

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

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

SI No	Title	Description	Policy Clause Number
1	Name of the Insurance Product/Policy	<u>JANATA MEDICLAIM POLICY</u>	
2	Policy Number		
3	Type of Insurance Product/Policy	Indemnity	1.0
4	Sum Insured Basis	<ul style="list-style-type: none"> Individual Sum insured. Member name A – sum insured Member name B – sum insured 	
5	Policy Coverage (What Policy Covers?)	Expense in respect of:	
		Admission in hospital beyond 24 hours	2.16
		Pre-Hospitalisation- 30 days.	2.32 & 3.5
		Post-Hospitalisation - up to 60 days, subject to maximum of 10% of hospital bill.	2.33 & 3.6
		Specified / Listed procedures requiring less than 24 hours of hospitalization (day care)	2.16
		Coverage under AYUSH treatment: Up to 100% of the Sum Insured	3.7
		Ambulances services – Maximum up to Rs 1000/	3.8
		Congenital Internal Diseases	4.2(ii) 17
		Congenital External Diseases	4.2(iii) 6
		SPECIFIC COVERAGES	3.12(a) to 3.12(g)
COVERAGE FOR 12 MODERN TREATMENTS	3.13.1 to 3.13.12		
6	Exclusion (What Policy does not cover)	Standard Exclusions and Specific Exclusion (including but not limited to the following) Investigation & Evaluation, Rest Cure, Weight Control, Change-Of-Gender Treatments, Cosmetic Surgery, Unproven Treatments, Sterility And Infertility, Treatment and/or services taken outside the India, Vaccination, Cost of braces, equipment or external prosthetic devices, eyeglasses, Cost of spectacles and contact lenses, hearing aids including cochlear implants, Dental treatment unless arising out of accident and requiring impatient treatment Acupressure, acupuncture, magnetic therapies, Any expenses incurred on Domiciliary Hospitalization,	4.4.1 to 4.4.29

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		Stem cell implantation/Surgery for other than those treatments mentioned in clause 3.13.12 etc...	
7	Waiting period	Initial Waiting period: First 30 days from date of inception (not applicable for Accidents & renewals)	4.3
		PRE-EXISTING DISEASES (Code- Excl01)- 36 months	4.1
		SPECIFIC WAITING PERIOD (Code- Excl02) 90 days , 24 and 36 months for listed illnesses (not applicable for renewals and accident)	4.2
8	Financial Limit of Coverage	The Policy will pay only up to the limits specified hereunder for the following disease/procedures:	
		i. Sub-limit	
		Cost of treatment taken in General Ward of the Hospital / Day-Care Centre per day maximum charges Rs. 450/-.	3.1
		Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU), Intensivist charges, Monitor and Pulse Oxymeter expenses.	3.2
		<ul style="list-style-type: none"> • Cataract: max Rs. 10,800/-, • Home care – 10% of Sum insured, • Domiciliary- 15% of Sum insured , • OPD – Rs. 250 and Rs. 375 for a Sum insured of Rs. 50000 and 75000 respectively. 	3.11
ii. Co-Payment/ Deductible	Not Applicable		
iii. Any Other limit as applicable	SCHEDULE OF PAYMENT FOR SPECIFIED DISEASES	3.11	
9	Claims/Claim Procedure	<p>Cashless Service and Reimbursement-Available</p> <p>i. Network hospital details -Available on website and on policy schedule</p> <p>ii. Helpline number: 1800-209-1415</p> <p>iii. Downloading the claim form- https://www.newindia.co.in/cms/24b38b03-6b17-42e8-b047-43c7784c6528/Claim_Form.pdf?quest=true</p> <p>iv. Pre-authorisation -Within 1 hour of request</p> <p>v. Final Authorization for Discharge from the Hospital within 3 hours of hospital request</p>	
10	Policy Servicing	Call center number of the insurer-1800-209-1415 Company Officials- https://www.newindia.co.in/ Policy Issuing Office :.....:	

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11	Grievances/Complaints	Details of GRO: https://www.newindia.co.in/portal/readMore/Grievances Senior citizens may write to – Seniorcitizencare.ho@newindia.co.in For Ombudsman’s contact details	
12	Things to Remember	Free look Period Policy Renewal Migration and Portability: Moratorium period: 5 years Grace period	5.4 5.9 5.7 5.8 2.14
13	Your Obligation	Please disclose all pre-existing disease/s or conditions before buying a policy. Non-disclosure may affect the claim settlement.	

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.