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CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

Sl No	Title	Description	Policy Clause Number
1	Name of the Insurance Product/Policy	**YOUNG INDIA DIGI HEALTH**	
2	Policy Number		
3	Type of Insurance Product/Policy	Indemnity	**Policy clause 3.1**
4	Sum Insured Basis	• Individual and floater Sum insured. • options available are Rs. 4 and 8 lakhs.	**Prospectus Point 2 & 18.**
5	Policy Coverage (What Policy Covers?)	**Expense in respect of:**	
		Admission in hospital beyond 24 hours	**Policy clause 2.18**
		Pre-Hospitalization Medical expenses up to **60** days prior to the date of admission to the hospital	**Policy clause 2.37 & 3.1(e)**
		Post-Hospitalization Medical expenses up to **90** days from the date of discharge from the hospital.	**Policy clause 2.38 & 3.1(f)**
		Specified / Listed procedures requiring **less than 24** hours of hospitalization (day care) List of **280** Day care procedure in policy clause	**Annexure 1:List 1 of Day Care Procedure**
		Proportionate Deduction is applicable on the Associate Medical Expenses, if the Insured Person opts for a higher Room than his eligible category. It shall be effected in the same proportion as the eligible rate per day bears to the actual rate per day of Room Rent. However, it is not applicable on 1. Cost of Pharmacy and Consumables 2. Cost of Implants and Medical Devices 3. Cost of Diagnostics. • Proportionate Deduction shall also not be applied in respect of Hospitals which do not follow differential billing or for those expenses in which differential billing is not adopted based on the room category, as evidenced by the Hospital's schedule of charges / tariff.	**Policy Clause 3.2**

		• **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.	**Policy Clause 3.8**
		• **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.	**Policy Clause 3.15**
		• **Hospital cash** : We will pay Hospital Cash Rs. 500/- for each day of Hospitalisation admissible under the Policy. 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. Payment under this Clause will reduce the Sum Insured. Hospital cash will be payable for completion of every 24 hours and not part thereof.	**Policy Clause 3.5**
		• **Health Check-up**: 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. Such payment shall be restricted to Rs. 3,500. **Note**: **a)** Any payment made under this clause shall not be considered as a Claim. **b)** The unutilized amount under this benefit cannot be carried forward. **c)** In case the Policy is issued on an Individual Sum Insured basis, the above limit shall be available individually to the Insured Person. In case the Policy is on Floater Sum Insured basis, the above limit shall be available to all Family Members on a Floater basis.	**Policy Clause 3.12**
		• **ROAD AMBULANCE CHARGES** : 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/-. • However, if an Insured Person, 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 at 1% of Sum Insured maximum up to Rs. 5,000, provided the requirement of an Ambulance is certified by the Medical Practitioner.	**Policy Clause 3.6**

		• **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, subject to the following conditions: **1.** The Reinstatement of Sum Insured shall be upon full utilization of the Sum Insured. **2.** The sequence of utilization of Sum Insured will be as below: **a.** Sum Insured; **b.** Cumulative Bonus (if any); **c.** Reinstated Sum Insured **3.** The Reinstatement of Sum Insured shall be available for illnesses or Injuries other than for which Claim is paid or admissible during the Policy Period. **4.** Such Reinstatement shall only be available once in a Policy Period and only for Policies issued on Individual Sum Insured basis. **5.** Reinstatement of Sum Insured is not available for Modern Treatments listed under 3.11 of the Policy Clause. **6.** The unutilized amount cannot be carried forward.	**Policy Clause 3.14**
		• **Congenital Internal Diseases** or Defects or anomalies, except those related to Genetic disorders, shall be covered upto Sum Insured, after twelve months of Continuous Coverage, if it is unknown to You or to the Insured Person at the commencement of such Continuous Coverage. The requirement for Continuous Coverage for twelve months would not apply to a New Born Baby during the year of birth and also in subsequent renewals, provided Premium is paid for such New Born Baby at the time of renewal and the renewals are effected before or within the Grace Period of expiry of the Policy.	**Policy Clause 3.7**
		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 preceding twenty four months.	**Policy Clause 3.7**
		• **SPECIFIC COVERAGES** Available for **1-** Artificial life maintenance **2-** Puberty and Menopause related Disorders **3-** Age Related Macular Degeneration (ARMD) **4-** Genetic diseases or disorders **5-** Treatment of Mental Illness For sublimits please refer policy clauses 3.10(a) to 3.10(e) **Exclusions**: Any kind of Psychological counselling, cognitive/ family/ group/ behaviour/ palliative therapy or psychotherapy shall not be covered.	**Policy Clauses 3.10(a) to 3.10(e)**

