

**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 Global	
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 - XXXXXX (As Opted) Where each member has a separate sum insured under the policy Floater Sum Insured -XXXXXXX (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 (What the policy covers?)	<b>Global Cover (Applicable Outside India)</b>	3.1
		<b>a. In-Patient Treatment</b> - This benefit indemnifies the Insured Person for the medical expenses incurred on In-Patient Treatment outside India	3.1.1
		<b>b. Pre and Post-Operative Day Care Treatment</b> - This benefit indemnifies the Insured Person for the medical expenses incurred on pre or post-Operative Day Care Treatment in connection with the In-Patient Treatment	3.1.2
		<b>c. Pre Hospitalization</b> - This cover indemnifies the Insured Person for Pre-hospitalization for a period of 15 days or to the date of start of pre-approved In-Patient Treatment whichever is earlier	3.1.3
		<b>d. Post Hospitalization</b> - This cover indemnifies the Insured Person for Post-hospitalization for a period of 30 days immediately after the Insured Person was discharged from Hospital after taking the In-Patient Treatment	3.1.4
		<b>e. Rehabilitation</b> - This cover indemnifies towards In-patient Rehabilitation treatment Abroad that combines therapies such as physical, occupational and speech therapy	3.1.5
		<b>f. Travel Expenses</b> - This cover indemnifies towards travel expenses incurred by the Insured Person, one accompanying Companion and the living donor (only in the case of transplant) for the treatment of Insured Person	3.1.6
		<b>g. Accommodation Expenses</b> - This cover indemnifies towards accommodation expenses incurred in the City of Treatment by the Insured Person, one accompanying companion and the living donor.	3.1.7
		<b>h. Repatriation of Mortal Remains</b> - In the event of the death of the Insured Person while taking treatment Abroad, covers cost of transporting mortal remains of Insured Person back to the Republic of India or an equivalent amount for a local burial or cremation in the City of Treatment.	3.1.8

<b>i. Second Opinion</b> - This benefit indemnifies for availing second medical opinion of the listed Specified Illness from a Medical Practitioner.	3.1.9
<b>j. Visa Charges and Documentation</b> - This cover indemnifies towards Visa application and processing fee expenses incurred by Insured for overseas travel for the purpose of availing the treatment.	3.1.10
<b>k. Assistance Services</b> - Covers following assistance services rendered by the Insured Person in the event of Emergency	3.1.11
• Translation services	3.1.11.1
• Transmission of urgent messages	3.1.11.2
• Lost Passport Assistance	3.1.11.3
• Consular Referral	3.1.11.4
• Arrangement of Radio Taxi or Chauffer services	3.1.11.5
• Emergency cash assistance	3.1.11.6
<b>India Cover (Optional)</b>	3.2
<b>a. In-Patient Treatment</b> - This benefit indemnifies the Insured for the medical expenses on In-Patient Treatment in India	3.2.1.1
<b>b. Day Care Treatment</b> - This benefit indemnifies the Insured for the medical expenses on Day Care Treatment	3.2.1.2
<b>c. Domestic Road Ambulance</b> - This benefit indemnifies the Insured Person towards expenses incurred on availing Road Ambulance services	3.2.2
<b>d. Air Ambulance</b> - This benefit indemnifies the Insured Person towards expenses incurred on availing Air Ambulance services	3.2.3
<b>e. Domiciliary Hospitalization</b> - 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	3.2.4
<b>f. Modern Treatment</b> - This cover indemnifies the medical expenses incurred during the Policy Year on Inpatient Treatment or Daycare Treatment or Domiciliary Treatment of listed Modern Treatment Methods	3.2.5
<b>g. Pre-Hospitalization</b> - This cover indemnifies the Insured Person for Pre-Hospitalization Expenses for a period of 90 days immediately before the Insured Person was Hospitalized	3.2.6
<b>h. Post-Hospitalization</b> - This cover indemnifies the Insured Person for Post-Hospitalization Expenses for a period of 180 days immediately after the Insured Person was discharged post Hospitalization	3.2.7
<b>i. Organ Donor Expenses</b> - This cover indemnifies towards medical expenses incurred, during In Patient Treatment, in respect of donor of any organ transplant surgery	3.2.8
<b>j. Rehabilitation</b> - This cover indemnifies towards In-patient Rehabilitation treatment that combines therapies such as physical, occupational and speech therapy	3.2.9
<b>k. Home Care Treatment</b> - This cover indemnifies towards Home Care Treatment of any of the listed treatments	3.2.10
<b>l. Medical Equipment</b> - Cover expenses incurred by the insured person for procuring listed medical equipment or devices as medical aid during the policy year	3.2.11
• Durable Medical Equipment (DME)	3.2.11.1
• Small Medical Equipment	3.2.11.2



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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: 6<sup>th</sup> Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300.

