



THE NEW INDIA ASSURANCE CO. LTD.

REGISTERED & HEAD OFFICE: 87, MAHATMA GANDHI ROAD, MUMBAI - 400 001.

PARIPOORNA MEDICLAIM AAYUSH BIMA (Health Insurance Cover for CGHS Beneficiaries)

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

SI No	Title	Description	Policy Clause Number
1	Name of the Insurance Product/Policy	PARIPOORNA MEDICLAIM AYUSH BIMA POLICY	Page1
2	Policy Number		
3	Member Name / Relation		
4	In Service / Retiree		
5	Sum Insured Opted (Rs. 10 L / Rs. 20 L) Floater Basis		
6	Co-Pay Opted (70:30 / 50:50)		
7	Discount in lieu of CB opted?		
8	Type of Insurance Product/Policy	Indemnity	3.1
9	Policy Coverage (What Policy Covers?)	Expense in respect of:	
		Admission in hospital beyond 24 hours	2.19
		Associate Medical Expenses; such as Professional fees of Surgeon, Anaesthetist, Consultant, Specialist; Anaesthesia, Operating Theatre Charges and Procedure Charges such as Dialysis, Chemotherapy, Radiotherapy & similar medical expenses related to the treatment	3.1(c)
		Pre-hospitalisation (treatment prior to admission in hospital) of 30 days	3.1 (e)
		Post-Hospitalisation within 60 days from date of discharge	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)
		Cataract: 1 Lakh for SI Rs. 10 Lakhs and 1.5 Lakhs for SI Rs. 20 Lakhs	3.1 (k)
	Coverage for AYUSH Treatment up to 100% of the Sum Insured.	3.3	

		Ambulance service upto 0.5 % of Sum Insured	3.4
		Medical expense for Organ Transplant	3.1 (i)
		Dental treatment (Inpatient)	3.1(j)
		Congenital Internal Disease	3.6
		Congenital External Disease	3.6
		SPECIFIC COVERAGES	3.8
		COVERAGE FOR 12 MODERN TREATMENTS	3.9
10	Exclusion (What Policy does not cover)	Standard and Specific Exclusions (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 Policy Clause.	4.4.1 to 4.4.31
11	Waiting period	1. Initial Waiting period: First 30 days	4.3
		3. PRE-EXISTING DISEASES : 24 Months	4.1
		2. SPECIFIC WAITING PERIOD 90 days for Diabetes and Hypertension 24 months for 25 listed conditions	4.2
12	Financial Limit of Coverage	The Policy will pay only up to the limits specified hereunder for the following disease/procedures:	
	i. Sub-limit	Up to 1 % & 2% of the Sum Insured per day for Room rent and ICU respectively	3.1 (a) & 3.1 (b)
	ii. Co-Payment	70(insurer)/30(insured) or 50(insurer)/50(insured) as per the opted co-payment option	5.28

13	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?guest=true iv. Pre-authorization -Within 1 hour of request Final Authorization for Discharge from the Hospital within 3 hours of hospital request.	
14	Policy Servicing	Call center number of the insurer-1800-209-1415 Company Officials- https://www.newindia.co.in/ Policy Issuing Office:.....	
15	Grievances/Complaints	Details of GRO: https://www.newindia.co.in/portal/readMore/Grievances Senior citizens may write to – Seniorcitizencare.ho@newindia.co.in For Ombudsman's contact details	
16	Things to Remember	Free look period: 30 days	5.6
		Policy Renewal: Annual	5.11
		Migration	5.15
		Portability	5.15
		Moratorium period: 5 years	5.8
		Grace Period: 30 Days	2.17
17	Your Obligation	Please disclose all pre-existing disease/s or conditions before buying a policy. Non-disclosure may affect the claim settlement.	

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.