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CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

SI No	Title	Description	Policy Clause Number																
1	Name of the Insurance Product/Policy	Yuva Bharat Health Policy																	
2	Policy Number																		
3	Type of Insurance Product/Policy	Indemnity and Benefit	Policy Clause 3.1 AND 3.17																
4	Sum Insured Basis	<ul style="list-style-type: none"> Individual or Floater Sum insured. Sum Insured available 5,10,15,25 and 50 lakhs. 	Prospectus Point 2 & 23																
5	Policy Coverage (What Policy Covers?)	<p>Expense in respect of:</p> <p>If during the Period of Insurance, You or any Insured Person incurs Hospitalization Expenses which are Reasonable and Customary, and Medically Necessary for treatment of any Illness or Injury, we will reimburse such expense incurred by You in the manner stated herein. The Coverages for Base, Gold and Platinum Plans are as under</p> <p>1. Base Plan</p> <table border="1"> <thead> <tr> <th>Hospitalisation Expenses</th> <th>Specific Coverages</th> </tr> </thead> <tbody> <tr> <td>Medical Expenses For Organ Transplant</td> <td>Coverage For Modern Treatments Or Procedures</td> </tr> <tr> <td>Hospital Cash</td> <td>Cost Of Health Check-Up</td> </tr> <tr> <td>Road Ambulance Charges</td> <td>Medical Second Opinion</td> </tr> <tr> <td>Treatment For Congenital Diseases</td> <td>Reinstatement Of Sum Insured</td> </tr> <tr> <td>Coverage For Cataract</td> <td>Treatments Under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.</td> </tr> <tr> <td>Coverage For Hazardous Sports</td> <td>New Born Baby Coverage</td> </tr> </tbody> </table> <p>2. Gold Plan covers the following in addition to the coverages mentioned in Base Plan.</p> <table border="1"> <tbody> <tr> <td>Critical Care Benefit</td> <td>Air Ambulance Charges</td> </tr> </tbody> </table>	Hospitalisation Expenses	Specific Coverages	Medical Expenses For Organ Transplant	Coverage For Modern Treatments Or Procedures	Hospital Cash	Cost Of Health Check-Up	Road Ambulance Charges	Medical Second Opinion	Treatment For Congenital Diseases	Reinstatement Of Sum Insured	Coverage For Cataract	Treatments Under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.	Coverage For Hazardous Sports	New Born Baby Coverage	Critical Care Benefit	Air Ambulance Charges	<p>Policy Clause 3.1 to 3.16</p> <p>Policy Clause 3.1 to 3.20</p>
Hospitalisation Expenses	Specific Coverages																		
Medical Expenses For Organ Transplant	Coverage For Modern Treatments Or Procedures																		
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Coverage For Cataract	Treatments Under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.																		
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Critical Care Benefit	Air Ambulance Charges																		

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		<table border="1"> <tr> <td>Personal Accident Benefit</td> <td>Auto TOP-UP</td> </tr> </table>	Personal Accident Benefit	Auto TOP-UP		<p>Policy Clause 3.1 to 3.24</p> <p>3. Platinum Plan: covers the following in addition to the coverages mentioned Gold Plan.</p> <table border="1"> <tr> <td>Maternity Coverage</td> <td>Infertility Treatment</td> </tr> <tr> <td>Well baby Cover</td> <td>Birth Right Benefit</td> </tr> </table> <p>Note: Enhanced Maternity Limit is available at an additional premium.</p>	Maternity Coverage	Infertility Treatment	Well baby Cover	Birth Right Benefit
Personal Accident Benefit	Auto TOP-UP									
Maternity Coverage	Infertility Treatment									
Well baby Cover	Birth Right Benefit									
			<p>Pre-hospitalisation (treatment prior to admission in hospital) of 60 days</p>	<p>Policy clause 3.1(e)</p>						
			<p>Post-Hospitalisation (treatment after discharge from Hospital) within 90 days from date of discharge</p>	<p>Policy clause 3.1(f)</p>						
			<p>Specified / Listed procedures requiring less than 24 hours of hospitalization (day care).</p> <p>List of 280 Day care procedure in policy clause.</p>	<p>Annexure 1: List 1 of Day Care Procedure</p>						
			<p>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</p> <ol style="list-style-type: none"> 1. Cost of Pharmacy and Consumables 2. Cost of Implants and Medical Devices 3. Cost of Diagnostics. <p>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.</p>	<p>Policy Clause 3.2</p>						
			<p>• MEDICAL EXPENSES FOR ORGAN TRANSPLANT:</p> <p>If treatment involves Organ Transplant to Insured Person, then We will also pay Hospitalisation Expenses (excluding cost of organ & Pre & Post Hospitalisation Expenses) incurred on the donor, provided Our liability towards expenses incurred on the donor and the Insured recipient shall not exceed the available Sum Insured.</p>	<p>Policy Clause 3.4</p>						

