – pancreatic duct stone removal
12	Endolymphatic Sac Surgery for Meniere's Disease	159	Perianal abscess I&D
13	Turbinectomy	160	Perianal hematoma Evacuation
14	Removal of Tympanic Drain under LA	161	Fissure in ano sphincterotomy
15	Endoscopic Stapedectomy	162	UGI scopy and Polypectomy oesophagus
16	Fenestration of the inner ear	163	Breast abscess I& D
17	Incision and drainage of perichondritis	164	Feeding Gastrostomy
18	Septoplasty	165	Oesophagoscopy and biopsy of growth oesophagus
19	Vestibular Nerve section	166	ERCP – Bile duct stone removal
20	Thyroplasty Type I	167	Ileostomy closure
21	Tympanoplasty (Type II)	168	Polypectomy colon
22	Reduction of fracture of Nasal Bone	169	Splenic abscesses Laparoscopic Drainage
23	Excision and destruction of lingual tonsils	170	UGI SCOPY and Polypectomy stomach
24	Conchoplasty	171	Rigid Oesophagoscopy for FB removal
25	Thyroplasty Type II	172	Feeding Jejunostomy
26	Tracheostomy	173	Colostomy
27	Excision of Angioma Septum	174	Ileostomy
28	Turbinoplasty	175	Colostomy closure
29	Incision & Drainage of Retro Pharyngeal Abscess	176	Submandibular salivary duct stone removal
30	Uvulo Palato Pharyngo Plasty	177	Pancreatic Pseudocysts Endoscopic Drainage
31	Palatoplasty	178	Subcutaneous mastectomy
32	Tonsillectomy without adenoidectomy	179	Excision of Ranula under GA
33	Adenoidectomy with Grommet insertion	180	Rigid Oesophagoscopy for dilation of benign Strictures
34	Adenoidectomy without Grommet insertion	181	Eversion of Sac
35	Vocal Cord lateralisation Procedure	182	1. a) Unilateral
36	Incision & Drainage of Para Pharyngeal Abscess	183	b)Bilateral
37	Transoral incision and drainage of a pharyngeal abscess	184	Lord's plication
38	Tonsillectomy with adenoidectomy	185	Jaboulay's Procedure
39	Tracheoplasty	186	Scrotoplasty
40	Reconstruction Of The Middle Ear	187	Surgical treatment of varicocele
41	Mastoidectomy	188	Epididymectomy

42	Excision And Destruction Of Diseased Tissue Of The Nose	189	Circumcision for Trauma
43	Incision (Opening) And Destruction (Elimination) Of The Inner Ear	190	Meatoplasty
44	Incision Of The Mastoid Process And Middle Ear	191	Intersphincteric abscess incision and drainage
45	Nasal Sinus Aspiration	192	Psoas Abscess Incision and Drainage
46	Other Microsurgical Operations On The Middle Ear	193	Thyroid abscess Incision and Drainage
47	Other Operations On The Auditory Ossicles	194	TIPS procedure for portal hypertension
48	Plastic Surgery To The Floor Of The Mouth	195	PAIR Procedure of Hydatid Cyst liver
49	Incision Of The Hard And Soft Palate	196	Excision of Cervical RIB
50	External Incision And Drainage In The Region Of The Mouth, Jaw And Face	197	Surgery for fracture Penis
51	Other Operations On The Salivary Glands And Salivary Ducts	198	Parastomal hernia
Ophthalmology		199	Revision colostomy
52	Incision of tear glands	200	Prolapsed colostomy- Correction
53	Other operation on the tear ducts	201	Laparoscopic cardiomyotomy (Hellers)
54	Incision of diseased eyelids	202	Laparoscopic pyloromyotomy (Ramstedt)
55	Excision and destruction of the diseased tissue of the eyelid	203	Orchiectomy
56	Removal of foreign body from the lens of the eye.	204	Incision Of The Breast
57	Corrective surgery of the entropion and ectropion	205	Operations On The Nipple
58	Operations for pterygium	206	Incision And Excision Of Tissue In The Perianal Region
59	Corrective surgery of blepharoptosis	207	Surgical Treatment Of Anal Fistulas
60	Removal of foreign body from conjunctiva	208	Division Of The Anal Sphincter (Sphincterotomy)
61	Removal of Foreign body from cornea	209	Glossectomy
62	Incision of the cornea	210	Reconstruction Of The Tongue
63	Other operations on the cornea	211	Incision, Excision And Destruction Of Diseased Tissue Of The Tongue
64	Operation on the canthus and epicanthus	212	Operations On The Seminal Vesicles
65	Removal of foreign body from the orbit and the eye ball.	213	Other Operations On The Spermatic Cord, Epididymis And Ductus Deferens
66	Surgery for cataract	214	Local Excision And Destruction Of Diseased Tissue Of The Penis

