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CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

Sl No	Title	Description	Policy Clause Number
1	Name of the Insurance Product/Policy	**New India Floater Mediclaim Policy**	**Page 1 of policy clause**
2	Policy Number		
3	Sum Insured Opted		
4	Type of Insurance Product/Policy	Indemnity	**Policy Clause 3.1**
5	Sum Insured Basis	• Floater Sum insured. • options available are 2, 3, 5, 8, 10, 12 and 15 lakhs.	**Prospectus Point 2 & 20.**
6	Policy Coverage (What Policy Covers?)	**Expense in respect of:**	
		Admission in hospital beyond 24 hours	**Policy Clause 2.19**
		Pre-hospitalisation (treatment prior to admission in hospital) of 30 days	**Policy clause 2.38 & 3.1(e)**
		Post-Hospitalisation (treatment after discharge from Hospital) within 60 days from date of discharge	**Policy clause 2.39 & 3.1(f)**
		Specified / Listed procedures requiring less than 24 hours of hospitalization (day care) List of 226 Day care procedure in policy clause	**Annexure 1: List of Day Care Procedure**
		Proportionate deduction on the other expenses incurred at the Hospital, with the exception of cost of medicines, if Room Rent / ICU / ICCU charges exceeds the aforesaid limit. (Waived if No proportionate deduction option is Opted)	**Policy Clause 3.1(g)**

		• **Cataract:** Our liability for any claim of Cataract shall not exceed 10% of Sum Insured subject to a maximum of Rs. 50,000. The said limit shall be applicable per event for all the Policies of Our Company including Group Policies. Even if two or more Policies of New India are invoked, sublimit of the Policy chosen by Insured shall prevail and our liability is restricted to stated sublimit.	**Policy Clause 3.2**
		• **Coverage for AYUSH Treatment is covered** up to 100% of the Sum Insured.	**Policy Clause 3.4**
		• **Hospital cash** will be paid at the rate of 0.1% per day maximum up to 1% of Sum Insured for any one Illness. This benefit will reduce the Sum Insured. This benefit is payable only if the Hospitalisation is for more than 24 hours. This benefit is applicable only if the Sum Insured of the Insured Person is more than or equal to three lakhs.	**Policy Clause 3.5**
		• Expenses incurred towards **Ambulance service** will be paid subject to cap 1% of Sum Insured. Payment under this benefit will reduce the Sum Insured. Ambulance charges will be paid once for Any One Illness for each Insured.	**Policy Clause 3.7**
		• **Optional Cover I**: No proportionate deduction- This benefit is applicable only if the Sum Insured of the Insured person is more than or equal to Rs. 2 lakhs. On payment of additional premium, proportionate deduction clause shall stand deleted.	**Policy Clause 3.11**
		• **Optional Cover II**: **Maternity Expenses**- This benefit is applicable only if the Sum Insured of the Insured person is more than or equal to Rs. 5 lakhs. On payment of additional premium, Maternity Expenses up to 10% of the average Sum Insured shall be payable after waiting period of thirty-six months(check). The said limit shall be applicable per event for all the Policies of Our Company including Group Policies. Even if two or more Policies of New India are invoked, sublimit of the Policy chosen by Insured shall prevail and our liability is restricted to stated sublimit.	**Policy Clause 3.12**

