

CUSTOMER INFORMATION SHEET

Description is illustrative and not exhaustive

S.No.	TITLE	DESCRIPTION	REFER TO
			POLICY
			CLAUSE NO.
1	Product Name	Individual Health Insurance Policy - Gold	
2	What am I	a. In Patient Hospitalisation – Expenses for hospitalization more than 24 hours	
	covered for	subject to following limits – i. Room, Boarding and Nursing Expenses including RMO charges, IV fluids/Blood Transfusion/Injection administration charges - 1% of Sum	1.2 A
		Insured per day or actual expenses whichever is less.	
		ii. ICU – 2% of SI per day or actual expenses whichever is less.	1.2 B
		 Surgeon fees, Anesthetist, Medical Practitioners, Consultants, Specialist's fees, etc. 	1.2 C
		iv. Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical appliances, Medicines & drugs, Dialysis, Chemotherapy, Radiotherapy, cost of Artificial limbs, cost of prosthetic devices implanted during surgical procedure viz. Pacemaker, Orthopaedic implants, infra cardiac valve	1.2 D
		replacements, vascular stents, relevant diagnostic tests.	
		Day care Procedures – Listed in the policy which require less than 24 hours hospitalization.	2.1
		c. Pre and Post Hospitalisation – Related medical expenses incurred 30 days prior to hospitalization and within 60 days from the date of discharge – actual	1.2 .2
		expenses or 10% of the Sum insured whichever is less.	2.2
		 d. Ayurvedic Treatment is covered only if taken in Government Hospital or any institution recognized by Government/accreditated by QCI/National Accreditation Board on Health 	2.3
		Add-on covers	
		e. Ambulance charges upto maximum of Rs.2500/- per policy period on payment	
		of additional premium of Rs.100/-	
		 f. Hospital daily cash benefit of Rs.250/500 per day subject to max. of 2500/5000 per hospitalization on payment of additional premium of Rs.150/300. 	
3	What are	a. Domiciliary treatment, treatment outside India	
	the major	b. War and warlike operations	4.5
	exclusions in the	 Circumcision, vaccination and plastic surgery unless forming part of treatment and requires hospitalization. 	4.6
	policy	d. Spectacles, contact lens and hearing aids	4.7
		e. Dental treatment unless arising due to an accident	4.8
		f. HIV, AIDS and sexually transmitted diseases	4.10
		g. Any hospitalization primarily for investigation/diagnostic purposes. h. Vitamins, tonics unless necessitated for treatment	4.11 4.12
		i. Pregnancy and related disorders	4.12 4.14
		j. Naturopathy and Experimental treatment	4.15
		k. External Medical equipments	4.16
		I. Treatment for Genetic disorders and stem cell therapy.	4.17
		m. Change of system of treatment or medicine	4.18
		n. ARMD, RFQMR and EECP treatment	4.19
		o. Non-Medical expenses	4.20
		p. Any kind of service charges, admission fees/registration charges	4.21
		(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)	
		policy clauses for the full listing)	

4	Waiting period	 Initial waiting period – 30 days for all illness (not applicable on renewal or for accident cases) 	4.2
	ponou	b. Waiting period of 48 months for Pre-existing disease.	4.1
		c. Some specified diseases have a waiting period of 24 or 48 months.	
		Two years waiting period	4.3 & 4.4
		Cataract, Benign Prostatic Hyperthrophy, Hysterectomy for Menorrhagia or	
		Fibromyoma, Hernia, Hydrocele, Congenital internal disease, Fistula in anus,	
		Piles, Sinusitis and related disorders, Gall Bladder Stone Removal, Gout &	
		Rheumatism, Calculus Diseases	4.3
		Four years waiting period	
		Joint replacement due to degenerative condition, age related Osteoarthritis or	
		Osteophorosis	4.4
5	Payment	Reimbursement of covered expenses up to specified limits	
	basis	Cashless payment of covered expenses upto specified limits in Network	
		Hospitals.	
		In cities where PPN is applicable, cashless will be restricted to PPN and	
6	Cost	claim payments as per agreed tariff. In case of a claim, this policy requires you to share the following costs:	
О	sharing	a. Expenses exceeding the following Sub-limits	
	Sharing	i. Room /ICU charges beyond 1% of Sum Insured per day or	1.2 A & B
		beyond 2% of Sum Insured per day for ICU charges.	1.2 A Q D
		ii. All other expenses shall be at the rate applicable to the entitled	
		room category	
		iii. Other sub-limits	1.2.1
		Catarct, Hernia & Hysterectomy – Actual expenses or 25% of Si	
		whichever is less.	
		Major surgeries- Actual expenses or 70% of the SI whichever is	
		less.	
7	Renewal	The policy can be renewed annually throughout the lifetime of the insured.	5.11
	condition	In the event of break in the policy a grace period of 30 days is allowed.	5.11.3
		Enhancement of sum Insured at renewal will be considered at the discretion of the	5.12
		Company.	
8	Renewal	Expenses of Health check-up will be reimbursed once at the end of every three	8
	benefits	continuous years of insurance provided no claims are reported during the	
	0 " "	block upto 1% of average sum insured of previous three policies	F 43
9	Cancellation	This policy would be cancelled and no claim or refund would be due to you if:	5.13
		a. you have not correctly disclosed details about your current and past health status or	
		 have otherwise encouraged or participated in any fraudulent claim under the policy. 	
10	Special	At least 15 days from the issuance of first policy would be given as free-look period to	7
10	condition	the insured to review the terms and conditions	,
	and special	are moured to rement the terms and conditions	
	benefit		
	- John Cont		

LEGAL DISCLAIMER

The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the Customer Information sheet and policy document the terms and conditions mentioned in the policy document shall prevail.

For details, please refer to policy clauses for full details.