IndusInd Health Global. UIN No.: IRDAN103RP0001V01202324. IGI/MCOM/CO/RHGI-CIS/Ver.2.1/160924



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	<b>m. OPD Covers</b> - Coverage for Out-patient Treatment, Physiotherapy Benefit and Dental Cover	3.2.12
	<b>n. Health Check Up</b> - At the end of every two Policy Year, this benefit indemnifies up to Rs.10000 towards expenses for the listed diagnostic or preventive medical tests (listed in Policy wordings) taken by the Insured Persons in the Policy	3.2.13
	<b>o. Second Opinion</b> - This benefit indemnifies for availing second medical opinion from a Medical Practitioner within India.	3.2.14
	<b>p. No Claim Bonus</b> - This renewal benefit increases the Sum Insured by 25% for every claim free Policy Year, subject to a maximum of 100% of Sum Insured and decreases by 25 % of Sum Insured for every claim year.	3.2.15
	<b>q. Inflation Protection</b> - This renewal benefit increases the Sum Insured by 8% at the end of each completed and continuous Policy Year, subject to a maximum of 100% of Sum Insured	3.2.16
	<b>r. Unlimited Reinstatement</b> - Unlimited reinstatement of India Base Sum Insured on related or unrelated illness or injury	3.2.17
	<b>s. Assistance Services</b> - Covers following assistance services rendered by the Insured Person in the event of Emergency <ul style="list-style-type: none"> <li>• Tele-consultation</li> <li>• Booking of health checkups</li> <li>• Arrangement of Nurse at home</li> <li>• Emergency helpline</li> </ul>	3.2.18 3.2.18.1 3.2.18.2 3.2.18.3 3.2.18.4
	<b>Optional Covers</b>	3.3
	<b>a. Waiver of Co-Payment</b> - This benefit waives off the Co-Payment condition of 20% on the Assessed Claim Amount, applicable on Policies where the Insured age, first time entering into the Policy is >=61 years.	3.3.1
	<b>b. Voluntary Co-payment</b> - 10%/20% on the Assessed Claim Amount	3.3.2
	<b>c. Change in Pre-Existing Waiting Period</b> - This benefit changes the Pre-Existing Waiting Period from 36 months to 24 Months.	3.3.3
<b>6. Exclusions</b>	<b>Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:</b> <ul style="list-style-type: none"> <li>a. Investigation &amp; Evaluation (Code:Excl04)</li> <li>b. Rest Cure, rehabilitation and respite care (Code:Excl05)</li> <li>c. Obesity/ Weight Control (Code:Excl06)</li> <li>d. Change-of-Gender treatments (Code:Excl07)</li> <li>e. Cosmetic or Plastic Surgery (Code: Excl08)</li> <li>f. Hazardous or Adventure sports(Code:Excl09)</li> <li>g. Breach of law (Code: Excl10)</li> <li>h. Excluded Providers (Code:Excl11)</li> <li>i. Substance Abuse and Alcohol (Code: Excl12)</li> <li>j. Wellness and Rejuvenation (Code:Excl13)</li> <li>k. Dietary Supplements &amp; Substances (Code: Excl14)</li> <li>l. Refractive Error (Code: Excl15)</li> <li>m. Unproven Treatments-Code (Code: Excl16)</li> <li>n. Sterility and Infertility (Code: Excl17)</li> <li>o. Maternity Expenses (Code - Excl 18)</li> </ul>	4.1
	<b>Specific Exclusions (Applicable-to both Global and India)</b> <ul style="list-style-type: none"> <li>a. Organ Donor Expenses</li> <li>b. Treatment outside Discipline</li> <li>c. Gene Therapy except to the extent specifically stated to be covered</li> <li>d. Hearing Aids and spectacles</li> </ul>	4.2



