NARAYANA ADITI
CUSTOMER INFORMATION SHEET
Version 3.0

Narayana Aditi - Customer Information Sheet / Know Your Policy

S No	Title	Description	Policy Clause No.
1	**Name of Insurance Product / Policy**	**Narayana Aditi**	**NA**
2	**Policy number**	To be allotted at policy issuance	**NA**
3	**Type of Insurance Product / Policy**	Indemnity	**NA**
4	**Sum Insured** (Basis) (Along with amount)	**Coverage of INR 1 Crore for Surgery or Surgical Procedure** **Coverage of INR 5 Lacs for Non-Surgery or Non-Surgical Procedure** Individual / Multi-Individual/ Family floater basis with Sum Insured shared amongst all Eligibility for family floater - upto 2 adult + upto 4 children. Note – Adult means individuals with >18 years of age. Children must be a dependent of the primary proposer and <25 years of age.	**Annexure - 1**

5	**Policy Coverage**
	(What the policy covers?)
	(Policy Clause Number/s)
		Coverage available at NETWORK PROVIDER in India
		• "Coverage in General Ward unless selected otherwise as part of the **Optional Cover "Room Category Modification Option"**:
		  ○ **Option 1:** Upgrade from General Ward to Semi-Private Room
		  ○ **Option 2:** Upgrade from General Ward to Private Room
		• Expenses upto Sum Insured in respect of:
		  ○ In-patient Care - Hospitalization beyond continuous 24 hours from the time of admission
		  ○ Day Care Treatments
		  ○ Alternative Treatments
		  ○ Listed Technological Advancements & Treatments. Cost of consumables for Robotic surgeries are excluded. For non-listed Technological Advancements & Treatments, coverage shall be as per conventional methods on Reasonable and Customary basis.
		• Pre-hospitalization expenses: 60 days, upto Sum Insured
		• Post-hospitalization expenses: 90 days, upto Sum Insured
		• Living organ donor expenses, upto Sum Insured
		• Health Checkup – "Base package"
		• Road Ambulance Charges: Expenses on road Ambulance payable as per actuals
		• Optional Cover - Deferred Initial Health check-up / examination to be opted as "Yes / No".
		This optional cover may have an impact on Waiting Period and Value Added Services. Check Section 7 (Waiting Period) and Section 12 of Customer Information Sheet for more details.
		
		Coverage at NON-NETWORK PROVIDER in India is AVAILABLE ONLY IN THE FOLLOWING CIRCUMSTANCES, beyond which it is NOT COVERED:
		
		• All cases of emergency as defined in Section 2.1.16
		• Treatment not available at Network Provider at the time of admission
		• Insured Person travelling to a location where Network Provider is not accessible, subject to proof of travel and evidence of reason which shall be accepted by Us
		• Insured Person relocating to a location where Network Provider is not accessible, subject to proof of address of new location within 2 months of relocation or at the time of claim whichever is earlier.
			Section 3, 5

6	**Exclusions**
	(What the policy does not cover?)
		• **Standard exclusions**
		  ○ Pre-existing Disease (Code-Excl01)
		  ○ Specific 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 there-of (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): Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 diopters.
		  ○ Unproven Treatments (Code-Excl16):
		  ○ Sterility and Infertility (Code-Excl17)
		  ○ Maternity (Code-Excl18)
		
		• **Specific Exclusions**
		  ○ Any treatment or medical services received outside the listed Network Provider except for scenarios as defined in Section 5(a), 5(b), 5(c) and 5(d)
		  ○ Charges related to a Hospital stay not expressly mentioned as being covered. This will include Resident Medical Officer charges, surcharges and service charges levied by the Hospital.
		  ○ Circumcision unless necessary for the treatment of a disease or necessitated by an Accident.
			Section 7, 7.1, 7.2