67	Treatment of retinal lesion	215	Other Operations On The Penis
68	Removal of foreign body from the posterior chamber of the eye	216	Other Excisions Of The Skin And Subcutaneous Tissues
Oncology		217	Other Incisions Of The Skin And Subcutaneous Tissues
69	IV Push Chemotherapy	218	Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues
70	Continuous Infusional Chemotherapy	219	Free Skin Transplantation, Donor Site
71	Infusional Chemotherapy	220	Free Skin Transplantation, Recipient Site
72	CCRT-Concurrent Chemo + RT	221	Reconstruction Of The Testis
73	SRS- Stereotactic radiosurgery	222	Incision Of The Scrotum And Tunica Vaginalis Testis
74	TBI- Total Body Radiotherapy	223	Excision In The Area Of The Epididymis
75	Adjuvant Radiotherapy	224	Revision Of Skin Plasty
76	Radical chemotherapy	225	Other Restoration And Reconstruction Of The Skin And Subcutaneous Tissues
77	Neoadjuvant radiotherapy	226	Destruction Of Diseased Tissue In The Skin And Subcutaneous Tissues
78	Palliative Radiotherapy	**Orthopedics**	
79	Radical Radiotherapy	227	Arthroscopic Repair of ACL tear knee
80	Palliative chemotherapy	228	Arthroscopic repair of PCL tear knee
81	Neoadjuvant chemotherapy	229	Tendon shortening
82	Adjuvant chemotherapy	230	Arthroscopic Meniscectomy – Knee
83	Induction chemotherapy	231	Treatment of clavicle dislocation
84	Consolidation chemotherapy	232	Arthroscopic meniscus repair
85	Maintenance chemotherapy	233	Haemarthrosis knee- lavage
Urology		234	Abscess knee joint drainage
86	AV fistula	235	Repair of knee cap tendon
87	URSL with stenting	236	ORIF with K wire fixation- small bones
88	URSL with lithotripsy	237	ORIF with plating- Small long bones
89	ESWL	238	Arthrotomy Hip joint
90	Haemodialysis	239	Syme's amputation
91	Cystoscopy and removal of polyp	240	Arthroplasty
92	Excision of urethral diverticulum	241	Partial removal of rib
93	Removal of urethral Stone	242	Treatment of sesamoid bone fracture
94	Ureter endoscopy and treatment	243	Amputation of metacarpal bone
95	Surgery for pelvi ureteric junction obstruction	244	Repair / graft of foot tendon
96	Injury prepuce- circumcision	245	Revision/Removal of Knee cap
97	Frenular tear repair	246	Remove/graft leg bone lesion
98	Meatotomy for meatal stenosis	247	Repair/graft achilles tendon
99	Surgery for fournier's gangrene scrotum	248	Biopsy elbow joint lining

100	Surgery filarial scrotum	249	Biopsy finger joint lining
101	Surgery for watering can perineum	250	Tendon lengthening
102	Repair of penile torsion	251	Surgery of bunion
103	Drainage of prostate abscess	252	Tendon transfer procedure
104	Cystoscopy and removal of FB	253	Removal of knee cap bursa
105	Transurethral Excision And Destruction Of Prostate Tissue	254	Treatment of fracture of ulna
106	Transurethral And Percutaneous Destruction Of Prostate Tissue	255	Treatment of scapula fracture
107	Open Surgical Excision And Destruction Of Prostate Tissue	256	Removal of tumor of arm/ elbow under RA/GA
108	Radical Prostatovesiculectomy	257	Repair of ruptured tendon
109	Other Excision And Destruction Of Prostate Tissue	258	Revision of neck muscle (Torticollis release)
110	Incision Of The Prostate	259	Treatment fracture of radius & ulna
111	Incision And Excision Of Periprostatic Tissue	260	Incision On Bone, Septic And Aseptic
112	Other Operations On The Prostate	261	Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis
Gynaecology		262	Reduction Of Dislocation Under Ga
113	Hysteroscopic removal of myoma	**Paediatric surgery**	
114	D&C	263	Vaginoplasty
115	Hysteroscopic resection of septum	264	Dilatation of accidental caustic stricture oesophageal
116	Hysteroscopic adhesiolysis	265	Presacral Teratomas Excision
117	Polypectomy Endometrium	266	Removal of vesical stone
118	Hysteroscopic resection of fibroid	267	Excision Sigmoid Polyp
119	LLETZ	268	Sternomastoid Tenotomy
120	Conization	269	High Orchidectomy for testis tumours
121	Polypectomy cervix	270	Excision of cervical teratoma
122	Hysteroscopic resection of endometrial polyp	271	Rectal-Myomectomy
123	Vulval wart excision	272	Rectal prolapse (Delorme's procedure)
124	Laparoscopic paraovarian cyst excision	273	Orchidopexy for undescended testis
125	Uterine artery embolization	274	Detorsion of torsion Testis
126	Bartholin Cyst excision	275	Lap. Abdominal exploration in cryptorchidism
127	Laparoscopic cystectomy	276	EUA + biopsy multiple fistula in ano
128	Endometrial ablation	277	Excision of fistula-in-ano
129	Vaginal wall cyst excision	**Others**	
130	Vulval cyst Excision	278	Coronary Angiography
131	Laparoscopic paratubal cyst excision	279	Ultrasound Guided Aspirations
132	Hysteroscopy, removal of myoma	280	Chemosurgery To The Skin

133	TURBT	
134	Laparoscopic Myomectomy	
135	Surgery for SUI	
136	Pelvic floor repair (excluding Fistula repair)	
137	Laparoscopic oophorectomy	
138	Incision Of The Ovary	
139	Insufflation Of The Fallopian Tubes	
140	Dilatation Of The Cervical Canal	
141	Conisation Of The Uterine Cervix	
142	Hysterotomy	
143	Therapeutic Curettage	
144	Culdotomy	
145	Incision Of The Vagina	
146	Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas	
147	Incision Of The Vulva	

12. WHAT DO I NEED TO DO IF ANYBODY COVERED IN THE POLICY NEEDS TO GET HOSPITALISED?

Upon the happening of any event which may give rise to a claim under the policy, please immediately intimate the TPA or underwriting office with all the details such as name of the Hospital, details of treatment, patient name, policy number etc.

