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CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

SI No	Title	Description	Policy Clause Number
1	Name of the Insurance Product/Policy	<u>AROGYA SANJEEVANI POLICY, THE NEW INDIA ASSURANCE CO. LTD.</u>	
2	Policy Number		
3	Type of Insurance Product/Policy	Indemnity	Policy clause 2
4	Sum Insured Basis	<ul style="list-style-type: none"> • Individual/Floater <p>If It is individual, then</p> <p style="margin-left: 40px;">A – 5000000 B - 7000000</p> <p>If it is floater, then only sum insured to be displayed</p> <p style="margin-left: 40px;">Sum Insured - 500000</p>	Prospect us Point 2 & 15.
5	Policy Coverage (What Policy Covers?)	Expense in respect of:	
		Admission in hospital beyond 24 hours	Policy clause 3.23
		Pre-hospitalisation (treatment prior to admission in hospital) of 30 days	Policy clause 3.42 & 4.4
		Post-Hospitalisation (treatment after discharge from Hospital) within 60 days from date of discharge	Policy clause 3.43 & 4.5
		Specified / Listed procedures requiring less than 24 hours of hospitalization (day care) List of 280 Day care procedure in policy clause	Annexure C:List of Day Care Procedure

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	<ul style="list-style-type: none"> • Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to 2% of the sum insured subject to maximum of Rs.5000/-, per day. • Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up to 5% of sum insured subject to maximum of Rs. 10,000/- per day. 	<p>Policy clause 4.1</p>
	<ul style="list-style-type: none"> • Other expenses <ul style="list-style-type: none"> • a. Expenses incurred on treatment of cataract subject to the sub limits • b. Dental treatment, necessitated due to disease or injury. • c. Plastic surgery necessitated due to disease or injury • d. All the day care treatments (As per Annexure C attached herewith). • e. Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalisation. • Note: <ul style="list-style-type: none"> a. Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment. b. In case of admission to a room/ICU/ICCU at rates exceeding the aforesaid limits, the reimbursement/payment of all other expenses incurred at the Hospital, with the exception of cost of medicines, shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent/ICU/ICCU charges. • Cataract Treatment: The Company shall indemnify medical expenses incurred for treatment of Cataract, subject to a limit of 25% of Sum Insured or Rs.40,000/-, whichever is lower, per eye in one policy year. 	<p>Policy Clause 4.1.1</p> <p>Policy Clause 4.3</p>
	<ul style="list-style-type: none"> • 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>Policy Clause 4.2</p>

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	<ul style="list-style-type: none"> • Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalisation. • The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to 50% of Sum Insured, specified in the policy schedule, during the policy period: <ul style="list-style-type: none"> a. Uterine Artery Embolization and HIFU (High intensity focused ultrasound) b. Balloon Sinuplasty. c. Deep Brain stimulation. d. Oral chemotherapy. 	<p>Policy Clause 4.1.1(e)</p> <p>Policy Clause 4.6</p>
	<ul style="list-style-type: none"> e. Immunotherapy- Monoclonal Antibody to be given as injection. f. Intra vitreal injections. g. Robotic surgeries. h. Stereotactic radio surgeries. i. Bronchial Thermoplasty. j. Vaporisation of the prostate (Green laser treatment or holmium laser treatment). k. IONM - (Intra Operative Neuro Monitoring). l. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered. 	

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6	<p>Exclusion</p> <p>(What Policy does not cover)</p>	<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: 	<p>Policy clause 7.1 to 7.20</p>
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| | | <ul style="list-style-type: none"> i. Obesity-related cardiomyopathy ii. Coronary heart disease iii. Severe Sleep Apnea iv. Uncontrolled Type2 Diabetes <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 spas, nature cure clinics, spas or similar establishments or private beds registered as | |
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		<p>a nursing home attached to such 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 dioptries.• 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, sterilizationb. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSIc. Gestational Surrogacyd. 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.• 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.• Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event	
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		<p>contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:</p> <p>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.</p> <p>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.</p> <p>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.</p> <ul style="list-style-type: none"> • Any expenses incurred on Domiciliary Hospitalization and OPD treatment. • Treatment taken outside the geographical limits of India • In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes 	
7	Waiting period	Initial Waiting period: First 30 days of all illness(not applicable in case of continuous renewal or accidents)	Policy clause 6.3

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	<p>PRE-EXISTING DISEASES (Code- Excl01)</p> <p>a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with us.</p> <p>b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.</p> <p>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.</p> <p>d. Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.</p>	<p>Policy Clause 6.1</p>
	<p>SPECIFIC WAITING PERIOD (Code- Excl02)</p> <p>a. Expenses related to the treatment of the following listed conditions, surgeries / treatments shall be excluded until the expiry of 24 / 36 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.</p> <p>b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.</p> <p>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.</p> <p>d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.</p> <p>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> <p>(ii) 24 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 	<p>Policy Clause 6.2</p>

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		<p>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</p> <p>(iv) 36 Months waiting period 1. Joint Replacement unless arising from accident 2. Age-related Osteoarthritis & Osteoporosis</p>	
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, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to 2% of the sum insured subject to maximum of Rs.5000/-, per day. 	Policy Clause 4.1(a)
		<ul style="list-style-type: none"> Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up to 5% of sum insured subject to maximum of Rs.10,000/- per day. 	Policy clause 4.1.(b)
	ii. Co-Payment	5% co pay on all claims	Policy Clause 12.
iii. Deductible	Not applicable		

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	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 <ul style="list-style-type: none"> 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?quest=true v. Pre-authorization approval/rejections: <ul style="list-style-type: none"> • Within 1 hour of receipt of request vi. Final Authorization for Discharge from the Hospital <ul style="list-style-type: none"> • Within 3 hours of receipt of discharge authorization request from the hospital 	
10	Policy Servicing	Call center number of the insurer-1800-209-1415 Details of the Company Officials- https://www.newindia.co.in/ <u>Details of policy issuing office:</u>	
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	Policy clause 11

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		Ombudsman's contact details	Annexure B of policy clause
12	Things Remember to	<p>Free look cancellation : You may cancel the insurance policy, if you do not want it, within 30 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 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.</p> <p>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.</p>	<p>Policy clause 10.19</p> <p>Policy clause 10.15</p> <p>Policy clause 10.14</p>
		<p>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.</p>	<p>Policy clause 8</p>

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		<p>POLICY YEAR means a period of twelve months beginning from the date of commencement of the policy period and ending on the last day of such twelve-month period. For the purpose of subsequent years, policy year shall mean a period of twelve months commencing from the end of the previous policy year and lapsing on the last day of such twelve-month period, till the policy period, as mentioned in the schedule.</p> <p>Policy Period: Period of one policy year as mentioned in the schedule for which the Policy is issued.</p>	<p>Policy clause 3.47</p> <p>Policy Clause 3.45</p>
		<p>Grace Period: The specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage is not available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.</p>	<p>Policy clause 3.21</p>
13	Your Obligation	Please disclose all pre-existing disease/s or conditions before buying a policy. Non-disclosure may affect the claim settlement.	<p>Policy clause 10.1</p>

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.