		• **COVERAGE FOR MODERN TREATMENTS or PROCEDURES**---12 Treatments as per clause no 3.11.1 to 3.11.12	**Policy Clauses 3.11.1 to 3.11.12**
		COVERAGE FOR HAZARDOUS SPORTS: We shall be liable to pay expenses incurred towards treatment of any Injury or Illness arising out of the following hazardous sports: Bobsledding; Bungee Jumping; Canopying; Hang Gliding; Heli-skiing; Horseback Riding; Jet, Snow and Water Skiing; Kayaking; Martial Arts; Motorcycling; Mountain Biking; Mountain Climbing (under 14,000 feet); Paragliding; Parasailing; Safari; Scuba Diving, Skydiving; Snowboarding; Snowmobiling; Spelunking; Surfing; Trekking; White water Rafting; Wind Surfing; Zip Lining, Equestrian; Fencing; Rugby. Our liability under this Clause shall not exceed 10% of the Sum Insured during a policy period. 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. Payment under this Clause is admissible only if the expenses are incurred in Hospital as Inpatient in India.	**Policy Clause 3.9**
		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 under expiring Policy only. Sum Insured of the Renewed Policy will not be considered for the claim event which has commenced in the expiring Policy.	**Policy Clause 3.3**
		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 shall not exceed the available Sum Insured.	**Policy Clause 3.4**
		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	**Policy Clause 3.13**

		Expenses incurred on Medical Second Opinion shall be reimbursed up to a Maximum of Rs. 5,000/- during a Policy Period. **Note**: In case the Policy is issued on an Individual Sum Insured basis, the above limit shall be available individually to the Insured Persons. In case the Policy is on Floater Sum Insured basis, the above limit shall be available to all Insured persons on a Floater basis.	

		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.	**Policy Clause 3.16**
		NEW BORN BABY COVERAGE :A New Born Baby is covered for any Illness or Injury from the date of birth till the expiry of this Policy, within the terms of this Policy. Any expense incurred towards post-natal care, pre-term or pre-mature care or any such expense incurred in connection with delivery of such New Born Baby would not be covered. Congenital External Anomaly of the New Born Baby is covered only after 24 months Waiting Period	**Policy Clause 3.17**
		DENTAL TREATMENT (Inpatient): We will cover for medical expenses incurred towards dental treatment done under anesthesia necessitated due to an accident/injury/illness requiring Hospitalization as Inpatient treatment.	**Policy Clause 3.18**

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 • **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. • **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 • **CHANGE-OF-GENDER TREATMENTS (Code- Excl07):** Expenses related to any treatment, including surgical management, to change characteristics of the body to	**Policy clause 4.4.1 to 4.4.15**

		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. • **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 Exclusions • 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 willful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted Injury and attempted suicide. • Circumcision unless Medically Necessary or as may be necessitated due to an Accident.	**Policy clause 4.4.16 to 4.4.29**

		• 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. • 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 3.20.12	

		• Expenses incurred for Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy. • Treatment and/or services 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 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.	**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 /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 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.	**Policy Clause 4.2**

		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 (iv) **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 6. Congenital External Disease	
8	Financial Limit of Coverage **i. Sub-limit**	The Policy will pay only up to the limits specified hereunder for the following disease/procedures:	

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		Room Rent: 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	**Policy Clause 3.1(a)**
		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.	**Policy clause 3.1.(b)** **Policy clause 3.1.(c)** **Policy clause 3.1.(d)**
	ii. Co-Payment	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. d. Co-Pay shall also not be applicable for Illness or Treatments having sub-limits.	**Policy clause 5.29**
	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.	
		Provide the details/Web link of the following	

		i. Network hospital 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: vi. Pre-authorization approval/rejections: • Within 1 hour of receipt of request vii. Final Authorization for Discharge from the Hospital • Within 3 hours of receipt of discharge authorization request from the hospital	
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 30 days from the beginning of the policy. For detail please refer policy clause. **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.	**Policy clause 5.6** **Policy clause 5.11**

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		MIGRATION means a facility provided to policyholders (including all members under family cover and group Health insurance policy), to transfer the credit gained for pre-existing conditions and specific waiting period, from one health insurance policy to another with the same insurer. **PORTABILITY** means the facility provided to the health insurance policyholder (including all members under family cover), to transfer the credits gained for pre-existing diseases and specific waiting periods, from one insurer to another insurer.	**Policy clause 2.30 & 5.15** **Policy clause 2.40 & 5.15**
		Moratorium period:. After completion of five continuous years under this policy no look back would be applied. This period of five years is called as moratorium period. The moratorium would be applicable for the Sums Insured of the first policy and subsequently completion of five 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. Please refer policy documents for more information.	**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 5.4**

Declaration by the Policy Holder;

I have read the above and confirm having noted the details.

Place:

Date : (Signature of the Policy Holder)

Note:

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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.