

INDUSIND - YES PLUS HEALTH INSURANCE - PROSPECTUS

SECTION 1. ELIGIBILITY CRITERIA

- This policy covers persons in the age group 91 days to 65 years.
- The maximum entry age is restricted to 65 years.
- The maximum entry age for a child dependent is 25 years. The child will be ported in an Individual Policy having a separate Sum Insured and treated as an Adult upon attaining age of 25 years at the time of renewal without underwriting up to the same sum insured
- There is no maximum cover ceasing age.
- Age means "Age as on last birthday" as on the date of first Policy issuance or at renewal. If any age changes during proposal stage, then "age" at submission of proposal from would be considered for premium calculation.
- This policy can be issued to an individual and/or a family.
- Individual Sum Insured: A maximum of 1 member can be covered in a single individual policy on individual sum insured basis.
- Floater Sum Insured: A maximum of 8 members can be covered in a single-family floater policy with a maximum of 2 Adults (A) and 6 Children ©. The Floater Sum Insured policy is available for Self, Spouse and children only.

SECTION 2. POLICY PERIOD

The policy will be issued for 1 year

SECTION 3. SCOPE OF COVER

All Certificates of Insurance issued under a Master Policy will be issued as per the Scope of Cover and respective terms and conditions as agreed upon in the Master Policy only.

The Company hereby agrees subject to the terms, conditions and exclusions contained or expressed herein, to compensate the Certificate Holder as per the covers and benefits opted in the Master Policy.

It is agreed and understood that for all admissible claims under the Policy, the Company shall indemnify the Certificate Holder up to the Sum Insured mentioned in the Certificate of Insurance, if the sum of all payable claims under the Policy exceeds the Aggregate Deductible subject to other terms and conditions of this Policy.

BENEFIT 1 - MEDICAL EXPENSES

If any of the Insured Person, during the Policy Period, is diagnosed with any Illness or suffers any Injury that requires Inpatient Treatment or Day Care Treatment, then the Company will pay Medical Expenses incurred by the Policyholder in excess of the annual Aggregate Deductible amount and up to the Sum Insured, subject to the below mentioned terms, conditions and exclusions mentioned under this Policy, for:

1.1 In-Patient Treatment

If during the Policy Period any of the Insured Person undergoes Hospitalization for Inpatient Treatment on the written advice of a Medical Practitioner, then the Company will indemnify the Policyholder for the below

incurred Medical Expenses:

- Room Rent
- Nursing
- Intensive care Unit (ICU),
- Medical Practitioner(s),
- Anesthesia, blood, oxygen, operation theatre charges, surgical appliances,
- Medicines, drugs and Consumables
- Diagnostic procedures
- The cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure

1.2. Pre- Hospitalization

The Company will indemnify the Policyholder/ Insured Person for the Medical Expenses incurred in the 60 days immediately before the Policyholder/Insured Person was Hospitalized, provided that:

- Such Medical Expenses are incurred in respect of the same condition for which Insured Person has taken Inpatient Treatment, and
- Company has accepted the Claim for these Inpatient Treatment expenses under Scope of Cover- Section 3.1.1 InPatient Treatment

1.3. Post Hospitalization

The Company will indemnify the Policyholder/Insured Person for the Medical Expenses incurred in the 90 days immediately after the Insured Person was discharged post Hospitalization provided that:

- Such costs are incurred in respect of the the same condition for which the Insured Person has taken Inpatient Treatment, and
- Company has accepted the Claim for these Inpatient Treatment expenses under Scope of Cover Section 3.1.1 InPatient Treatment.

1.4. Day Care Treatment

The Company will indemnify the Policyholder for the Medical Expenses on the written advice of the Medical Practitioner, if during the Policy Period, any of the Insured Person undergoes a Day Care Treatment as defined under this Policy

BENEFIT 2 - DOMICILIARY HOSPITALIZATION

The Company will indemnify the Insured Person(s) for the medical treatment 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 days, in which case the Company will pay the Reasonable and Customary charges of any necessary medical treatment for the entire period.

