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Yuva Bharat Health Policy
Customer Information Sheet

S No	Title	Description	Policy clause No.																						
1.	Product Name	Yuva Bharat Health Policy	Page. No 1 of Policy Document																						
2.	What am I covered for	<p>If during the Period of Insurance, You or any Insured Person incurs Hospitalisation Expenses which are Reasonable and Customary, and Medically Necessary for treatment of any Illness or Injury, We will reimburse such expense incurred by You in the manner stated herein.</p> <p>The Coverages for Base, Gold and Platinum Plans are as under.</p> <p>1. Base Plan</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Hospitalisation Expenses</td> <td>Specific Coverages</td> </tr> <tr> <td>Medical Expenses For Organ Transplant</td> <td>Coverage For Modern Treatments Or Procedures</td> </tr> <tr> <td>Hospital Cash</td> <td>Cost Of Health Check-Up</td> </tr> <tr> <td>Road Ambulance Charges</td> <td>Medical Second Opinion</td> </tr> <tr> <td>Treatment For Congenital Diseases</td> <td>Reinstatement Of Sum Insured</td> </tr> <tr> <td>Coverage For Cataract</td> <td>Treatments Under Ayurvedic / Homeopathic / Unani Systems</td> </tr> <tr> <td>Coverage For Hazardous Sports</td> <td>New Born Baby Coverage</td> </tr> </table> <p>2. Gold Plan covers the following in addition to the coverages mentioned in Base Plan.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Critical Care Benefit</td> <td>Air Ambulance Charges</td> </tr> <tr> <td>Personal Accident Benefit</td> <td>Auto TOP-UP</td> </tr> </table> <p>3. Platinum Plan: covers the following in addition to the coverages mentioned Gold Plan.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Maternity Coverage</td> <td>Infertility Treatment</td> </tr> <tr> <td>Well baby Cover</td> <td>Birth Right Benefit</td> </tr> </table> <p>Note: Enhanced Maternity Limit is available at an additional premium.</p>	Hospitalisation Expenses	Specific Coverages	Medical Expenses For Organ Transplant	Coverage For Modern Treatments Or Procedures	Hospital Cash	Cost Of Health Check-Up	Road Ambulance Charges	Medical Second Opinion	Treatment For Congenital Diseases	Reinstatement Of Sum Insured	Coverage For Cataract	Treatments Under Ayurvedic / Homeopathic / Unani Systems	Coverage For Hazardous Sports	New Born Baby Coverage	Critical Care Benefit	Air Ambulance Charges	Personal Accident Benefit	Auto TOP-UP	Maternity Coverage	Infertility Treatment	Well baby Cover	Birth Right Benefit	<p style="text-align: center;">Clause 3.1 to 3.16</p> <p style="text-align: center;">Clause 3.1 to 3.20</p> <p style="text-align: center;">Clause 3.1 to 3.24</p>
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3.	What are the major	<ul style="list-style-type: none"> • Investigation & Evaluation (Code- Excl04) • Rest Cure, Rehabilitation And Respite Care (Code- Excl05) 	Clause 4.4.1 to 4.4.31																						

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<p>exclusions in the policy</p>	<ul style="list-style-type: none"> • Obesity/ Weight Control (Code- Excl06) • Change-Of-Gender Treatments (Code- Excl07) • Cosmetic Or Plastic Surgery (Code- Excl08) • Hazardous Or Adventure Sports (Code- Excl09) • Breach Of Law (Code- Excl10) • Excluded Providers (Code-Excl11) • Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12) • Treatments received in health hydros, 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. (Code- Excl13) • 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. (Code- Excl14) • REFRACTIVE ERROR (Code- Excl15) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. • UNPROVEN TREATMENTS (Code- Excl16) • STERILITY AND INFERTILITY (Code- Excl17) • MATERNITY EXPENSES (Code - Excl18) • Acupressure, acupuncture, magnetic therapies. • Any expenses incurred on Domiciliary Hospitalization. • Service charges, Surcharges, Luxury Tax, Admission fees, Registration fees, Record Charges and Telephone Charges levied by the Hospital. • Bodily Injury or Illness due to intentional self-inflicted Injury and attempted suicide. • Circumcision unless Medically Necessary or as may be necessitated due to an Accident. • Convalescence and General debility. • Cost of braces, equipment or external prosthetic devices, eyeglasses, Cost of spectacles and contact lenses, hearing aids including cochlear implants. • External Medical / Non-medical equipment used for diagnosis and/or treatment including CPAP/BIPAP, Oxygen Concentrator, Infusion pump , Ambulatory devices (walker, crutches, Collars, Caps, Splints, Elasto crepe bandages, external orthopaedic pads) and sub cutaneous insulin pump, Diabetic foot wear, Glucometer / Thermometer and equipment, which is subsequently used at home and outlives the use and life of the Insured Person. <p>al and or durable Medical / Non-medical equipment used for diagnosis and/or treatment including CPAP (Continuous Positive Airway Pressure), CPAD (Continuous Peritoneal Ambulatory</p>	
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		<p>Dialysis), Oxygen Concentrator for Bronchial Asthmatic condition, Infusion pump , Ambulatory devices i.e., walker, crutches, Collars, Caps, Splints, Elasto crepe bandages, external orthopaedic pads, sub cutaneous insulin pump, Diabetic foot wear, Glucometer / Thermometer and medical equipment, which is subsequently used at home and outlives the use and life of the Insured Person.</p> <ul style="list-style-type: none"> • Naturopathy and Siddha Treatments. • Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion: • Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death. • Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death. • Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death. • Stem cell implantation/Surgery for other than those treatments mentioned in clause 3.11.12 • Expenses incurred for Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy. • Treatment taken outside the geographical limits of India • Vaccination and/or inoculation • 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. 	
4.	Waiting Period	<ul style="list-style-type: none"> • PRE-EXISTING DISEASES (Code- Excl01) <ul style="list-style-type: none"> ○ 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 us. ○ In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase. 	<ul style="list-style-type: none"> • Clause 4.1 to 4.3

