

INDUSIND HEALTHGAIN POLICY - CUSTOMER INFORMATION SHEET / KNOW YOU POLICY

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

SI NO	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1.	Name of Insurance Product/Policy	IndusInd HealthGain Policy	
2.	Policy Number	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
3.	Type of Insurance Product / Policy	Both Indemnity and Benefit	
4.	Sum Insured (Basis) (Along with amount)	- Individual Sum Insured - XXXXXXXX (Where each member has a separate sum insured under the policy), and - Floater Sum Insured - XXXXXXXX (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?) (Policy Clause Number/s)	Hospitalization Covers 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. Accommodation bonus: Additional fixed daily amount of Rs 1000 for opting Twin-sharing room category or lower. For Plan Plus: Single Private Air-Conditioned Room For Plan Power and Prime: Actuals Domestic Road Ambulance - This benefit indemnifies the Policyholder/ Insured Person up to an amount of Rs. 1,500 or Actuals 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 Actuals intercity ambulance cost beyond 100km. 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 Modern Treatment - Coverage up to 100% of Base S.I 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 Pre and Post Hospitalization - This cover indemnifies the Insured Person for Pre-Hospitalization Expenses for a period of 60 days and Post Hospitalization Expenses for a period of 90 days Organ Donor Expenses - This cover indemnifies the Policyholder/Insured Person up to the Base Sum Insured incurred during Hospitalization including Pre and Post Hospitalization Expenses, in respect of donor for any organ transplant Surgery conducted on Insured Person during the Policy Year.. Extra Cover Unlimited Reinstatement of Base Sum Insured - On subsequent claim, Unlimited reinstatement of Base Sum Insured on related and unrelated illness or injury. 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	3.1 3.1.1 3.1.2 3.1.3 3.1.4 3.1.5 3.1.6 3.1.7 3.2 3.2.1 3.2.2


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Personal Accident Cover	3.3
Accidental Death Cover - This benefit provides Personal Accident Death cover of 5% of Base Sum Insured subject to minimum of Rs 1lakh 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
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
Renewal Benefits	3.5
Cumulative Bonus - This renewal benefit increases the Base Sum Insured by 33.33% for every claim free Policy Year, subject to a maximum of 100% of Base Sum Insured and decreases by 33.33 % of Base Sum Insured for every claim year.	3.5.1
Call Option for Enhancement of Base Sum Insured - After 4 continuous and consecutive claim free Policy Years ,if Policyholder avails this benefit then enhanced Sum Insured will be sum of expiring Policy's Base Sum Insured and accumulated Cumulative Bonus	3.5.2
Loyalty Cover	3.5.3
• Accidental Death,	3.5.3.1
• Permanent Total Disability,	3.5.3.2
• Critical Illness,	3.5.3.3
• Hospital Cash,	3.5.3.4
• Leave compensation Benefit	3.5.3.5
Please refer table below for details**	
No Claim Discount : No Claim Discount of Rs. 50 at the end of each completed and continuous Policy Year, provided that no Claim has been made in the expiring Policy Year.	3.5.4
Value Added Covers	3.6
Wellness Services - This is a service benefit in which Insured can seek Medical advice through telephonic or online mode	3.6.1
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% of Delayed Claim Amount (for delay beyond 3 hours to 6 hours), additional 1% for every additional delay of 3 business hours ii. Re-imbursement Claims - 1% of Delayed Claim Amount (for delay beyond 15 days to upto 21 days), additional 1% for every additional delay of 15 days Maximum liability is limited to 6% Delayed Claim Amount.	3.6.2
Policy Pause: Policy Pause of minimum continuous period of 7 days and maximum continuous period of up to 90 days in a Policy Year during travel outside of India; and corresponding renewal discount equivalent to the Pro-rated expiring Policy premium.	3.6.3
Spouse First Cover: Continuity benefit for listed waiting periods served by Insured shall be credited to the newly wedded spouse	3.6.4
Preventive Care Covers	3.6.5


