Customer Information Sheet/ Know Your Policy

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

Sl. No	Title	Description	Policy Clause Number
1	Name of Insurance Product/ Policy	Health Plus	
2	Policy Number		
3	Type of Insurance Product/ Policy	Both Indemnity and Benefit	
4	Sum Insured	Sum Insured:	
5	Policy Coverage	Hospitalization Cover	3.1
		Inpatient Care: Cover for Hospitalization following an illness or injury. Limit is:	3.1.1.1
		Pre-hospitalization Medical Expenses: Cover for Insured Person's Pre-hospitalization Medical Expenses incurred following an Illness or Injury. Limit is:	3.1.1.2
		Post-hospitalization Medical Expenses: Cover for Insured Person's Post-hospitalization Medical Expenses incurred following an Illness or Injury. Limit is:	3.1.1.3
		Day Care Treatment: Cover for Medical Expenses incurred on the Insured Person's Day Care Treatment following an Illness or Injury. Limit is:	3.1.1.4
		Day Care Treatment+: Cover for Medical Expenses incurred on the Insured Person's Day Care Treatment following an Illness or Injury. Limit is: <<All illnesses or List of Illnesses>>	3.1.1.5
		Inpatient Care under Alternative Treatment: Cover for Medical Expenses incurred on the Insured Person's Hospitalization for treatment under Ayurveda, Unani, Siddha or Homeopathy systems. Limit is:	3.1.1.6
		Domiciliary Hospitalization: Cover for Medical Expenses incurred for the Insured Person's Domiciliary Hospitalization. Limit is:	3.1.1.7
		Organ Transplant: Cover for Medical Expenses incurred for a living organ donor's Inpatient treatment for the harvesting of the organ donated. Limit is:	3.1.1.8

		Maternity Expenses: We will indemnify the Medical Expenses incurred towards Medically Necessary Treatment of the Insured Person in case of normal delivery, routine or elective Caesarean or Complicated Pregnancy. Limit is:	3.1.1.9
		Maternity+: We will indemnify the Medical Expenses incurred towards Medically Necessary Treatment of the Insured Person in case of • Antenatal check-ups. Gynecologist consultations, Sonograms, blood and other tests required during pregnancy • Vaccines for the expecting mother • Delivery. Normal or Caesarian section • Surrogacy & Delivery by surrogate mother • Assisted reproduction like In vitro fertilization (IVF), Gamete intrafallopian transfer (GIFT), Zygote intrafallopian transfer (ZIFT), Intracytoplasmic Sperm Injection (ICSI) • (Medical) termination of pregnancy • Treatment for infertility • Charges for legally adopting a child. Limit is:	3.1.1.10
		New Born Baby: We will indemnify the Medical Expenses incurred during the Policy Period, towards the Medically Necessary Treatment of the New Born Baby. Limit is:	3.1.1.11
		New Born Vaccination Cover: We will indemnify the expenses incurred during the Policy Period on vaccination of the New Born Baby till he/she completes 1 year of Age. Limit is:	3.1.1.12
		Pre and Post Natal Expenses: We will indemnify the Medical Expenses incurred during the Policy Year, in respect of pre- natal check-ups since confirmation of pregnancy, postnatal check-ups for a period up to six weeks from delivery, prescribed prenatal medicines and diagnostic tests. Limit is:	3.1.1.13
		Cord blood banking cost cover: We will indemnify the Medical Expenses incurred during the Policy Period, in respect of the collection and storage of the umbilical cord blood as a one-time benefit for one episode of pregnancy only post-delivery in a lifetime. Limit is:	3.1.1.14
		Emergency Ground Ambulance- Within India: Cover for expenses incurred on an ambulance during the Policy Period to transfer the Insured Person by surface transport following an Emergency. Limit is:	3.1.1.15
		Road Ambulance+ - Within India: Cover for expenses incurred on an ambulance during the Policy Period to transfer the Insured Person by surface transport following an Emergency. Limit is:	3.1.1.16
		Air Ambulance Cover: Cover for expenses incurred on an air ambulance during the Policy Period to	3.1.1.17