In case of emergency Hospitalisation, this information needs to be given to the TPA or underwriting office, whichever applicable, within 24 hours from the time of Hospitalisation.

This is an important condition that you need to comply with.

13. WHAT ARE THE AMBULANCE CHARGES PAID UNDER THIS POLICY?

Company will pay ambulance charges up to 1% of Sum Insured, max Rs. 5,000. These charges are available in case of emergency extraction from anywhere to Hospital or Hospital to Hospital. if insured, at the time of discharge from the Hospital, has to be shifted to their place of residence in an Ambulance, such expenses will also be reimbursed additionally as per above limits, provided the requirement of an Ambulance is certified by the Medical Practitioner.

14. IN CASE OF AYURVEDIC TREATMENT, WILL THE ENTIRE AMOUNT BE PAID?

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.

15. IS PAYMENT AVAILABLE FOR EXPENSES INCURRED BEFORE HOSPITALISATION?

Yes. Medical Expenses incurred immediately before, but not exceeding sixty days, the Insured Person is Hospitalised will be paid, provided that:

i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and

ii. The Inpatient Hospitalisation claim for such Hospitalisation is admissible by Us.

iii. Such Medical Expenses are incurred not earlier than sixty days before the Date of Hospitalisation.

16. IS PAYMENT AVAILABLE FOR EXPENSES INCURRED AFTER HOSPITALISATION?

Yes. Medical Expenses incurred immediately after, but not exceeding ninety days, the Insured Person is discharged from the Hospital will be paid, provided that:

i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and

ii. The In-patient Hospitalisation claim for such Hospitalisation is admissible by Us.

iii. Such Medical Expenses are incurred not later than ninety days after the date of discharge from the Hospital.

17. IS THERE A LIMIT TO WHAT THE COMPANY WILL PAY FOR HOSPITALISATION?

Yes. We will pay Hospitalisation expenses up to a limit, known as Sum Insured. In cases where the Insured Person was Hospitalised more than once, the total of all amounts paid

a) for all cases of Hospitalisation,

b) expenses paid for medical expenses prior to Hospitalisation, and

c) expenses paid for medical expenses after discharge from Hospital Shall not exceed the Sum Insured.

In respect of those Insured Persons with Cumulative Bonus, Our liability for claims admitted under this Policy shall not exceed the aggregate of the Sum Insured and Cumulative Bonus accrued in policy.

18. CAN I GET TREATED ANYWHERE?

Yes, but the Policy covers treatment only in India.

19. WHAT SUM INSURED SHOULD I CHOOSE?

You can choose Sum Insured of Rs. 4 or 8 Lakhs. The premium payable is determined on the respective Age of the member for the respective Sum Insured. A discount on the number of members will be applied based on the number of members covered, which is as under:

Discount on number of members	**2 members**	**3 members**	**4 members & above**
	5%	**10%**	**15%**

You are free to choose any Sum Insured available as specified above. But it is in your own interest to choose the Sum Insured which could satisfy your present as well as future needs.

20. DOES THIS POLICY OFFERS ANY OTHER DISCOUNT OR LOADING?

This policy has discount and loading based on the health parameters which is as under:

Discounts	Loadings
1. BMI (<32) – 2.5% Discount 2. Non-Diabetic (Hb1Ac <6.4) - 2.5% Discount 3. Non-Hypertensive-(<=120/80)-2.5% Discount; (>120/80) to (<139/89)– Nil 4. No Hospitalization for the last 3 years at the time of taking the policy – 2.5% Discount	1. BMI (>32) - 2.5% Loading 2. Diabetic (Hb1Ac >6.4) - 2.5% Loading 3. Hypertensive (>139/89) - 2.5% loading

*Any admission in Hospital beyond than 24 hours will be treated as Hospitalization

Note: The above discounts and loadings, shall be applicable only for members 18 years & above.

Apart from this this policy also offers 2.5% discount for having any active retail policy of New India with premium of Rs. 5,000 or above.

21. WHAT IS CUMULATIVE BONUS?

Insured Person will be entitled for Cumulative Bonus of 10% at each claim free year of insurance, subject to maximum of 30%. If a claim is made in any particular year; the cumulative bonus accrued shall be reduced at the same rate at which it is accrued.