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• Optional Cover III: Revision in cataract Limit- This benefit is applicable only if the Sum Insured of the Insured person is more than or equal to Rs. 8 lakhs. On payment of additional premium, additional limit shall be as follows:
<table>
<tr><th><u>Sum Insured</u></th><th><u>Revised Cataract Limit</u></th></tr>
<tr><td>Rs. 8,00,000</td><td>Rs. 80,000</td></tr>
<tr><td>Rs. 10,00,000</td><td>Rs. 1,00,000</td></tr>
<tr><td>Rs. 12,00,000</td><td>Rs. 1,20,000</td></tr>
<tr><td>Rs. 15,00,000</td><td>Rs. 1,50,000</td></tr>
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<td>Policy Clause 3.13</td>
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• Optional Cover IV: Non-Medical Items (Consumables) - On payment of additional Premium items listed in Annexure II (List 1) of the policy clause shall become payable up to Rs. 15,000/- in a policy period. This Optional Cover is available for Sum Insured of 8 L & above. Once this optional cover is opted and a claim has been admitted under the policy, you cannot opt out of this optional cover.
</td>
<td>Policy Clause 3.14</td>
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• CRITICAL CARE BENEFIT:
If during the Period of Insurance any Insured Person discovers that he or she is suffering from any Critical Illnesses as defined under 2.8, which results in a claim admissible under this Policy, 10% of the Sum Insured would be paid as Critical Care Benefit along with the admissible claim amount. Critical Care Benefit is payable only once in the life time of each Insured Person and is not applicable to any Insured Persons for whom it is a Pre- Existing Condition/Disease. Any payment under this Clause would be in addition to the Sum Insured and shall not deplete the Sum Insured.
</td>
<td>Policy Clause 3.6</td>
</tr>
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		• **CUMULATIVE BONUS** Cumulative Bonus shall be increased by 25% at each renewal in respect of each claim free year of insurance, subject to maximum of 50%. If a claim is made in any particular year; the Cumulative Bonus accrued shall be reduced at the same rate at which it is accrued. Cumulative Bonus will be lost if policy is not renewed before or within 30 days from the date of expiry. In case Sum Insured under the policy is reduced at the time of renewal, the applicable Cumulative Bonus percentage shall be applied on the reduced Sum Insured. In case You have more than one policy, the Cumulative Bonus shall be reduced from the policy/policies in which claim is made irrespective of number of policies. For details please read policy clause **3.10**	**Policy clause 3.10**
		• **New Born Baby** A New Born Baby is covered for any Illness or Injury from the date of birth till the expiry of this Policy, within the terms of this Policy. Any expense incurred towards post-natal care, pre-term or pre-mature care or any such expense incurred in connection with delivery of such New Born Baby would not be covered. **Note:** New Born Baby means a baby born during the Policy Period to a female Insured Person, who has twenty-four months of Continuous Coverage with Us	**Policy Clause 3.3**
		• **Medical expense for Organ Transplant** If treatment involves Organ Transplant to Insured Person, then We will also pay Hospitalisation Expenses (excluding cost of organ) incurred on the donor, provided Our liability towards expenses incurred on the donor and the insured recipient shall not exceed the aggregate of the Sum Insured, if any, of the Insured Person receiving the organ	**Policy Clause 3.1(i)**

		• **Dental treatment (Inpatient)** We will cover for medical expenses incurred towards dental treatment done under anaesthesia necessitated due to an accident/injury/illness requiring Hospitalization as Inpatient treatment	**Policy clause 3.1(j)**
		• **Congenital Internal Disease** or Defects or anomalies shall be covered after twenty-four months of Continuous Coverage.	**Clause 3.9**
		• **Congenital External Disease** or Defects or anomalies shall be covered after thirty-six 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 the preceding three years.	**Clause 3.9**
		• **SPECIFIC COVERAGES** Available for 1- Artificial life maintenance 2- Puberty and Menopause related Disorders 3- Age Related Macular Degeneration (ARMD) 4- Genetic diseases or disorders 5- Treatment of Mental Illness **For sub limits please refer policy clauses 3.15(a) to 3.15(e)**	**Clauses 3.15(a) to 3.15(e)**
		• **COVERAGE FOR MODERN TREATMENTS or PROCEDURES**--- 12 Treatments as per clause no 3.16.1 to 3.16.12	**Policy Clauses 3.16.1 to 3.16.12**
7	Exclusion (What Policy does not cover)	**Standard Exclusions** • **INVESTIGATION & EVALUATION (Code- Excl04)** **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: **a.** Custodial care either at home or in a nursing facility for personal care such as help with	**Policy clause 4.4.1 to 4.4.15**