However, the Domiciliary Hospitalization benefits under any circumstances shall not cover any Medical Expenses incurred by Insured Person for treatment of any of the following



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74004 22200 (WhatsApp)

diseases:

- Asthma
- Bronchitis
- Chronic Nephritis and Chronic Nephritic/Nephrotic Syndrome
- Diarrhoea and all types of Dysenteries including Gastro-enteritis
- Epilepsy
- Influenza, Cough and Cold
- Pyrexia of unknown origin for less than 10 days
- Tonsillitis and Upper Respiratory Tract Infection including
- Laryngitis and Pharyngitis
- Arthritis, Gout and Rheumatism

BENEFIT 3 - MATERNITY COVER

The Company will indemnify the Policyholder/Insured Person up to Rs. 1 lakh for Maternity Expenses incurred on Inpatient Treatment during the Policy Period subject to the following:

- i. The Company will cover the Maternity Expenses in excess of annual Aggregate Deductible as specified under the Certificate of Insurance.
- ii. This benefit shall become available only after the expiry of 12 months from the date of inception of the first Policy with the Company.

The payment under this benefit is limited to maximum two deliveries or termination(s) or either, during the lifetime of the Insured Person.

BENEFIT 4 - ORGAN DONOR

The Company will indemnify the Policyholder/Insured Person for the Medical Expenses incurred during Hospitalization, in respect of donor for any organ transplant Surgery conducted on the Insured Person during the Policy Year, provided that:

- i. The organ donated is for the use of the Insured Person, and
- ii. Company shall not pay the donor's Pre and Post Hospitalization Expenses
- iii. Company has accepted Inpatient Hospitalization Claim under Scope of Cover Benefit 3.1.1 InPatient Treatment.

An organ donor is any person whose organ has been made available in accordance and compliance with The Transplantation of Human Organs Act, 1994 (amended).

BENEFIT 5 - AYUSH TREATMENT

The Company will indemnify the Policyholder /Insured Person against the Medical Expenses which are incurred on treatment under Ayurveda, Yoga & Naturopathy, Unani, Siddha, Sowa Riga and Homeopathy up to the Sum Insured in excess of annual Aggregate Deductible under the Policy. The AYUSH treatment should be carried out in an AYUSH Hospital or AYUSH Day Care Centre as defined under the Policy.

The Company shall not be liable for payment of any Claim under this Benefit directly or indirectly arising out of or relating to:

- i. Treatment other than Inpatient Treatment or Day Care Treatment
- ii. Medical Expenses incurred for evaluation, Investigation only.
- iii. Treatment availed outside India.
- iv. Treatment at a healthcare facility which is NOT an AYUSH Hospital or AYUSH Day Care Centre.
- v. Pre-Post Hospitalization expenses
- vi. All preventive and rejuvenation treatments (non-curative in nature), or treatments that are not Medically Necessary. This includes but not limited to treatments

at Spa, Massages and Health Rejuvenation Procedure. Treatment like Panchakarma and all the variants of Panchakarma.

BENEFIT 6 - AMBULANCE COVER

The Company will indemnify the Policyholder/Insured Person up to an amount of Rs. 3500 per Hospitalization for expenses incurred on availing Ambulance services offered by a Hospital or by an Ambulance service provider that

- i. Such life-threatening emergency condition is certified by the Medical Practitioner.
- ii. Company has accepted Inpatient Hospitalization Claim under Scope of Cover- Section 3.1.1 InPatient Treatment
- iii. The coverage includes the cost of the transportation of the Insured Person from a Hospital to the nearest Hospital which is prepared to admit the Insured Person and provide the necessary medical services if such medical services cannot satisfactorily be provided at a Hospital where the Insured Person is situated, provided that transportation has been prescribed by a Medical Practitioner and is Medically Necessary.

BENEFIT 7 - MODERN TREATMENT METHODS:

The Company will indemnify the Insured Person up to 50% of S.I and subject to the in excess of Aggregate Deductible for the Medical Expenses incurred during the Policy Period on Inpatient Treatment or Day Care Treatment of below mentioned

- Uterine Artery Embolization and HIFU
- Balloon Sinuplasty
- Deep Brain Stimulation
- Oral Chemotherapy
- Immunotherapy-Monoclonal Antibody to be given as injection
- Intra Vitreal injections
- Robot surgeries
- Stereotactic radio surgeries
- Bronchial Thermoplasty
- Vaporization 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 hematological conditions to be covered

SECTION 4 - EXCLUSIONS (APPLICABLE TO ALL BENEFITS UNDER THE POLICY)

A. General Exclusions

The Company shall have no liability and no Claim shall be admissible in respect of any Insured Person under any benefit(s) where such liability or Claim arises directly or indirectly due to any of the following:

i. Pre-Existing Disease (Code:Excl01)

- a. Expenses related to the treatment of a Pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Policy with Insurer.
- b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- 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.

d. Coverage under the Policy after the expiry of 24 months for any Pre-Existing Disease is subject to the same being declared at the time of application and accepted by Insurer.

ii. Specified disease/procedure waiting period code (Code:Excl02)

- a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Policy with us. This exclusion shall not be applicable for claims arising due to an accident.
- b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum insured increase.

c. If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing Diseases, then the longer of the two waiting periods shall apply.

d. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.

