



EDELWEISS HEALTH INSURANCE

Customer Information Sheet

Description is Illustrative and not Exhaustive

Sr. No.	Title	Description	Refer to Policy Clause Number
1	Product Name	Edelweiss Health Insurance	
2	What am I covered for?	<p>Benefits</p> <ol style="list-style-type: none"> Hospitalisation Expenses: Medical expenses due to an illness or accident for a minimum period of 24 consecutive 'In-patient Care' hours. 3.1 Benefit 1 Pre and Post Hospitalisation Medical Expenses: Medical expenses incurred in the following number of days before hospitalisation and after hospitalisation respectively: <ul style="list-style-type: none"> Silver - 30/60 days • Gold - 60/90 days • Platinum - 90/180 days 3.2 Benefit 2 Day Care Treatment: Medical expenses for any surgical procedures which do not require more than 24 hours of hospitalisation. 3.3 Benefit 3 Ambulance Cover: Expenses for utilizing ambulance service for transporting insured person to hospital in case of an emergency or from one hospital to another if required medical services are not available. Limits up to maximum: <ul style="list-style-type: none"> Silver - ₹1,500 per hospitalisation Gold - ₹3,000 per hospitalisation Platinum - ₹10,000 per hospitalisation 3.4 Benefit 4 Organ Donor Cover: Medical expenses for harvesting the organ from the donor for organ transplantation, up to maximum: <ul style="list-style-type: none"> Silver - N/A • Gold - ₹1,00,000 • Platinum - ₹2,00,000 3.5 Benefit 5 Domiciliary Hospitalisation: Medical expenses for medical treatment at home for a period exceeding 3 consecutive days which would otherwise have necessitated hospitalisation. 3.6 Benefit 6 AYUSH: Medical expenses for treatment taken under Ayurveda, Unani, Siddha and Homeopathy (AYUSH) up to sum insured. 3.7 Benefit 7 No Claim Bonus: Increase in the Sum Insured for every claim-free year: <ul style="list-style-type: none"> Silver – 10% of the Sum Insured up to maximum 50% Gold - 50% of the Sum Insured up to maximum 100% Platinum - 50% of the Sum Insured up to maximum 100% In event of claim, the No Claim Bonus will reduce at the same rate at which it is allotted for every claim-free year. 3.8 Benefit 8 Health Check-up: Free health check-up after every claim-free year above 18 years of age. Below tests are applicable for different variants under this Policy per year. (For Floater policies below package will be allowed to any one insured in Policy):- <ul style="list-style-type: none"> Silver - MER, ECG, CBC+ESR, Lipid Profile, HBA1C, Sr. Creatinine and Urine Analysis. Gold - MER, ECG, CBC+ESR, Lipid Profile, HBA1C, Sr. Creatinine, Urine Analysis, Chest X Ray, SGOT, SGPT and GGT. Platinum - MER, ECG, CBC+ESR, Lipid profile, HBA1C, Sr. Creatinine, Routine Urine Analysis, Chest X ray, SGPT, USG-Abdomen-Pelvis and TMT. 3.9 Benefit 9 Maternity Benefit: Medical expenses for maternity with a waiting period of 4 years, up to maximum: <ul style="list-style-type: none"> Silver - N/A Gold - ₹ 50,000 Platinum - ₹ 2,00,000 3.10 Benefit 10 	

