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Young India Digi Health Policy
Customer Information Sheet

S No	Title	Description	Policy clause No.
1.	Product Name	Young India Digi Health Policy	Page. No 1 of Policy Document
2.	What am I covered for	<ul style="list-style-type: none"> You are covered for any Hospitalisation during the period of Insurance for any Illness or Injury admissible under the policy. Hospitalisation should be for more than 24 hours except for specified / listed procedures requiring less than 24 hours Hospitalisation. Sum Insured options available are Rs. 4 Lakh and 8 Lakh Single AC Room including Boarding, DMO / RMO / CMO / RMP Charges, Nursing (Including Injection / Drugs and Intra venous fluid administration expenses) as provided by the hospital. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU), Intensivist charges, Monitor and Pulse Oxymeter expenses. 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. Cost of Pharmacy and Consumables including Anaesthesia, Blood and Oxygen, Cost of Implants and Medical Devices and Cost of Diagnostics. Pre Hospitalisation expense incurred thirty days prior to the date of Hospitalisation. Post Hospitalisation up to sixty days from the date of discharge. Proportionate Deduction is applicable on the Associate Medical Expenses Cataract: Our liability for payment of any claim within the Period of Insurance, relating to Cataract for each eye/per insured shall not exceed 10% of the Sum Insured or Rs. 50,000/- whichever is less. Ayurvedic / Homeopathic / Unani Treatment up to the Sum Insured. Hospital cash will be paid at the rate of 500 per day maximum for 5 days for any one Illness. This benefit will 	<ul style="list-style-type: none"> Clause 1.0 Clause 2.15 Clause 3.1 (a) Clause 3.1 (b) Clause 3.1 (c) Clause 3.1 (d) Clause 3.1 (e) Clause 3.1 (f) Clause 3.2 Clause 3.8 Clause 3.15 Clause 3.5

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		<p>reduce the Sum Insured. This benefit is payable only if the Hospitalisation is for more than 24 hours.</p> <ul style="list-style-type: none"> • We will pay You the charges incurred towards Ambulance services Reasonably incurred for shifting any Insured Person to Hospital for admission, or from one Hospital to another Hospital for Any One Illness not exceeding 1% of the Sum Insured up to a maximum of 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 • Congenital Internal Diseases are covered up to the Sum Insured provided the Insured has Continuous Coverage of twelve months. • Congenital External Diseases are covered up to 10% of Sum Insured provided the Insured has Continuous Coverage of twenty-four months. • Coverage For Hazardous Sports: We shall be liable to pay expenses incurred towards treatment of any Injury or Illness arising out of the defined hazardous sports up to 10% of the Sum Insured. However, if Injury or Illness is related to particular line of employment or occupation (not for recreational purpose), it will be covered up to Sum Insured. • Coverage for Artificial life maintenance, Puberty and Menopause related Disorders, Age Related Macular Degeneration (ARMD), Genetic diseases or disorders, Treatment of mental illness are covered up to the limits mentioned in the Policy Clause. • Coverage for Modern Treatments: Uterine Artery Embolization and HIFU (High intensity focused ultrasound), Balloon Sinuplasty, Deep Brain stimulation, Oral chemotherapy, Immunotherapy- Monoclonal Antibody to be given as injection, Intravitreal injections, Robotic surgeries, Stereotactic radio surgeries, Bronchial Thermoplasty, Vaporisation of the prostate (Green laser treatment or holmium laser treatment), IONM - (Intra Operative Neuro Monitoring), Stem cell therapy are covered up to the limits mentioned in the Policy Clause. • Health Checkup: The Insured Person(s) shall be entitled for reimbursement of the cost of Medical check-up at 	<ul style="list-style-type: none"> • Clause 3.6 • Clause 3.7 • Clause 3.7 • Clause 3.9 • Clause 3.10 • Clause 3.11 • Clause 3.12 • Clause 3.13 • Clause 3.14 • Clause 3.16
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		<p>the end of a block of every two Claim Free Years. Such payment shall be restricted to Rs. 3,500.</p> <ul style="list-style-type: none"> • Medical Second Opinion: In case of any Insured Person requires to undergo Surgery for any of the Critical Illnesses defined under section 2.8 of the Policy Clause, Consultation Expenses incurred on Medical Second Opinion shall be reimbursed up to a Maximum of Rs. 5,000/- during the policy period. • Reinstatement Of Sum Insured: If the Sum Insured is exhausted due to a claim(s) admissible and paid under the Policy, then the Sum Insured shall be reinstated to 100% of the Sum Insured subject to the T&C. • Cumulative Bonus: Insured Person will be entitled for Cumulative Bonus of 10% at each claim free year of insurance, subject to maximum of 30%. • New Born Baby Coverage • Dental Treatment necessitated due to an accident/injury/illness requiring Hospitalization as Inpatient treatment 	<ul style="list-style-type: none"> • Clause 3.17 • Clause 3.18
3.	What are the major exclusions in the policy	<ul style="list-style-type: none"> • Investigation & Evaluation (Code- Excl04) • Rest Cure, Rehabilitation And Respite Care (Code- Excl05) • Obesity/ Weight Control (Code- Excl06) • Change-Of-Gender Treatments (Code- Excl07) • Cosmetic Or Plastic Surgery (Code- Excl08) • Hazardous Or Adventure Sports (Code- Excl09) • Breach Of Law (Code- Excl10) • Excluded Providers (Code-Excl11) • 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. 	Clause 4.4.1 to 4.4.31

