

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	IndusInd Health Gain Policy	
2.	Policy Number	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
3.	Type of Insurance Product / Policy	Indemnity (Where insured losses are covered up to the Sum Insured under the policy)	
4.	Sum Insured (Basis)	Individual Sum Insured - XXXXXXXX Where each member has a separate sum insured under the policy), Floater Sum Insured - XXXXXXXX (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>Hospitalization Covers</p> <p>a. Hospitalization Expenses - This benefit indemnifies the Insured Person for any medical expenses incurred on In-Patient Treatment or Day Care Treatment including the expenses incurred on AYUSH Treatment.</p> <p>b. This benefit pays fixed daily amount of Rs 1000, if the Insured Person undergoes Hospitalization for In-Patient Treatment and occupies the following Room Categories Plan Plus & Power : Twin sharing Room or below Plan Prime : Single Private Air Conditioned Room or below</p> <p>b. Domestic Road Ambulance - This benefit indemnifies the Policyholder/ Insured Person up to an amount of Rs. 3,000 per Hospitalization on availing Ambulance services offered by a Hospital or by an Ambulance service provider. The benefit is extended to provide Rs. 20000 or actual (as per plan opted) intercity transportation cost beyond 100 km</p> <p>c. Domiciliary Hospitalization - This cover pays reasonable and customary charges for the medical expenses incurred during Domiciliary Hospitalization as defined under this Policy, provided that the condition for which the medical treatment is required continues for at least three continuous and completed days.</p> <p>d. Modern Treatment - Coverage up to 50% or 100% of Base S.I (as per Plan opted) under this benefit for the medical expenses incurred during the Policy Year on Inpatient Treatment or Daycare Treatment or Domiciliary Treatment of listed Modern Treatment Methods</p> <p>e. Pre and Post - This cover indemnifies the Insured Person for Pre-Hospitalization Expenses for a period of 60 days and Post Hospitalization Expenses for a period of 60 or 90 days (as per Plan opted)</p> <p>f. Organ Donor Expenses - This cover indemnifies the Policyholder/Insured Person up to 50% of Base Sum Insured subject to maximum of Rs. 5 Lakhs (as per plan opted), incurred during Hospitalization, in respect of donor for any organ transplant Surgery conducted on Insured Person during the Policy Year</p> <p>Extra Cover</p> <p>g. Reinstatement of Base Sum Insured - On subsequent claim, one reinstatement up to 100% of Base Sum Insured for unrelated illness/injury, sub-limit of 20% of Base Sum Insured for related illness/injury</p> <p>h. Extra Sum Insured - This benefit provides an additional 20% of Base Sum Insured on same claim, in single hospitalization after exhaustion of Base Sum Insured under the Policy</p>	<p>3.1</p> <p>3.1.1</p> <p>3.1.2</p> <p>3.1.3</p> <p>3.1.4</p> <p>3.1.5</p> <p>3.1.6</p> <p>3.1.7</p> <p>3.2</p> <p>3.2.1</p> <p>3.2.2</p>

