

(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.

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

SI No	Title	Description	Policy Clause Number
1	Name of the Insurance Product/Policy	NEW INDIA TOP-UP MEDICLAIM	
2	Policy Number		
3	Type of Insurance Product/Policy	Indemnity	Policy clause 3.1
4	Sum Insured Basis	Individual/Floater If Floater, then SI should display If Individual, then Insured name A – Sum insured Insured name B – Sum Insured	Prospectus Page 1
5	Policy Coverage (What Policy Covers?)	Expense in respect of:	
		Admission in hospital beyond 24 hours	Policy clause 2.16
		Specified / Listed procedures requiring less than 24 hours of hospitalization (day care) List of 74 Day care procedure in policy clause	Annexure 1:List 1 of Day Care Procedure
		Coverage for Cataract: Our liability for payment of any claim within the Policy Period, relating to Cataract for each eye shall not exceed Rs. Fifty thousand.	Policy clause 3.4
		Medical Expenses 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 during the course of organ transplant to the Insured Person, provided Our liability towards expenses incurred on the donor and the Insured recipient shall not exceed the Sum Insured.	Policy clause 3.3

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		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.	Policy clause 3.5
		Ambulance charges: Ambulance service expenses actually incurred subject to cap of Rs. 5,000 for Rs. 5,00,000 Threshold and Rs. 8,000 for Rs. 8,00,000 Threshold. These expenses are payable only if they are Reasonable, Customary and Medically Necessarily for shifting any Insured Person to Hospital for admission in Emergency Ward or ICU, or from one Hospital to another Hospital for better medical facilities. 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

