

Customer Information Sheet/ Know Your Policy

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

Sl. No	Title	Description	Policy Clause Number
1	Name of Insurance Product/ Policy	Senior First	
2	Policy Number		
3	Type of Insurance Product/ Policy	Both Indemnity and Benefit	
4	Sum Insured	Sum Insured Options from 5 Lac, 10 Lacs, 15 Lacs, 20 Lacs and 25 Lacs. The Sum Insured opted by you is mentioned in the Policy Schedule.	
5	Policy Coverage	<p>Base Coverage:</p> <ul style="list-style-type: none"> • Hospital admission for 2 hours or more. Also cover treatment taken for Angiography, Dialysis (Hemo / Peritoneal), Radiotherapy or Chemotherapy for cancer. • AYUSH Treatments are also covered if admitted for 24 hours or more in AYUSH Hospital • Modern treatments like Robotic surgeries, oral chemotherapy etc. are covered • Treatment at home (Domiciliary hospitalization) covered up to Sum Insured • Related medical expenses up to Sum Insured incurred 60 days prior to hospitalization • Related medical expenses incurred up to Sum Insured within 180 days from date of discharge • Organ donor expenses covered up to Sum Insured • Road ambulance covered up to Rs.2,000 and air ambulance up to Rs.2,50,000 per hospitalization • Loyalty Additions (Platinum variant only) – Upon every completion of policy year, increase of 10% of the previous year's Base Sum insured; maximum up to 100% of the Base Sum Insured. • ReAssure (Platinum variant only) – Unlimited reinstatement up to base Sum Insured (applicable for both same & different illness) 	<p>3.2</p> <p>3.2</p> <p>3.2</p> <p>3.4</p> <p>3.3</p> <p>3.3</p> <p>3.5</p> <p>3.1</p> <p>3.6</p> <p>3.7</p>

		<ul style="list-style-type: none"> Health Check-up (Platinum variant only) can be availed from day 1 of the policy as per plan chosen by You <p>Optional Coverage:</p> <ul style="list-style-type: none"> Annual Aggregate Deductible option - Deductible will be 1/5th of the Base Sum Insured chosen Modification in co-payment option - Co-payment can be modified from 50% (default) to 40% or 30% or 20% at inception of the first policy. 	<p>3.8</p> <p>4.2</p> <p>4.1</p>
6	Exclusions	<p>Standard Exclusions</p> <ol style="list-style-type: none"> Pre-existing Diseases (Code-Excl01) Specified disease/procedure waiting period (Code- Excl02) 30-day waiting period (Code- Excl03) Investigation & Evaluation (Code-Excl04) Rest Cure, rehabilitation and respite care (Code-Excl05) 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 heath 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) Unproven Treatments (Code-Excl16) Sterility and Infertility (Code-Excl17) Maternity (Code-Excl18) <p>Specific Exclusions</p>	5

		<ol style="list-style-type: none"> 1. Personal Waiting Period- Conditions specified for an Insured Person under Personal Waiting Period will be subject to a Waiting Period of up to 24 months from the inception of the First Policy with Us 2. Charges related to a Hospital stay not expressly mentioned as being covered. This will include RMO charges, surcharges and service charges levied by the Hospital. 3. Circumcision - Circumcision unless necessary for the treatment of a disease or necessitated by an Accident 4. Conflict & Disaster - Treatment for any Injury or Illness resulting directly or indirectly from nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or leader), acts of terrorism. 5. External Congenital Anomaly - Screening, counseling or treatment related to external Congenital Anomaly 6. Dental/oral treatment - Treatment, procedures and preventive, diagnostic, restorative, cosmetic services related to disease, disorder and conditions related to natural teeth and gingiva except if required by an Insured Person while Hospitalized due to an Accident 7. Hormone Replacement Therapy - Treatment for any condition / illness which requires hormone replacement therapy 8. Multifocal Lens and ambulatory devices such as walkers, crutches, splints, stockings of any kind and also any medical equipment which is subsequently used at home 9. Sexually transmitted Infections & diseases (other than HIV / AIDS) - Screening, prevention and treatment for sexually related infection or disease (other than HIV / AIDS) 10. Sleep disorders - Treatment for any conditions related to disturbance of normal sleep patterns or behaviors 11. Any treatment or medical services received outside the geographical limits of India 	
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	<p>Waiting period</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. 	<ul style="list-style-type: none"> • Initial Waiting Period (Excl03) - 30 days for all illnesses (not applicable in case of continuous renewal or accidents) • Specific Waiting Period (Not applicable for claims arising due to an accident) (Excl02): 24 months of continuous coverage after the date of inception of the first Policy with us. <p>The above waiting periods will apply for the below conditions -</p> <ul style="list-style-type: none"> ○ Pancreatitis and stones in biliary and urinary system ○ Cataract, glaucoma and retinal detachment 	<p>5.1.III</p> <p>5.1.II</p>