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		<p>• Hospital cash –</p> <p>We will pay Hospital Cash as per the limits mentioned below 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.</p> <table border="1" data-bbox="496 596 1360 753"> <thead> <tr> <th>Sum Insured Bands in Rs</th> <th>Hospital Cash Benefit</th> </tr> </thead> <tbody> <tr> <td>5 lakhs, 10 lakhs & 15 lakhs</td> <td>Rs. 500 per day</td> </tr> <tr> <td>25 lakhs</td> <td>Rs. 750 per day</td> </tr> <tr> <td>50 lakhs</td> <td>Rs. 1,000 per day</td> </tr> </tbody> </table>	Sum Insured Bands in Rs	Hospital Cash Benefit	5 lakhs, 10 lakhs & 15 lakhs	Rs. 500 per day	25 lakhs	Rs. 750 per day	50 lakhs	Rs. 1,000 per day	<p>Policy Clause 3.5</p>
Sum Insured Bands in Rs	Hospital Cash Benefit										
5 lakhs, 10 lakhs & 15 lakhs	Rs. 500 per day										
25 lakhs	Rs. 750 per day										
50 lakhs	Rs. 1,000 per day										
		<p>• 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 as per the limits mentioned below for Any One Illness.</p> <table border="1" data-bbox="496 1014 1360 1247"> <thead> <tr> <th>Sum Insured Bands in Rs</th> <th>Ambulance charges payable</th> </tr> </thead> <tbody> <tr> <td>5 lakhs, 10 lakhs & 15 lakhs</td> <td>Up to a maximum of Rs.5,000</td> </tr> <tr> <td>25 lakhs</td> <td>Up to a maximum of Rs.7,500</td> </tr> <tr> <td>50 lakhs</td> <td>Up to a maximum of Rs.10,000</td> </tr> </tbody> </table> <p>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 as per the above limits, provided the requirement of an Ambulance is certified by the Medical Practitioner.</p>	Sum Insured Bands in Rs	Ambulance charges payable	5 lakhs, 10 lakhs & 15 lakhs	Up to a maximum of Rs.5,000	25 lakhs	Up to a maximum of Rs.7,500	50 lakhs	Up to a maximum of Rs.10,000	<p>Policy Clause 3.6</p>
Sum Insured Bands in Rs	Ambulance charges payable										
5 lakhs, 10 lakhs & 15 lakhs	Up to a maximum of Rs.5,000										
25 lakhs	Up to a maximum of Rs.7,500										
50 lakhs	Up to a maximum of Rs.10,000										
		<p>• COVERAGE FOR CATARACT</p> <p>Our liability for payment of any claim within the Period of Insurance, relating to Cataract for each eye / per insured shall not exceed the limits mentioned below.</p> <table border="1" data-bbox="505 1726 1352 1873"> <thead> <tr> <th>Sum Insured Bands in Rs</th> <th>Charges payable</th> </tr> </thead> <tbody> <tr> <td>5 lakhs, 10 lakhs & 15 lakhs</td> <td>Up to a maximum of Rs.50,000</td> </tr> </tbody> </table>	Sum Insured Bands in Rs	Charges payable	5 lakhs, 10 lakhs & 15 lakhs	Up to a maximum of Rs.50,000	<p>Policy Clause 3.8</p>				
Sum Insured Bands in Rs	Charges payable										
5 lakhs, 10 lakhs & 15 lakhs	Up to a maximum of Rs.50,000										