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	<p>e. External durable medical equipment  f. Sleep Apnea  g. External Congenital Anomaly  h. Artificial Life support equipment's  i. Outpatient Treatment expect to the specifically stated to be covered  j. Self-injury  k. Documentation charges  l. Circumcision  m. Convalescence or Rehabilitation expect to the specifically stated to be covered  n. Dental Treatments expect to the specifically stated to be covered  o. Unprescribed Drugs or treatments  p. Hormonal therapies  q. Peritoneal dialysis  r. Non-Medically Necessary Treatment  s. Spinal subluxation, manipulation and muscle stimulation  t. Treatment by a family member  u. Vaccination and immunization  v. Charges other than Reasonable &amp; Customary Charges  w. Nuclear Attack  x. War</p>	
	<p><b>Specific Exclusions (Applicable - Global)</b></p> <p>a. Alternative Treatments  b. Countries outside Geographical Scope  c. Non-payable items  d. Sanction Clause  e. Treatment taken in India</p>	4.3
	<p><b>Specific Exclusions (Applicable- India)</b></p> <p>a. Medical supplies  b. Prosthetic and other devices  c. Treatment taken Abroad  d. RMO charges and Service charge</p>	4.4
<p><b>7. Waiting periods</b></p> <ul style="list-style-type: none"> <li>• Time period during which specified diseases/ treatments are not covered</li> <li>• It is counted from the beginning of the policy coverage</li> </ul>	<p><b>Applicable for Global Cover:</b></p> <p>a. Pre-Existing Disease waiting period (Code: Excl01): 24 Months  b. Specified disease/procedure (Code: Excl02)</p> <ul style="list-style-type: none"> <li>• 36 months for Joint Replacement/Reconstruction (Hip, Knee, Shoulder)</li> <li>• 36 months for Gene therapy</li> <li>• 24 months for listed illnesses/procedures</li> </ul> <p>c. 90 days initial Waiting Period</p>	4.1.1 4.1.2
		4.3.1
	<p><b>Applicable for India Cover (if opted):</b></p> <p>a. Pre-Existing Disease waiting period (Code: Excl 01): 24 Months  b. Specified disease/procedure (Code: Excl 02)</p> <ul style="list-style-type: none"> <li>• 24 months for Joint Replacement/Reconstruction (Hip, Knee, Shoulder)</li> <li>• 36 months for Gene therapy</li> <li>• 24 months for listed illnesses/procedures</li> </ul> <p>c. 30 days initial Waiting Period  d. Dental Cover: 30 days</p>	4.1.1 4.1.2
		4.4.1 3.2.12.4



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<p><b>8. Financial limits of coverage</b></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>Not Applicable</p>	
<p>ii. Co-payment (It is a specified amount / percentage of the admissible claim amount to be paid by policyholder/ insured).</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 is 61 years and above</p>	<p>6.13</p>
<p>iii. Deductible (It is a specified amount:)</p> <ul style="list-style-type: none"> <li>• up to which an insurance company will not pay any claim, and</li> <li>• which will be deducted from total claim amount (if claim amount is more than the specified amount)</li> </ul>	<p>Not Applicable</p>	
<p>iv. Any other limit (as applicable)</p>	<p>Not Applicable</p>	
<p><b>9. Claims / Claims Procedure</b></p>	<p><b>Claims Procedure (Applicable Global)</b></p> <p><b>Cashless:</b> Claims shall be settled on cashless basis. Insured may contact the Empaneled Service Provider with a request for claim. Details of the Empaneled Service Provider shall be available on the Company website.</p> <p>On the basis of documents submitted and Insured Person's medical condition the Empaneled Service Provider provide a choice of Hospitals/treatments to the Insured Person.</p> <p><b>Re-imburement:</b> In case of any Claim under the Benefits Pre-Hospitalization, Post- Hospitalization, Visa Charges and Documentation and Assistance Services where Cashless facility is not availed, Insured can avail the claim under Re-imburement basis. Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p><b>Claims Procedure (Applicable India)</b></p> <p><b>Cashless:</b> The Insured Person can avail Cashless facility at the time of admission into any Network Hospital, by presenting the health card as provided by the TPA/Company with the Policy, along with a valid photo identification proof (Voter ID card / Driving License / Passport / PAN Card / any other identity proof as approved by the Company).</p> <p><b>Re-imburement:</b> In case of any Claim under the Benefits, where Cashless facility is not availed, the list of documents as mentioned in Policy Wording shall be provided by the Policyholder/ Insured</p>	<p>6.4 (i)</p> <p>6.3(i)</p>