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.

f. List of specific diseases/procedures in respect of which waiting period is imposed is mentioned below:

Organ/ Organ System	Illness/Diagnosis (irrespective of treatment being medical or surgical)	Surgeries/Surgical Procedure (irrespective of any illness/diagnosis)
Ear, Nose, Throat (ENT)	<ul style="list-style-type: none"> a. Sinusitis b. Rhinitis c. Tonsillitisa 	<ul style="list-style-type: none"> a. Adenoidectomy b. Mastoidectomy c. Tonsillectomy d. Tympanoplasty e. Surgery for nasal septum deviation f. Surgery for turbinate hypertrophy g. Nasal concha resection h. Nasal polypectomy
Gynaecological	<ul style="list-style-type: none"> a. Cysts, polyps, Including breast lumps b. Polycystic ovarian diseases c. Fibromyoma d. Adenomyosis e. Endometriosis f. Prolapsed uterus 	<ul style="list-style-type: none"> a. Hysterectomy unless necessitated by malignancy
Orthopaedic	<ul style="list-style-type: none"> a. Non-infective arthritis a. Gout and rheumatism b. Osteoporosis c. Ligament, tendon and meniscal tear d. Prolapsed intervertebral disk 	<ul style="list-style-type: none"> a. Joint replacement surgery
Gastrointestinal	<ul style="list-style-type: none"> a. Cholelithiasis b. Cholecystitis c. Pancreatitis d. Fissure/fistula in anus, haemorrhoids, pilonidal sinus e. Gastro Esophageal Reflux Disorder (GERD), ulcer and erosion of stomach and duodenum f. Cirrhosis (however alcoholic cirrhosis is permanently excluded) g. Perineal and perianal abscess h. Rectal prolapse 	<ul style="list-style-type: none"> a. Cholecystectomy b. Surgery of hernia
Urogenital	<ul style="list-style-type: none"> a. Calculus diseases of urogenital system including kidney, ureter, bladder stones b. Benign hyperplasia of prostate c. Varicocele 	<ul style="list-style-type: none"> a. Surgery on prostate unless necessitated by malignancy b. Surgery for hydrocele/ rectocele
Eye	<ul style="list-style-type: none"> a. Cataract b. Retinal detachment c. Glaucoma 	<ul style="list-style-type: none"> a. Surgery for correction of eye sight due to refractive error above dioptr 14.0

Others	a. Congenital internal disease	a. Surgery of varicose veins and varicose ulcers. b. Stem cell therapy or surgery c. Administration of intra-articular or intra-lesional injections, Monoclonal antibodies such as Rituximab/Infliximab/Trastuzumab and supplementary medications such as Zoledronic acid
General (Applicable to all organ systems/ organs whether or not described above)	a. Benign tumours of non-infectious etiology such as cysts, nodules, polyps, lumps or growth	a. Nil

iii. 30 Days Waiting Period (Code:Excl03)

- Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.
- This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.
- The within referred waiting period is made applicable to the enhanced Sum Insured in the event of getting higher Sum Insured subsequently

iv. Investigation & Evaluation (Code:Excl04)

- Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

v. 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:
 - 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.
 - Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

vi. Obesity/ Weight Control (Code:Excl06):

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- Surgery to be conducted is upon the advice of the Doctor
- The surgery/Procedure conducted should be supported by clinical protocols
- The member has to be 18 years of age or older and
- Body Mass Index (BMI);
 - Greater than or equal to 40 or
 - 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:
 - Obesity-related cardiomyopathy
 - Coronary heart disease
 - Severe Sleep Apnea

d Uncontrolled Type2 Diabetes

vii. Change-of-Gender treatments (Code:Excl07):

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex

viii. 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.

ix. 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.

x. 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.

xi. 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. (For updated and detailed list of Excluded Providers refer website - www.indusindinsurance.com)

xii. Drugs or treatments (Code:Excl12):

Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.

xiii. Wellness and Rejuvenation (Code:Excl13):

Treatments received in health spas, 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.

xiv. Dietary Supplements & Substances (Code:Excl14):

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 hospitalization claim or day care procedure.

xv. Refractive Error (Code:Excl15):

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries

xvi. Unproven Treatments-Code (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.

