

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

SI NO	TITLE	DESCRIPTION	POLICY CLAUSE NUMBER
1.	Name of Insurance Product / Policy	Arogya Sanjeevani Policy, IndusInd General Insurance Company Limited	
2.	Policy Number	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
3.	Type of Insurance Product / Policy	Both Indemnity and Benefit (where policy has elements of both the above)	
4.	Sum Insured (Basis)	Individual Sum Insured - XXXXXXXXXX (Where each member has a separate sum insured under the policy) Floater Sum Insured - XXXXXXXXXX (As opted) (Where all members under the policy have a single sum insured limit which may be utilized by any or all members)	
5.	Policy Coverage	<p>a. Hospitalization expenses- Expenses incurred on hospitalization for minimum period of 24 hours including</p> <p>b. Day Care Procedures- Medical expenses for day care procedures</p> <p>c. AYUSH Treatment- Expenses incurred on hospitalization under AYUSH Treatment.</p> <p>d. Cataract Treatment- Expenses incurred on treatment of cataract</p> <p>e. Pre-Hospitalisation-Pre-hospitalization Medical expenses for a period of 30 days</p> <p>f. Post-Hospitalisation-Post-hospitalization expenses for a period of 60 days</p> <p>g. Special Treatments / Procedures Special treatments as listed below are covered with up to 50% of the sum-insured:</p> <ul style="list-style-type: none"> • Uterine Artery Embolization and HIFU (High intensity focused ultrasound) • Balloon Sinuplasty • Deep Brain stimulation • Oral chemotherapy • Immunotherapy- Monoclonal Antibody to be given as injection • Intra vitreal injections • Robotic surgeries • Stereotactic radio surgeries • Bronchical Thermoplasty • Vaporisation of the prostate (Green laser treatment or holmium laser treatment). • IONM - (Intra Operative Neuro Monitoring) • Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered <p>h. Ambulance Charges: Expenses on road Ambulance subject to a maximum of Rs.2000/- per hospitalization.</p> <p>j. Dental treatment and Plastic Surgery- Dental treatment and Plastic Surgery Necessitated due to disease or injury</p> <p>k. Copayment - 5% at the time of claim</p>	<p>4.1</p> <p>4.1.1</p> <p>4.2</p> <p>4.3</p> <p>4.4</p> <p>4.5</p> <p>4.6</p> <p>4.1.1.5</p> <p>4.1.1.2</p>
6.	Exclusions	<p>Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:</p> <p>a. Admission primarily for investigation and evaluation</p> <p>b. Admission primarily for rest Cure, rehabilitation and respite care</p> <p>c. Expenses related to the surgical treatment of obesity that do not fulfill certain conditions</p> <p>d. Change-of-Gender treatments</p>	<p>7.1</p> <p>7.2</p> <p>7.3</p> <p>7.4</p>