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	What am I covered for? (contd.)	<p>11. Hospital Cash: Fixed benefit of:</p> <ul style="list-style-type: none"> • Silver - ₹ 500 per day • Gold - ₹ 1,000 per day • Platinum - ₹ 1,500 per day <p>from the 4th day till the 10th day for a block of continuous hospitalization arising from any one illness or accident.</p> <p>12. Recovery Benefit: Fixed benefit of:</p> <ul style="list-style-type: none"> • Silver - N/A • Gold - ₹ 1,000 per day • Platinum - ₹ 1,500 per day <p>from the 11th day till the 20th day for a block of continuous hospitalization arising from any one illness or accident</p> <p>13. Shared Accommodation Benefit: Reimbursement on occupying a shared accommodation:</p> <ul style="list-style-type: none"> • Silver - ₹ 800 per day up to a maximum of ₹ 4,000 • Gold - ₹ 1,000 per day up to a maximum of ₹ 5,000 • Platinum - ₹ 1,200 per day up to a maximum of ₹ 6,000 <p>14. Critical Illness Coverage: Increase in percentage of base sum insured:</p> <ul style="list-style-type: none"> • Silver - N/A • Gold - 50% • Platinum - 100% <p>on first diagnosis of a critical illness as specified in the Policy Document.</p> <p>15. Restoration (Inbuilt cover in Gold and Platinum variant): Restoration of 100% of the sum insured on exhaustion of the sum insured, can be utilized only for illness/disease unrelated to the illness/diseases for which claim/s was/were made in the particular Policy Year.</p> <p>16. In-built Services:</p> <ul style="list-style-type: none"> • Medical Referral: Telephone access to operations center staffed twenty-four hours a day, every day of the year, with multilingual personnel for medical referral. • Emergency Medical Evacuation: We/our service provider will arrange transportation under appropriate medical supervision, by an appropriate mode of transport to the nearest medical facility capable of providing the required care, when adequate medical facility is not available proximate. • Medical Repatriation: We/our service provider will arrange for medically necessary transportation under medical supervision to the residence in India or to a medical or rehabilitation facility near the residence. • Medical Monitoring: Medical personnel will monitor your condition and will stay in regular communication with the attending physician and/or hospital and relay necessary and legally permissible information to family members. 	<p>3.11 Benefit 11</p> <p>3.12 Benefit 12</p> <p>3.13 Benefit 13</p> <p>3.14 Benefit 14</p> <p>3.15 Benefit 15</p> <p>3.16 Benefit 16</p>

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	What am I covered for? (contd.)	<ul style="list-style-type: none"> Compassionate Visit: On hospitalization for more than 7 consecutive days during travel in India without a companion, we/our service provider will arrange for a family member or personal friend to travel to visit. Return of Mortal Remains: On death in India, we/our service provider will arrange and pay for the return of mortal remains to an authorized funeral home proximate to legal residence in India. Second Medical Opinion: Upon request from the eligible insured person in the following instances (i) when an eligible insured person's medical condition is undiagnosed by a treating physician; (ii) when a eligible insured person seeks an additional medical opinion following an original diagnosis; and (iii) when the determination of the most appropriate course of medical treatment is required based on a current diagnosis. 	
		Optional Benefits	
		1. Critical Illness Coverage (Option available in Silver variant only): 50% increase in base sum insured on first diagnosis of a critical illness as specified in the Policy Document.	4.1 Optional Cover 1
		2. Restoration (Option available in Silver variant only): Restoration of 100% of the sum insured on exhaustion of the sum insured, can be utilized only for illness/disease unrelated to the illness/diseases for which claim/s was/were made in the particular Policy Year.	4.2 Optional Cover 2
		3. Recharge (Option available in Gold and Platinum variant only): Replenish 100% of the sum insured on exhaustion of the sum insured, can be utilized even for the same hospitalization or for the treatment of diseases/illness/injury/for which claim was paid/payable under the Policy. It is not mandatory that Restoration benefit amount should be triggered or exhausted for Recharge benefit to apply. In case of valid and accepted claim for the same illness, we will honour the claim by paying through the recharge benefit. In such circumstance the Exhaustion of Sum insured would not take into account the restored Sum Insured.	4.3 Optional Cover 3
		4. Voluntary Co-payment: Voluntary co-payment of 10% or 20% (as opted) for all claims. This option is available for ages 60 years and below. There will be discount on premium on opting this optional cover.	4.4 Optional Cover 4
3	What are the major exclusions in the Policy?	The following is a partial list of the Policy exclusions (Please refer to the Policy Wording for the complete list of exclusions): Self-medication, unproven/experimental or investigational treatments, external prosthesis, corrective devices, external durable medical equipment of any kind, mental illness, cosmetic surgery, surgery for change of sex, circumcision, artificial life maintenance, war or any war-like act, nuclear, chemical and biological weapons, personal comfort and convenience items or services, hazardous activities, oral chemotherapy etc.	5.2
4	Waiting Period	1. Initial Waiting Period: Claims of any illness (except accident) during the first 30 days from the Policy Period start date shall not be admissible. 2. Specific Waiting Period: During the first 24 consecutive months of coverage, claims of specific illnesses and surgical procedures shall not be admissible.	5.1 Waiting Periods 1 5.1 Waiting Periods 2

