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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>JANATA MEDICLAIM POLICY</u>	Page 1 policy clause
2	Policy Number		
3	Type of Insurance Product/Policy	Indemnity	Policy clause 1.0
4	Sum Insured Basis	<ul style="list-style-type: none"> Individual Sum insured. Member name A – sum insured Member name A – sum insured 	Prospectus Point 4.15
5	Policy Coverage (What Policy Covers?)	Expense in respect of:	
		Admission in hospital beyond 24 hours	Policy clause 2.16
		Pre-Hospitalisation medical Expenses up to 30 days.	Policy clause 2.32 & 3.5
		Post-Hospitalisation medical Expenses up to 60 days, subject to maximum of 10% of hospital bill.	Policy clause 2.33 & 3.6
		Specified / Listed procedures requiring less than 24 hours of hospitalization (day care) List of 22 Day care procedure in policy clause	Policy clause 2.16
		Cataract: max Rs.10,800/-, Home care – 10% of Sum insured , Domiciliary- 15% of Sum insured ,OPD – Rs. 250 and Rs. 375 for a Sum insured of Rs. 50000 and 75000 respectively. Please refer policy clause for more information.	Policy Clause 3.11
		<ul style="list-style-type: none"> AYUSH Treatment is covered up to 100% of the Sum Insured. 	Policy Clause 3.7

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		<ul style="list-style-type: none"> • Health Check-up: In addition to Cumulative Bonus the Insured shall be entitled for reimbursement of cost of medical checkup once at the end of a block of every four consecutive underwriting years provided there are no claims reported during the block. The cost so reimbursable shall not exceed the amount equal to 1% of the average Sum Insured under the policies excluding Cumulative Bonus. This benefit will be 	<p>Policy Clause 5.17</p>
		<p>allowed only when the insurance has been continued with our company for 4 claim free years.</p> <ul style="list-style-type: none"> • IMPORTANT: Both Health Check-up and Cumulative Bonus provisions are applicable only in respect of continuous insurance without break. In exceptional circumstances, the break beyond 30 days could be condoned by the Company subject to medical examination and exclusion of Illness / Injury originating or suffered during the break in the period of cover. 	
		<ul style="list-style-type: none"> • Ambulances services – actual expenses for transportation of Insured or Rs. 1,000/- whichever is less in case patient has to be shifted from residence to Hospital for admission in Emergency Ward or ICU or from one Hospital to another Hospital by fully equipped ambulance for better medical facilities. 	<p>Policy Clause 3.8</p>
		<ul style="list-style-type: none"> • Congenital Internal Diseases are covered up to the Sum Insured provided the Insured has Continuous Coverage of twenty four months. 	<p>Policy Clause 4.2(ii) 17</p>
		<ul style="list-style-type: none"> • Congenital External Diseases are covered up to The Sum Insured provided the Insured has Continuous Coverage of forty eight months. 	<p>Policy Clause 4.2(iii)6</p>
		<ul style="list-style-type: none"> • SPECIFIC COVERAGES Available for <ol style="list-style-type: none"> 1- Impairment of Persons' intellectual 2- Artificial life maintenance 3- Puberty and Menopause related Disorders 4- Age Related Macular Degeneration (ARMD) 5- Behavioural and Neuro developmental Disorders 6- Genetic diseases or disorders 7- Treatment of mental illness, stress or psychological disorders and neurodegenerative disorders <p>For sublimits please refer policy clauses 3.19(a) to 3.19(e)</p> 	<p>Policy Clauses 3.12(a) to 3.12(g)</p>
		<ul style="list-style-type: none"> • COVERAGE FOR MODERN TREATMENTS or PROCEDURES---12 Treatments as per clause no 3.13.1 to 3.13.12 	<p>Policy Clauses 3.13.1 to 3.13.12</p>

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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- 	<p>Policy clause 4.4.1 to 4.4.15</p>
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		<p>Excl07): Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.</p> <ul style="list-style-type: none">• 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	
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		<p>to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. (Code- 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"> • 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 contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion: 	<p>Policy clause 4.4.16 to 4.4.29</p>

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		<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"> • Circumcision unless required to treat Injury or Illness. • Vaccination & Inoculation. • Cost of braces, equipment or external prosthetic devices, non-durable implants, eyeglasses, Cost of spectacles and contact lenses, hearing aids including cochlear implants, durable medical equipment. • All types of Dental treatments except arising out of an Accident. • Convalescence, general debility. • Bodily injury or sickness due to wilful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted injury, suicide or attempt thereat. However, Failure to seek or follow medical advice or failure to follow treatment is not excluded. It is covered with a sub-limit of 10% of Sum Insured per policy period. • Instrument used in treatment of Sleep Apnoea Syndrome (C.P.A.P.) and continuous Peritoneal Ambulatory dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition. • Stem cell implantation / surgery for other than those treatments mentioned in clause 3.13.12. • Treatment – taken outside India. • Change of treatment from one system of medicine to another unless recommended by the Medical practitioner / Hospital under whom the treatment is taken. 	
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		<ul style="list-style-type: none"> • Service charges or any other charges levied by hospital, except registration/admission charges. • Treatment such as Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy. 	
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> <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 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.</p>	Policy Clause 4.1
		<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 Ninety Days / 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>(i) 90 Days Waiting Period</p> <p>1. Diabetes Mellitus</p>	Policy Clause 4.2

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		<p>2. Hypertension 3. Cardiac Conditions</p> <p>(ii) 24 Months waiting period</p> <p>1. Any Skin disorders 2. All internal & external benign tumors, cysts, polyps of any kind, including benign breast lumps 3. Benign Ear, Nose, Throat disorders 4. Benign Prostate Hypertrophy 5. Cataract & age-related eye ailments 6. Gastric/ Duodenal Ulcer 7. Gout & Rheumatism 8. Hernia of all types 9. Hydrocele 10. Hysterectomy for Menorrhagia/Fibromyoma, Myomectomy and Prolapse of uterus 11. Non-Infective Arthritis 12. Piles, Fissure and Fistula in Anus 13. Pilonidal Sinus, Sinusitis and related disorders 14. Prolapse Inter Vertebral Disc unless arising from Accident 15. Stone in Gall Bladder & Bile duct 16. Stones in Urinary Systems 17. Unknown Congenital Internal Anomaly 18. Varicose Veins and Varicose Ulcers 19. Puberty and Menopause related Disorders 20. Behavioural and Neuro-Developmental Disorders: a. Disorders of adult personality b. Disorders of speech and language including stammering, dyslexia</p> <p>(iv) 36 Months waiting period</p> <p>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</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"> • Cost of treatment taken in General Ward of the Hospital / Day-Care Centre per day maximum charges Rs. 450/-. 	Policy Clause 3.1

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		<ul style="list-style-type: none"> Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU), Intensivist charges, Monitor and Pulse Oxymeter expenses. 	Policy clause 3.2
	ii. Co-Payment	Not Applicable	
	iii. Deductible	Not applicable	
	iv. Any Other limit as applicable	SCHEDULE OF PAYMENT FOR SPECIFIED DISEASES as per Policy clause 3.11	Policy clause 3.11
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	
		iv. Downloading 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 	

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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 Policy Issuing Office:</p>	
11	Grievances/Complaints	<p>Details of 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>	
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. For detail please refer policy clause.</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: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</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 5.4</p> <p>Policy clause 5.9</p> <p>Policy clause 5.7</p> <p>Policy clause 5.8</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 clause 2.50</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 2.14</p>
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 5.1

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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.