

TOP UP INSURANCE - Health XS and Super Health XS Policy

Customer Information Sheet			
Description is illustrative and not exhaustive			
S. No	Title	Description	Refer to Policy Clause Number
1	Product Name	TOP UP INSURANCE - Health XS and Super Health XS Policy	
2	What am I Covered for	Hospitalization expenses that are incurred as in-patient during the policy period.	D.1.1
		Pre-hospitalisation expenses – Actuals subject to a maximum of 8% on admissible hospitalisation expenses.	D.1.5
		Post –hospitalisation expenses – Actuals subject to a maximum of 10% on the admissible hospitalisation expenses.	D.1.6
		Day care treatment.	D.1.7
		Ambulance charges - An amount of Rs.1000/- will be reimbursed as per the admissibility of the claim.	D.1.8
		Hospital Cash - Daily Benefit of Rs.2000/- for Sum Insured above Rs. 2 Lakhs is applicable for each completed 24 hours hospitalization subject to a maximum of 10 days.	D.1.9
		Modern treatments (up to 50% of sum insured)	D.1.11
		Accidental Death Benefit - In the event of accidental death an amount would be paid to the nominee.	D.3.1
3.	What are the major exclusions in the policy	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)	E.1.14
		Maternity: Code (Excl18) i.Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; ii.Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period	E.1.18
		The cost of spectacles, contact lenses. (Excl20)	E.2.2
		Dental treatment or surgery of any kind unless requiring hospitalization. (Excl21)	E.2.3
		Directly or indirectly caused by or arising from or attributable to War and allied perils, Nuclear Weapons and Radio Active contamination. (Excl24)	E.2.6
		Any treatment received outside India. (Excl30)	E.2.12
		Any other alternative medicine except Allopathy(Modern Medicine). (Excl31)	E.2.13
		Note: The above is a partial listing of the policy exclusions, Please refer to the policy clauses for the full listing.	
4	Waiting Period	30-day waiting period- Code- Excl03 a) 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. b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months. c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.	E.1.3

		<p>Specific waiting periods : under (12 months): (Excl2)</p> <ol style="list-style-type: none"> i. Treatment of Congenital Internal Anomaly, ii. any type of Migraine /Vascular head ache, iii. Stones in the Urinary and Biliary systems, iv. Surgery on Tonsils / Adenoids, v. Gastric and Duodenal Ulcer, vi. any type of Cyst/ Nodules / Polyps, vii. any type of Breast Lumps <p align="center">II) List of specific diseases/procedures is as under (24 months):</p> <ol style="list-style-type: none"> i. Treatment of Spondylosis / Spondilitis – any type, ii. Inter vertebral Disc Prolapse and such other Degenerative Disorders, iii. Cataract, iv. Benign Prostatic Hypertrophy, v. Hysterectomy, vi. Fistula, vii. Fissure in Anus, viii. Piles, ix. Hernia, x. Hydrocele, xi. Sinusitis, xii. any type of Carcinoma/ Sarcoma/Blood Cancer, xiii. Chronic Renal Failure and End Stage Renal Failure <p align="center">III) List of specific diseases/procedures is as under (48 months):</p> <ol style="list-style-type: none"> i) Osteoarthritis of any joint , ii) Treatment of Joint replacement Surgery (other than due to accidents) 	<p>E.1.2(I)</p> <p>E.1.2(II)</p> <p>E.1.2(III)</p>
		Pre-existing diseases: Covered after 48 months.	E.1.1
5	Payout Basis	Reimbursement of covered expenses up to specified limits mentioned in the Schedule/Certificate of this policy AND/OR Fixed amount on the occurrence of a covered event.	D.1 & D.2
6	Cost Sharing	In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following Sub-limits: Room/ICU charges - 2% of the Sum Insured subject to a maximum limit of Rs.4000/- per day.	D.1.1
		Specified diseases: Health XS - A deductible amount as per the schedule of the policy is applicable for each and every admissible claims. Super Health XS – A deductible amount as per the schedule of the policy is applicable for aggregate of all admissible claims per	E.2.17

		annum.	
7	Renewal Conditions	<ul style="list-style-type: none"> Life long renewal provided premium is paid on / before the expiry date of the policy or grace period of 30 days. The Policy shall be withdrawn at any time by the company by giving three months notice to the insured/proposer. A suitable alternate product will be made available at the time of withdrawal. At renewal, the coverages, terms & conditions & premium may change, in which case a three months notice shall be sent to the Proposer/Insured. <p>In the event of mis-description, fraud, non co-operation by the insured or non disclosure of material facts coming to our knowledge, policy shall not be considered for renewal.</p> <p>Renewal of Policy The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.</p> <ol 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 received by the Company before the end of the policy period. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days in case of one year policy 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 	F.1.10 & F.2.9
8	Renewal Benefits	Not Applicable.	-
9	Cancellation	<ol style="list-style-type: none"> The Company may at any time cancel this Policy on the grounds of mis- representation, fraud, non-disclosure of material facts on the Proposal Form or non-cooperation by the Insured. The Insured may also cancel this Policy by giving fifteen (15) days notice in writing to the Company. 	F.1.7
10	Claim Form Availability	<ul style="list-style-type: none"> The standard claim form (Part A and Part B) and the cashless pre- authorisation request form are available in our website for ready reference. The same may be also obtained from any of our offices on request. 	-
11	Network Hospitals of TPA	<ul style="list-style-type: none"> The updated Network Hospital List may be obtained from the website of our TPA. Please note the Network Hospitals of the TPA are subject to change. 	-

(Legal Disclaimer) Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document the terms and conditions mentioned in the policy document shall prevail.