		transport the Insured Person to the nearest Hospital following an Emergency within India. Limit is:	
		Air Ambulance+ - Within India: Cover for expenses incurred on an air ambulance during the Policy Period to transport the Insured Person to the nearest Hospital following an Emergency within India. Limit is:	3.1.1.18
		Prosthetics Cover: Covers expenses incurred by insured on Prosthesis Device following accidental injury. Limit is:	3.1.1.19
		Compassionate visit: Cover expenses for travel of a family member or personal friend to visit Insured Person following 7 days of consecutive hospitalization. Limit is:	3.1.1.20
		Accompanying person accommodation cover: If an Insured Person suffers an Injury or an Illness during the Policy Period that solely and directly results in the Insured Person's Hospitalization We will pay the amount for each continuous and completed 24 hours of Hospitalization in respect of one Immediate Family member of the Insured Person to accompany the Insured Person in Hospital. Limit is:	3.1.1.21
		Health Check-up: The Insured Person may avail a health check-up during the Policy Period. Limit is:	3.1.1.22
		Home Health Care Services: Cover Home Health Care services for the Insured. Opted/Not Opted	3.1.1.23
		Home Health Care Services+: Cover Home Health Care services for the Insured. Limit is:	3.1.1.24
		Sub-limit on Specified Illness/Conditions: If an Insured Person is Hospitalized during the Policy Period for any of the Specified Illnesses or Conditions then it is agreed that Our liability in respect of any claim made under the Policy will be limited to the amount specified in Policy Schedule/Certificate of Insurance. Limit is:	3.1.1.25
		Loyalty Credit- Sum insured enhancement: If the Insured Person's cover under the Policy is renewed with Us without a break We will increase the Base Sum Insured applicable under the Policy by the percentage , for each successive renewal. limit is	3.1.1.26
		Booster+- Unutilized Base Sum Insured will get carried forward to the next policy on renewal of the policy. limit is	3.1.1.27
		ReAssure- We will provide additional sum insured during the policy year. The first paid claim in the policy year will trigger ReAssure benefit, unlimited times and will be available for all subsequent claims in a Policy Year up to the percentage of Base Sum Insured as specified in your Policy Schedule / Certificate of Insurance.	3.1.1.28

		Tiered Network- the customer will have to take the treatment in a defined list of hospitals as specified in the Policy Schedule / certificate of insurance. If the treatment is taken outside this network, a co-payment will have to be borne by the insured for each claim. The co-payment percentage will be as specified in the Policy Schedule / Certificate of Insurance. Co-payment Applicable:	3.1.1.29
		Nursing Allowance- We will reimburse the expenses for the services of a registered nurse attending to the Insured Person at the Insured Person's home immediately following his discharge from Hospital. Limit is	3.1.1.30
		Animal/serpent attack- We will cover Medical Expenses for Inpatient Care and/or OPD treatments (as per the option chosen) including inoculation and immunization in case of any animal/serpent attack. Limit is	3.1.1.31
		Smart Claim: The Sum Insured applicable for a single Claim shall be enhanced up to the limit specified below subject continuous claim free renewal. Limit is:	3.1.1.32
		Smart Renew: the Renewal Premium payable for the Policy shall be waived for a specified Policy Year, provided no claims have been made in the immediately preceding Policy Years. Limit is:	3.1.1.33
		Refill benefit up to 100% of Base Sum Insured in case the Sum Insured gets exhausted during policy year	3.1.1.34
		Co-payment:The Insured Person will pay the pre-determined percentage as Co-Payment and We will pay the remaining part of the amount . Limit is:	3.1.1.35
		Annual Aggregate Deductible:The Insured Person shall bear on his/her own account an amount equal to the Annual Aggregate Deductible for any and all admissible claim amounts . Limit is:	3.1.1.36
		Annual Catastrophic Claim Deductible: The Insured Person shall bear on his/her own account an amount equal to the Annual Catastrophic Claim Deductible for any admissible claim amounts . Limit is:	3.1.1.37
		E-Consultation is provided on cashless basis through our Network Providers. Limit is:	3.1.1.38
		Inclusion of Cyberknife/ Robotic Surgery with 50% Co-Payment	3.1.1.39
		Corporate Floater for any Illness/Accident is covered. Limit is:	3.1.1.40
		Corporate Floater for 11 listed Critical Illnesses for only for medical treatment for listed Critical Illnesses. Limit is:	3.1.1.41
		Claim settlement in Network Provider only is available on cashless basis	3.1.1.42

