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	**3.1**
4	Sum Insured Basis	Individual and floater Sum insured. options available are Rs. 4 , 8 and 12lakhs.	
5	Policy Coverage (What Policy Covers?)	**Expense in respect of:**	
		Expense in respect of:	
		Admission in hospital beyond 24 hours	**2.18**
		Pre-Hospitalization 60 days	**2.37& 3.1(e)**
		Post-Hospitalization Treatment within **90** days from the date of discharge.	**2.38& 3.1(f)**
		Specified / Listed procedures requiring **less than 24** hours of hospitalization (day care)	**Annexure 1**
		Proportionate Deduction on the Associate Medical Expenses	**3.2**
		Coverage under AYUSH treatment: Upto 100% of Sum Insured	**3.15**
		Hospital cash : Rs. 500/- for eachday of Hospitalisation	**3.5**
		Health Check - UP	**3.12**
		Road Ambulance charges : 1% of the Sum Insured up to a maximum of Rs. 5,000/-.	**3.6**
		Reinstatement of Sum Insured:	**3.14**
		Congenital Internal Diseases	**3.7**
		Congenital External Diseases	**3.7**
		SPECIFIC COVERAGES	**3.10(a) to 3.10(e)**
		Coverage for 12 Modern Treatments	**3.11.1 to 3.11.12**
		Coverage for hazardous sports:	**3.9**
		Medical expenses incurred under two policy periods	**3.3**
		Medical expenses for organ transplant:	**3.4**
		Medical second opinion:	**3.13**

		CUMULATIVE BONUS: **NEW BORN BABY COVERAGE** **DENTAL TREATMENT (Inpatient):** **Shared Accommodation benefit as cash benefit**:	**3.16** **3.17** **3.18** **3.19**
6	Exclusion (What Policydoes 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, Stem cell implantation/Surgery for other than those treatments mentioned in clause 3.11.12 etc…	**4.4.1 to4.4.29**
7	Waiting period	**Initial Waiting period**: First 30 days from date of Inception(not applicable renewal or accidents)	**4.3**
		PRE-EXISTING DISEASES (Code- Excl01)-24 Months	**4.1**
		SPECIFIC WAITING PERIOD (Code- Excl02) Ninety Days /12/ 24 months	**4.2**
8	Financial Limit of Coverage **i. Sublimit**	The Policy will pay only up to the limits specified hereunder for the following disease/procedures: • Room Rent: Single AC Room • Intensive Care Unit (ICU)-Actuals **Cataract**: 10% of the Sum Insured or Rs. 50,000/- whichever is less	**3.1(a)** **3.1(b)** **3.8**
	j. ii. Co-Payment	10% if treated in the higher zone than the one opted.	**5.29**
	iii. Deductible/ Any Otherlimit as applicable	Not applicable	
9	Claims/Claim Procedure	**Cashless Service and Reimbursement**-Available i. Network hospital details -Available on website and on policy schedule ii. Helpline number: 1800-209-1415 iii. Downloading the claim form- https://www.newindia.co.in/cms/24b38b03- 6b17-42e8-b047-	

		43c7784c6528/Claim_Form.pdf?guest=true iv. Pre-authorisation -Within 1 hour of request v. Final Authorization for Discharge from the Hospital within 3 hours of hospital request	
10	Policy Servicing	Call center number of the insurer-1800-209-1415 Company Officials- https://www.newindia.co.in/ **Policy Issuing Office :……**	
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** **Portability**. **Moratorium Period: 5 years**	**5.6** **5.11** **2.30 &5.15** **2.40 &5.15** **5.8**
13	Your Obligation	Please disclose all pre-existing disease/s or conditions beforebuying a policy. Non-disclosure may affect the claim settlement.	**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.

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

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