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		25 lakhs	Up to a maximum of Rs.75,000									
		50 lakhs	Up to a maximum of Rs.1,00,000									
		<p>COVERAGE FOR HAZARDOUS SPORTS</p> <p>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. We shall reimburse the expenses as per the following limits:</p> <table border="1"> <thead> <tr> <th>Sum Insured</th> <th>Amount Payable per policy period</th> </tr> </thead> <tbody> <tr> <td>5 lakhs, 10 lakhs & 15 lakhs</td> <td>10% of Sum insured subject to a maximum of Rs.1,00,000</td> </tr> <tr> <td>25 lakhs</td> <td>Up to to a maximum of Rs.1,50,000</td> </tr> <tr> <td>50 lakhs</td> <td>Up to to a maximum of Rs.2,00,000</td> </tr> </tbody> </table> <p>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 In Patient in India.</p>		Sum Insured	Amount Payable per policy period	5 lakhs, 10 lakhs & 15 lakhs	10% of Sum insured subject to a maximum of Rs.1,00,000	25 lakhs	Up to to a maximum of Rs.1,50,000	50 lakhs	Up to to a maximum of Rs.2,00,000	Policy Clause 3.9
Sum Insured	Amount Payable per policy period											
5 lakhs, 10 lakhs & 15 lakhs	10% of Sum insured subject to a maximum of Rs.1,00,000											
25 lakhs	Up to to a maximum of Rs.1,50,000											
50 lakhs	Up to to a maximum of Rs.2,00,000											
		<ul style="list-style-type: none"> • Congenital Internal Disease or Defects or anomalies, except those related to Genetic disorders, shall be covered up to 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. 		Policy Clause 3.7								
		<ul style="list-style-type: none"> • 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								

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		<ul style="list-style-type: none"> SPECIFIC COVERAGES Available for <ol style="list-style-type: none"> Artificial life maintenance Puberty and Menopause related Disorders Age Related Macular Degeneration (ARMD) Genetic diseases or disorders Treatment of Mental Illness <p>For sub-limits please refer policy clauses</p> 	Policy Clause 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 Clause 3.11.1 to 3.11.12								
		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 as per the limits mentioned below <table border="1" data-bbox="516 905 1344 1129"> <thead> <tr> <th>Sum Insured Bands in Rs</th> <th>Charges payable</th> </tr> </thead> <tbody> <tr> <td>5 lakhs, 10 lakhs & 15 lakhs</td> <td>Up to a maximum of Rs.5,000</td> </tr> <tr> <td>25 lakhs</td> <td>Up to a maximum of Rs.7,500</td> </tr> <tr> <td>50 lakhs</td> <td>Up to a maximum of Rs.10,000</td> </tr> </tbody> </table> <p>Note: In case the Policy is issued on an Individual Sum Insured basis, the above limits shall be available individually to the Insured Persons. In case the Policy is on Floater Sum Insured basis, the above limits shall be available to all Insured persons on a Floater basis.</p>	Sum Insured Bands in Rs	Charges payable	5 lakhs, 10 lakhs & 15 lakhs	Up to a maximum of Rs.5,000	25 lakhs	Up to a maximum of Rs.7,500	50 lakhs	Up to a maximum of Rs.10,000	Policy clause 3.13
Sum Insured Bands in Rs	Charges payable										
5 lakhs, 10 lakhs & 15 lakhs	Up to a maximum of Rs.5,000										
25 lakhs	Up to a maximum of Rs.7,500										
50 lakhs	Up to a maximum of Rs.10,000										
		REINSTATEMENT OF SUM INSURED: If the Sum Insured is exhausted due to a claim(s) admissible and/or paid under the Policy, then the Sum Insured shall be reinstated. <ul style="list-style-type: none"> The Reinstatement of Sum Insured shall be upon full utilization of the Sum Insured. The sequence of utilization of Sum Insured will be as below: <ol style="list-style-type: none"> Sum Insured; Cumulative Bonus (if any); Reinstated Sum Insured The Reinstatement of Sum Insured shall be available for illnesses or Injuries other than for which Claim is paid or 	Policy Clause 3.14								

