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CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

SI No	Title	Description	Policy Clause Number
1	Name of the Insurance Product/Policy	<u>New India Premier Mediclaim Policy</u>	
2	Policy Number		
3	Type of Insurance Product/Policy	Indemnity and Benefit	Policy clause 3.1.1 and 3.1.9
4	Sum Insured Basis	<ul style="list-style-type: none"> Individual Sum insured. This Policy has two plans viz: 1)Plan A: offers Sum Insured of Rs. 15,00,000 and 25,00,000 . 2)Plan B: offers Sum Insured of Rs. 50,00,000 and 100,00,000.	Prospectus Point 2 & 4.
5	Policy Coverage (What Policy Covers?)	Expense in respect of:	
		<p>HOSPITALISATION means admission as an Inpatient in a Hospital for a minimum period of 24 consecutive hours except for the procedures/ treatments mentioned in Annexure I, where such admission could be for a period of less than 24 consecutive hours.</p> <p>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; except for payments admissible under Clause 3.1.10 and 3.1.11(b).</p>	Policy clause 2.16
		Pre Hospitalisation expense incurred 60 days prior to the date of Hospitalisation.	Policy clause 3.1.1 (5)
		Post Hospitalisation up to 90 days from the date of discharge.	Policy clause 3.1.1 (6)
		Specified / Listed procedures requiring less than 24 hours of hospitalization (day care) List of 139 Day care procedure in policy clause.	Annexure 1:List 1 of Day Care Procedure

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		<ul style="list-style-type: none"> • Cataract: Our liability for any claim of Cataract shall not exceed Rs. 75,000 for Plan A and Rs. 1,00,000 for Plan B. 	<p>Policy Clause 3.1.12</p>
		<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. 	<p>Policy Clause 3.1.2</p>
		<ul style="list-style-type: none"> • Hospital cash -We will pay Hospital Cash at the rate of Rs. 2,000 per day for Plan A and Rs. 4,000 per day for Plan B for each day of Hospitalisation admissible under the Policy. The payment under this Clause for Any One Illness shall be made for maximum 10 days of Hospitalisation. The payment under this Clause is applicable only where the period of Hospitalisation exceeds twenty four hours. Payment under this Clause will reduce the Sum Insured. <p style="text-align: center;">Hospital cash will be payable for completion of every 24 hours and not part thereof.</p>	<p>Policy Clause 3.1.3</p>
		<ul style="list-style-type: none"> • OPD COVER: After every block of two continuous Claim Free Years, You and all the members covered in this Policy are entitled for OPD coverage for an aggregate amount of Rs. 5,000 for Plan A and Rs. 10,000 for Plan B. The cover can be availed for: <ol style="list-style-type: none"> 1. Dental Treatment. 2. Health Check-up. 3. Consultation with a Medical Practitioner. 4. Drugs and medicines as prescribed by a Medical Practitioner. 5. Investigations as prescribed by a Medical Practitioner. <p>The amount will not be carried forward to the next year.</p> 	<p>Policy Clause 3.1.10</p>