	e. Expenses for cosmetic or plastic surgery	7.5									
	f. Expenses related to any treatment necessitated due to participation in hazardous or adventure sports	7.6									
7.	Waiting periods <ul style="list-style-type: none"> Time period during which specified diseases / treatments are not covered It is counted from the beginning of the policy coverage 	6.2									
	Initial waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents)	6.2									
	Specific Waiting periods (Not applicable for claims arising due to an accident): 24 months for 20 diseases/procedures 36 months for 02 diseases/procedures	6.3 (i, ii)									
	Pre-existing diseases: Covered after 36 months	6.1									
8.	Financial limits of coverage Sub-limit										
	In case of a claim, this policy requires you to share the following costs: a. Expenses exceeding the following Sub-limits: i. Room Charges(Hospitalization): b. Room Rent - Up to 2% of SI, subject to max of INR 5,000 per day c. ICU charges - Up to 5% of SI subject to max of INR 10,000 per day. In case Room/ICU/ICCU rent exceeds the limits specified the claim shall be subject to the proportionate deduction. ii. Cataract - Up to 25% of Sum Insured or Rs.40,000/- whichever is lower. iii. Modern treatment methods and Advancements in technology: Up to 50% of the Sum insured										
	Co-Payment	9.3									
	Each and every claim under the Policy shall be subject to a Copayment of 5% applicable to claim amount admissible and payable as per the terms and conditions of the Policy										
	Deductible	Not Applicable									
	Any other limit (as applicable)	Not Applicable									
9.	Claims / Claims Procedure	9 (1.1, 1.2), 9.1,9.2									
	a. For Cashless Service: Insured may refer Pre-Authorization form attached as Annexure-C to the Policy Wordings and for updated Hospital Network details refer the link https://www.indusindinsurance.com/Insurance/Self-Help/Cashless-Garages-and-Hospitals.aspx?network=Hospitals										
	b. For Reimbursement of Claim: For reimbursement of claims the insured person may submit the necessary documents to TPA/Company within the prescribed time limit as specified here under										
	<table border="1"> <thead> <tr> <th>Sr. No.</th> <th>Type of Claim</th> <th>Prescribed Time limit</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Reimbursement of hospitalization, day care and pre hospitalization expenses</td> <td>Within fifteen days from completion of hospitalization</td> </tr> <tr> <td>2.</td> <td>Reimbursement of post expenses post hospitalization treatment</td> <td>Within fifteen days from completion of post hospitalization</td> </tr> </tbody> </table>	Sr. No.	Type of Claim	Prescribed Time limit	1.	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within fifteen days from completion of hospitalization	2.	Reimbursement of post expenses post hospitalization treatment	Within fifteen days from completion of post hospitalization	
Sr. No.	Type of Claim	Prescribed Time limit									
1.	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within fifteen days from completion of hospitalization									
2.	Reimbursement of post expenses post hospitalization treatment	Within fifteen days from completion of post hospitalization									
	Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization										
	Turn Around Time (TAT) for claims settlement:										
	i. TAT for preauthorization of cashless facility: 2 hours										
	ii. TAT for cashless final bill authorization: 1 hour										
	web link for following:										
	i. Network Hospital details IndusInd General Insurance Locator										
	ii. Helpline number : +91 22 4890 3009 (Paid number)										
	iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer https://www.indusindinsurance.com/downloads/Black_List_Hospital.pdf										
	iv. Downloading/getting claim form https://www.indusindinsurance.com/insurance/claims/claim-page-health.aspx										



[indusindinsurance.com](https://www.indusindinsurance.com)



022 4890 3009 (Paid)



74004 22200 (WhatsApp)

IRDAI Registration No. 103. IndusInd General Insurance Company Limited.

An ISO 9001:2015 Certified Company

For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300.

Aranya Sanjeevani Policy, IndusInd General. UIN No.: RELHLIP21001V012021.



The enclosed Customer Information Sheet bearing reference number "CIS\XXXXXXXXXXXXXXXXXXXXXXXXXXXX" is essential part of your policy schedule, Kindly review it carefully.

Declaration by the Policy Holder;

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

Place : _____

Verified by OTP

(Signature of the Policy)

Date: DD/MM/YYYY

Note:

In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

Premium Illustration										
Individual and Floater Premium Illustration-AROGYA SANJEEVANI POLICY, INDUSIND GENERAL										
Age of the insured member	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (₹)	Sum insured (₹)	Premium (₹)	Discount, if any	Premium after discount (₹)	Sum insured (₹)	Premium or consolidated premium for all members of family (₹)	Floater discount, if any	Premium after discount (₹)	Sum insured (₹)
51 years	10,089	3 Lakhs	10,089		9,080	3 Lakhs				
44 years	6,487	3 Lakhs	6,487		5,838	3 Lakhs				
23 years	2,680	3 Lakhs	2,680	10%	2,412	3 Lakhs	17,098	0%	17,098	3 Lakhs
18 years	2,146	3 Lakhs	2,146		1,931	3 Lakhs				
Total Premium for all members of the family is ₹21,402 when each member is covered separately.			Total Premium for all members of the family is ₹19,261.8 when they are covered under a single policy.				Total Premium when policy is opted on floater basis is ₹17,098.			
Sum insured available for each individual is ₹3 lakhs			Sum insured available for each family member is ₹3 lakhs				Sum insured of ₹3 lakhs is available for the entire family.			
Note: Premium rates specified in the above illustration are standard premium rates for Zone A without any loading. Also, the premium rates are exclusive of taxes applicable										



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