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		<p>admissible during the Policy Period.</p> <ul style="list-style-type: none"> • Such Reinstatement shall only be available once in a Policy Period and only for Policies issued on Individual Sum Insured basis. • Reinstatement of Sum Insured is not available for Modern Treatments listed under 3.11 of the Policy Clause. • The unutilized amount will not be carried forward. 	
		<p>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.</p>	<p>Policy clause 3.15</p>
		<p>NEW BORN BABY COVERAGE</p> <p>Hospitalisation Expenses incurred for a New Born Baby are covered for any Illness or Injury from the date of birth till the expiry of this Policy, within the Sum Insured of the Mother. However, Expenses incurred towards post-natal care, pre-term or pre-mature care shall not be covered.</p> <p>Coverage for the New Born Baby would be available during subsequent renewals provided the child is declared for insurance and premium is paid for the child and covered as an Insured Person.</p> <p>Note: This coverage is available for a New Born Baby born during the Policy Period to a female Insured Person, who has twenty-four months of Continuous Coverage with Us.</p>	<p>Policy Clause 3.16</p>

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	<p>CRITICAL CARE BENEFIT</p> <p>If during the Policy Period, any Insured Person is diagnosed with of any of the Critical Illness defined under Clause of 2.8 of the Policy Document for the first time, Lump Sum amount as mentioned below will be paid subject to following conditions.</p> <table border="1" data-bbox="570 443 1286 596"> <thead> <tr> <th>Sum Insured Bands in Rs</th> <th>Benefit Payable</th> </tr> </thead> <tbody> <tr> <td>5 lakhs, 10 lakhs & 15 lakhs</td> <td>Rs. 1,00,000</td> </tr> <tr> <td>25 lakhs</td> <td>Rs.1,50,000</td> </tr> <tr> <td>50 lakhs</td> <td>Rs.2,50,000</td> </tr> </tbody> </table> <p>For conditions please refer Policy clause 3.17</p>	Sum Insured Bands in Rs	Benefit Payable	5 lakhs, 10 lakhs & 15 lakhs	Rs. 1,00,000	25 lakhs	Rs.1,50,000	50 lakhs	Rs.2,50,000	<p>Policy clause 3.17</p>				
Sum Insured Bands in Rs	Benefit Payable													
5 lakhs, 10 lakhs & 15 lakhs	Rs. 1,00,000													
25 lakhs	Rs.1,50,000													
50 lakhs	Rs.2,50,000													
	<p>CUMLATIVE BONUS:</p> <p>Insured Person will be entitled for Cumulative Bonus of 10% at each claim free year Renewal, subject to maximum of 30%. If a claim is made in any particular year, the cumulative bonus accrued at the time of renewal shall be reduced at the same rate at which it is accrued.</p> <p>For detail, please refer policy document</p>	<p>Policy Clause 5.25</p>												
	<p>PERSONAL ACCIDENT BENEFIT</p> <p>If at any time during the currency of this Policy, the Insured Person shall sustain any bodily injury resulting solely and directly from accident caused by external, violent and visible means, then the Company shall pay to the Insured or his legal representative(s) or Nominee, as the case may be, the sum hereinafter set forth, that is to say: If such Injury shall within twelve calendar months of its occurrence be the sole and direct cause of</p> <table border="1" data-bbox="488 1493 1208 1852"> <thead> <tr> <th>S No</th> <th>Cover</th> <th>Compensation</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Death</td> <td>100% of sum insured</td> </tr> <tr> <td>2</td> <td>Permanent Total Disablement</td> <td>100% of sum insured</td> </tr> <tr> <td>3</td> <td>Loss of both eyes / Loss of two limbs / Loss of one limb and one eye</td> <td>100% of sum insured</td> </tr> </tbody> </table>	S No	Cover	Compensation	1	Death	100% of sum insured	2	Permanent Total Disablement	100% of sum insured	3	Loss of both eyes / Loss of two limbs / Loss of one limb and one eye	100% of sum insured	<p>Policy Clause 3.18</p>
S No	Cover	Compensation												
1	Death	100% of sum insured												
2	Permanent Total Disablement	100% of sum insured												
3	Loss of both eyes / Loss of two limbs / Loss of one limb and one eye	100% of sum insured												

