(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

Sl No	Title	Description	Policy Clause Number
1	Name of the Insurance Product/Policy	**New India Sixty Plus Mediclaim Policy**	
2	Policy Number		
3	Type of Insurance Product/Policy	Indemnity	**Policy clause 3.1**
4	Sum Insured Basis	• Individual Sum insured. • options available are Rs. 2, 3, and 5 lakhs.	**Prospectus Point 1 & 12.**
5	Policy Coverage (What Policy Covers?)	**Expense in respect of:**	
		Admission in hospital beyond 24 hours	**Policy clause 2.17**
		Pre-hospitalisation (treatment prior to admission in hospital) of 30 days subject to the maximum limit of 10% of the Sum Insured if the Claim has been accepted under section 3.1 of the Policy clause.	**Policy clause 2.31 & 3.9**
		Post-Hospitalisation (treatment after discharge from Hospital) within 60 days from date of discharge subject to the maximum limit of 10% of the Sum Insured if the Claim has been accepted under section 3.1 of the Policy clause.	**Policy clause 2.32 & 3.9**
		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**
		Claims in respect of the Treatments/ Surgeries mentioned in list under policy clause 3.2. Including all types of implants used in the surgery, will be subject to the following limits (including Pre & Post Hospitalization expenses). Co Payment/voluntary co-payment and sub limits mentioned in section 3.1 of the policy clause are not applicable if a claim is admissible under mentioned specified Treatments/Surgeries in policy clause 3.2	**Policy Clause 3.2**
		COVERAGE UNDER AYUSH TREATMENT : Expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of	**Policy Clause 3.16**

		medicines is covered up to 100% of Sum Insured, during each policy year as specified in the policy schedule.	
		• We will pay **Hospital Cash** at the rate of 0.1% of the Sum Insured, for each day of Hospitalization admissible under the Policy. The payment under this Clause for Any One Illness shall not exceed 1% of the Sum Insured. The payment under this Clause is applicable only where the period of Hospitalization exceeds twenty-four consecutive hours. Payment under this clause shall reduce the Sum Insured. Hospital Cash will be payable for completion of every twenty-four hours and not part thereof.	**Policy Clause 3.6**
		• **LIMIT ON PAYMENT FOR CATARACT**: Our liability for payment of any claim relating to Cataract, for each eye shall not exceed the limit mentioned in the section 3.2 • The limit mentioned above shall be applicable per event for all the Policies of Our Company including Group Policies. Even if two or more Policies of New India are invoked, sublimit of the Policy chosen by Insured shall prevail and our liability is restricted to stated sublimit.	**Policy Clause 3.7**
		• **Expenses incurred towards Ambulance**:We will pay You the charges for Ambulance services not exceeding 1% of the Sum Insured per Hospitalization, Reasonably and Medically Necessarily incurred for shifting any Insured Person to Hospital for admission in Emergency Ward or ICU, or from one Hospital to another Hospital for better medical facilities.	**Policy Clause 3.8**
		• **PAYMENTS ONLY IF INCLUDED IN HOSPITAL BILL** No payment shall be made for any Hospitalisation expenses incurred, unless they form part of the Hospital Bill. However, the bills raised by Surgeon, Anaesthetist directly and not included in the Hospital Bill shall be paid provided a numbered Bill is produced in support thereof, for an amount not exceeding Rs. Ten thousand, where such payment is made in cash and for an amount not exceeding Rs. Twenty thousand, where such payment is made by cheque.	**Policy Clause 3.10**
		• **MEDICAL EXPENSES FOR ORGAN TRANSPLANT**: If treatment involves Organ Transplant to Insured Person, then We will also pay Hospitalisation Expenses (excluding cost of organ) incurred on the donor, provided Our liability towards expenses incurred on the donor and the insured recipient will be limited to amount stated in section 3.2	**Policy Clause 3.11**

