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CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

SI No	Title	Description	Policy Clause Number
1	Name of the Insurance Product/Policy	Atmanirbhar Health Policy	Page 1 of policy clause
2	Policy Number		
3	Type of Insurance Product/Policy	Indemnity	Policy clause 4
4	Sum Insured Basis	Individual Member name1 – Sum insured Member name 2 – sum insured	Policy clause 11 (table of benefit)
5	Policy Coverage (What Policy Covers?)	Expense in respect of: a) Hospitalization expenses – Expenses incurred on hospitalization for a minimum period of 24 hours including pre-hospitalization expenses for a period of 30 days and post-hospitalization expenses for a period of 60 days. Time limit of 24 hrs shall not apply in respect of Day Care Treatment. b) 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 c) Expenses incurred for treatment of cataract. d) Expenses incurred on hospitalisation for Modern Treatment listed procedures. e) Expenses on road Ambulance are subject to a maximum of Rs. 2000/- per hospitalization	Section 4
		Specified / Listed procedures requiring less than 24 hours of hospitalization (day care) List of 537 Day care procedure in policy clause	Annexure 3:List of Day Care Procedure
		COVERAGE FOR MODERN TREATMENTS or PROCEDURES- 12 Treatments as per clause no 4.7	Policy Clause 4.7

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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: <ul style="list-style-type: none"> 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 those of the opposite sex. 	<p>Policy clause 8.1.1 to 8.1.15</p>
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- **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-**

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		<p>Excl14)</p> <ul style="list-style-type: none"> • 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, 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. 	
		<p>Specific Exclusions</p> <ul style="list-style-type: none"> • Any medical treatment taken outside India. • Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs. • Nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity from: a. any nuclear fuel or from any nuclear waste; or b. from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission); c. nuclear weapons material. d. nuclear equipment or any part of that equipment. • War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power 	<p>Policy clause 8.2.1 to 8.2.21</p>

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		<p>or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.</p> <ul style="list-style-type: none"> • Injury or Disease caused by or contributed to by nuclear weapons/materials. • Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or as may be necessitated due to an accident. • Treatment with alternative medicines or Treatment, experimental or any other treatment such as acupuncture, acupressure, magnetic, osteopath, chiropractic, reflexology and aromatherapy. • Suicide, Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event/activity that is against law with a criminal intent. • Vaccination or inoculation except as post bite treatment for animal bite. • Convalescence, general debility, "Run-down" condition, rest cure, Congenital external illness/disease/defect. • Outpatient diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy and expenses related to Domiciliary hospitalization shall not be covered. • Dental treatment or Surgery of any kind unless requiring Hospitalisation as a result of accidental Bodily Injury. • Venereal/ Sexually Transmitted disease • Stem cell storage. • Any kind of service charge, surcharge levied by the hospital. • Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies. • Non-Payable items: The expenses that are not covered in this Policy are placed under List-I of AnnexureII • Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner. 	
7	Waiting period	<p>a. Pre-Existing Diseases (other than pre-existing HIV/AIDS and Disability) will be covered after a waiting period of forty-eight (36) months of continuous coverage.</p> <p>b. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident</p> <p>c. Expenses related to the treatment of Pre-existing Disability covered after 24 months of continuous coverage from date of commencement of policy.</p>	Section 5

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		<p>d. Specified surgeries/ treatments/ diseases are covered after a specific waiting period of 24 months .</p>	
		<p>SPECIFIC WAITING PERIOD (Code- Excl02)</p> <p>a) Expenses related to the treatment of the listed Conditions; surgeries/treatments shall be excluded until the expiry of 24 months as (mentioned in Policy Schedule) of continuous coverage after the date of inception of the first policy with us. 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 pre-Existing 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>24 Months waiting period.</p> <ol style="list-style-type: none"> 1. Benign ENT disorders 2. Tonsillectomy 3. Adenoidectomy 4. Mastoidectomy 5. Tympanoplasty 6. Hysterectomy 7. All internal and external benign tumors, cysts, polyps of any kind, including benign breast lumps. 8. Benign prostate hypertrophy 9. Cataract and age-related eye ailments 10. Gastric/ Duodenal Ulcer 11. Gout and Rheumatism 12. Hernia of all types 13. Hydrocele 14. Non-Infective Arthritis 15. Piles, Fissures and Fistula in anus 16. Pilonidal sinus, Sinusitis and related disorders 17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident. 18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy. 19. Varicose Veins and Varicose Ulcers 	<p>Section 5</p>

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8	Financial Limit of Coverage	The Policy will pay only up to the limits specified hereunder for the following disease/procedures:	
	i. Sub-limit	Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to maximum of 1% of the Sum Insured per day.	Policy Clause 4.1(i)
		Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up maximum of up to 2% of Sum Insured per day.	Policy clause 4.1.(ii)
	ii. Co-Payment	Each and every claim under the Policy shall be subject to a Co-payment of 20% applicable to claim amount admissible and payable as per the terms and conditions of the Policy. The amount payable shall be after deduction of the co-payment This co-payment can be waived off by paying an additional premium(optional).	Policy clause 10.5
	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 i. Networkhospital 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	

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		<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-authorization approval/rejections:</p> <ul style="list-style-type: none">• Within 1 hour of receipt of request <p>vi. Final Authorization for Discharge from the Hospital</p> <ul style="list-style-type: none">• Within 3 hours of receipt of discharge authorization request from the hospital	
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10	Policy Servicing	<p>Call centre number of the insurer-1800-209-1415</p> <p>Details of the Company Officials-https://www.newindia.co.in/</p> <p>Details of the 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 IV of the policy clause</p>	Policy clause 15
12	Things to Remember	<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:</p> <p>You will have the option to migrate the policy to other Health Insurance products/plans offered by the company by applying for migration of the policy at-least 30 days before the policy renewal date as per IRDAI guidelines on Migration.</p> <p>PORTABILITY:</p> <p>You will have the option to port the policy to other Insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at-least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability</p>	<p>Policy clause 14</p> <p>Policy clause 10</p> <p>Policy clause 8</p> <p>Policy clause 9</p>

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		<p>Moratorium period: After completion of sixty continuous months of coverage (including portability and migration in health insurance policy), no policy and claim shall be contestable by the insurer on grounds of non-disclosure, mis-representation except on grounds of established fraud. This period of sixty continuous months is called as Moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limit.</p>	<p>Policy clause 12</p>
13	Your Obligation	Please disclose all pre-existing disease/s or conditions before buying a policy. Non-disclosure may affect the claim settlement	

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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.