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		4	Loss of one limb / one eye	50% of sum insured										
		<p>Note: Permanent Total Disablement means any Injury as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured person from engaging in any employment or occupation of any description whatsoever, then a lump sum as mentioned above shall be payable. Note:For conditions please refer Policy Clause 3.18</p>												
		<p>AIR AMBULANCE CHARGES</p> <p>We will pay the charges incurred towards Air Ambulance services Reasonably incurred for shifting any Insured Person to Hospital for admission, or from one Hospital to another Hospital for Any One Illness as per the limits given below</p> <table border="1" data-bbox="516 1251 1344 1549"> <thead> <tr> <th>Sum Insured Bands in Rs</th> <th>Charges Payable</th> </tr> </thead> <tbody> <tr> <td>5 lakhs, 10 lakhs & 15 lakhs</td> <td>Up to a maximum of Rs. 50,000</td> </tr> <tr> <td>25 lakhs</td> <td>Up to a maximum of Rs. 75,000</td> </tr> <tr> <td>50 lakhs</td> <td>Up to a maximum of Rs. 1,00,000</td> </tr> </tbody> </table>				Sum Insured Bands in Rs	Charges Payable	5 lakhs, 10 lakhs & 15 lakhs	Up to a maximum of Rs. 50,000	25 lakhs	Up to a maximum of Rs. 75,000	50 lakhs	Up to a maximum of Rs. 1,00,000	<p>Policy clause 3.19</p>
Sum Insured Bands in Rs	Charges Payable													
5 lakhs, 10 lakhs & 15 lakhs	Up to a maximum of Rs. 50,000													
25 lakhs	Up to a maximum of Rs. 75,000													
50 lakhs	Up to a maximum of Rs. 1,00,000													
		<p>AUTO TOP UP</p> <p>Sum Insured is automatically reinstated up to 10% of the Sum Insured for the treatment of same illness or injury for which claim is paid or admissible</p> <p>Please refer policy document for more details</p>				<p>Policy clause 3.20</p>								

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		<p>MATERNITY COVERAGE</p> <p>Maternity Expenses shall be covered after twenty-four months of Continuous Coverage under this Plan. Our maximum liability for towards Maternity Expenses, shall be up to Rs. 25,000/- in case of single baby and up to Rs. 37,500/- in case of Twin Babies</p> <p>Please refer policy document for more information.</p> <p>INFERTILITY TREATMENT</p> <p>We shall provide expenses necessarily incurred for treatment of Infertility (including OPD Treatment) as per limits mentioned below. This limit shall be the lifetime limit in respect of all Insured Persons.</p> <p>WELL BABY COVER</p> <p>We will reimburse the Medical Expenses incurred towards hospitalisation of pre-term or pre-mature Baby born within 32 weeks of Gestation Period requiring a minimum period of 24 Hours hospitalization in neo-natal care immediately after birth.</p> <table border="1" data-bbox="711 1066 1146 1297"> <thead> <tr> <th>Sum Insured</th> <th>Limit</th> </tr> </thead> <tbody> <tr> <td>5 L, 10 L & 15 L</td> <td>Rs. 30,000</td> </tr> <tr> <td>25 L</td> <td>Rs. 40,000</td> </tr> <tr> <td>50 L</td> <td>Rs. 50,000</td> </tr> </tbody> </table> <p>BIRTH RIGHT BENEFIT</p> <p>If during the Policy Period, Child or New Born Baby covered under the policy is diagnosed to suffer from any of the Disorders mentioned below, a lump sum amount as mentioned below shall be payable subject to the following conditions</p> <table border="1" data-bbox="609 1734 1250 1881"> <thead> <tr> <th>Sum Insured Bands in Rs</th> <th>Benefit Payable</th> </tr> </thead> <tbody> <tr> <td>5 lakhs, 10 lakhs & 15 lakhs</td> <td>Rs. 30,000</td> </tr> </tbody> </table>	Sum Insured	Limit	5 L, 10 L & 15 L	Rs. 30,000	25 L	Rs. 40,000	50 L	Rs. 50,000	Sum Insured Bands in Rs	Benefit Payable	5 lakhs, 10 lakhs & 15 lakhs	Rs. 30,000	<p>Policy Clause 3.21</p> <p>Policy clause 3.22</p> <p>Policy Clause 3.23</p> <p>Policy Clause 3.24</p>
Sum Insured	Limit														
5 L, 10 L & 15 L	Rs. 30,000														
25 L	Rs. 40,000														
50 L	Rs. 50,000														
Sum Insured Bands in Rs	Benefit Payable														
5 lakhs, 10 lakhs & 15 lakhs	Rs. 30,000														