		<ul style="list-style-type: none"> ○ Hyperplasia of prostate, hydrocele and spermatocele ○ Prolapse uterus or cervix, endometriosis, Fibroids, Polycystic ovarian disease (PCOD), hysterectomy (unless necessitated by Malignancy) ○ Hemorrhoids, fissure, fistula or abscess of anal and rectal region ○ Hernia of any site or type, ○ Osteoarthritis, joint replacement, osteoporosis, systemic connective tissue disorders, inflammatory polyarthropathies, Rheumatoid Arthritis, gout, intervertebral disc disorders, arthroscopic surgeries for ligament repair ○ Varicose veins of lower extremities ○ All internal or external benign neoplasms/ tumours, cyst, sinus, polyps, nodules, mass or lump ○ Ulcer, erosion or varices of gastro intestinal tract ○ Surgical treatment for diseases of middle ear and mastoid (including otitis media, cholesteatoma, perforation of tympanic membrane), Tonsils and adenoids, nasal septum and nasal sinuses <p>a. Pre-existing diseases (Excl01): Pre-existing Disease (PED) and its direct complications shall be excluded until of 24 months of continuous coverage after the date of inception of the first Policy with Us.</p> <p>• Personal Waiting Periods: Conditions specified for an Insured Person under Personal Waiting Period in the Policy Schedule will be subject to a Waiting Period of 24 months from the inception of the First Policy with Us.</p>	<p>5.1.1</p> <p>5.2.1</p>
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8	<p>Financial Limits of Coverage</p> <p>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-Payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured)</p> <p>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 specified amount)</p>	<p>i. Sub-limits</p> <ul style="list-style-type: none"> ○ Room category – ‘Shared room’ for Gold variant and ‘Single Private room’ for Platinum variant. ○ Modern Treatments – sublimit of Rs. 1Lac per claim applicable on few robotic surgeries ○ Road ambulance is covered up to Rs. 2,000 and air ambulance is covered up to Rs.2,50,000 per hospitalization ○ Health Check up limits as per plan chosen by you and specified in the policy schedule <p>ii. Co-payment – 50% copayment in the base plans with an option to modify the copayment to 40% / 30% / 20%</p> <p>iii. Annual Aggregate Deductible - Optional benefit where the Deductible will be 1/5th of the base sum insured chosen</p>	<p>3.2</p> <p>3.2</p> <p>3.1</p> <p>3.8</p> <p>4.1</p> <p>4.2</p>
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12	Things to Remember	<p>Free Look cancellation: The Free Look Period shall be applicable on individual health insurance policies and not on renewals.</p> <p>The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy. If he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy.</p> <p>In the event the policyholder disagrees to any of the policy terms or conditions, or otherwise and has not made any claim, he/she shall have the option to</p>	6.1.1

		<p>return the policy to the insurer for cancellation, stating the reasons for the same.</p> <p>Irrespective of the reasons mentioned, the policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges</p> <p>i. 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>ii. Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer. You can contact Customer Service Department (phone no. and email ID provided above) for migration and portability.</p> <p>iii. 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>iv. 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 the grounds of non-disclosure, misrepresentation, except on grounds of established fraud. The period of sixty continuous months is called as moratorium period. The moratorium will 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>6.1.III</p> <p>6.1.XII and 6.1.XIII</p> <p>6.2.III</p> <p>6.1.X</p>
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13	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of Information- The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, misdescription or non-disclosure of any material fact by the policyholder.</p> <p>(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk).</p>	5.2.XIII
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Benefit Illustration

Benefit Illustration (5 Lac Sum Insured, Policy Term 1 year)										
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.)
			Illustration 1							
65	15,032	5,00,000	15,032	1,503.15	13,528.35	5,00,000	15,032	7,503.80	27,540.00	5,00,000
70	20,012	5,00,000	20,012	2,001.23	18,011.07	5,00,000	20,012			
<p>Total premium for all members of the family is <u>Rs. 35,044</u>, when each member is covered separately.</p> <p>Sum Insured available for each individual is <u>Rs.500,000</u>.</p>			<p>Total premium for all members of the family is <u>Rs. 31,539</u>, when they are covered under a single policy.</p> <p>Sum Insured available for each family member is <u>Rs.500,000</u>.</p>				<p>Total premium when the policy is opted on floater basis is <u>Rs. 27,540</u>.</p> <p>Sum Insured of <u>Rs.500,000</u> is available for the entire family.</p>			
			Illustration 2							
70	20,012	5,00,000	20,012	2,001	18,011	5,00,000	20,012	10,334	38,723	5,00,000

75	29,046	5,00,000	29,046	2,904	26,141	5,00,000	29,046			
Total premium for all members of the family is <u>Rs. 49,058</u>, when each member is covered separately. Sum Insured available for each individual is <u>Rs.500,000</u>.			Total premium for all members of the family is <u>Rs. 44,152</u>, when they are covered under a single policy. Sum Insured available for each family member is <u>Rs.500,000</u>.				Total premium when the policy is opted on floater basis is <u>Rs. 38,723</u>. Sum Insured of <u>Rs.500,000</u> is available for the entire family.			
Note: Premium rates specified in the above illustration are standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable.										
Gold' plan Zone 1 premium is considered.										