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		○ 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 ○ External Congenital Anomaly ○ 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. ○ Hormone Replacement Therapy ○ Multifocal Lens ○ Ambulatory devices such as walkers, crutches, splints, stockings of any kind ○ Any medical equipment which is subsequently used at home. ○ Sexually transmitted Infections & diseases (other than HIV / AIDS) ○ Sleep disorders ○ Unrecognized Physician or Hospital ○ Artificial life maintenance for the Insured Person who has been declared brain dead or in vegetative state ○ Any form of Alternative Treatments, except as mentioned under Section 3.8 of the policy ○ Domiciliary hospitalization and OPD treatment	
7	**Waiting period** • Time period during which specified diseases/treatments are not covered • It is counted from the beginning of the policy coverage.	If the optional cover "Deferred Initial Health check-up / Examination" is opted as "No" • 30 Day waiting period: Nil • Specific illness waiting period: Nil • Pre-existing diseases waiting period: Nil or as per underwriting outcomes for declared / found illness or medical conditions, specified before inception of the policy. If the optional cover "Deferred Initial Health check-up / Examination" is opted as "Yes" • 30-Day Waiting Period: 30 days; if the health check-up/examination is taken within 90 days of policy issuance - 30 days or nil as per underwriting outcomes • Specific illness waiting period: 2 years; if the health check-up/examination is taken within 90 days of policy issuance - 2 Years / 1 Year/ nil as per underwriting outcomes • Pre-existing diseases waiting period: 3 years; if the health check-up/examination is taken within 90 days of policy issuance - 3 Years / 2 Years / 1 Year / nil as per underwriting outcomes • Loading of Premium • If health check-up / examination is taken within 90 days of policy issuance, additional discounts on Value Added Services will apply	**Section 7.1.1, 7.1.2, 7.1.3, 3.11.2**
8	**Financial limits of coverage:** i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit) ii. Co-payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured). 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) iv. Any other limit (as applicable)	• Sublimit of INR 5 Lacs on all admissible claims which are Non-Surgery or Non-Surgical Procedure. • Zero Copay except for the following scenarios: ○ 10% copay shall be applicable, if the Insured Person is seeking coverage at Non-Network Provider due to either of 5 (b), 5 (c), and 5 (d) as defined in Healthcare Provider (Section 5), and does not intimate Us 48 hours prior to admission for all admissible claims and within 24 hours of admission for Emergency. • The Daily Deductible of INR 2000 shall be applicable as below basis the Plan selected: ○ **Plan 1:** Daily Deductible of INR 2,000 on all admissible claims. ○ **Plan 2:** Daily Deductible of INR 2,000 shall be applied on all admissible claims for Non-Surgery or Non-Surgical Procedure. ○ No Daily Deductible shall be applicable on both the plans for Day Care Treatment without Surgery or Surgical Procedure. Example - dialysis	**Annexure 1, Section 6, Section 4**
9	**Claims/ Claims Procedure**	**For coverage within the Network Provider:** **Cashless:** • No intimation is required for pre-authorization for availing cashless hospitalization for planned / emergency admissions • Hassle-free claim settlement process post discharge • TAT for claim settlement– 1 hour post discharge of the Insured Person by the healthcare provider **Reimbursement:** • For expenses pertaining to Pre-hospitalization, post-hospitalization which are covered by the policy or for expenses that have not been claimed for cashless settlement, reimbursement can be availed • TAT for claim settlement – 30 days after the last required document has been received by Us **For admission at Non-Network provider:** You are requested to intimate the Claims team within 24 hours after hospitalisation for Emergency (Section 5(a)) and 48 hours before hospitalization for scenarios mentioned in Section 5(b), 5(c) and 5(d). Turn Around Time (TAT) for claims settlement at Non-Network provider: For Cashless Process: • TAT for pre-authorization of cashless facility: 1 hour from the time the last necessary document is received. • TAT for cashless final bill authorization: 3 hours from the time the last necessary document is received. (Note: In case of internal verification, the final stand will be confirmed within 24 hours from the time the last necessary document is received by us)	**Section 10**

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		For Reimbursement Process: • TAT for Claim settlement: 15 days from the time the last necessary document is received. *(Note: In case of internal verification, the final stand will be confirmed within 45 days from the time the last necessary document is received by us)*	
10	**Policy Servicing**	Contact the customer support at +91 98210 34071 or support@narayanahealth.insurance for end-to-end policy servicing. Senior citizens may call at 1800 203 0234. For more details, visit us at: www.narayanahealth.insurance.	**NA**
11	**Grievances/Complaints**	**Step 1:** Call the Customer Support at +919821034071 or email us at **support@narayanahealth.insurance** Senior citizens may call at 1800 203 0234 or email us at **seniorcitizencare@narayanahealth.insurance** for priority assistance. **Step 2:** If the issue is not resolved in Step 1 and the customer wants to make a further suggestion or a complaint, they can email us at **grievance@narayanahealth.insurance** **Step 3:** If the customer for some reason feels that we have not been able to resolve the issue even in Step 2 and customer wishes to raise a concern, please write to Grievance Redressal Officer at gro@narayanahealth.insurance **Step 4:** In case a complainant is not satisfied with the resolution from the above escalation authority, they may choose to log in their grievance at BIMA BHAROSA GRIEVANCE REDRESSAL PORTAL - bimabharosa.irdai.gov.in or they can approach the Insurance Ombudsman. The detailed addresses of all the Insurance Ombudsman can be found in the link below. The contact details of the Insurance Ombudsman offices have been provided as Annexure-5	**Section 13.24**
12	**Things to remember**	**Value added service:** We may provide discretionary discounts on Out-patient expenses such as consultation, medicine, lab tests, diagnostic tests, etc. at our service providers listed on our website - www.narayanahealth.insurance. We will provide additional discounts for those who had opted "Yes" for Optional Cover "Deferred Initial Health checkup / examination" and had undergone health checkup / examination within 90 days post Policy Issuance. **Free Look Cancellation:** You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy. Please contact the customer support at +91 98210 34071 or email us at support@narayanahealth.insurance for requesting Free Look Cancellation. **Policy Renewal:** Except on grounds of fraud , moral hazard or mis representation or non-co-operation, renewal of your policy shall not be denied, provided the policy is not withdrawn **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. Please contact the customer support at +91 98210 34071 or email us at support@narayanahealth.insurance for requesting Migration and Portability. Migration Form or Portability Form, as the case may be, should be filled and enclosed along with Proposal Form for consideration. For detailed guidelines on Portability, kindly refer the link https://irdai.gov.in/document-detail?documentId=5625747 **Moratorium period:** After completion of 60 continuous months under the policy no look back to be applied. This period of 60 months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. **Change in Sum Insured:** Only one Sum Insured Option is available in this policy, hence this is not applicable.	**Section 8,** **Section 3.11.2** **Section 13.18,** **Section 13.15,** **Section 13.14** **Section 9**
13	**Your Obligations**	Please disclose all pre-existing disease/s or condition/s or any other material information, as may be required, and fill in the complete details in the proposal form before buying a policy. Non-disclosure may affect the claim settlement.	**NA**

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Legal Disclaimer Note: *The information must be read in conjunction with the policy documents available at - https://www.narayanahealth.insurance/products/. In case of any conflict, the Terms and Conditions mentioned in the policy document shall prevail.*

Declaration by the Policyholder:

I have read the above and confirm having noted the details.

Place: _____

Signature of Policyholder:_____

Date: _____