		MEDICAL EXPENSES INCURRED UNDER TWO POLICY PERIODS: 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.	**Policy Clause 3.12**
		Congenital Internal Diseases are covered up to the Sum Insured provided the Insured has Continuous Coverage of twenty four months.	**Policy Clause 3.15**
		Congenital External Diseases: The exclusion for Congenital External Disease or Defects or anomalies shall not apply after forty eight months of Continuous Coverage, but such cover for Congenital External Disease or Defects or anomalies shall be limited to 10% of the average Sum Insured of the Insured Person in the preceding four years.	**Policy Clause 3.15**
		ATTENDANT BENEFIT: We will pay a benefit of up to Rs. 5000/-, Rs. 7000/- and Rs, 10,000/- per hospitalization for the Sum Insured of Two, Three and Five Lakhs respectively subject to the limit of Maximum Rs. 800 per day or actuals, whichever is less, and after submitting relevant supporting documents. This amount will reduce the Sum Insured.	**Policy Clause 3.3**
		OPTIONAL COVER: VOLUNTARY CO-PAY If You opt for a voluntary co-pay of an extra 10% i.e. for a total co-pay of 20%, a discounted Premium given in the table shall be charged.	**Policy Clause 3.4**
		COVERAGE FOR MODERN TREATMENTS or PROCEDURES: The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to the limit specified against each procedure during the policy period. As per **Policy Clause 3.14.1 to 3.14.12**	**Policy Clause 3.14.1 to 3.14.12**
6	Exclusion (What Policy does not cover)	**Standard Exclusions** • **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	**Policy clause 4.4.1 to 4.4.15**

		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. • **OBESITY/ WEIGHT CONTROL** (Code- Excl06) Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions: a. Surgery to be conducted is upon the advice of the Doctor b. The surgery/Procedure conducted should be supported by clinical protocols c. The member has to be 18 years of age or older and d. Body Mass Index (BMI); 1. greater than or equal to 40 or 2. greater than or equal to 35 in conjunction with any of the following severe comorbidities following failure of less invasive methods of weight loss: i. Obesity-related cardiomyopathy ii. Coronary heart disease iii. Severe Sleep Apnea iv. Uncontrolled Type2 Diabetes • **CHANGE-OF-GENDER TREATMENTS** (Code- Excl07) Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex. • **COSMETIC OR PLASTIC SURGERY** (Code- Excl08) Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner. • **HAZARDOUS OR ADVENTURE SPORTS** (Code- Excl09) Expenses related to any treatment necessitated due to	

		participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving. However, Treatment related to Injury or Illness associated with Hazardous activities related to particular line of employment or occupation (not for recreational purpose) is not excluded. • **BREACH OF LAW** (Code- Excl10) Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. • **EXCLUDED PROVIDERS** (Code-Excl11) Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life-threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim. • Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12) • Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13) • Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. (Code- Excl14) • **REFRACTIVE ERROR** (Code- Excl15) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres. • **UNPROVEN TREATMENTS** (Code- Excl16) Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. • **STERILITY AND INFERTILITY** (Code- Excl17) Expenses related to sterility and infertility. This includes: a. Any type of contraception, sterilization	

		b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI c. Gestational Surrogacy d. Reversal of sterilization • **MATERNITY EXPENSES** (Code - Excl18) 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. **Specific Exclusion** • Acupressure, acupuncture, magnetic therapies. • Any expenses incurred on Domiciliary Hospitalization. • Any kind of Service charges, Surcharges, Luxury Tax and similar charges levied by the Hospital. • Bodily Injury or Illness due to willful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted Injury and attempted suicide. However, Failure to seek or follow medical advice or failure to follow treatment is not excluded. It is covered with a sub-limit of 10% of Sum Insured per policy period. • Circumcision unless Medically Necessary for treatment of an Illness not excluded here under or as may be necessitated due to an Accident. • 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. • Dental treatment or Surgery of any kind unless necessitated by accident and requiring Hospitalisation. • External and or durable Medical / Non-medical equipment of any kind used for diagnosis and or treatment including CPAP (Continuous Positive Airway Pressure), CPAD (Continuous Peritoneal Ambulatory Dialysis), Oxygen Concentrator for Bronchial Asthmatic condition, Infusion pump etc. Ambulatory devices i.e., walker, crutches, Collars, Caps, Splints, Elasto crepe bandages, external orthopaedic pads, sub cutaneous insulin pump, Diabetic foot wear, Glucometer / Thermometer and similar related items etc., and also any	**Policy clause 4.4.16 to 4.4.30**

		medical equipment, which is subsequently used at home and outlives the use and life of the Insured Person. • 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: 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. 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. 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. • Stem cell implantation/Surgery for other than those treatments mentioned in clause 3.14.12 • Treatment for Sleep Apnoea Syndrome, treatments such as Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy and CPAD (Continuous Peritoneal Ambulatory Dialysis). • Treatment taken outside the geographical limits of India • Vaccination and/or inoculation • War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.	
7	Waiting period	**Initial Waiting period**: First 30 days of all illness(not applicable in case of continuous renewal or accidents)	**Policy Clause 4.3**