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:
  - **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);
    - **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:
      - **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.
- **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-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: **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)** **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.	
		Specific Exclusions • 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	**Policy clause 4.4.16 to 4.4.31**

		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: • 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, 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. • 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 • Procedures/treatments usually done in outpatient department are not payable under the Policy even if converted as an in-patient in the Hospital for more than 24 hours • Change of treatment from one system to another unless recommended by the consultant/Hospital under which the treatment is taken	
8	Waiting period	**Initial Waiting period**: First 30 days of all illness(not applicable in case of continuous renewal or accidents)	**Policy clause 4.3**
		PRE-EXISTING DISEASES (Code- Excl01) **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. **b.** In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase. **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. **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.	**Policy Clause 4.1**
		SPECIFIC WAITING PERIOD (Code- Excl02) **a**. Expenses related to the treatment of the following listed conditions, surgeries / treatments shall be excluded until the expiry of Ninety Days / 24 / 36 months of continuous coverage, as may be the case after the date of inception of	**Policy Clause 4.2**

		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. (**i) 90 Days Waiting Period** 1. Diabetes Mellitus 2. Hypertension 3. Cardiac Conditions **(ii) 24 Months waiting period** 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 18. Puberty and Menopause related Disorders 19. Internal Congenital Diseases	

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		(iv) 36 Months waiting period 1. Joint Replacement due to Degenerative Condition 2. Age-related Osteoarthritis & Osteoporosis 3. Treatment of Mental Illness. 4. Age Related Macular Degeneration (ARMD) 5. Genetic diseases or disorders 6. Congenital External Disease	
9	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 and nursing expenses as provided by the Hospital not exceeding 1.0 % of the Sum Insured (without Cumulative Bonus) per day.	**Clause 3.1(a)**
		• Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses not exceeding 2.0 % of the Sum Insured (without Cumulative Bonus) per day.	**Policy clause 3.1.(b)**
	ii. Co-Payment	Insured Person is treated in a Hospital situated outside the Area of Coverage (lower Zone to higher Zone) as stated in the Schedule, our liability will be: a) 80% of the admissible claim amount, (or) b) Sum Insured. Whichever is less: **Note:** Co-payment of 20% will be applicable only, if the insured opts the lower zone and gets treated in the higher zone.	**Policy Clause 5.29**
	iii. Deductible	Not applicable	
	iv. Any Other limit as applicable	No	
10	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 **i.** Network hospital details- https://www.newindia.co.in/portal/readMore/HospitalsList **ii.** Helpline number: **1800-209-1415**	

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		iii. Hospitals which are blacklisted or from where no claims will be accepted by the insurer- Not applicable	
		iv. Downloading the claim form- https://www.newindia.co.in/cms/24b38b03-6b17-42e8-b047-43c7784c6528/Claim_Form.pdf?guest=true **v. Pre-authorisation approval/rejections:** Within 1 hour of receipt of request **Final Authorization for Discharge from the Hospital** Within 3 hours of receipt of discharge authorization request from the hospital	
11	Policy Servicing	Call centre number of the insurer-1800-209-1415 Details of the Company Officials- https://www.newindia.co.in/ Detail of Policy Issuing Office: -	
12	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 **For Ombudsman's** contact details	**Annexure III**

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13	Things to Remember	**Free look cancellation**: You may cancel the insurance policy, if you do not want it, within 30 days from the beginning of the policy. For detail please refer policy clause.	**Policy clause 5.6**
		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.	**Policy clause 5.11**
		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	**Policy clause 2.32 & 5.15**
		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.	**Policy clause 2.40 & 5.15**
		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. Please refer policy documents for more information.	**Policy clause 5.8**
		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.	**Policy clause 2.58**
		POLICY TERM means the tenure of the policy, which can	

		be 1 Year or 2 Years or 3 Years **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.	**Policy clause 2.59** **Policy clause 2.17**
14	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**

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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.