Note:

i. In case where the policy is on individual basis, the CB shall be available individually to the insured person who has not claimed under the expiring policy.

ii. In case where the policy is on floater basis, the CB shall be available to the family on floater basis, provided no claim is reported under the expiring policy.

iii. CB shall be available only if the Policy is renewed within the Grace Period.

iv. If the Insured Persons in the expiring policy are covered on an individual basis and the policy has been Renewed on a floater policy basis, the applicable CB for the renewed policy shall be the Lowest among all the Insured Persons.

v. In case of floater policies where Insured Persons Renew their expiring policy by splitting the Sum Insured in to two or more floater policies/individual policies, the same CB of the expiring policy shall be applicable to each Individual of such Renewed Policies.

vi. If the Sum Insured has been reduced at the time of Renewal, the applicable Cumulative Bonus percentage shall be applied on the reduced Sum Insured.

vii. If the Sum Insured under the Policy has been increased at the time of Renewal the Cumulative Bonus shall be calculated on the Sum Insured of the Expiring Policy.

viii. If a claim is made in the expiring Policy Year, and is notified to Us after the acceptance of Renewal premium any awarded CB, if any, shall be reduced suitably.

22. HOW LONG IS THE POLICY VALID?

The Policy is valid during the Period of Insurance stated in the Schedule attached to the Policy. It is usually valid for a period of one year from the date of beginning of insurance.

23. CAN THE POLICY BE RENEWED WHEN THE PRESENT POLICY EXPIRES?

Yes. You can and to get all Continuity benefits under the Policy, you should renew the Policy before the expiry of the present policy.

In case of revision or modification or withdrawal of the Policy a notice will be provided to Insured Person, 90 days before such revision or modification or withdrawal.

You can choose to migrate to any of our existing Policy, subject to IRDAI (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024 and the Guidelines of IRDA on Portability of Health Insurance Policies, as amended from time to time.

24. IS THERE ANY GRACE PERIOD FOR RENEWAL OF THE POLICY?

Yes. The policy offers If Your Policy is renewed within thirty days of the expiry of the previous Policy, then the Continuity Benefits would not be affected. But even if You renew Your Policy within thirty days of expiry of previous Policy, any Illness contracted or Injury sustained or Hospitalisation commencing during the break in insurance is not covered. Therefore, it is in your own interest to see that you renew the Policy before it expires.

25. IS INSTALLMENT FACILITY AVAILABLE UNDER THE POLICY?

Yes, it is available, subject to the below terms & conditions.

1. The premium shall be paid on or before the instalment due date as mentioned in the Policy

Schedule.

2. Grace Period of 15 days for monthly instalment and 30 days for quarterly and half-yearly mode of would be given to pay the installment premium due for the Policy. During such Grace Period, Coverage will be available.
3. If the instalment premium is not paid within the Grace Period, then policy shall cease to exist at midnight of such due date and will be treated as lapsed.
4. In case of a claim, you will be liable to pay the balance premium due under the policy before the claim is Intimated.
5. The Benefits provided under - "Waiting Periods", "Specific Waiting Periods" Sections shall continue in the event of payment of premium within the stipulated grace Period.
6. No interest will be charged If the installment premium is not paid on due date.

26. CAN THE SUM INSURED BE INCREASED AT THE TIME OF RENEWAL?

You may seek enhancement of Sum Insured in writing before payment of premium for renewal, which may be granted as per the Company's underwriting Policy Enhancement of Sum Insured will not be considered for:

1) Insured Persons over 65 years of age.
2) Insured Persons suffering from any Critical Illness and Recurring Illness

In respect of any increase in Sum Insured, exclusion 4.1, 4.2 and 4.3 would apply to the additional Sum Insured from the date of such increase.

27. IS THERE AN AGE LIMIT UPTO WHICH THE POLICY WOULD BE RENEWED?

No. Your Policy can be renewed, as long as you pay the Renewal Premium before the date of expiry of the Policy. There is an age limit for taking a fresh Policy, but there is no age limit for renewal.

Children between 18 years to 25 years can be continue to be covered in the Policy provided they are financially dependent on the parents and one or both parents are covered simultaneously. On attaining the age of 18 years or ceasing to be financially dependent on the parents, they can, on renewal take a separate Policy. In such an event the benefits on Continuous Coverage can be ported to the new Policy. The upper age limit will not apply to a mentally challenged children and an unmarried dependent daughter(s).

If you do not renew Your Policy before the date of expiry or within thirty days of the date of expiry, the Policy may not be renewed, and only a fresh Policy could be issued, subject to our underwriting rules. In such cases, it is possible that a fresh Policy could not be issued by us. It is therefore in your interest to ensure that Your Policy is renewed before expiry.

28. CAN THE INSURANCE COMPANY REFUSE TO RENEW THE POLICY?

We may refuse to renew the Policy only on rare occasions such as fraud, misrepresentation or non- disclosure of material facts or non-cooperation being committed by You or any one acting on Your behalf in obtaining insurance or subsequently in relation thereto. If we discontinue selling this Policy, it might not be possible to renew this Policy on the same terms and conditions. In such a case you shall, however, have the option for renewal under any similar Policy being issued by the Company, provided the benefits payable shall be subject to the terms contained in such other Policy.

29. CAN I MAKE A CLAIM IMMEDIATELY AFTER TAKING A POLICY?

Claims for Illnesses cannot be made during the first thirty days of a fresh Insurance policy. However, claims for Hospitalisation due to accidents occurring even during the first thirty days are payable. There are certain treatments where the waiting period is one year or two years.

30. WHAT IS THIRD PARTY ADMINISTRATOR (TPA)?

Third Party Administrator (TPA) is a service provider to facilitate service to you for providing Cashless facility for all Hospitalisation that come under the scope of the policy. The TPA also settles reimbursement claims within the scope of the Policy.