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	<ul style="list-style-type: none"> • Expenses incurred towards Ambulance service including Air Ambulance will be paid subject to cap of Rs. 1,00,000. Payment under this benefit will reduce the Sum Insured. Ambulance charges will be paid once for Any One Illness for each Insured. If the Insured Person, after the discharge from the Hospital, has to be shifted from Hospital to their place of residence in an Ambulance, such expenses will also be reimbursed up to Rs. 10,000, provided the requirement of an Ambulance is certified by the Medical Practitioner. 	Policy Clause 3.1.4
	<ul style="list-style-type: none"> • Maternity and Child Care expenses shall be payable up to Rs. 50,000 for Plan A and Rs. 1,00,000 for Plan B. The Insured should have Continuous Coverage for thirty six months in this Policy. 	Policy Clause 3.1.6
	<ul style="list-style-type: none"> • Expenses incurred necessarily for treatment of Infertility will be paid maximum up to Rs. 50,000 for Plan A and Rs. 1,00,000 for Plan B. This benefit can be availed once in lifetime for each Insured. 	Policy Clause 3.1.8
	<ul style="list-style-type: none"> • Rs. 2,00,000 for Plan A and Rs. 5,00,000 for Plan B will be paid as Critical Care Benefit in case the Insured is diagnosed to be suffering from Critical Illness after inception of this cover. This benefit will be payable once in a lifetime for each Insured. The payment under this clause will be over and above the Sum Insured. 	Policy Clause 3.1.9
	<ul style="list-style-type: none"> • Expenses incurred towards treatment of Sexually Transmitted Diseases, any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB - III) or lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS shall be paid maximum up to Rs. 2,00,000 for Plan A and Rs. 5,00,000 for Plan B. OPD Treatment for the above mentioned conditions will be payable up to Rs. 20,000 for Plan A and Rs. 50,000 for Plan B. The OPD limit will be part of overall limit of Rs. 2,00,000 for Plan A and Rs. 5,00,000 for Plan B as mentioned above. 	Policy Clause 3.1.11
	<ul style="list-style-type: none"> • Second opinion for Surgery will be paid maximum up to Rs. 5000 for Plan A and Rs. 8000 for Plan B. 	Policy Clause 3.1.13

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	<ul style="list-style-type: none"> • Coverage for Hazardous Sports up to 10% of Sum Insured. 	Policy Clause 3.1.14
	<ul style="list-style-type: none"> • This cover is available only for Plan B. Psychiatric and Psychosomatic disorders diagnosed after inception of this policy will be covered maximum up to 5% of Sum Insured. 	Policy Clause 3.2.1
	<ul style="list-style-type: none"> • This cover is available only for Plan B. Treatment related to or for obesity is covered where Body Mass Index > 35 and with the life threatening co-morbidities mentioned below are covered up to Rs. 5,00,000 <ul style="list-style-type: none"> 1. Respiratory: Obstructive sleep apnea, Pickwickian syndrome (obesity hypoventilation syndrome) 2. Cardiovascular: Coronary artery disease, left ventricular hypertrophy, coronary pulmonale, obesity-associated cardiomyopathy, accelerated atherosclerosis, and pulmonary hypertension of obesity • This cover is available only for Plan B. Expenses incurred towards dietician counseling shall be reimbursed up to an aggregate amount of Rs. 5000 for all admissible claims. 	Policy Clause 3.2.2 Policy Clause 3.2.3
	<ul style="list-style-type: none"> • Congenital Internal Diseases are covered up to Sum Insured provided the Insured has Continuous Coverage of twenty four months. 	Policy Clause 3.1.5
	<ul style="list-style-type: none"> • Congenital External Diseases are covered up to 10% of Sum Insured provided the Insured has Continuous Coverage of thirty six months 	Policy Clause 3.1.5