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Health Check-up : 3000 (Annual, From Day 1)	3.6.5.1
Vaccination Cover : 3500 (Annual, From Day 1)	3.6.5.2
Optional Covers	3.7
Short Stay Treatment : Provides coverage towards admission to Hospital for minimum of 2 hours during the Policy Year (Within the Sum Insured)	3.7.1
Chronic Shield - Day 31 cover for the below listed chronic conditions (only if declared and accepted). i. Asthma ii. Hypertension (BP) iii. Hyperlipidaemia (Cholesterol) iv. Diabetes Mellitus	3.7.2
Enhanced Covers (Bundle) Guaranteed Cumulative Bonus:	3.7.3.1
Option A: This benefit waives off the condition of decrease in Cumulative Bonus in case of a claim in immediate previous Policy Year	
Option B: Benefit 3.5.1 Cumulative Bonus shall be upgraded as follows: 100% increase in Base Sum Insured for every claim-free Policy Year, max upto 300% of Base Sum Insured. This also waives off the condition of decrease in Cumulative Bonus in case of a claim in immediate previous Policy Year.	
Consumable Cover - Within Sum Insured List I, II, III, IV mentioned in Annexure A shall be covered up to Sum insured	3.7.3.2
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-3.2.2 Extra Sum Insured	3.7.4
Change in Room Rent Limits: For Plus: Category of Room capped to: Twin sharing For Power and Prime : Category of Room capped to: Single Private A.C room	3.7.5
Reduction in Pre-Existing Waiting Period: This benefit reduces the Pre-Existing Waiting Period to 24 months or 12 months	3.7.6
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.	3.7.7
Voluntary Co-payment: The benefit gives an option to the Policyholder to avail discount in premium by choosing 10%/20% as the Voluntary Co-payment	3.7.8
Hospital Cash: Daily Cash options: 1000, 1500, 2000, 2500 max up to 30 days for In Patient Hospitalization and 15 days for ICU Hospitalization. Minimum Hospitalization of 72 hours	3.7.9
Convenience Cover (Bundle)	3.7.10
i. Change in Pre -Post Hospitalization limit: The benefit, enhances the Pre-Hospitalization limit to 90 days and Post Hospitalization limit to 180 days	3.7.10.1
ii. Air Ambulance: This benefit indemnifies upto 75% of Base Sum Insured or Rs 5 Lakhs whichever is higher, for the expenses incurred on availing Air Ambulance services	3.7.10.2
iii. Radio Taxi: This benefit indemnifies upto Rs 1000 per Hospitalization on availing registered Radio cab operator services	3.7.10.3
iv. Convalescence Cover: Lumpsum amount of Rs 10000 or Rs 25000 (as per Plan opted), if hospitalized for a minimum period of 7 continuous and consecutive days	3.7.10.4