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	<p style="text-align: center;">SPECIFIC COVERAGES:</p> <p>a) Impairment of Persons’ intellectual faculties by usage of drugs, stimulants or depressants as prescribed by a medical practitioner is covered up to 5% of Sum Insured, maximum upto Rs. 25,000 per policy period, subject to it arising during treatment of covered illness.</p> <p>b) Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of Health under any circumstances unless in a vegetative state as certified by the treating medical practitioner, is covered up to 10% of Sum Insured and for a maximum of 15 days per policy period following admission for a covered illness. (Explanation: Expenses up to the date of confirmation by the treating doctor that the patient is in vegetative state shall be covered as per the terms and conditions of the policy contract).</p> <p>c) Puberty and Menopause related Disorders: Treatment for any symptoms, illness, complications arising due to physiological conditions associated with Puberty, Menopause such as menopausal bleeding or flushing is covered only as Inpatient procedure after 24 months of continuous coverage. This cover will have a sub-limit of up to 25% of Sum Insured per policy period.</p> <p>d) Age Related Macular Degeneration (ARMD) is covered after 36 months of continuous coverage only for Intravitreal Injections and anti – VEGF medication. This cover will have a sub-limit of 10% of Sum Insured, maximum upto Rs. 75,000 per policy period.</p> <p>e) Behavioural and Neuro Developmental Disorders: Disorders of adult personality and Disorders of speech and language including stammering, dyslexia; are covered as Inpatient procedure after 24 months of continuous coverage. This cover will have a sub-limit of 25% of Sum Insured per policy period.</p> <p>f) Genetic diseases or disorders are covered with a sub-limit of 25% of Sum Insured per policy period with 36 months waiting periods.</p>	<p>Policy clause 3.9(a) to 3.9(g)</p>
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		<p>g) Treatment of mental illness, stress or psychological disorders and neurodegenerative disorders: Our shall indemnify the Hospital or the Insured the Medical Expenses (including Pre and Post Hospitalisation Expenses) related to following and they are covered after a waiting period of 36 months with a sub-limit up to 25% of Sum Insured per policy period. The below covers are subject to the patient simultaneously exhibiting the following traits and requiring Hospitalisation as per the treating Psychiatrist's advice</p> <ol style="list-style-type: none"> 1. Major Depressive Disorder- when the patient is aggressive or violent. 2. Acute psychotic conditions- aggressive/violent behavior or hallucinations, incoherent talking or agitation. 3. Schizophrenia- esp. Psychotic episodes. 4. Bipolar disorder- manic phase. <p>Treatment of any Injury due to exhibiting Suicidality shall not be covered.</p> <p>Condition Treatment shall be undertaken at a Hospital categorized as Mental Health Establishment or at a Hospital with a specific department for Mental Illness, under a Medical Practitioner qualified as Mental Health Professional.</p> <p>Exclusions Any kind of Psychological counselling, cognitive / family / group / behavior / palliative therapy or other kinds of psychotherapy for which Hospitalisation is not necessary shall not be covered.</p> <p>COVERAGE FOR MODERN TREATMENTS OR PROCEDURES: 3.10.1 to 3.10.12 procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a Hospital up to the limit specified against each procedure during the policy period</p>	<p>Policy clause 3.10.1 to 3.10.12</p>
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6	<p>Exclusion</p> <p>(What Policy does not cover)</p>	<p style="text-align: center;"><u>Standard Exclusions</u></p> <ul style="list-style-type: none"> • Investigation & Evaluation(Code-Excl-04) • REST CURE, REHABILITATION AND RESPITE CARE (Code- Excl05) • OBESITY / WEIGHT CONTROL (Code- Excl06) • CHANGE-OF-GENDER TREATMENTS (Code- Excl07) • COSMETIC OR PLASTIC SURGERY (Code- Excl08) • HAZARDOUS OR ADVENTURE SPORTS (Code- Excl09) • BREACH OF LAW (Code- Excl10) • EXCLUDED PROVIDERS (Code-Excl11) • 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) • UNPROVEN TREATMENTS (Code- Excl16) • STERILITY AND INFERTILITY (Code- Excl17) • MATERNITY EXPENSES (Code - Excl18) 	<p>Policy clause 4.4 to 4.18</p>
		<p style="text-align: center;"><u>Specific Exclusions</u></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 4.19 to 4.35</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"> • Pre-Hospitalisation Medical Expenses and Post Hospitalisation Medical Expenses. • Expenses incurred for acupressure, acupuncture, magnetic and such other therapies. • Circumcision unless necessary for treatment of an illness not excluded hereunder or as may be necessitated due to an accident. • Vaccination or 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. • Dental treatment or Surgery of any kind unless necessitated by Accident and requiring Hospitalisation. • Convalescence, general debility, Venereal disease and intentional self-injury. • Bodily Injury or sickness due to wilful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted Injury, attempted suicide. 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. • Stem cell implantation / Surgery for other than those treatments mentioned in clause 3.10.12. • External and or durable Medical/Non-medical equipment of any kind used for diagnosis and or treatment including CPAP (Continuous Positive Airway Pressure), Sleep Apnoea Syndrome, CPAD (Continuous Peritoneal 	
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		<ul style="list-style-type: none"> • Ambulatory Dialysis), Oxygen Concentrator for Bronchial Asthmatic condition, Infusion pump etc. Ambulatory devices i.e., walker, crutches, Belts, Collars, Caps, Splints, Slings, Stockings, elastocrepe bandages, external orthopaedic pads, sub cutaneous insulin pump, Diabetic foot wear, Glucometer / Thermometer, alpha / water bed and similar related items etc., and also any medical equipment, which is subsequently used at home. • Domiciliary Hospitalisation. • Change of treatment from one system to another unless recommended by the consultant/ Hospital under which the treatment is taken. • Any kind of Service charges, Surcharges, Admission Fees/Registration Charges levied by the Hospital. • Treatment such as Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy. • Treatment or Investigation taken outside India. 	
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 36 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 (Not applicable for claims arising due to accident):</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>	Policy clause 4.2.