Personal Accident	3.3
i. Accidental Death Cover - This benefit provides Personal Accident Death cover of 5% of Base Sum Insured subject to minimum of Rs 1 lakh to the Insured Person, if during the Policy Year, Insured Person sustains an injury from an Accident which is the sole and direct cause of his/her death. This benefit shall be applicable for Plan-Power and Plan-Prime	3.3.1
Critical illness	3.4
j. Waiver of Premium - This benefit waives off the renewal Policy premium for one year, in case of first Diagnosis of any of the listed (mentioned in Policy wordings)Critical Illness. For long term policies, the Company shall waive off one-year proportionate renewal Policy Premium. This benefit is provided once in the lifetime of the Policyholder. This benefit shall be applicable for Plan-Power and Plan-Prime.	3.4.1
Value Added Services	3.6
k. Wellness Services - This is a service benefit in which Insured can seek Medical advice through telephonic or online mode	3.6.1
l. Claim Service Guarantee - The Company is liable to pay the Insured Person for the delay in processing of claim for Benefit Hospitalization Expenses in the following manner: i. Cashless Claims - 1% for every delay of 6 hours beyond 6 hours of receipt of all information /documents ii. Re-imburement Claims - 1% for every delay of 21 days beyond 21 days of receipt of all information/documents Maximum liability is limited to 6% Delayed Claim Amount	3.6.2 (i. ii)
m. Policy Service Guarantee -In the event of delay in the process of issuing a Policy beyond 10 Working days from date of receipt of all required and completed documents, the Company shall provide a one time additional amount of Sum Insured of Rs. 10,000 or Rs. 20,000 (as per Plan opted)	3.6.3
Optional Covers	3.7
n. Enhanced Covers	
i. Guaranteed Cumulative Bonus: This benefit is an extension to Benefit-Cumulative Bonus, this benefit waives off the condition to reduce Cumulative Bonus in case of a claim in immediate previous Policy Year	3.7.1.1
ii. Unlimited Reinstatement of Base Sum Insured: On subsequent claims, Unlimited reinstatement of Base Sum Insured on unrelated illness or injury, sub-limit of 100% of Base Sum Insured for related illness/injury This benefit supersedes Benefit-Reinstatement of Base Sum Insured	3.7.1.2
iii. Consumable Cover: This benefit pays the Reasonable and Customary expenses which are listed in Annexure - A List I as Optional Items	3.7.1.3
o. Double Cover: This benefit provides an additional 100% of Base Sum Insured which can be utilized on the same claim, after exhaustion of Base Sum Insured This benefit supersedes Benefit-Extra Sum Insured	3.7.2
p. Change in Room rent Limit: This benefit gives an option to Policyholder to change the allowable Room Category	3.7.3
q. Reduction in Pre - Existing Waiting Period: This benefit reduces the Pre-Existing Waiting Period to 24 months or 12 months	
r. Voluntary Aggregate Deductible: The benefit gives an option to the Policyholder to avail discount in premium by choosing (10000,25000,50000,100000)as the Voluntary annual Aggregate Deductible	3.7.5
s. Removal of Co-Payment: This benefit waives off the Co-Payment condition of 20% on the assessed claim amount, applicable on Policies where at the time of inception of the first Policy, the age of the Insured Person (or eldest Insured Person in case of Family Floater Policy) is 61 years and above	
t. Hospital Cash:	
i. In Patient Cash: This benefit pays equal to selected Daily Cash Amount, max up to 30 days, provided the Company has accepted the claim under Benefit -In Patient Treatment.	3.7.7.1
ii. ICU Cash: This benefit pays an additional 100% of selected Daily Cash Amount, max up to 15 days for ICU Hospitalization, provided the Company has accepted the claim under Benefit - In Patient Treatment Minimum Hospitalization of 72 hours is must under this benefit	3.7.7.2



