

Customer Information Sheet

Day2Day Care

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	Day2Day Care	NA
2	Policy number	Policy number shall be as on Policy Schedule issued post policy issuance	NA
3	Type of Insurance Product/ Policy	Indemnity	NA
4	Sum Insured	<ul style="list-style-type: none"> Individual Sum Insured - Where each member has a separate sum insured under the policy), or Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members Sum Insured opted: NA	NA
5	Policy Coverage (What the policy covers?)	<p>Base Covers: Coverages in force for the Insured Persons shall be as per the plan opted.</p> <p>Expenses in respect of:</p> <ol style="list-style-type: none"> Outpatient Consultations (Unlimited consultations by a general Medical Practitioner(s) or a specialist Medical Practitioner(s) at network centres.) Diagnostics, Vaccination, Physiotherapy & Pharmacy: Outpatient diagnostic tests (including Pathology and Radiology), cost and administration of vaccination by a medical practitioner, physiotherapy undertaken by the Insured. Medicines purchased by the Insured Person from upto the specified amount as per schedule. Annual Health Check-Up (Applicable to Gold Plan only): health check-up for the Insured Person. 	B. a) B. b) B. c)
6	Exclusions (what the policy does not cover?)	<p>Standard General Exclusions:</p> <ol style="list-style-type: none"> Breach of Law: Code – Excl10 Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. 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. 	2

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		Specific General Exclusions 4. Intentional self-injury or attempted suicide while sane or insane 5. Inpatient treatment & day care procedures;	3
7	i. Waiting period <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. 	There is no waiting period in the plan.	C
8	Financial limits coverage of 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).	1. Outpatient Consultations : 5 general or specialized consultation in non network. 2. Annual Health Check Up: upto Rs 2000 per member in an Individual policy & upto Rs 4000 per policy in a Family Floater policy in non-network centers. 3. Pharmacy & Diagnostics - Rs. 8K/year for family floater & 5K /Year for individual (with 20% co-pay for NonNetwork). In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following Sub-limits: 1. 20% co-pay would apply on reimbursement of general & specialized consultation, expenses on diagnostic, vaccination, physiotherapy or pharmacy incurred in a non-network center or non-network pharmacy	B. a) B. c) B. a) & B. c)
9	Claims/Claims Procedure	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: <u>For Cashless Process :</u> i. TAT for preauthorization of cashless facility: 2 hours from the time the last necessary document is received. ii. TAT for cashless final bill authorization: 2 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). <u>For Reimbursement Process :</u> i. TAT for Claim settlement : 30 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).	E