		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 48 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 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.	**Policy Clause 4.1**
		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. 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) **24 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	**Policy Clause 4.2**

<table>
<tr>
<td></td>
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<td>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. Behavioural and Neuro-Developmental Disorders:
a. Disorders of adult personality
b. Disorders of speech and language including stammering, dyslexia
21. Internal Congenital Diseases

(iv) 48 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
6. Congenital External Diseases</td>
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<tr>
<td>8</td>
<td>Financial Limit of Coverage

i. Sub-limit</td>
<td>The Policy will pay only up to the limits specified hereunder for the following disease/procedures:
<table>
<tr><th>Hospitalisation Benefit</th><th>Limits</th></tr>
<tr><td>Room charges subject to 1% of sum insured per day and Intensive care unit (ICU) charges subject to 2% of sum insured per day (including nursing care, RMO charges, IV fluids / blood transfusion / injection administration charges).</td><td>Maximum limit under Section 3.1.1 will be 25% of the aggregate of Sum Insured and Cumulative Bonus Buffer per illness / injury Please Note that basic Sum Insured will only be considered for reckoning of Per day room rent eligibility.</td></tr>
<tr><td>Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees</td><td>Maximum limit under Section 3.1.2 will be 25% of the aggregate of Sum Insured and</td></tr>
</table>
</td>
<td>Policy clause 3.1.1,3.1.2 and 3.1.3</td>
</tr>
</table>

		| | Cumulative Bonus Buffer per illness / injury | | Anesthesia, Blood, Oxygen, OT charges, Surgical appliances (any disposable surgical consumables), Medicines, drugs, Diagnostic material & X-Ray, Dialysis, Chemotherapy, Radiotherapy, Artificial limbs and implants other than Orthopedic. | Maximum limit under Section 3.1.3 will be 50% of the aggregate of Sum Insured and Cumulative Bonus Buffer per illness / injury |	
	ii. Co-Payment	You shall bear a Co-Payment of 10% of the final claim admissible amount and Our liability shall be restricted to the payment of the balance amount subject to the available Sum Insured and Cumulative Bonus Buffer i.e., In the Claims admitted, the Company's liability will be: a) Sum Insured and Cumulative Bonus Buffer (or) b) 90% of the admissible claim amount Whichever is less	**Policy clause 3.5**
	iii. Deductible	Not applicable	
	iv. Any Other limit as applicable	Sub limits for specified illness as per Policy clause 3.2	**Policy clause 3.2**
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/Weblink of the following i. Networkhospital details- https://www.newindia.co.in/portal/readMore/HospitalsList ii. Helpline number : 1800-209-1415	
		iii. Hospitals which are blacklisted or from where no claims will be accepted by the insurer- Not applicable	
		iv. Dowloading the claim form- https://www.newindia.co.in/cms/24b38b03-6b17-42e8-b047-43c7784c6528/Claim_Form.pdf?guest=true v. Pre-authorisation approval/rejections:	

		• Within 2 hours from the time of admission. • Within 1 hour of receipt of request for enhancement. • Within 1 hour of receipt of final bill for discharge. • Within 1 hour from the receipt of response to queries. • Within 24 hours if confirmation of policy is required. No pre-authorisation will be done in the absence of beneficiary photo ID and other valid ID proof as defined	
10	Policy Servicing	Call centre number of the insurer-1800-209-1415 Details of the Company Officials-https://www.newindia.co.in/ Details of Policy issuing Office:-	
11	Grievances/Complaints	Details of Grievance redressal officer of the company:https://www.newindia.co.in/portal/readMore/Grievances Insurance company grievance portal/department: Not applicable Ombudsman's:Annexure IV of the policy clause	
12	Things to Remember	**Free look cancellation** : You may cancel the insurance policy, if you do not want it, within 15 days from the beginning of the policy. **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. **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.	**Policy clause 5.5** **Policy clause 5.3** **Policy clause 5.6**

		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.	**Policy clause 5.8**
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.