31. WHAT IS CASHLESS HOSPITALISATION?

Cashless Hospitalisation is service provided by the TPA on Our behalf whereby you are not required to settle the Hospitalisation expenses at the time of discharge from Hospital. The settlement is done directly by the TPA on Our behalf. However, those expenses which are not admissible under the Policy would not be paid and you would have to pay such inadmissible expenses to the Hospital. Cashless facility is available only in Networked Hospitals. Prior approval is required from the TPA before the patient is admitted into the Networked Hospital. You may visit our website at http://newindia.co.in/listofhospitals.aspx. The list of Networked Hospitals can also be obtained from the TPA or from their website. You will have full freedom to choose the hospitals from the Networked Hospitals and avail Cashless facility on production of proof of Insurance and Your identity, subject to the claim being admissible. The TPA might not agree to provide Cashless facility at a hospital which is not a Network Hospital. In such cases you may avail treatment at any Hospital of Your choice and seek reimbursement of the claim subject to the terms and conditions of the Policy. In cases where the admissibility of the claim could not be determined with the available documents, even if the treatment is at a Network Hospital, the TPA may refuse to provide Cashless facility. Such refusal may not necessarily mean denial of the claim. You may seek reimbursement of the expenses incurred by producing all relevant documents and the TPA may pay the claim, if it is admissible under the terms and conditions of the Policy.

32. CAN I CHANGE HOSPITALS DURING THE COURSE OF MY TREATMENT?

Yes, it is possible to shift to another hospital for reasons of requirement of better medical procedure. However, this will be evaluated by the TPA on the merits of the case and as per policy terms and conditions.

33. HOW TO GET REIMBURSEMENTS IN CASE OF TREATMENT IN NON- NETWORK HOSPITALS OR DENIAL OF CASHLESS FACILITY?

In case of treatment in a non-Network Hospital, TPA will reimburse You the amount of bills subject to the conditions of the Policy. You must ensure that the Hospital where treatment is taken fulfills the conditions of definition of Hospital in the Policy. Within twenty-four hours of Hospitalisation the TPA should be intimated. The following documents in original should be submitted to the TPA within seven days from the date of Discharge from the Hospital:

- Claim Form duly filled and signed by the claimant.
- Discharge Certificate from the hospital.
- All documents pertaining to the illness starting from the date it was first detected i.e., Doctor's consultation reports/history.
- Bills, Receipts, Cash Memos from hospital supported by proper prescription.
- Receipt and diagnostic test report supported by a note from the attending medical practitioner/surgeon justifying such diagnostics.
- Surgeon's certificate stating the nature of the operation performed and surgeon's bill and receipt.
- Attending doctor’s / consultant’s / specialist’s / anesthetist's bill and receipt, and certificate regarding diagnosis.
- Details of previous policies, if the details are not already with TPA or any other information

needed by the TPA for considering the claim.

34. HOW TO GET REIMBURSEMENT FOR PRE AND POST HOSPITALISATION EXPENSES?

The Policy allows reimbursement of medical expenses incurred before and after admissible Hospitalisation up to a certain number of days. For reimbursement, send all bills in original with supporting documents along with a copy of the discharge summary and a copy of the authorization letter to his/her TPA/underwriting office, whichever applicable. The bills must be sent to the TPA/underwriting office within 7 days from the date of completion of treatment. You must also provide the TPA/underwriting office with additional information and assistance as may be required by the Company/TPA in dealing with the claim.

35. WILL THE ENTIRE AMOUNT OF THE CLAIMED EXPENSES BE PAID?

The entire amount of the claim is payable, if it is within the Sum Insured and is related with the Hospitalisation as per Policy conditions and is supported by proper documents, except the expenses which are excluded.

36. CAN ANY CLAIM BE REJECTED OR REFUSED?

Yes. A claim, which is not covered under the Policy conditions, can be rejected. Claims may also be rejected in the event of misrepresentation, misdescription or nondisclosure of any material fact/particular. In case You are not satisfied by the reasons for rejection, you can represent to Us within 15 days of such denial. If You do not receive a response to Your representation or if You are not satisfied with the response, you may write to our Grievance Cell, the details of which are provided at our website at http://newindia.co.in/Content.aspx?pageid=73. You may also call our Call Centre at the Toll-free number 1800-209-1415, which is available 24x7.

You also have the right to represent Your case to the Insurance Ombudsman. The contact details of the office of the Insurance Ombudsman could be obtained from http://www.irda.gov.in/ADMINCMS/cms/NormalData_Layout.aspx?page=PageNo234&mid=7.2

37. CAN I CANCEL THE POLICY?

Yes. You may cancel this policy by giving 7 days written notice and in such an event, the Company shall refund premium for the unexpired policy period at pro rata basis, subject to minimum charges of Rs.

The insurer shall refund-

a. refunds proportionate premium for unexpired policy period, if the term of policy up to one year and there is no claim (s) made during the policy period.

b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

The Company may cancel the policy at any time on grounds of misrepresentation non- disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non- disclosure of material facts or fraud

In the event of death of insured in the middle of policy year/during the course of policy period, the premium for the unexpired policy period shall be refunded proportionately.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made

in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

The Company may cancel the policy at any time on grounds of misrepresentation non- disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

38. WHAT IS FREE LOOK PERIOD?

The Free Look Period shall be applicable on new individual health insurance policies, except for those policies of less than a year, renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

A period of 30 days (from the date of receipt of the policy document) is available to the policyholder to review the terms and conditions of the policy. If he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy. This option is available in case of policies with a term of one year or more.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or

ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or

iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

39. IS IT NECESSARY TO HAVE A NOMINEE UNDER THE POLICY?

It is advisable to have a nominee in the policy.

