Customer Information Sheet/ Know Your Policy

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

S. No.	Title	Description	Policy Clause Number
1	**Name of Insurance Product/ Policy**	Arogya Sanjeevani, Niva Bupa Health Insurance	
2	**Policy Number**	<>	
3	**Type of Insurance Product/ Policy**	Indemnity	
4	**Sum Insured**	INR <>	
5	**Policy Coverage**	**Expenses in respect of:** **Base Coverage** a. Expenses incurred on hospitalization for a minimum period of 24 hours including pre-hospitalization expenses for a period of 30 days and post hospitalization expenses for a period of 60 days. b. Day Care Procedures- Medical expenses for day care procedures. c. AYUSH Coverage- Expenses incurred on hospitalization under AYUSH Treatment d. Expenses incurred on treatment of cataract after specific waiting period of 24 months e. Expenses incurred on dental treatment and plastic surgery: necessitated due to disease or injury. f. Expenses incurred on road Ambulance subject to a maximum of Rs. 2,000/- per hospitalization.	4.1 4.1.1 4.2 4.3 4.1.1 4.1.1
6	**Exclusions**	**Standard Exclusions** 1. Investigation & Evaluation (Code- Excl04) 2. Rest Cure, rehabilitation and respite care (Code-Excl05) 3. Obesity/ Weight Control (Code- Excl06) 4. Change-of-Gender treatments (Code- Excl07) 5. Cosmetic or plastic Surgery (Code- Excl08) 6. Hazardous or Adventure sports (Code- Excl09) 7. Breach of law (Code- Excl10) 8. Excluded Providers (Code-Excl11) 9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code-Excl12) 10. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such	7

		establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13) 11. 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) 12. Refractive Error (Code- Excl15) 13. Unproven Treatments (Code- Excl16) 14. Sterility and Infertility (Code- Excl17) 15. Maternity Expenses (Code- Excl18) 16. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds. 17. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion i. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death. ii. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death. iii. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death. 18. Any expenses incurred on Domiciliary Hospitalization and OPD treatment 19. Treatment taken outside the geographical limits of India. 20. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes.	

7	**Waiting period** **• Time period during which specified diseases/treatments are not covered.** **• It is counted from the beginning of the policy coverage.**	· **Initial Waiting Period (Excl03):** 30 days for all illnesses (not applicable in case of continuous renewal or accidents)	6.2
		· **Specific Waiting Period (Not applicable for claims arising due to an accident) (Excl02):** Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 24/36 months of continuous coverage, as may be the case after the date of inception of the first policy with the insurer. This exclusion shall not be applicable for claims arising due to an accident. a. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. b. If any of the specified disease/ procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply. c. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion. d. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage. i. 24 Months waiting period (List I) A. Benign ENT disorders B. Tonsillectomy C. Adenoidectomy D. Mastoidectomy E. Tympanoplasty F. Hysterectomy G. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps H. Benign prostate hypertrophy I. Cataract and age related eye ailments J. Gastric/ Duodenal Ulcer K. Gout and Rheumatism L. Hernia of all types M. Hydrocele N. Non Infective Arthritis O. Piles, Fissures and Fistula in anus P. Pilonidal sinus, Sinusitis and related disorders Q. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident R. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.	6.3

		S. Varicose Veins and Varicose Ulcers ii. 36Months waiting period (List II) A. Treatment for joint replacement unless arising from accident B. Age-related Osteoarthritis & Osteoporosis	
		· **Pre-existing diseases (Excl01):** Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with us.	6.1
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)	**i. Sub-limits** i. Room Charges (Hospitalization): a. Room Rent- Up to 2% of SI, subject to max of INR 5,000 per day b. ICU charges - Up to 5% of SI subject to max of INR 10,000 per day c. In case Room/ICU/ICCU rent exceeds the limits specified the claim shall be subject to the proportionate deduction. ii. Cataract- Up to 25% of Sum Insured or Rs.40,000/- per eye, whichever is lower. iii. Modern treatment methods and Advancements in technology: Up to 50% of the sum insured.	4.1 4.3 4.6
	ii. Co-Payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured)	**ii. Co-Payment -** Each and every claim under the Policy shall be subject to a Co-payment of 5% applicable to claim amount admissible and payable as per the terms and conditions of the Policy.	9.5
	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)	iii. **Annual Aggregate Deductible** - NA	

	iv. Any other limit (as applicable)		
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 - TAT for pre-authorization of cashless facility- 1 Hour - TAT for cashless final bill authorization- grant final authorization within three hours of the receipt of discharge authorization request from the hospital. In case of delay, any additional amount charged by hospital, will be borne by us	9
		Network Hospital Details- https://rules.nivabupa.com/hospital-network/ Helpline No- 1860-500-8888 Downloading/ getting claim form- https://transactions.nivabupa.com/pages/downloads.aspx	
		Hospitals which are blacklisted or from where no claim will be accepted by insurer- https://rules.nivabupa.com/doc/Exclude_List.pdf	
10	**Policy Servicing**	• Call center no of Insurer- Contact No: 1860-500-8888 • Details of Company Officials-- Website: www.nivabupa.com Customer Services Department Niva Bupa Health Insurance Company Limited D-5, 2nd Floor, Logix Infotech Park opp. Metro Station, Sector 59, Noida, Uttar Pradesh, 201301 Self-service platform, Insta Assist https://rules.nivabupa.com/customer-service/	11