	<p>Person, immediately but not later than 15 days of discharge from the Hospital, at the Policyholder's/ Insured Person's expense to avail the Claim. Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>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:</p> <p>i. TAT for preauthorization of cashless facility: 2 hours ii. TAT for cashless final bill authorization: 1 hour</p> <p>Provide the details /web link for following:</p> <p>i. Network Hospital details <a href="https://?Search_by=hospital&amp;sourcesystem=website&amp;phone number=&amp;emailid=#">https://?Search_by=hospital&amp;sourcesystem=website&amp;phone number=&amp;emailid=#</a></p> <p>ii. Helpline number : +91 22 4890 3009 (Paid number)</p> <p>iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer <a href="https://www.indusindgeneral.co.in/downloads/Black_List_Hospital.pdf">https://www.indusindgeneral.co.in/downloads/Black_List_Hospital.pdf</a></p> <p>iv. Downloading/getting claim form <a href="https://www.indusindgeneral.co.in/insurance/claims/claim-page-health.aspx">https://www.indusindgeneral.co.in/insurance/claims/claim-page-health.aspx</a></p>	
<b>10. Policy Servicing</b>	<p>Any issues related with respect to policy, kindly E-mail us at <a href="mailto:services@indusindinsurance.com">services@indusindinsurance.com</a> and for correspondence contact us IndusInd General Insurance Company Limited Correspondence Address –</p> <p>IndusInd General Insurance., Winway Building 2nd &amp; 3rd Floor, 11/12 Block No-4, Old no-67, South Tukoganj, Indore (M.P) - 452001 Contact No.:- +91 22 4890 3009 (Paid)</p>	
<b>11. Grievances/ Complaints</b>	<p>a. Details of Grievance redressal officer refer the link <a href="https://www.indusindinsurance.com/Insurance/About-Us/Grievance-Redressal.aspx">https://www.indusindinsurance.com/Insurance/About-Us/Grievance-Redressal.aspx</a></p> <p>b. IRDAI Integrated Grievance Management System <a href="https://igms.irda.gov.in/">https://igms.irda.gov.in/</a></p> <p>c. Insurance Ombudsman - The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document</p>	5.1.17
<b>12. Things to remember</b>	<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. 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.</p> <p>If the Insured has not made any claim during the Free Look Period, the Insured shall be entitled to</p> <p>i. 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</p> <p>ii. 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</p> <p>iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period</p>	5.1.13

	<p><b>Policy Renewal:-</b> Except on grounds of fraud, moral hazard or misrepresentation or noncooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn</p>	
	<p><b>Migration and Portability:-</b> 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><b>Change in Sum Insured:-</b> 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><b>Migration:-</b> 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><b>Portability:-</b> 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><b>Moratorium Period:</b> 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>	5.1.10
13. <b>Your Obligations</b>	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Nondisclosure may affect the claim settlement. Disclosure of other material information during the policy period.) Insurer to specify the material information</p>	5.2.4

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 : \_\_\_\_\_

Date: DD/MM/YYYY

\_\_\_\_\_  
(Signature of the Policy)

**Note:**

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

**Premium Illustration attached to CIS**

**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 (USD)	Premium (₹)	Discount, if any	Premium after discount (₹)	Sum insured (USD)	Premium or consolidated premium for all members of family (₹)	Floater discount, if any	Premium after discount (₹)	Sum insured (USD)
51 years	20,470	1,50,000	20,470	10%	18,423	1,50,000	20,740	30%	36,411	150,000
44 years	12,234	1,50,000	12,234		11,011	1,50,000	12,234			
23 years	9,721	1,50,000	9,721		8,749	1,50,000	9,721			
18 years	9,590	1,50,000	9,590		8,631	1,50,000	9,590			
Total Premium for all members of the family is ₹ 52,015 when each member is covered separately.			Total Premium for all members of the family is ₹ 46,814 when they are covered under a single policy.				Total Premium when policy is opted on floater basis is ₹ 36,411.			
Sum insured available for each individual is USD 1.5 lakh			Sum insured available for each family member is USD 1.5 lakh				Sum insured of USD 1.5 lakh is available for the entire family.			

**Note:** Premium rates specified in the above illustration are standard premium rates for Elite Plan with Worldwide coverage. The rates are without any optional covers, loading and discounts and are exclusive of taxes applicable.