40. IS THERE ANY BENEFIT UNDER THE INCOME TAX ACT FOR THE PREMIUM PAID FOR THIS INSURANCE?

Yes. Payments made for health insurance in any mode other than cash are eligible for deduction from taxable income as per Section 80 D of the Income Tax Act, 1961. For details, please refer to the relevant Section of the Income Tax Act.

41. IS CONGENITAL DISEASES COVERED IN THE POLICY?

Yes. Congenital Internal Disease or Defects or anomalies shall be covered after twelve months of Continuous Coverage, if it was unknown to You or to the Insured Person at the commencement of such Continuous Coverage. Exclusion for Congenital Internal Disease or Defects or Anomalies would not apply to a New Born Baby during the year of Birth and also subsequent renewals, if Premium is paid for such New Born Baby and the renewals are effected before or within thirty days of expiry of the Policy.

Congenital External Disease or Defects or anomalies shall be covered after twenty-four 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 twenty-four months.

42. IF THE CLAIM EVENT FALLS WITHIN TWO POLICY PERIODS, HOW MUCH WILL BE PAID?

If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available Sum Insured of the expiring Policy only. Sum Insured of the Renewed Policy will not be available for the Hospitalisation (including Pre & Post Hospitalisation Expenses), which has commenced in the expiring Policy. Claim shall be settled on per event basis.

43. WHAT IS MORATORIUM PERIOD?

After completion of sixty continuous months of coverage (including portability and migration in health insurance policy), no policy and claim shall be contestable by the insurer on grounds of non-disclosure, mis-representation 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 limit

44. WHERE CAN I TAKE THE POLICY?

The Policy can be taken through Customer Portal and Mobile App (NIA Customer) of New India Assurance. For any queries, you can contact the Digital Hub on 022-22150330

45. WHAT ARE THE WAITING PERIODS AND SUBLIMITS APPLICABLE FOR VARIOUS ILLENSSES, PROCEDURES OR TREATMENTS UNDER THE POLICY?

Following are the waiting periods and sub limits applicable under the policy

Table of Coverages/Procedures with Sub-limits and Waiting Periods		
Nature of Disease/Procedure/Treatment	**Sublimit (Per Policy Period)**	**Waiting Period**
Congenital Internal Disease (Not Applicable for New Born Baby)	Not Applicable	12 Months
Congenital External Disease	10% of the average Sum Insured in the preceding 24 months	24 Months
Cataract (per eye/per Insured.)	10% of the Sum Insured or Rs. 50,000/- whichever is less	12 Months
Hazardous Sports for recreational purpose	10% of the Sum Insured	NIL
Artificial life maintenance (This sub limit is applicable only for person who is declared to be in a vegetative state as certified by the treating medical practitioner)	25% of the Sum Insured and a Maximum of 15 days	NIL
Puberty and Menopause related Disorders	25% of the Sum Insured	12 Months
Age Related Macular Degeneration (ARMD)	20% of the Sum Insured	24 Months
Genetic diseases or disorders	25% of the Sum Insured	24 Months
Treatment of Mental Illness (ICD Code: F01-F29 & F60-F79)	25% of the Sum Insured	24 Months
Uterine Artery Embolization and HIFU (High intensity focused ultrasound)	Upto 20% of Sum Insured subject to a Maximum upto Rs. 1 Lakh	NIL
Balloon Sinuplasty	Upto 20% of Sum Insured subject to a Maximum upto Rs. 1 Lakh	NIL
Deep Brain stimulation	Upto 25% of Sum Insured subject to a maximum upto Rs. 2 Lakh	NIL
Oral chemotherapy	Upto 10% of Sum Insured subject to Maximum upto Rs. 50,000	NIL
Immunotherapy- Monoclonal Antibody to be	Upto 25% of Sum Insured subject to	NIL