xvii. Sterility and Infertility (Code: Excl7):

Expenses related to sterility and infertility. This includes:

- 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

xviii. Aggregate Deductible:

Company is not liable for any payments unless the Medical Expenses exceeds the annual Aggregate Deductible for all Hospitalization expenses under this Policy

xix. Dental Treatments:

Dental Treatments of any kind, unless requiring Hospitalisation due to an accident

xx. Experimental treatments:

Any Unproven/Experimental Treatments.

xxi. External Congenital Anomaly:

External Congenital Anomaly

xxii. Medically Necessary Treatment:

Any treatment or part of a treatment that is not Medically Necessary Treatment

xxiii. Non-medical expenses:

Any non-medical expenses mentioned in Annexure II

xxiv. Outpatient treatment:

Conditions for which treatment could have been done on an outpatient basis without any Hospitalisation.

xxv. Overseas treatment:

Any treatment taken by Insured Person availed outside India.

xxvi. Reasonable & Customary Charges:

Any Medical Expenses which are not reasonable and Customary Charges.

xxvii. Self-injury or suicide:

Any intentional self-inflicted Injury, suicide or attempted suicide.

xxviii. Treatment outside discipline:

Treatment taken from anyone not falling within the scope of definition of Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication

xxix. 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..

xxx. Wilful Act/Negligence:

Wilful acts or wilful gross negligence of the Insured Person.

B. Permanent Exclusions

"A permanent exclusion will be applied on Pre-Existing medical or physical condition or treatment of an Insured Person, if such exclusion is accepted by the Proposer and specifically mentioned in the Policy Schedule. This option, as per Company's underwriting policy, will be used for such condition(s) or treatment(s) listed in Annexure F of policy wordings that otherwise would have resulted in rejection of insurance coverage under this policy to such Insured person".

SECTION 5. SUM INSURED OPTIONS

Aggregate Deductible (in lakhs)	Sum Insured ₹ (in Lakhs)				
	3 Lakhs	5 Lakhs	8 Lakhs	-	-
2 Lakhs	3 Lakhs	5 Lakhs	8 Lakhs	-	-
3 Lakhs	7 Lakhs	12 Lakhs	-	-	-
5 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs	-	-
7 Lakhs	8 Lakhs	13 Lakhs	18 Lakhs	23 Lakhs	28 Lakhs
10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	30 Lakhs	40 Lakhs

SECTION 6. CLAIM PROCEDURE

The fulfillment of the terms and conditions of this Policy (including the realization of premium by their respective due dates) in so far as they relate to anything to be done or complied with by the Policyholder or any Insured Person, including complying with the following steps, shall be the Condition Precedent to the admissibility of the Claim.

Upon the discovery or happening of any disease or Illness / Injury that may give rise to a Claim under this Policy, then as a Condition Precedent to the admissibility of the Claim, the Insured Person shall undertake the following:

a. Claim Intimation

In the event of any Disease or Illness /Injury or occurrence of any other contingency which has resulted in a Claim or may result in a Claim covered under the Policy, the Insured Person, must notify to the TPA/Company either at the call center or in writing immediately.

b. Claim Procedure

- i. Cashless: Cashless facility is available only at a Network Hospital. 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 this 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).

- ii. Re-imburement: In case of any Claim under the Benefits, where Cashless facility is not availed, the list of documents as mentioned in Clause-5.5 shall be provided by the Insured Person, to TPA/Company immediately but not later than 30 days of discharge from the Hospital, at the Policyholder's/ Insured Person's expense to avail the Claim.

SECTION 7. CONDITIONS FOR RENEWAL OF THE CONTRACT

- This Policy will automatically terminate at the Certificate Period End Date. All renewal applications should reach the Company before the Certificate Period End Date.
- Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein prior mentioned and that nothing is known to the Policyholder/ Insured Person(s) that may result in enhancing the Company's risk.
- This Policy may be renewed by mutual consent and in such event the renewal premium shall be paid to the Company on or before the date of expiry of this Policy
- Renewal premium may vary and shall be as per the respective Master Policy issued by IndusInd General Insurance to the Yes Bank Limited as the renewal Policy inception date

SECTION 8. WITHDRAWAL/ REVISION/ MODIFICATION OF THE PRODUCT/ POLICY

- The Company reserves the right to withdraw, revise or modify this product / Policy in the future. The revision/ modification may be in respect of Benefits, coverages, premiums, Policy terms and conditions &/or exclusions.
- In the event of any such withdrawal of product/terms of Policy, premium the Company would give a 3 months notice in advance to the Policyholder.
- In the event of any revision or modification of the product the Company will notify the Policyholder in advance of such changes

SECTION 9. CANCELLATION/ TERMINATION (OTHER THAN FREE LOOK)

- The Company may at any time, cancel this Policy on grounds as specified by giving 15 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to the Policyholder at his last known address.
- The Policyholder may also give 7 days' notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of the notice, cancel the Policy and refund the premium for the unexpired period of this Policy at the short period scales as mentioned below, provided no Claim has been made under the Policy by the Policyholder/ Insured Person.
- No refund of premium shall be made on Policy where premium is paid in instalments.