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

An ISO 9001:2015 Certified Company

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	<p>u. Convenience Cover</p> <p>i. Change in Pre - Post Hospitalization limit: The benefit, enhances the Pre Hospitalization limit to 90 days and post Hospitalization limit to 180 days</p> <p>ii. Air Ambulance: This benefit indemnifies up to 7.5% of Base Sum Insured or Rs. 5 Lakhs whichever is higher, for the expenses incurred on availing Air Ambulance services</p> <p>iii. Radio Taxi: This benefit indemnifies up to Rs. 1000 per Hospitalization on availing registered Radio cab operator services</p> <p>iv. Convalescence Cover: This benefit pays a lumpsum amount of Rs. 10000 (as per Plan opted), if the Insured Person is hospitalized for a minimum period of 7 continuous and consecutive days</p>	<p>3.7.8</p> <p>3.7.8.1</p> <p>3.7.8.2</p> <p>3.7.8.3</p> <p>3.7.8.4</p> <p>3.7.9</p> <p>3.7.9.1</p>
	<p>v. Preventive Care Cover</p> <p>i. Health Checkup: At the end of every Policy Year, this benefit indemnifies up to Rs 3000 towards the diagnostic or preventive medical tests (listed in Policy wordings) taken by the Insured Persons in the Policy</p> <p>ii. Vaccination Cover At the end of every Policy Year, this benefit indemnifies up to Rs. 2000 (as per Plan opted) towards the expenses for the vaccine (listed in policy wordings) taken by the Insured Persons in the Policy</p>	<p>3.7.9.2</p> <p>3.7.10</p> <p>3.7.10.1</p>
	<p>w. Smart Cover</p> <p>i. Change in Modern Treatment limits: This benefit increases the Modern Treatment limit from 50% of Base Sum Insured to 100% of Base Sum Insured This benefit is applicable only for Plan- Plus and Plan- Power</p> <p>ii. Vision Correction: This benefit indemnifies up to Rs. 100000 (as per plan opted) for the medical expenses incurred for correction of eyesight due to refractive error on the written advice of the Medical Practitioner</p> <p>iii. Second Opinion: This benefit indemnifies up to Rs. 3000 (as per plan opted) for availing second medical opinion from a Medical Practitioner within India</p>	<p>3.7.10.2</p> <p>3.7.10.3</p> <p>3.7.11</p>
	<p>aa. Family Care Cover</p> <p>i. Home Care Treatment: This benefit indemnifies the Insured for the medical expenses incurred towards Home Care Treatment for any of the treatments (listed in the Policy wordings) under the Policy</p> <p>ii. Companion Cover: This benefit pays a fixed daily amount of Rs. 1000 towards expenses incurred by the Companion towards accommodation, transportation, food or any other miscellaneous expenses. Minimum 72 hours of Hospitalization is must</p> <p>iii. Child Care Cover: This benefit pays a fixed daily amount of Rs. 1000 towards child care expenses for any one dependent child covered under the Policy up to 12 years of age. Minimum 72 hours of Hospitalization is must</p>	<p>3.7.11.1</p> <p>3.7.11.2</p> <p>3.7.11.3</p>
6.	<p>Exclusions</p> <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. Investigation & Evaluation (Code:Excl04)</p> <p>b. Rest Cure, rehabilitation and respite care (Code:Excl05)</p> <p>c. Obesity/ Weight Control (Code:Excl06)</p> <p>d. Change-of-Gender treatments (Code:Excl07)</p> <p>e. Cosmetic or Plastic Surgery (Code: Excl08)</p> <p>f. Hazardous or Adventure sports(Code:Excl09)</p> <p>g. Breach of law (Code: Excl10)</p> <p>h. Excluded Providers (Code:Excl11)</p> <p>i. Substance Abuse and Alcohol (Code: Excl12)</p> <p>j. Wellness and Rejuvenation (Code:Excl13)</p> <p>k. Dietary Supplements & Substances (Code: Excl14)</p> <p>l. Refractive Error (Code: Excl15)</p> <p>m. Unproven Treatments-Code (Code: Excl16)</p> <p>n. Sterility and Infertility (Code: Excl17)</p> <p>o. Maternity Expenses (Code - Excl 18)</p>	4