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		<p>3. PED Waiting Periods: Pre-existing diseases shall be admissible</p> <ul style="list-style-type: none"> • Silver - 48 months • Gold - 36 months • Platinum - 24 months <p>4. Maternity Waiting Period: During the first 48 consecutive months of coverage, claims under maternity benefit shall not be admissible.</p>	<p>5.1 Waiting Periods 3</p> <p>3.10 Benefit 10 Maternity Benefit 1</p>																												
5	Payment Basis	Reimbursement of covered expenses up to specified limits and Fixed amount for hospital cash and recovery benefit.	3.11 & 3.12																												
6	Loss Sharing	<p>1. Compulsory co-pay of 20% for all claims if aged above 60 years.</p> <p>2. A voluntary co-payment of 10% or 20% for all claims if voluntary co-payment is opted.</p> <p>3. In case of insured person's admission to a room at rates exceeding the per day limits for Hospitalization Expenses, then all expenses incurred at the Hospital (including applicable surcharges and taxes thereon) with the exception of cost of medicines and consumables, shall be payable in the same proportion of the difference between the admissible rate per day and the actual rate per day of room rent charges.</p>	<p>3.11 & 3.12</p> <p>4.4 Optional cover 4: Voluntary co-pay</p>																												
7	Renewal Conditions	<p>1. Lifetime renewal benefit is available under the Policy except on the grounds of fraud, misrepresentation or moral hazard.</p> <p>2. A grace period of 30 days is permissible on renewal and the Policy will be considered as continuous for the purpose of all waiting periods. Any medical expenses incurred during the break period will not be admissible.</p>	10.19 Renewal Terms																												
8	Renewal Benefits	<p>1. No Claim Bonus Increase in the Sum Insured for every claim-free year:</p> <ul style="list-style-type: none"> • Silver - 10% of the Sum Insured up to maximum 50% • Gold - 50% of the Sum Insured up to maximum 100% • Platinum - 50% of the Sum Insured up to maximum 100% <p>The No Claim Bonus will reduce at the same rate at which it is allotted for every claim-free year.</p> <p>2. Health Check-up: At the end of every claim-free year above 18 years of age, we will conduct defined package medical tests under health check-up.</p>	<p>3.8 Benefit 8: No Claims Bonus</p> <p>3.9 Benefit 9: Health Check-Up</p>																												
9	Cancellation	<p>1. We may at any time cancel this Policy on grounds of misrepresentation, fraud, and non-disclosure of material fact or non-cooperation by insured upon giving 15 days' notice with no refund of premium.</p> <p>2. You may terminate this Policy at any time by giving us written notice, and the Policy shall terminate when such written notice is received. If no claim has been made under the Policy, then company will refund the premium in Policy at the short period scales as mentioned below:-</p>	10.2 Cancellation/ Termination																												
		<table border="1"> <thead> <tr> <th>Cancellation Period</th> <th>1 Year Policy</th> <th>2 Year Policy</th> <th>3 Year Policy</th> </tr> </thead> <tbody> <tr> <td>Up to 1 Month</td> <td>75%</td> <td>87.50%</td> <td>92.00%</td> </tr> <tr> <td>Up to 3 Months</td> <td>50%</td> <td>75%</td> <td>83.00%</td> </tr> <tr> <td>Up to 6 Months</td> <td>25%</td> <td>62.50%</td> <td>75.00%</td> </tr> <tr> <td>Up to 9 Months</td> <td>NIL</td> <td>50.00%</td> <td>67.00%</td> </tr> <tr> <td>Up to 12 Months</td> <td>NIL</td> <td>42.00%</td> <td>55.00%</td> </tr> <tr> <td>Up to 15 Months</td> <td>NIL</td> <td>25.00%</td> <td>50.00%</td> </tr> </tbody> </table>	Cancellation Period	1 Year Policy	2 Year Policy	3 Year Policy	Up to 1 Month	75%	87.50%	92.00%	Up to 3 Months	50%	75%	83.00%	Up to 6 Months	25%	62.50%	75.00%	Up to 9 Months	NIL	50.00%	67.00%	Up to 12 Months	NIL	42.00%	55.00%	Up to 15 Months	NIL	25.00%	50.00%	
