

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

SI No	Title	Description	Policy Clause Number											
1	Name of the Insurance Product/Policy	<u>New India Floater Mediclaim Policy</u>	Page 1											
2	Policy Number													
3	Type of Insurance Product/Policy	Indemnity	3.1											
	Policy Plan	(Basic / Uplift)	Page 1											
4	Sum Insured Basis													
5	Policy Coverage (What Policy Covers?)	Expense in respect of:												
		Admission in hospital beyond 24 hours.	2.19											
		Pre-hospitalisation - 30 days.	2.37 & 3.1(e)											
		Post-Hospitalisation treatment within 60 days from date of discharge.	2.38 & 3.1(f)											
		Specified / Listed procedures requiring less than 24 hours of hospitalization (day care).	Annexure 1:											
		Proportionate deduction on the other expenses incurred at the Hospital.	3.1 (g)											
		Coverage for AYUSH Treatment: up to 100% of the Sum Insured	3.4											
		Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist fees, Operating theatre charges, Cost of Pharmacy and Consumables etc..	3.1(c)											
		Hospital cash -:0.1% per day maximum up to 1% of SI for SI 15 L Rs. 2500/day for SI 25L, 50L and 1 cr Rs. 3000/day for SI 2 Cr, 3Cr and 5 cr	3.5											
		Health Check-up-	3.14											
	<table><tr><th><u>Plan Name</u></th><th><u>Sum Insured</u></th><th><u>Room Rent Limit</u></th></tr><tr><td>Basic Plan</td><td>Upto Rs 15L</td><td>Not Covered</td></tr><tr><td>UPLIFT Plan</td><td>25L, 50L, 1 Cr</td><td>Maximum Upto Rs 10,000</td></tr><tr><td>UPLIFT Plan</td><td>2Cr, 3Cr and 5Cr</td><td>Maximum Upto Rs</td></tr></table>	<u>Plan Name</u>	<u>Sum Insured</u>	<u>Room Rent Limit</u>	Basic Plan	Upto Rs 15L	Not Covered	UPLIFT Plan	25L, 50L, 1 Cr	Maximum Upto Rs 10,000	UPLIFT Plan	2Cr, 3Cr and 5Cr	Maximum Upto Rs	
<u>Plan Name</u>	<u>Sum Insured</u>	<u>Room Rent Limit</u>												
Basic Plan	Upto Rs 15L	Not Covered												
UPLIFT Plan	25L, 50L, 1 Cr	Maximum Upto Rs 10,000												
UPLIFT Plan	2Cr, 3Cr and 5Cr	Maximum Upto Rs												

		20,000	
	Ambulance service up to 1% of Sum Insured.		3.7
	Plan Name	Sum Insured	Room Rent Limit
	Basic Plan	Up to Rs. 15 L	1% of Sum insured subject to maximum of Rs. 15000,
	UPLIFT Plan	Rs. 25L, 50L	Maximum up to Rs. 25,000
	UPLIFT Plan	Rs. 1Cr,2Cr, 3Cr and 5Cr	Maximum up to Rs. 30,000
	Cumulative Bonus		3.10
	Congenital Internal Diseases – Covered with waiting period of 24 months		3.9
	Congenital External Diseases		3.9
	Specific Coverages		3.12
	Coverage For 12 Modern Treatments		3.13.1 to 3.13.12

		Medical expense for organ transplant -	3.1 (i)
		New Born Baby cover-	3.3
6	Exclusion (What Policy does not cover)	Standard Exclusions and Specific Exclusion (including but not limited to the following) Investigation & Evaluation, Rest Cure, Weight Control, Change-Of-Gender Treatments, Cosmetic Surgery, Unproven Treatments, Sterility And Infertility, Treatment and/or services taken outside the India, Vaccination, Cost of braces, equipment or external prosthetic devices, eyeglasses, Cost of spectacles and contact lenses, hearing aids including cochlear implants, Dental treatment unless arising out of accident and requiring inpatient treatment, Acupressure, acupuncture, magnetic therapies, Any expenses incurred on Domiciliary Hospitalization, Stem cell implantation/Surgery for other than those treatments mentioned in clause 3.20.12 etc...	4.4.1 to 4.4.31
7	Waiting Period	Initial Waiting period: First 30 days from date of inception (not applicable for Accidents & renewals)	4.3

		PRE-EXISTING DISEASES (Code- Excl01)- 36 months	4.1
		Specific Waiting period- 90 days , 24 and 36 months for listed illnesses (not applicable for renewals and accident)	4.2
8	Financial Limit of Coverage	The Policy will pay only up to the limits specified hereunder for the following disease/procedures:	
	1. Sublimit	Room Rent Charges	3.1(a) and 3.1.(b)
		Cataract:	3.2
	2. Co-payment	20% if treated in the higher zone than the one opted. Optional cover II- 15% premium discount for 20% voluntary co pay.	5.29
	3. Deductible/ Any Other limit as applicable	Not Applicable	
9	Claims/Claim Procedure	Cashless Service and Reimbursement-Available i. Network hospital details -Available on website and on policy schedule ii. Helpline number: 1800-209-1415 iii. Downloading the claim form- https://www.newindia.co.in/cms/24b38b03- 6b17-42e8-b047-43c7784c6528/Claim_Form.pdf?quest=true iv. Pre-authorisation -Within 1 hour of	

		request v. Final Authorization for Discharge from the Hospital within 3 hours of hospital request	
10	Policy Servicing	Call center number of the insurer-1800-209-1415 Company Officials- https://www.newindia.co.in/ Policy Issuing Office :.....	5.14
11	Grievances/Com plaints	Details of GRO: https://www.newindia.co.in/portal/readMore/Grievances Seniour citizens may write to – Seniorcitizencare.ho@newindia.co.in For Ombudsman's contact details	Annexure III
12	Things to Remember	Free look Period:	5.6
		Policy Renewal:	5.11
		MIGRATION	2.32 & 5.15
		PORTABILITY	2.40
		Moratorium Period: - 5 Years	5.8
		Grace Period	2.17
13	Your Obligation	Please disclose all pre-existing disease/s or conditions before buying a policy. Non-disclosure may affect the claim settlement.	5.4

Declaration by the Policy Holder

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policy Holder)

Note:

- i. Web-link where the product related documents including the Customer information sheet are available on <https://www.newindia.co.in/health/all-products>
- ii. In case of any conflict, the terms and condition mentioned in the policy document shall prevail.

(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the Prospectus and Policy Document. In case of any conflict between the CIS and the Policy Document the terms and conditions mentioned in the Policy Document shall prevail.