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		<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>90 Days Waiting Period</p> <ul style="list-style-type: none"> • Diabetes Mellitus • Hypertension • Cardiac Conditions <hr/> <p>24 Month Waiting Period</p> <ul style="list-style-type: none"> • All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps • Benign ear, nose, throat disorders • Benign prostate hypertrophy • Cataract and age related eye ailments • Gastric/ Duodenal Ulcer • Gout and Rheumatism • Hernia of all types • Hydrocele • Non Infective Arthritis • Piles, Fissures and Fistula in anus • Pilonidal sinus, Sinusitis and related disorders • Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident • Skin Disorders • Stone in Gall Bladder and Bile duct, excluding malignancy • Stones in Urinary system • Treatment for Menorrhagia/Fibromyoma, Myoma and Prolapsed uterus • Varicose Veins and Varicose Ulcers • Puberty and Menopause related Disorders • Behavioural and Neuro-Developmental Disorders: <ul style="list-style-type: none"> a. Disorders of adult personality b. Disorders of speech and language including stammering, dyslexia 	
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		<ul style="list-style-type: none"> Internal Congenital Diseases <p>36 Months for 6 disease/procedure</p> <ul style="list-style-type: none"> Joint Replacement due to Degenerative Condition Age-related Osteoarthritis & Osteoporosis Treatment of Mental Illness. Age Related Macular Degeneration (ARMD) Genetic diseases or disorders External Congenital Diseases 	
8	Financial Limit of Coverage	The Policy will pay only up to the limits specified hereunder for the following disease/procedures:	Policy clause 3.1(a) to 3.1(e)
	i. Sub-limit	<ul style="list-style-type: none"> Room rent, Boarding, DMO / RMO / CMO / RMP Charges, Nursing (Including Injection / Drugs and Intra venous fluid administration expenses), actually incurred subject to a cap of Rs. 5,000 per day for Rs. 5,00,000 Threshold and Rs. 8,000 per day for Rs. 8,00,000 Threshold. 	Policy clause 2.36 and 3.1.(a)
		<ul style="list-style-type: none"> Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU), Intensivist charges, Monitor and Pulse Oxymeter expenses, actually incurred subject to a cap of Rs. 10,000 per day for Rs. 5,00,000 Threshold and Rs. 16,000 per day for Rs. 8,00,000 Threshold. 	Policy clause 3.1.(b) & 2.21
		Associate Medical Expenses; such as Professional fees of Surgeon, Anaesthetist, Consultant, Specialist; Anaesthesia, Blood, Oxygen, Operating Theatre Charges and Procedure Charges such as Dialysis, Chemotherapy, Radiotherapy & similar medical expenses related to the treatment.	Policy clause 3.1(c)
		<p>Cost of Pharmacy and Consumables, Cost of Implants and Medical Devices and Cost of Diagnostics.</p> <p>Proportionate Deduction Clause is applicable on the Associate Medical Expenses, if the Insured Person opts for a higher Room than his eligible category. It shall be effected in the same proportion as the eligible rate per day bears to the actual rate per day of Room Rent. However, it is not applicable on</p> <ol style="list-style-type: none"> Cost of Pharmacy and Consumables Cost of Implants and Medical Devices Cost of Diagnostics. <p>Proportionate Deduction Clause shall also not be applied in respect of Hospitals which do not follow differential billing or for those expenses in which differential billing is not adopted</p>	Policy clause 3.1(d)

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		based on the room category, as evidenced by the Hospital's schedule of charges / tariff.	
		Get Well Benefit of Rs. 5,000 for Rs. 5,00,000 Threshold and Rs. 8,000 for Rs. 8,00,000 Threshold, will be paid for Any One Illness. This benefit will be payable only for the first four admissible claims under the Policy. This benefit will reduce the Sum Insured.	Policy clause 3.1(e)
	ii.Co-Payment	Not Applicable	
	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.	
		Turn around time (TAT) for claim settlement: <ol style="list-style-type: none"> 1. TAT for preauthorization of cashless facility is within 2 hours 2. TAT for cashless bill authorization :within 1 Hour 	
		Provide the details/Weblink of the following <ol style="list-style-type: none"> 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. Dowloading the claim form- https://www.newindia.co.in/cms/24b38b03-6b17-42e8-b047-43c7784c6528/Claim_Form.pdf?guest=true	
		v. <u>Pre-authorization approval/rejections:</u> <ul style="list-style-type: none"> • Within 1 hour of receipt of request 	
		vi. <u>Final Authorization for Discharge from the Hospital</u>	

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		<ul style="list-style-type: none"> • Within 3 hours of receipt of discharge authorization request from the hospital 	
		No pre-authorization will be done in the absence of beneficiary photo ID and other valid ID proof as defined	
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 5.7
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: 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</p>	<p>Policy clause 5.5</p> <p>Policy clause 5.3</p> <p>Policy clause 5.8</p>

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		<p>on Migration</p> <p>PORTABILITY: 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>	
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		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 .	Policy clause 5.9
13	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.