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		<ul style="list-style-type: none"> ○ 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. ○ 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 us. <ul style="list-style-type: none"> ● SPECIFIC WAITING PERIOD (Code- Excl02) <ul style="list-style-type: none"> ○ Expenses related to the treatment of the following listed conditions, surgeries / treatments shall be excluded until the expiry of Ninety Days / 12 / 24 months of continuous coverage, as may be the case after the date of inception of the first policy with the insurer. This exclusion shall not be applicable for claims arising due to an accident. ○ In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. ○ 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. ○ The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion. ○ 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. ● 90 Days Waiting Period <ul style="list-style-type: none"> ○ Diabetes Mellitus ○ Hypertension ○ Cardiac Conditions ● 12 Months waiting period <ul style="list-style-type: none"> ○ All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps ○ Benign ear, nose, throat disorders ○ Benign prostate hypertrophy ○ Cataract and age related eye ailments ○ Gastric/ Duodenal Ulcer ○ Gout and Rheumatism ○ Hernia of all types ○ Hydrocele ○ Non Infective Arthritis ○ Piles, Fissures and Fistula in anus ○ Pilonidal sinus, Sinusitis and related disorders 	
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		<ul style="list-style-type: none"> ○ Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident ○ Skin Disorders ○ Stone in Gall Bladder and Bile duct, excluding malignancy ○ Stones in Urinary system ○ Treatment for Menorrhagia/Fibromyoma, Myoma and Prolapsed uterus ○ Varicose Veins and Varicose Ulcers ○ Renal Failure ○ Puberty and Menopause related Disorders ○ Internal Congenital Diseases ○ Critical Care Benefit <ul style="list-style-type: none"> ● 24 Months waiting period <ul style="list-style-type: none"> ○ Joint Replacement due to Degenerative Condition ○ Age-related Osteoarthritis & Osteoporosis ○ Treatment of Mental Illness (ICD Code: F01-F29 & F60-F79) ○ Age Related Macular Degeneration (ARMD) ○ Genetic diseases or disorders ○ Birth Right Benefit ○ Infertility Treatment ○ Maternity Coverage <ul style="list-style-type: none"> ● Critical Illness Benefit – 12 months ● Maternity Coverage – 24 Months ● Infertility Treatment – 24 months Birth right Cover – 24 months 	
5.	Payout basis	<ul style="list-style-type: none"> ● Cashless / Reimbursement for Hospitalization claims ● In case of Hospital Cash the amount will be paid to the Insured. 	
6.	Loss Sharing	<ol style="list-style-type: none"> a. In case the Insured Person opting Zone II takes treatment in Zone I, Co-pay of 10% shall be applicable on admissible claim. b. Co-Pay shall not be applicable for immediate hospitalization arising out of Accident. c. Co-Pay shall also not be applicable for Illness or Treatments having sub-limits. 	<ul style="list-style-type: none"> ● Clause 5.29
7.	Renewal Conditions	<ul style="list-style-type: none"> ● The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal. ● Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years. ● Request for renewal along with requisite premium shall be 	<ul style="list-style-type: none"> ● Clause 5.11

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		<p>received by the Company before the end of the policy period.</p> <ul style="list-style-type: none"> At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the Grace Period. No loading shall apply on renewals based on individual claims experience. 	
8.	Renewal Benefits	<ul style="list-style-type: none"> Cumulative Bonus Health Checkup for a block of every 2 claim free years 	<ul style="list-style-type: none"> Clause 5.25 Clause 3.12
9.	Cancellation	<ul style="list-style-type: none"> The policyholder may cancel this policy by giving 15 days written notice and in such an event, the Company shall refund premium for the unexpired policy period on short period basis Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud. 	<ul style="list-style-type: none"> Clause 5.1
10.	Claims	<ul style="list-style-type: none"> Cashless Service: Contact the TPA or visit our Website at https://www.newindia.co.in/portal/#/readMore/HospitalsList for the list of Hospitals where cashless facility is available. Reimbursement of Claim: <ul style="list-style-type: none"> Intimate the TPA within twenty four hours from the time of Hospitalization. Submit the Claim Document within seven days from the date of Discharge from Hospital. 	<ul style="list-style-type: none"> Clause 5.18 Clause 5.20 & 5.21
11.	Policy Servicing/ Grievances /Complaints	<p>In case of any grievance the insured person may contact the company through Website:https://www.newindia.co.in/portal/readMore/Grievances Toll free: 1800-209-1415</p>	<ul style="list-style-type: none"> Clause 5.14
12.	Insured's Rights	<ul style="list-style-type: none"> You will be allowed a period of fifteen 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. Renewal of the Policy if You remit the Premium to Us prior to expiry of the Policy or within 30 days from expiry of Policy. This policy is subject to Portability guidelines issued by IRDAI and as amended from time to time. 	<ul style="list-style-type: none"> Clause 5.6 Clause 5.11 Clause 5.15
13.	Insured's Obligations	<ul style="list-style-type: none"> The policy shall be null and void, and no benefits shall be payable in the event of misrepresentation, misdescription or nondisclosure of any material fact / particular if such claim be in 	<ul style="list-style-type: none"> Clause 5.5

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		any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his / her behalf	
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