In case of no claim in the policy, In the event of cancellation by the insured the refund amount shall be on pro-rata basis and shall be calculated as per the terms laid out below:

Calculation of Pro-Rata refund:

Return Premium = Total Policy Premium * (1-(Number of Policy days expired/Total Policy Days))

For e.g. If Policy Premium for 1 year (365 days) policy is Rs.

10000, and if cancellation is effected on expiry of 243 days from policy inception, then The Return Premium = 10000 * (1-(243 / 365)) = Rs. 3342.47.

In case of claim in the policy, Where any claim has been admitted or has been lodged by the person under the Policy, there shall be no refund of premium for the Policy Year in which the claim occurs.

For e.g. If Policy Premium for 1 year (365 days) policy is Rs. 10000. Considering the claim year is 1st Year (200 days), then no refund shall be made for the Policy Year.

SECTION 10. FREE LOOK PERIOD

All new health insurance policies(not renewal policies) issued by the Company, except those with tenure of less than a year shall have a free look period. The free look period shall be applicable at the inception of the policy and

- a. The insured will be allowed a period of at least 30 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable.
- b. If the insured has not made any claim during the free look period, the insured shall be entitled to-
 - A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or;
 - Where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;
 - Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

SECTION 11. Grievances

If the Policyholder has a grievance that the Policyholder wishes the Company to redress, the Policyholder may contact the Company with the details of his grievance through:

Website:	www.indusindinsurance.com
E-mail	services@indusindinsurance.com
Dedicated Senior Citizen helpline:	022 4890 3009 (paid)
Telephone	Any branch office, the correspondence address, during normal business hours.
Write to us at (Correspondence Only)	IndusInd General Insurance, Correspondence Unit, 301-302, Corporate House RNT Marg, Opp. Jhabua Tower, Indore, Madhya Pradesh, India – 452001
For further details on Grievance redressal procedure please refer: https://www.indusindinsurance.com/Insurance/About-Us/Grievance-Redressal.aspx	

If the Policyholder is not satisfied with the Company's redressal of the Policyholder's Grievance through one of the above methods, the Policyholder may approach the nearest Insurance Ombudsman for resolution of the Grievance.

INDIVIDUAL AND FLOATER PREMIUM ILLUSTRATION - INDUSIND YES PLUS HEALTH INSURANCE

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 (Rs.)	Sum insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)
51 years	5,010	S.I: 10 lakhs over Deductible: 5 lakhs	5,010	0%	5,010	S.I: 10 lakhs over Deductible: 5 lakhs	9,410	0%	9,410	S.I: 10 lakhs over Deductible: 5 lakhs
44 years	2,710	S.I: 10 lakhs over Deductible: 5 lakhs	2,710		2,710	S.I: 10 lakhs over Deductible: 5 lakhs				
23 years	1,940	S.I: 10 lakhs over Deductible: 5 lakhs	1,940		1,940	S.I: 10 lakhs over Deductible: 5 lakhs				
18 years	1,520	S.I: 10 lakhs over Deductible: 5 lakhs	1,520		1,520	S.I: 10 lakhs over Deductible: 5 lakhs				
Total Premium for all members of the family is Rs.11180 when each member is covered separately.			Total Premium for all members of the family is Rs.11180 when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 9410.			
Sum insured available for each individual is Rs.10 lakhs over 5 lakhs (Deductible)			Sum insured available for each family member is Rs. 10 lakhs over 5 lakhs (Deductible)				Sum insured of Rs.10 lakhs over 5 lakhs (Deductible) is available for the entire family.			
Note: Premium rates specified in the above illustration are standard premium rates without any loading. Also, the premium rates are exclusive of taxes applicable.										

PROHIBITION OF REBATES - SECTION 41 OF THE INSURANCE ACT, 1938 AS AMENDED BY INSURANCE LAWS (AMENDMENT) ACT, 2015.

- No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
- Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.