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		<ul style="list-style-type: none"> • UNPROVEN TREATMENTS (Code- Excl16) • STERILITY AND INFERTILITY (Code- Excl17) • MATERNITY EXPENSES (Code - Excl18) • Acupressure, acupuncture, magnetic therapies. • Any expenses incurred on Domiciliary Hospitalization. • Service charges, Surcharges, Luxury Tax, Admission fees, Registration fees, Record Charges and Telephone Charges levied by the Hospital. • Bodily Injury or Illness due to intentional self-inflicted Injury and attempted suicide. • Circumcision unless Medically Necessary or as may be necessitated due to an Accident. • Convalescence and General debility. • Cost of braces, equipment or external prosthetic devices, eyeglasses, Cost of spectacles and contact lenses, hearing aids including cochlear implants. • 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. • Naturopathy and Siddha Treatments. • 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: • 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. • 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. • 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 	
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		<p>synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.</p> <ul style="list-style-type: none"> • Stem cell implantation/Surgery for other than those treatments mentioned in clause 3.11.12 • Expenses incurred for Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy. • 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. 	
4.	Waiting Period	<ul style="list-style-type: none"> • PRE-EXISTING DISEASES (Code- Excl01) <ul style="list-style-type: none"> ○ 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. ○ In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase. ○ 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. ○ 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. • SPECIFIC WAITING PERIOD (Code- Excl02) <ul style="list-style-type: none"> ○ 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. ○ In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. ○ 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. ○ The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted 	<ul style="list-style-type: none"> • Clause 4.1 to 4.3

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		<p>without a specific exclusion.</p> <ul style="list-style-type: none"> ○ 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. <ul style="list-style-type: none"> ● 90 Days Waiting Period <ul style="list-style-type: none"> ○ Diabetes Mellitus ○ Hypertension ○ Cardiac Conditions ● 12 Months waiting period <ul style="list-style-type: none"> ○ All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps ○ Benign ear, nose, throat disorders ○ Benign prostate hypertrophy ○ Cataract and age related eye ailments ○ Gastric/ Duodenal Ulcer ○ Gout and Rheumatism ○ Hernia of all types ○ Hydrocele ○ Non Infective Arthritis ○ Piles, Fissures and Fistula in anus ○ Pilonidal sinus, Sinusitis and related disorders ○ Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident ○ Skin Disorders ○ Stone in Gall Bladder and Bile duct, excluding malignancy ○ Stones in Urinary system ○ Treatment for Menorrhagia/Fibromyoma, Myoma and Prolapsed uterus ○ Varicose Veins and Varicose Ulcers ○ Renal Failure ○ Puberty and Menopause related Disorders ○ Internal Congenital Diseases ● 24 Months waiting period <ul style="list-style-type: none"> ○ Joint Replacement due to Degenerative Condition ○ Age-related Osteoarthritis & Osteoporosis ○ Treatment of mental illness. ○ Age Related Macular Degeneration (ARMD) ○ Genetic diseases or disorders 	
5.	Payout basis	<ul style="list-style-type: none"> ● Cashless / Reimbursement for Hospitalisation claims 	

