

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

SI No	Title	Description	Policy Clause Number										
1	Name of the Insurance Product/Policy	<u>UNIVERSAL HEALTH INSURANCE POLICY(APL)</u>											
2	Policy Number												
3	Type of Insurance Product/Policy	Indemnity	Policy clause 3.0 & 3.1										
4	Sum Insured Basis	<ul style="list-style-type: none"> Floater Sum insured Sum Insured to be printed 	Prospectus Point 2										
5	Policy Coverage (What Policy Covers?)	Expense in respect of:											
		Admission in hospital beyond 24 hours	Policy clause 2.16										
		Pre-hospitalisation-NA	Policy clause 2.31										
		Post-Hospitalisation-NA	Policy clause 2.32										
		<ul style="list-style-type: none"> SECTION I: Hospitalisation Expenses <table border="1"> <thead> <tr> <th></th> <th>Hospitalisation Benefits</th> <th>Limits</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>(i) Room, boarding expenses as provided by the Hospital / Nursing Home (ii) If admitted in IC Unit</td> <td>(i) Upto to 0.5% of Sum Insured per day (ii)Upto 1% of Sum Insured per day</td> </tr> <tr> <td>B</td> <td>Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees, Nursing Expenses</td> <td>Upto Rs.15% of Sum Insured per Illness/ Injury</td> </tr> <tr> <td>C</td> <td>Anesthesia, Blood, Oxygen, OT charges, Surgical appliances, Medicines, drugs, Diagnostic material & X-Ray, Dialysis, Chemotherapy, Radiotherapy, cost of pacemaker, artificial limbs.</td> <td>Up to 15% of Sum Insured per Illness/Injury</td> </tr> </tbody> </table>		Hospitalisation Benefits	Limits	A	(i) Room, boarding expenses as provided by the Hospital / Nursing Home (ii) If admitted in IC Unit	(i) Upto to 0.5% of Sum Insured per day (ii)Upto 1% of Sum Insured per day	B	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees, Nursing Expenses	Upto Rs.15% of Sum Insured per Illness/ Injury	C	Anesthesia, Blood, Oxygen, OT charges, Surgical appliances, Medicines, drugs, Diagnostic material & X-Ray, Dialysis, Chemotherapy, Radiotherapy, cost of pacemaker, artificial limbs.
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N.B. (a) Total expenses incurred for Any one Illness is limited to Rs.15,000/-.													

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- Excl07): Expenses related to any treatment, including surgical management, to change characteristics of the body to 	<p>Policy clause 4.4 to 4.18</p>
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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

		<p>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: <ul style="list-style-type: none"> a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of 	<p>Policy clause 4.19 to 4.27</p>

		<p>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. • The cost of spectacles, contact lenses and hearing aids. • Any Dental treatment or surgery which is a corrective, cosmetic or aesthetic procedure, including wear and tear, unless arising from disease or Injury and which requires Hospitalisation for treatment. • Convalescence general debility. • Payment or compensation in respect of death directly or indirectly arising out of or contributed to or traceable to any disability already existing on the date of commencement of this policy. • Death arising directly or indirectly from or traceable to: <ul style="list-style-type: none"> a. Intentional self-injury, suicide or attempted suicide b. Directly or indirectly caused by venereal diseases or insanity • Treatment such as Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy. 	
7	Waiting period	Initial Waiting period: First 30 days of all illness(not applicable in case of continuous renewal or accidents)	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 (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>	Policy Clause 4.2
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"> Room Rent, boarding and nursing expenses as provided by the Hospital Upto to 0.5% of Sum Insured per day. 	Policy Clause 3.1(A)(i)

		<ul style="list-style-type: none"> Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses Upto 1% of Sum Insured per day. (a) Total expenses incurred for Any one Illness is limited to Rs.15,000/-. (b) Company's liability in respect of all claims admitted during the Policy Period shall not exceed the Sum Insured of Rs.30000/- per person or family as mentioned in the Schedule 	Policy clause 3.1.(A)(ii)
	ii. Co-Payment	Not Applicable	
	iii. Deductible	Not applicable	
	iv. Any Other limit as applicable	No	
9	Claims/Claim Procedure	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claims including pre and post hospitalisation.</p> <p>Provide the details/Weblink of the following</p> <ul style="list-style-type: none"> Networkhospital details- https://www.newindia.co.in/portal/readMore/HospitalsList Helpline number : 1800-209-1415 Hospitals which are blacklisted or from where no claims will be accepted by the insurer- Not applicable Dowloading the claim form- https://www.newindia.co.in/cms/24b38b03-6b17-42e8-b047-43c7784c6528/Claim_Form.pdf?guest=true Pre-authorization approval/rejections: <ul style="list-style-type: none"> Within 1 hour of receipt of request 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 	

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><u>Details of Policy Issuing Office-</u></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 5.6
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 and Portability: This policy is subject to portability guidelines issued by IRDA and as amended from time to time.</p> <p>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</p>	<p>Policy clause 5.5</p> <p>Policy clause 5.4</p> <p>Policy clause 5.7</p> <p>Policy clause 5.8</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 5.3

Declaration by the Policy Holder;

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

Place:

Date :

Holder)

(Signature of the Policy

Note:

- i. web-link where the product related documents including the Customer informationsheet 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 documents shall prevail.