	Smart Cover (Bundle) i. Vision Correction: This benefit indemnifies upto Rs. 50000 or 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. ii. Second Opinion: This benefit indemnifies upto Rs. 5000 for availing second medical opinion from a Medical Practitioner within India. 3.7.11 3.7.11.1 3.7.11.2																				
	Family Care Cover (Bundle) 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. 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 upto 30 days. Minimum 72 hours of Hospitalization is must. iii. Child Care Cover: This benefit pays a fixed daily amount of Rs 1000 upto 30 days towards childcare expenses for any one dependent child covered under the Policy upto 12 years of age. Minimum 72 hours of Hospitalization is must. 3.7.12 3.7.12.1 3.7.12.2 3.7.12.3																				
	Mother and Child Care (Bundle) i. Maternity Cover <table><tr><th>Sum Insured</th><th>Maternity Limit* (Normal and C-Section)</th></tr><tr><td>5 lakhs</td><td>1 lakh</td></tr><tr><td>>=10 lakhs</td><td>Option 1 - 1 lakh Option 2 - 2 lakhs</td></tr></table><table><tr><th>Policy Tenure</th><th>Waiting period</th></tr><tr><td>1 and 2 years</td><td>24 months</td></tr><tr><td>3 years or more</td><td>Option1: Zero Option 2: 12 months, Option 3: 24 months</td></tr></table> *Within Sum Insured No of Deliveries covered: 2 Note: Prenatal and Postnatal Inpatient treatment is covered within the Maternity limit Prenatal and Postnatal on OPD basis is sub limited to Rs. 10,000 ii. Newborn Baby and Vaccination Cover - Within the Maternity Limit 3.7.13 3.7.13.1 iii. Infertility Cover Within the Maternity Limit Subject to Waiting period as follows: <table><tr><th>Maternity Waiting period opted</th><th>Infertility Cover Waiting Period</th></tr><tr><td>Zero</td><td>12 months</td></tr><tr><td>12 months</td><td>12 months</td></tr><tr><td>24 months</td><td>24 months</td></tr></table> No of cycles covered: 2 3.7.13.2 3.7.13.3	Sum Insured	Maternity Limit* (Normal and C-Section)	5 lakhs	1 lakh	>=10 lakhs	Option 1 - 1 lakh Option 2 - 2 lakhs	Policy Tenure	Waiting period	1 and 2 years	24 months	3 years or more	Option1: Zero Option 2: 12 months, Option 3: 24 months	Maternity Waiting period opted	Infertility Cover Waiting Period	Zero	12 months	12 months	12 months	24 months	24 months
Sum Insured	Maternity Limit* (Normal and C-Section)																				
5 lakhs	1 lakh																				
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Maternity Waiting period opted	Infertility Cover Waiting Period																				
Zero	12 months																				
12 months	12 months																				
24 months	24 months																				
6.	Exclusions (what the policy does not cover) Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions: a. Investigation & Evaluation (Code:Excl04) b. Rest Cure, rehabilitation and respite care (Code:Excl05) c. Obesity/ Weight Control (Code:Excl06) 4																				

		d. Change-of-Gender treatments (Code:Excl07) e. Cosmetic or Plastic Surgery (Code: Excl08) f. Hazardous or Adventure sports (Code:Excl09) g. Breach of law (Code: Excl10) h. Excluded Providers (Code:Excl11) i. Substance Abuse and Alcohol (Code: Excl12) j. Wellness and Rejuvenation (Code:Excl13) k. Dietary Supplements & Substances (Code: Excl14) l. Refractive Error (Code: Excl15) m. Unproven Treatments (Code: Excl16) n. Sterility and Infertility (Code: Excl17) o. Maternity Expenses (Code - Excl 18) Specific Exclusions p. Treatment outside Discipline q. Hearing Aids and spectacles r. External durable medical equipment s. Sleep Apnea t. External Congenital Anomaly u. Artificial Life support equipment's v. Non-payable items w. Outpatient Treatment x. Overseas Treatment y. Self-injury z. Documentation charges aa. Charges other than Reasonable & Customary Charges bb.RMO charges and Service charge cc. Nuclear Attack dd.War	
7.	Waiting periods Time period during which specified diseases / treatments are not covered It is counted from the beginning of the policy coverage	a. Pre-existing diseases: Covered after 36 Months b. Specific Waiting periods (Not applicable for claims arising due to an accident): 24 months c. Initial waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents) d. 15 days Waiting Period for treatment of Covid-19 e. 24 months Waiting Period for Vision Correction f. Waiting Period for Mother and Child Care Maternity waiting period: Zero / 12 months / 24 months as per policy tenure opted Infertility waiting period: 12 months / 24 months as per Maternity Waiting period opted	4.1.1 4.1.2 4.1.3 4.2.1 4.2.2 4.2.3
8.	Financial limits of coverage i. Sub-limit (It is a predefined limit and the insurance company will not pay any amount in excess of this limit)	In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following Sub-Limits Domestic Road Ambulance: Plan - Plus: upto 1500 per hospitalization, Intercity Ambulance cost (beyond 100km): upto Rs 20000 per hospitalization Plan - Power, Prime: Actuals (including Intercity ambulance cost: beyond 100km) (as per plan opted) Air Ambulance: 7.5% of Base Sum Insured or Rs 5 Lakhs whichever is higher. Radio Taxi: 1000 per Hospitalization Health Checkup: 3000 (Annual, From Day 1) Vaccination Cover: 3500 (Annual, From Day 1) Convalescence Cover: Plan Plus and Power: 10000 and Plan Prime: 25000	3.1.2 3.7.10.2 3.7.10.3 3.6.5.1 3.6.5.2 3.7.10.4