given as injection	a Maximum of Rs 2 Lakh.	
Intravitreal injections	Upto 10% of Sum Insured subject to a Maximum of Rs.75,000.	NIL
Robotic surgeries	Upto 25% of Sum Insured subject to Maximum of Rs. 2 Lakh.	NIL
Stereotactic radio surgeries	Upto 25% of Sum Insured subject to Maximum Rs. 2 Lakh.	NIL
Bronchial Thermoplasty	Upto 25% of Sum Insured subject to Maximum of Rs. 1 Lakh.	NIL
Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)	Upto 25% of Sum Insured subject to Maximum of Rs. 1 Lakh.	NIL
IONM - (Intra Operative Neuro Monitoring)	Upto 5% of Sum Insured subject to Maximum of Rs. 30,000.	NIL
Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered	Upto 25% of Sum Insured subject to Maximum of Rs. 1.5 Lakh.	NIL
Diabetes Mellitus	NIL	90 Days
Hypertension	NIL	90 Days
Cardiac Conditions	NIL	90 Days
All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps	NIL	12 Months
Benign ear, nose, throat disorders	NIL	12 Months
Benign prostate hypertrophy	NIL	12 Months
Age related eye ailments	NIL	12 Months
Gastric/ Duodenal Ulcer	NIL	12 Months
Gout and Rheumatism	NIL	12 Months
Hernia of all types	NIL	12 Months
Hydrocele	NIL	12 Months
Non Infective Arthritis	NIL	12 Months
Piles, Fissures and Fistula in anus	NIL	12 Months
Pilonidal sinus, Sinusitis and related disorders	NIL	12 Months
Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident	NIL	12 Months
Skin Disorders	NIL	12 Months
Stone in Gall Bladder and Bile duct, excluding malignancy	NIL	12 Months
Stones in Urinary system	NIL	12 Months
Treatment for Menorrhagia/Fibromyoma, Myoma and Prolapsed uterus	NIL	12 Months
Varicose Veins and Varicose Ulcers	NIL	12 Months
Renal Failure	NIL	12 Months
Joint Replacement due to Degenerative Condition	NIL	24 Months
Age-related Osteoarthritis & Osteoporosis	NIL	24 Months

46. DOES IT COVER ALL CASES OF HOSPITALISATION?

No. This Policy does NOT cover ALL cases of Hospitalisation.

The exclusions under the policies are:

1. PRE-EXISTING DISEASES (Code- Excl01)

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 us.

b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

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.

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 us.

2. SPECIFIC WAITING PERIOD (Code- Excl02)

a. Expenses related to the treatment of the following listed conditions, surgeries / treatments shall be excluded until the expiry of Ninety Days / 12 / 24 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.

b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

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.

d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

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.

(i) 90 Days Waiting Period

1. Diabetes Mellitus
2. Hypertension
3. Cardiac Conditions

(ii) 12 Months waiting period

1. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps
2. Benign ear, nose, throat disorders
3. Benign prostate hypertrophy
4. Cataract and age related eye ailments
5. Gastric/ Duodenal Ulcer
6. Gout and Rheumatism
7. Hernia of all types
8. Hydrocele

9. Non Infective Arthritis
10. Piles, Fissures and Fistula in anus
11. Pilonidal sinus, Sinusitis and related disorders
12. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident
13. Skin Disorders
14. Stone in Gall Bladder and Bile duct, excluding malignancy
15. Stones in Urinary system
16. Treatment for Menorrhagia/Fibromyoma, Myoma and Prolapsed uterus
17. Varicose Veins and Varicose Ulcers
18. Renal Failure
19. Puberty and Menopause related Disorders
20. Internal Congenital Diseases

(iii) 24 Months waiting period

1. Joint Replacement due to Degenerative Condition
2. Age-related Osteoarthritis & Osteoporosis
3. Treatment of mental illness.
4. Age Related Macular Degeneration (ARMD)
5. Genetic diseases or disorders

3. FIRST THIRTY DAYS WAITING PERIOD (Code- Excl03)

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.

b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

4.1 INVESTIGATION & EVALUATION (Code- Excl04)

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

4.2 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:

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.

b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

4.3 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 co-morbidities 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

4.4 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.

4.5 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.

4.6 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.

4.7 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.

4.8 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.

4.9 Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **(Code- Excl12)**

4.10 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. **(Code- Excl13)**

4.11 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. **(Code-Excl14)**

4.12 REFRACTIVE ERROR (Code- Excl15)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

4.13 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.

4.14 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

4.15 MATERNITY EXPENSES (Code - Excl18)

a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

4.16 Acupressure, acupuncture, magnetic therapies.

4.17 Any expenses incurred on Domiciliary Hospitalization.

4.18 Service charges, Surcharges, Luxury Tax, Admission fees, Registration fees, Record Charges and Telephone Charges levied by the Hospital.

4.19 Bodily Injury or Illness due to intentional self-inflicted Injury and attempted suicide.

4.20 Circumcision unless Medically Necessary or as may be necessitated due to an Accident.

4.21 Convalescence and General debility.

4.22 Cost of braces, equipment or external prosthetic devices, eyeglasses, Cost of spectacles and contact lenses, hearing aids including cochlear implants.

4.23 External Medical / Non-medical equipment used for diagnosis and/or treatment including CPAP/BIPAP, Oxygen Concentrator, Infusion pump, Ambulatory devices (walker, crutches, Collars, Caps, Splints, Elasto crepe bandages, external orthopaedic pads) and sub cutaneous insulin pump, Diabetic foot wear, Glucometer / Thermometer and equipment, which is subsequently used at home and outlives the use and life of the Insured Person.

4.24 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:

b. 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.

c. 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.

d. 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.

4.25 Stem cell implantation/Surgery for other than those treatments mentioned in clause 3.11.12

4.26 Expenses incurred for Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy.

4.27 Treatment taken outside the geographical limits of India

4.28 Vaccination and/or inoculation

4.29 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.