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	<p>Specific Exclusions</p> <p>p. Treatment outside Discipline</p> <p>q. Hearing Aids and spectacles</p> <p>r. External durable medical equipment</p> <p>s. Sleep Apnea</p> <p>t. External Congenital Anomaly</p> <p>u. Artificial Life support equipment's</p> <p>v. Non-payable items</p> <p>w. Outpatient Treatment</p> <p>x. Overseas Treatment</p> <p>y. Self-injury</p> <p>z. Documentation charges</p> <p>aa. Charges other than Reasonable & Customary Charges</p> <p>bb. RMO charges and Service charge</p> <p>cc. Nuclear Attack</p> <p>dd. War</p>	
<p>7. Waiting periods</p> <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 	<p>a. Initial waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents) 4.1.1</p> <p>b. Specific Waiting periods (Not applicable for claims arising due to an accident): 24 months for 46 diseases/procedures 4.1.2</p> <p>c. Pre-existing diseases: Covered after 36 Months 4.1.3</p> <p>4.2.1</p>	
<p>8. Financial limits of coverage</p>	<p>In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following Sub-Limits</p>	
<p>i. Sub-limit (It is a predefined limit and the insurance company will not pay any amount in excess of this limit)</p>	<p>a. Domestic Road Ambulance: 3.1.2</p> <ul style="list-style-type: none"> Plan-Plus: upto 1500 per hospitalization Intercity Ambulance cost (beyond 100km): upto Rs 20000 per hospitalization, Plan-Power: upto 3000 per hospitalization Intercity Ambulance cost (beyond 100km): upto Rs 20000 per hospitalization and Plan-Prime: Actuals (including Intercity ambulance cost: beyond 100km) (as per plan opted) <p>b. Modern Treatment: Plan-Plus/Power: upto 50% of Base Sum Insured & Plan-Prime: upto 100% of Base Sum Insured (as per plan opted) 3.1.4</p> <p>c. Organ Donor Expenses: Plan-Plus/Power: Upto 50% of Base Sum Insured, subject to maximum of Rs 5 lakhs, Plan-Prime: Upto 50% of Base Sum Insured, subject to maximum of Rs 10 lakhs. (as per plan opted) 3.1.7</p> <p>d. Air Ambulance: 7.5% of Base Sum Insured or Rs 5 Lakhs whichever is higher.</p> <p>e. Radio Taxi: 1000 per Hospitalization</p> <p>f. Health Checkup: 3000 (Annual) 3.7.8.2</p> <p>g. Vaccination Cover: Plan-Plus/Power: 2000(Annual), Plan-Prime: 3500 (Annual) (as per plan opted) 3.7.8.3</p> <p>h. Vision Correction: Plan-Plus: 50000, Plan-Power/prime: 100000 (As per plan opted) 3.7.9.1</p> <p>i. Second Opinion: Plan-Plus/power: 3000, Plan-Prime:5000 (As per plan opted) 3.7.9.2</p>	
<p>ii. Co-payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured).</p>	<p>Co-Payment</p> <p>20% co-payment on the Assessed Claim Amount if at the time of inception of the first Policy with the Company, the age of the Insured Person (or eldest Insured Person in case of Family Floater Policy) is 61 years and above.</p> <p>Zone based Co-payment: 20% co-payment for claims administered from Zone A, if policy was issued for Zone B.</p>	



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iii. Deductible (It is a specified amount: <ul style="list-style-type: none"> • up to which an insurance company will not pay any claim, and • which will be deducted from total claim amount (if claim amount is more than the specified amount) 	Not Applicable										
iv. Any other limit (as applicable)	Not Applicable										
9. Claims / Claims Procedure	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" data-bbox="416 808 1331 987"> <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> <p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization</p> <p>Turn Around Time (TAT) for claims settlement:</p> <ul style="list-style-type: none"> i. TAT for preauthorization of cashless facility: 2 hours ii. TAT for cashless final bill authorization: 1 hour <p>Provide the details /web link for following:</p> <ul style="list-style-type: none"> i. Network Hospital details https://igi-locator.appspot.com/?Search_by=hospital&sourcesystem=website&phone number=&emailid=# 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 	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	6.1.2 (i) 6.1.2 (ii)
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									
10. Policy Servicing	Any issues related with respect to policy, kindly E-mail us at services@indusindinsurance.com and for correspondence contact us IndusInd General Insurance Company Limited Correspondence Address – IndusInd General Insurance., Winway Building 2nd & 3rd Floor, 11/12 Block No-4, Old no-67, South Tukoganj, Indore (M.P) - 452001 Contact No.:- 022 4890 3009 (Paid)										
11. Grievances/ Complaints	a. Details of Grievance redressal officer refer the link https://www.indusindinsurance.com/Insurance/About-Us/Grievance-Redressal.aspx b. IRDAI Integrated Grievance Management System https://igms.irda.gov.in/ c. Insurance Ombudsman - The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document	5.1.17									



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<p>12. Things to remember</p>	<p>Free Look Cancellation: The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.</p> <p>The Insured Person shall be allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the Policy, and to return the same if not acceptable. If the Insured has not made any claim during the Free Look Period, the Insured shall be entitled to</p> <ol style="list-style-type: none"> A refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period; <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:- When your policy is due for renewal, you may migrate to another policy with us (subject to underwriting guidelines of company) or port your policy to another insurer.</p> <p>Migration:- The Insured Person 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 atleast 30 days before the Policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.</p> <p>Portability:- The Insured Person 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. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured Person will get the accrued continuity benefits in Waiting Periods as per IRDAI guidelines on portability.</p> <p>Change in Sum Insured:- Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</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, misrepresentation, 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 limits.</p>	<p>5.1.15</p> <p>5.1.8</p> <p>5.1.9</p> <p>5.2.12</p>
<p>13. Your Obligations</p>	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other material information during the policy period.) Insurer to specify the material information</p>	<p>5.2.4</p>

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.