		Vision Correction: Plan-Plus: 50000, Plan-Power/prime: 100000 Second Opinion: 5000 (Within Sum Insured)	3.7.11.1 3.7.11.2									
ii.	Co-payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured).	Co-Payment Zone based Co-payment: 20% co-payment for claims administered from Zone A, if policy was issued for Zone B.	6.6									
iii.	Deductible (It is a specified amount: - 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	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	6.1.2 (i)									
		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	6.1.2 (ii)									
		<table><tr><th>Sr. No.</th><th>Type of Claim</th><th>Prescribed Time limit</th></tr><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></table>	Sr. No.	Type of Claim	Prescribed Time limit	1.	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within fifteen days from completion of hospitalization	2.	Reimbursement of post expenses post hospitalization treatment	Within fifteen days from completion of post hospitalization	
Sr. No.	Type of Claim	Prescribed Time limit										
1.	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within fifteen days from completion of hospitalization										
2.	Reimbursement of post expenses post hospitalization treatment	Within fifteen days from completion of post hospitalization										
		Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization Turn Around Time (TAT) for claims settlement: Cashless - Pre-Authorization: 1 hour - Final Authorization: 3 hours Reimbursement: 15 days (without investigation) 30 days (if investigation is referred)										

	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. 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.	5.2.12
13. Your Obligations	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	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: _____

(Signature of the Policyholder)

Note:

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

Availability Under Loyalty Cover**

Policy Year	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7 onward	Maximum limit
Accidental Death and Permanent Total Disability	10% of Base Sum Insured	20% of Base Sum Insured	30% of Base Sum Insured	40% of Base Sum Insured	50% of Base Sum Insured	50% of Base Sum Insured	50% of Base Sum Insured or 25 lakhs, whichever is lower
Critical Illness		10% of Base Sum Insured	20% of Base Sum Insured	30% of Base Sum Insured	40% of Base Sum Insured	50% of Base Sum Insured	50% of Base Sum Insured or 25 lakhs, whichever is lower
Hospital Cash			Daily Cash amount (Plan wise) of: Plus: Rs. 1000, Power: Rs. 2000, Prime: Rs. 3000	Daily Cash amount (Plan wise) of: Plus: Rs. 1000, Power: Rs. 2000, Prime: Rs. 3000	Daily Cash amount (Plan wise) of: Plus: Rs. 1000, Power: Rs. 2000, Prime: Rs. 3000	Daily Cash amount (Plan wise) of: Plus: Rs. 1000, Power: Rs. 2000, Prime: Rs. 3000	30 days of payment
Leave Compensation Benefit				Rs. 1000 per day	Rs. 1000 per day	Rs. 1000 per day	30 days of payment

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	18,640	5 Lakhs	18,640		16,776	5 Lakhs				
44 years	9,458	5 Lakhs	9,458	10%	8,512	5 Lakhs	31,775	0%	31,775	5 Lakhs
23 years	7,284	5 Lakhs	7,284		6,556	5 Lakhs				
18 years	4,908	5 Lakhs	4,908		4,417	5 Lakhs				
Total Premium for all members of the family is Rs. 40,289 when each member is covered separately.			Total Premium for all members of the family is Rs. 36,260 when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs 31,775			
Sum insured available for each individual is Rs 5 Lakhs			Sum insured available for each family member is Rs 5 Lakhs				Sum insured of Rs 5 Lakhs is available for the entire family.			

Note: Premium rates specified in the above illustration are standard premium rates for Fresh Policy, Zone A without any loading. Also, the premium rates are exclusive of taxes applicable.