11	**Grievances/Complaints**	Details of • Grievance Redressal Officer of the insurer Grievance Redressal Officer Niva Bupa Health Insurance Company Limited D-5, 2nd Floor, Logix Infotech Park opp. Metro Station, Sector 59, Noida, Uttar Pradesh, 201301 For details of grievance officer, kindly refer the link https://www.nivabupa.com/customer-care/health-services/grievance-redressal.aspx • Insurance company grievance portal/ Department Website: www.nivabupa.com Customer Services Department Niva Bupa Health Insurance Company Limited D-5, 2nd Floor, Logix Infotech Park opp. Metro Station, Sector 59, Noida, Uttar Pradesh, 201301 Contact No: 1860-500-8888 Fax No.: 011-41743397 Self-service platform, Insta Assist https://rules.nivabupa.com/customer-service/ Senior citizens may write to us at at: seniorcitizensupport@nivabupa.com Insured person may also approach the grievance cell at any of the company's branches with the details of grievance • IRDAI/(IGMS/Call Centre): Email ID: www.igms.irdai.gov.in Ombudsman (Refer Annexure II of policy document for List of Insurance Ombudsmen)	11
12	**Things to Remember**	• Free Look cancellation: The Free Look Period shall be applicable on individual health insurance policies and not on renewals. 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. 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 return the policy to the insurer for cancellation, stating the reasons for the same. Irrespective of the reasons mentioned, the policyholder	10.19

		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.	
		• 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.	10.16
		• 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 (details provided above) for migration and portability.	10.14 and 10.15
		• 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.	10.21
		• 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 sims insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would applicable from the date of enhancement of sums insured only on the enhanced limits.	8
13	**Your Obligations**	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of Information- The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder. (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)	

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							
18	4,802.40	5,00,000	4,802.40	480.24	4,322.16	5,00,000	4,802.40	6,889.68	16,075.92	5,00,000
21	4,802.40	5,00,000	4,802.40	480.24	4,322.16	5,00,000	4,802.40			
39	6,188.40	5,00,000	6,188.40	618.84	5,569.56	5,00,000	6,188.40			
45	7,172.40	5,00,000	7,172.40	717.24	6,455.16	5,00,000	7,172.40			
Total premium for all members of the family is **Rs.22,965.60**, when each member is covered separately. Sum Insured available for each individual is **Rs.500,000.**			Total premium for all members of the family is **Rs.20,669.04**, when they are covered under a single policy. Sum Insured available for each family member is **Rs.500,000.**				Total premium when the policy is opted on floater basis is **Rs.16,075.92.** Sum Insured of **Rs.500,000** is available for the entire family.			
			Illustration 2							
55	11,725.66	5,00,000	11,725.66	1,172.57	10,553.09	5,00,000	11,725.66	7,846.22	23,538.65	5,00,000

<table>
<tr><td>63</td><td>19,659.20</td><td>5,00,000</td><td>19,659.20</td><td>1,965.92</td><td>17,693.28</td><td>5,00,000</td><td>19,659.20</td><td></td><td></td><td></td></tr>
<tr><td colspan="3">Total premium for all members of the family is <u>Rs.31,384.86</u>, when each member is covered separately.

Sum Insured available for each individual is <u>Rs.500,000</u>.</td><td colspan="4">Total premium for all members of the family is <u>Rs.28,246.37</u>, when they are covered under a single policy.

Sum Insured available for each family member is <u>Rs.500,000.</u></td><td colspan="4">Total premium when the policy is opted on floater basis is <u>Rs.23,538.65</u>.

Sum Insured of <u>Rs.500,000</u> is available for the entire family.</td></tr>
<tr><td colspan="3"></td><td colspan="4">Illustration 3</td><td colspan="4"></td></tr>
<tr><td>65</td><td>19,659.20</td><td>5,00,000</td><td>19,659.20</td><td>1,965.92</td><td>17,693.28</td><td>5,00,000</td><td>19,659.20</td><td>11,422.13</td><td>34,266.38</td><td>5,00,000</td></tr>
<tr><td>70</td><td>26,029.30</td><td>5,00,000</td><td>26,029.30</td><td>2,602.93</td><td>23,426.37</td><td>5,00,000</td><td>26,029.30</td><td></td><td></td><td></td></tr>
<tr><td colspan="3">Total premium for all members of the family is <u>Rs.45,688.50</u>, when each member is covered separately.

Sum Insured available for each individual is <u>Rs.500,000</u>.</td><td colspan="4">Total premium for all members of the family is <u>Rs.41,119.65</u>, when they are covered under a single policy.

Sum Insured available for each family member is <u>Rs.500,000</u>.</td><td colspan="4">Total premium when the policy is opted on floater basis is <u>Rs.34,266.38</u>.

Sum Insured of <u>Rs.500,000</u> is available for the entire family.</td></tr>
<tr><td colspan="11">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.</td></tr>
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