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		Up to 18 Months	NIL	12.50% 42.00%
		Up to 24 Months	NIL	NIL 30.00%
		Up to 30 Months	NIL	NIL 8.00%
		Up to 36 Months	NIL	NIL NIL
10	Claims	<ol style="list-style-type: none"> For Cashless Service: The Company must be contacted to pre-authorize Cashless Facility for planned treatment at least 72 hours prior to the proposed treatment. For Reimbursement of Claim: information details should be provided to the Company within 48 hours of admission to the Hospital or before discharge from the Hospital, whichever is earlier. 	7.3 Claims procedure	
11	Policy Servicing/ Grievances/ Complaints	<ol style="list-style-type: none"> Company Officials: Website: www.edelweissinsurance.com Email: support@edelweissinsurance.com Contact No.: Toll Free 180012000 Courier: Any of Company's Branch Office or corporate office IRDAI/(IGMS/Call Centre): Toll free number: 155255 (or) 1800 4254 732 Timings: 8 AM to 8 PM - (Monday to Saturday) Ombudsman: In case you/insured person are not satisfied with our decision/ resolution, you may approach the Insurance Ombudsman. 	10.20 Customer Services and Grievances Redressal	
12	Insured's Rights	<ol style="list-style-type: none"> Free Look Period: You have a free look period of 15 days from the date of receipt of the Policy Document. You can cancel your Policy only if you have not made any claims under the Policy. Implied Renewability: The Policy will be renewed except on grounds of misrepresentation/non-disclosure of material fact as declared in the Proposal form and at the time of claim, fraud committed/moral hazard non-cooperation of the insured subject to grace period of 30 days from the renewal date. Portability: If you are insured continuously in any Health Insurance Plan with an Indian non-life insurer and health insurer and want to shift to us on renewal, this Policy will allow so as per guidelines on portability issued by IRDAI. Increase in Sum Insured during the Policy Term: Change or alteration with respect to increase of the sum insured shall be permissible only at the time of renewal of the Policy subject to medical underwriting wherever applicable. Turn Around Time (TAT) for settlement of Reimbursement: The Company shall settle the claim within 30 days from the date of receipt of last necessary document in accordance with the provisions of Regulation 27 of IRDAI (Health Insurance) Regulations, 2016. 	10.6 Free look Period	10.19 Renewal Terms
			6. Portability	10.1 Alteration in the Policy
			7.6 Payment Terms	
13	Insured's Obligations	<ol style="list-style-type: none"> Please disclose all pre-existing diseases or conditions before buying a Policy. Non-disclosure may result in claim not being paid. Please disclose material information during the Policy Period such as change in occupation. 	10.4 Disclosure to Information Norm	

Legal disclaimer: The information must be read in conjunction with the prospectus and Policy Wording. In case of any conflict between the CIS and the Policy Wording, the terms and conditions mentioned in the Policy Wording shall prevail.

Note: 50% of the cost of pre-policy issuance medical check-up will be borne by the company if the Proposal is accepted.