		Claim settlement on reimbursement only for benefits under Hospitalization Cover	3.1.1.43
		Modern Treatments: Listed procedures will be covered either in in-patient care or Daycare section. Limit is:	3.1.1.44
		Modern Treatments+: Listed procedures will be covered either in in-patient care or Daycare section. Limit is:	3.1.1.45
		Restriction of treatment taken in Specified Provider: copay applicable. Limit is:	3.1.1.46
		Fixed Benefit coverage for named Illness: If an Insured Person suffers a specified Named Illness during the Policy Period, We will pay the Named Illness Sum Insured. Limit is:	3.2
		Hospital Cash Benefit	3.3
		Daily Cash Benefit: We will pay an amount if Insured Person is hospitalized (for 24 hours or more) following an illness/Injury. Limit is:	3.3.1.1
		ICU Cash Benefit: We will pay an amount if Insured Person is hospitalized (for 24 hours or more) in an ICU following an illness/Injury. Limit is:	3.3.1.2
		Daily Cash Benefit with Franchise: We will pay an amount if Insured Person is hospitalized (for 24 hours or more) following an illness/Injury. Limit is:	3.3.1.3
		ICU Cash Benefit with Franchise: We will pay an amount if Insured Person is hospitalized (for 24 hours or more) in an ICU following an illness/Injury. Limit is:	3.3.1.4
		Daily Cash Benefit with deductible: We will pay an amount if Insured Person is hospitalized (for 24 hours or more) following an illness/Injury. Limit is:	3.3.1.5
		Accidental Hospital Cash Benefit: We will pay an amount if Insured Person is hospitalized (for 24 hours or more) following an Accidental Injury. Limit is:	3.3.1.6
		Accidental ICU Cash Benefit: We will pay an amount if Insured Person is hospitalized (for 24 hours or more) in an ICU following an Accidental Injury. Limit is:	3.3.1.7
		Accidental Hospital Cash Benefit with Franchise: We will pay an amount if Insured Person is hospitalized (for 24 hours or more) following an Accidental Injury. Limit is:	3.3.1.8
		Accidental ICU Cash Benefit with Franchise: We will pay an amount if Insured Person is hospitalized (for 24 hours or more) in an ICU following an Accidental Injury. Limit is:	3.3.1.9
		Accidental Hospital Cash Benefit with deductible: We will pay an amount if Insured Person is	3.3.1.10

		hospitalized (for 24 hours or more) following an Accidental Injury. Limit is:	
		OPD Coverage	3.4
		OPD Treatment & Diagnostic Cover: We will indemnify the Reasonable and Customary Charges incurred in respect of the Insured Person for OPD Treatment: Limit is:	3.4.1.1
		OPD Dental Expenses: We will indemnify the Reasonable and Customary Charges incurred in respect of the Insured Person towards Dental Treatment . Limit is:	3.4.1.2
		OPD Vision Expenses excluding spectacles & lenses:We will indemnify the Reasonable and Customary Charges incurred in respect of the Insured Person towards any vision treatment by an Optometrist or Ophthalmologist . Limit is:	3.4.1.3
		OPD Vision Expenses including spectacles & lenses: We will indemnify the Reasonable and Customary Charges incurred in respect of the Insured Person towards any vision treatment by an Optometrist or Ophthalmologist . Limit is:	3.4.1.4
		Video Consultations with General Practitioner:We will pay for Video Consultations with certified General Practitioners for the Insured. Limit is:	3.4.1.5
		Tele Consultations with General Practitioner:We will pay for tele Consultations with certified General Practitioners for the Insured. Limit is:	3.4.1.6
		Physical Consultations with General Practitioner:We will pay for Physical Consultations with certified General Practitioners for the Insured. Limit is:	3.4.1.7
		Video Consultations with Specialists:We will pay for Video Consultations with certified specialists Practitioners for the Insured. Limit is:	3.4.1.8
		Tele Consultations with specialists:We will pay for tele Consultations with certified specialists for the Insured. Limit is:	3.4.1.9
		Physical Consultations with specialists:We will pay for Physical Consultations with certified specialists for the Insured. Limit is:	3.4.1.10
		Diagnostic Services: The Insured Person may avail various diagnostic tests from Our empaneled Service Provider through its mobile application or website. Limit is:	3.4.1.11
		Pharmacy Services: The Insured Person may purchase medicines from Our empaneled Service Provider through its mobile application or website. Limit is:	3.4.1.12
		Home Health care services: Cover Home Health Care services for the Insured. Limit is:opted/ not opted	3.4.1.13