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		<ul style="list-style-type: none">• In case of Hospital Cash the amount will be paid to the Insured.											
6.	Loss Sharing	<ul style="list-style-type: none">○ If Insured Person of Zone II takes treatment in Zone I, Co-pay of 10% shall be applicable on admissible claim.○ Co-Pay shall not be applicable for immediate hospitalization arising out of Accident.○ Co-Pay shall also not be applicable for Illness or Treatments having sub-limits.	<ul style="list-style-type: none">• Clause 5.29										
7.	Renewal Conditions	<ul style="list-style-type: none">• Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.• At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the Grace Period.• No loading shall apply on renewals based on individual claims experience.	<ul style="list-style-type: none">• Clause 5.11										
8.	<ul style="list-style-type: none">• Renewal Benefits	<ul style="list-style-type: none">• 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 guidelines.• The Insured Person(s) shall be entitled for reimbursement of the cost of Medical check-up at the end of a block of every two Claim Free Years.	<ul style="list-style-type: none">• Clause 5.24										
9.	Cancellation	<ul style="list-style-type: none">• The policyholder may cancel this policy by giving 15 days written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.<table border="1"><thead><tr><th>Period On Risk</th><th>Rate of Premium To Be Charged (Retained By The Insurer)</th></tr></thead><tbody><tr><td>Up to one month</td><td>1/4th of the annual rate</td></tr><tr><td>Up to three months</td><td>1/2 of the annual rate</td></tr><tr><td>Up to six months</td><td>3/4th of the annual rate</td></tr><tr><td>Exceeding six months</td><td>Full annual rate</td></tr></tbody></table><p>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.</p><p>Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been</p>	Period On Risk	Rate of Premium To Be Charged (Retained By The Insurer)	Up to one month	1/4th of the annual rate	Up to three months	1/2 of the annual rate	Up to six months	3/4th of the annual rate	Exceeding six months	Full annual rate	<ul style="list-style-type: none">• Clause 5.1
Period On Risk	Rate of Premium To Be Charged (Retained By The Insurer)												
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		<p>admitted or has been lodged or any benefit has been availed by the insured person under the policy.</p> <ul style="list-style-type: none"> 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. 	
10.	Claims	<ul style="list-style-type: none"> Cashless Service: Contact the TPA or visit our Website at http://newindia.co.in/listofhospitals.aspx for the list of Hospitals where cashless facility is available. Reimbursement of Claim: <ul style="list-style-type: none"> Intimate the TPA within twenty four hours from the time of Hospitalisation. Submit the Claim Document within seven days from the date of Discharge from Hospital. 	<ul style="list-style-type: none"> Clause 5.20
11.	Policy Servicing/ Grievances /Complaints	<p>In case of any grievance the insured person may contact the company through Website: https://www.newindia.co.in/portal/readMore/Grievances Toll free:1800-209-1415</p> <ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Clause 5.14
12.	Insured's Rights	<ul style="list-style-type: none"> You will be allowed a period of fifteen days from the date of receipt of the Policy to review the terms and conditions of the Policy and to return the same if not acceptable. Renewal of the Policy if You remit the Premium to Us prior to expiry of the Policy or within 30 days from expiry of Policy. This policy is subject to portability guidelines issued by IRDAI and as amended from time to time. 	<ul style="list-style-type: none"> Clause 5.6 Clause 5.11 Clause 5.15
13.	Insured's Obligations	<ul style="list-style-type: none"> The policy shall be null and void, and no benefits shall be payable in the event of misrepresentation, misdescription or nondisclosure of any material fact / particular if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his / her behalf 	<ul style="list-style-type: none"> Clause 5.5