

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

SI No	Title	Description	Policy Clause Number
1	Name of the Insurance Product/Policy	Yuva Bharat Health Policy	PAGE 1
2	Policy Number		
3	Type of Insurance Product/Policy	Indemnity	3.1
4	Sum Insured Basis	Individual/Floater Sum insured. If Floater then – Print Floater sum insured If Individual then member wise sum insured	
5	Policy Coverage (What Policy Covers?)	Expense in respect of:	
		The Coverages for Base (15 covers), Gold(Base+6 covers) and Platinum Plans(Gold + 4 covers)	3.1 to 3.30
		Pre-hospitalisation (treatment prior to admission in hospital) of 60 days	3.1(e)
		Post-Hospitalisation within 90 days from date of discharge	3.1(f)
		Specified / Listed procedures requiring less than 24 hours of hospitalization (day care)	Annexure 1
		Proportionate Deduction on the Associated Medical Expenses	3.2
		Medical expenses incurred under two policy periods	3.3
		Medical expenses for organ transplant	3.4
		Hospital cash –Benefit paid per day for every completed 24 hours	3.5
		Road ambulance charges.	3.6
		Shared accommodation as cash benefit	3.7
		Coverage for Cataract	3.9
		Coverage for hazardous sports	3.10
		Congenital Internal and External disease Disease	3.8
		Specific coverages	3.11(a) to 3.11(e)
		Coverage for 12 modern treatments	3.12.1 to 3.12.12
		Medical second opinion	3.14
		Reinstatement of sum insured:	3.15
		Treatment under AYUSH –Up to 100% of the Sum Insured	3.16

		New born baby coverage	3.17	
		Critical care benefit for listed Critical illnesses	3.18	
		Cumulative Bonus:	5.25	
		Personal Accident Benefit	3.19	
		Air Ambulance charges	3.20	
		Auto Top up	3.21	
		Double Reinstatement of sum insured	3.22	
		Maternity Expenses	3.24	
		Infertility Treatment	3.25	
		Well baby cover	3.26	
		Birth right Benefit	3.27	
		Guaranteed Cumulative Bonus	3.23	
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, Stem cell implantation/Surgery for other than those treatments mentioned in clause 3.12.12 etc...	4. .4.1 to 4.4.31	
7	Waiting period	Initial Waiting period: First 30 days of all illness (not applicable in case of continuous renewal or accidents) Pre-existing diseases (Code- Excl01)-24 Months Specific waiting period (Code- Excl02) Ninety Days / 12 / 24 months	Policy clause 4.3 4.1 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 limits	- Room Rent including Boarding, DMO / RMO / CMO / RMP Charges, Nursing (Including Injection / Drugs and Intra venous fluid administration expenses) as provided by the hospital - Sum insured of Rs. 5,00,000 /10,00,000/15,00,000-Single AC room - Sum insured of Rs. 25,00,000 /50,00,000 /75,00,000 /1Crore Deluxe AC room	3.1(a)
		Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU), Intensivist charges, Monitor and Pulse Oxymeter expenses	3.1.(b)
	ii. Co-Payment	In case the Insured Person opting Zone II takes treatment in Zone I, Co-pay of 10% shall be applicable on admissible claim	5.28
	iii. Deductible/ Any Other limit as applicable	Not applicable	
9	Claims/Claim Procedure	Cashless Service and Reimbursement-Available - Network hospital details -Available on website and on policy schedule - Helpline number: 1800-209-1415 - Downloading the claim form- https://www.newindia.co.in/cms/24b38b03-6b17-42e8-b047-43c7784c6528/Claim_Form.pdf?quest=true - Pre-authorisation -Within 1 hour of request 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 Seniour citizens may write to – Seniorcitizencare.ho@newindia.co . For Ombudsman's contact details	5.14 Annexure III
12	Things Remember to	Free look period	5.6
		Policy renewal	5.11
		Migration and Portability	5.15
		Moratorium period:5 year	5.8

		Grace Period	2.18
13	Your Obligation	Please disclose all pre-existing disease/s or conditions before buying 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 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.