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			25 lakhs	Rs.40,000	
			50 lakhs	Rs.50,000	
6	Exclusion (What Policy does not cover)	<p>Standard Exclusions</p> <ul style="list-style-type: none"> • INVESTIGATION & EVALUATION (Code- Excl04) <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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); <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> i. Obesity-related cardiomyopathy ii. Coronary heart disease 	Policy clause 4.4.1 to 4.4.15		

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		<p>iii. Severe Sleep Apnea iv. Uncontrolled Type2 Diabetes</p> <ul style="list-style-type: none"> • 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. • 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 	
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		<p>establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13)</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> 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. 	
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		<p style="text-align: center;">Specific Exclusions</p> <ul style="list-style-type: none"> • 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 wilful 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. • 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: <ul style="list-style-type: none"> • 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, 	<p>Policy clause 4.4.16 to 4.4.29</p>
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		<p>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.</p> <ul style="list-style-type: none"> • 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	<p>Initial Waiting period: First 30 days of all illness (not applicable in case of continuous renewal or accidents)</p>	Policy clause 4.3
		<p>PRE-EXISTING DISEASES (Code- Excl01)</p> <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. 	Clause 4.1

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		<p>SPECIFIC WAITING PERIOD (Code- Excl02)</p> <ul style="list-style-type: none"> • 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. • 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. <p>(i) 90 Days Waiting Period</p> <ol style="list-style-type: none"> 1. Diabetes Mellitus 2. Hypertension 3. Cardiac Conditions <p>(ii) 12 Months waiting period</p> <ol style="list-style-type: none"> 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 	<p>Clause 4.2</p>
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		<p>18. Renal Failure 19. Puberty and Menopause related Disorders 20. Internal Congenital Diseases 21. Critical Care Benefit</p> <p>(iii) 24 Months waiting period</p> <ol style="list-style-type: none"> 1. Joint Replacement due to Degenerative Condition 2. Age-related Osteoarthritis & Osteoporosis 3. Treatment of Mental Illness (ICD Code: F01-F29 & F60-F79) 4. Age Related Macular Degeneration (ARMD) 5. Genetic diseases or disorders 6. Birth Right Benefit 7. Infertility Treatment 8. Maternity Coverage 	
8	Financial Limit of Coverage	The Policy will pay only up to the limits specified hereunder for the following disease/procedures:	
	i. Sub-limit	<ul style="list-style-type: none"> • 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 Deluxe AC room 	Clause 3.1(a)
		<p>Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU), Intensivist charges, Monitor and Pulse Oxymeter expenses</p>	Policy clause 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.	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/Weblink of the following	

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		<p>i. Network hospital details- https://www.newindia.co.in/portal/readMore/HospitalsList</p> <p>ii. Helpline number: 1800-209-1415</p>	
		<p>iii. Hospitals which are blacklisted or from where no claims will be accepted by the insurer- Not applicable</p>	
		<p>iv. Downloading the claim form- https://www.newindia.co.in/cms/24b38b03-6b17-42e8-b047-43c7784c6528/Claim_Form.pdf?quest=true</p> <p>v. Pre-authorisation approval/rejections:</p> <ul style="list-style-type: none"> • 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. <p>No pre-authorisation will be done in the absence of beneficiary photo ID and other valid ID proof as defined</p>	
10	Policy Servicing	<p>Call center number of the insurer-1800-209-1415</p> <p>Details of the Company Officials-https://www.newindia.co.in/</p> <p>Details of Policy Issuing Office-</p>	
11	Grievances/Complaints	<p>Details of</p> <p>Grievance redressal officer of the company: https://www.newindia.co.in/portal/readMore/Grievances</p> <p>Insurance company grievance portal/department: Not applicable</p> <p>Ombudsman's: Annexure III of the policy clause</p>	
12	Things to Remember	<p>Free look cancellation: You may cancel the insurance policy, if you do not want it, within 15 days from the beginning of the policy.</p> <p>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.</p> <p>Migration and Portability: This policy is subject to portability guidelines issued by IRDA and as amended from time to time.</p>	<p>Policy clause 5.6</p> <p>Policy clause 5.11</p> <p>Policy clause 5.15</p>

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		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 5.4

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.