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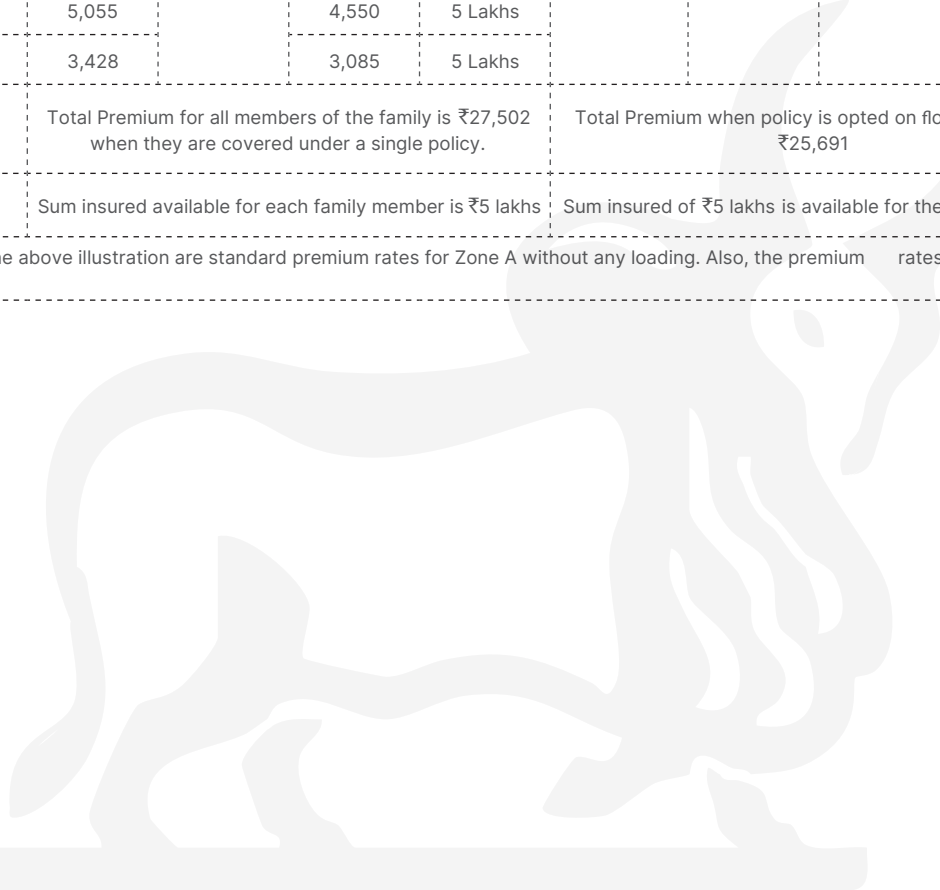


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Premium Illustration

Benefit Illustration in respect of policies offered on Individual and Family Floater basis

Age of the members insured	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	14,524	5 Lakhs	14,524	10%	13,072	5 Lakhs	25,691	0%	25,691	5 Lakhs
44 years	7,551	5 Lakhs	7,551		6,796	5 Lakhs				
23 years	5,055	5 Lakhs	5,055		4,550	5 Lakhs				
18 years	3,428	5 Lakhs	3,428		3,085	5 Lakhs				
Total Premium for all members of the family is ₹30,558 when each member is covered separately.			Total Premium for all members of the family is ₹27,502 when they are covered under a single policy.				Total Premium when policy is opted on floater basis is ₹25,691			
Sum insured available for each individual is ₹5 lakhs			Sum insured available for each family member is ₹5 lakhs				Sum insured of ₹5 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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