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<p>6</p>	<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) 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: 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. 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. • 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. • 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 	<p>Policy Clause 4.4.1 to 4.4.11</p>
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		<p>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.</p> <ul style="list-style-type: none"> • 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. <p style="text-align: center;">SPECIFIC EXCLUSIONS</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. 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: 	<p>Policy Clause 4.4.12 to 4.4.26</p>
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		<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> <p>i) Any expenses incurred on Domiciliary Hospitalization.</p> <p>ii) Treatment taken outside the geographical limits of India.</p> <p>iii) Vaccination and/or inoculation</p> <ul style="list-style-type: none"> • Dental treatment or Surgery of any kind unless necessitated by accident and requiring Hospitalisation. • Bodily Injury or Illness due to willful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted Injury, 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. • External and or durable Medical / Non-medical equipment of any kind used for diagnosis and or treatment including CPAP (Continuous Positive Airway Pressure), Sleep Apnoea Syndrome, CPAD (Continuous Peritoneal Ambulatory Dialysis), Oxygen Concentrator for Bronchial Asthmatic condition, Infusion pump etc. Ambulatory devices i.e., walker, crutches, Belts, Collars, Caps, Splints, Slings, Stockings, elastocrepe bandages, external orthopaedic pads, sub cutaneous insulin pump, Diabetic foot wear, Glucometer / Thermometer, alpha / water bed and similar related items etc., and also any medical equipment, which is subsequently used at home. 	
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		<ul style="list-style-type: none"> • Stem cell implantation / Surgery for other than those treatments mentioned in clause 3.1.17.12. • Acupressure, acupuncture, magnetic therapies. • Any kind of Service charges, Surcharges, Luxury Tax and similar charges levied by the Hospital. • Convalescence, General debility 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. • Circumcision unless necessary for treatment of an illness not excluded hereunder or as may be necessitated due to an accident. • Treatments such as Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy. 	
7	Waiting period	<p>4.1 Initial Waiting period: Any illness contracted by the Insured Person during the first 30 days of the commencement date of this Policy. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.</p>	Policy clause 4.2
		<p>PRE-EXISTING DISEASES (Code- Excl01) Treatment of any Pre-existing Condition/Disease, until thirty six months of Continuous Coverage of such Insured Person have elapsed, from the date of inception of his/her first Policy with Us as mentioned in the Schedule.</p>	Policy Clause 4.1
		<p>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 / 24 / 36/ 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. 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 preexisting diseases, then the longer of the two waiting periods shall apply.</p>	Policy Clause 4.2

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	<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> <ol style="list-style-type: none">1. Diabetes Mellitus2. Hypertension3. Cardiac Conditions <p>(ii) 24 Months waiting period</p> <ol style="list-style-type: none">1. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps2. Benign ear, nose, throat disorders3. Benign prostate hypertrophy4. Cataract and age related eye ailments5. Gastric/ Duodenal Ulcer6. Gout and Rheumatism7. Hernia of all types8. Hydrocele9. Non Infective Arthritis10. Piles, Fissures and Fistula in anus11. Pilonidal sinus, Sinusitis and related disorders12. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident13. Renal Disorders14. Skin Disorders15. Stone in Gall Bladder and Bile duct, excluding malignancy16. Stones in Urinary system17. Treatment for Menorrhagia/Fibromyoma, Myoma and Prolapsed uterus18. Varicose Veins and Varicose Ulcers19. Puberty and Menopause related Disorders20. Behavioural and Neuro-Developmental Disorders:<ol style="list-style-type: none">a. Disorders of adult personalityb. Disorders of speech and language including stammering, dyslexia21. Internal Congenital Diseases <p>Note: Even after twenty four months of Continuous Coverage, the above Illnesses</p>	
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		<p>will not be covered if they arise from a Pre-existing Condition, until 36 months of Continuous Coverage have elapsed since inception of the first Policy with the Company.</p> <p>(iv) 48 Months waiting period</p> <ol style="list-style-type: none"> 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 6. External Congenital Diseases 	
8	Financial Limit of Coverage	The Policy will pay only up to the limits specified hereunder for the following disease/procedures:	
	i. Sub-limit	<ul style="list-style-type: none"> • Room Rent, boarding and nursing expenses actually incurred will be paid. 	Policy Clause 3.1.1 (1)
		<ul style="list-style-type: none"> • Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expense, actually incurred. 	Policy Clause 3.1.1 (2)
	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.	
		<p>Provide the details/Weblink of the following</p> <ol style="list-style-type: none"> i. Networkhospital details- https://www.newindia.co.in/portal/readMore/HospitalsList 	

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		<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?guest=true</p> <p>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</p>	
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 the Policy Issuing Office-</p>	
11	Grievances/Complaints	<p>Details of 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</p>	<p>Policy clause 5.5</p> <p>Policy clause 5.3</p>

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		<p>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>Policy clause 5.6</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 5.8</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 5.4

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.