Premium Table (Excluding GST)

Zone 1: Delhi, National Capital Region (NCR), Mumbai, Mumbai Suburban, Thane and Navi Mumbai, Surat, Ahmedabad and Vadodara

Zone 2: Rest of India

Annual Premium - Zone -1			Annual Premium – Zone 2		
Age Band/Sum Insured	**4L**	**8L**	**Age Band/Sum Insured**	**4L**	**8L**
3months-17	2,608	3,347	**3months-17**	2,134	2,739
18-30	3,748	4,849	**18-30**	3,066	3,967
31-35	4,553	5,910	**31-35**	3,725	4,836
36-40	5,767	7,510	**36-40**	4,719	6,144
41-45	7,614	9,943	**41-45**	6,230	8,135
46-50	10,314	13,500	**46-50**	8,438	11,046
51-55	12,859	16,856	**51-55**	10,521	13,792
56-60	18,593	24,412	**56-60**	15,213	19,974
61-65	25,224	33,149	**61-65**	20,638	27,122
66 & above	28,542	37,520	**66 & above**	23,352	30,698

Half Yearly Premium - Zone -1			Half Yearly Premium - Zone 2		
Age Band/Sum Insured	**4L**	**8L**	**Age Band/Sum Insured**	**4L**	**8L**
3months-17	1,356	1,739	**3months-17**	1,111	1,424
18-30	1,947	2,517	**18-30**	1,593	2,060
31-35	2,364	3,067	**31-35**	1,935	2,511
36-40	2,993	3,896	36-40	2,450	3,188
41-45	3,950	5,156	**41-45**	3,233	4,220
46-50	5,349	6,999	**46-50**	4,377	5,728
51-55	6,667	8,738	**51-55**	5,456	7,151
56-60	9,638	12,653	**56-60**	7,887	10,354
61-65	13,074	17,179	**61-65**	10,698	14,057
66 & above	14,793	19,444	**66 & above**	12,104	15,910

Quarterly Premium - Zone -1			Quarterly Premium - Zone 2		
Age Band/Sum Insured	**4L**	**8L**	**Age Band/Sum Insured**	**4L**	**8L**
3months-17	694	889	**3months-17**	568	728
18-30	994	1,285	**18-30**	814	1,052
31-35	1,207	1,565	**31-35**	988	1,282
36-40	1,527	1,988	**36-40**	1,251	1,627
41-45	2,015	2,630	**41-45**	1,650	2,153
46-50	2,728	3,569	**46-50**	2,233	2,921
51-55	3,400	4,455	**51-55**	2,783	3,646
56-60	4,914	6,450	**56-60**	4,021	5,278
61-65	6,664	8,756	**61-65**	5,453	7,165
66 & above	7,540	9,910	**66 & above**	6,170	8,109

Monthly Premium - Zone -1			Monthly Premium - Zone 2		
Age Band/Sum Insured	**4L**	**8L**	**Age Band/Sum Insured**	**4L**	**8L**
3months-17	242	308	**3months-17**	200	254
18-30	344	442	**18-30**	283	363
31-35	416	537	**31-35**	342	441
36-40	524	679	**36-40**	430	557
41-45	688	896	**41-45**	565	735
46-50	929	1,213	**46-50**	762	994
51-55	1,156	1,512	**51-55**	947	1,239
56-60	1,667	2,185	**56-60**	1,365	1,790
61-65	2,257	2,964	**61-65**	1,849	2,427
66 & above	2,553	3,353	**66 & above**	2,091	2,745

Discount on number of members	**2 members**	**3 members**	**4 members & above**
	5%	**10%**	**15%**

Zone Classification

Zone 1: Delhi, National Capital Region (NCR), Mumbai, Mumbai Suburban, Thane and Navi Mumbai, Surat, Ahmedabad and Vadodara

Zone 2: Rest of India

Conditions:

a. Insured Person opting for Zone I can avail treatment anywhere in India and No Co-pay shall be applicable.

b. In case the Insured Person opting Zone II takes treatment in Zone I, Co-pay of 10% shall be applicable on admissible claim.

c. Co-Pay shall not be applicable for immediate hospitalization arising out of Accident

Premium Illustration - Young India Digi Health Policy (Zone 1 Premium)										
Age of the members	Coverage opted on Individual Basis covering each member of the family separately		Coverage opted on Individual Basis covering each member 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) Floater Discount is based on the No of Persons covered under the policy (For 2 members 5%, 3 member 10% and for 4 members & above 15%)			
	Premium	Sum Insured	Premium	Discount	Premium after Discount	Sum Insured	Premium	Floater Discount	Premium after Discount	Sum Insured
17	2608	4 L	2608	No Discount	2608	4 L	2608	15%	2217	4 L
28	3748	4 L	3748	No Discount	3748	4 L	3748	15%	3186	
34	4553	4 L	4553	No Discount	4553	4 L	4553	15%	3870	
38	5767	4 L	5767	No Discount	5767	4 L	5767	15%	4902	
44	7614	4 L	7614	No Discount	7614	4 L	7614	15%	6472	
48	10314	4 L	10314	No Discount	10314	4 L	10314	15%	8767	
Total Premium for all members of the family is Rs. 34,604/- (Excluding GST) When each member is covered separately. Sum Insured available for each Individual is Rs. 4 L			**Total Premium for all members of the family is Rs. 34,604/- (Excluding GST)When they are covered under a single policy. Sum Insured available for each family member is Rs. 4 L**				**Total Premium when policy is opted on Floater basis is Rs. 29,413/- (Excluding GST). Sum Insured of Rs. 4 L is available for the entire family.**			