		Vaccination Cover: Cover vaccination charges for the Insured. Limit is:	3.4.1.14
		Annual Health check up: The Insured Person may avail a health check-up during the Policy Period. Limit is:	3.4.1.15
		Second Medical Opinion: If the Insured Person is undergoing a treatment for an illness, the Insured Person can, at the Insured Person's choice, obtain a Second Medical Opinion during the Policy Period. Limit is:	3.4.1.16
		Monitoring/ Medical Devices: The Insured person may avail monitoring / medical devices which are medically necessary and recommended by a registered medical practitioner. Limit is:	3.4.1.17
		Condition Management Packages: : The Insured person may choose to opt for one or more condition management package/(s) for a medical condition, on the recommendation of a registered medical practitioner. Limit is:	3.4.1.18
		Wellness Benefits: Wellness Benefits can be through Company's empaneled provider on Cashless basis	3.4.1.19
		Vouchers: The Insured will get Single time use vouchers of fixed values. Limit is:	3.4.1.20
		International Coverage	3.5
		Emergency Medical Evacuations: We will indemnify the Reasonable and Customary Charges incurred for the Insured Person's Medical Evacuation in an Emergency. Limit is:	3.5.1.1
		Emergency Hospitalization: If the Insured Person is required to be admitted in a Hospital immediately after the Emergency Medical Evacuation for the same diagnosis during the Policy Period, We will indemnify the Medical Expenses incurred on Hospitalization of that Insured Person until the Insured Person reaches a medically stable condition. Limit is:	3.5.1.2
		Specified Illness Cover: If the Insured Person suffers a Specified Illness, We will indemnify the Reasonable and Customary Charges in respect of Medical Expenses of the Insured Person. Limit is:	3.5.1.3
		Medical repatriation: Coverage for transportation services through our service providers when medically necessary. Limit is:	3.5.1.4
		Repatriation of mortal remains: Covers expenses for transportation of mortal remains from the place of death to the residence of the deceased Insured Person following their Accidental Death. . Limit is:	3.5.1.5
		Accidental Cover	3.6

		Accidental Death (AD): Covers death due to an accident. Limit is:	3.6.1.1
		Accidental Permanent Total Disability (PTD): Covered up to Accidental Cover Sum Insured. Limit is:	3.6.1.2
		Accidental Permanent Partial Disability(PPD): Covered up to Accidental Cover Sum Insured. Limit is:	3.6.1.3
		Temporary Total Disability (TTD): If customer is temporarily incapacitated due to an accident and is unable to engage in any employment or occupation of any description whatsoever, then we will pay as per limits. Limit is:	3.6.1.4
		Air Accident Death: Dealth due to an accident while travelling by air. Limit is:	3.6.1.5
		Accidental Medical Reimbursement: Covers accidental hospitalization charges. Limit is:	3.6.1.6
		Education allowance for Children: In case of Accidental Death or Permanent Total Disability of Insured Person due to an Accident, we will pay as per the limits towards the Education of the dependent children. Limit is:	3.6.1.7
		Residential and Vehicle Modification Benefit: We will pay as per the limits towards modification of residential accommodation and/or vehicle of the Insured Person following an Accident which resulted into Permanent Total Disability of Insured Person. Limit is:	3.6.1.8
		Family Transportation Allowance: In case of Accidental Death or PTD of Insured Person, we will pay asper the limits towards the travel expense of one Immediate Family member of the Insured Person to the place of Hospitalization. Limit is:	3.6.1.9
		Last rites expenses: Covers funeral expenses of the deceased Insured Person following their Accidental Death. . Limit is:	3.6.1.10
		Broken Bones Benefit: we will cover insured person if Insured Person suffers from Broken Bones or fracture due to an Accident. Limit is:	3.6.1.11
		Child Wedding: Covered in event of Accidental Death or Accidental Permanent Total Disability of insured. Limit is:	3.6.1.12
		Burns : we will cover insured person if Insured Person suffers from Burns due to an Accident. Limit is:	3.6.1.13
		Medical Insurance Premium Indemnity provides lump sum payment of Medical Insurance Premium for a maximum of 10 years, in case of Accidental Death of insured. Limit is:	3.6.1.14
		Physiotherapy charges following Accidental Injury: Covers Physiotherapy expenses incurred by insured for treating accidental injury. Limit is:	3.6.1.15

		Chauffeur Benefit: monthly allowance for the hire of a taxi or chauffeur driven car or other necessarily incurred extra costs to maintain the Insured Person's mobility to meet his/her business commitments. Limit is	3.6.1.16
		Reconstructive Surgery: cover for Reconstructive Surgery within six (6) months of the date of the Accident. Limit is:	3.6.1.17
		Air Ambulance Cover: Cover for expenses incurred on an air ambulance during the Policy Period to transport the Insured Person to the nearest Hospital following an accident within India. Limit is:	3.6.1.18
		Coma Benefit: If the Insured Person is in Comatose (coma) State within one month from date of Accident, then We will pay as per the limit. Limit is:	3.6.1.19
		Common Accident Benefit: In case of Accidental Death of Insured Person and his/her spouse in same Accidental event during the Policy Period, we will pay as per the limits. Limit is:	3.6.1.20
		outstanding loan Benefit: We will pay for loan amount as per the limits following death or PTD of insured member. Limit is:	3.6.1.21
		Critical illness Cover: We will pay the amount if the Insured Person is diagnosed with any Critical Illness. Limit is:	3.7
		Critical Illness + Cover:We will pay the amount if the Insured Person is diagnosed with any Critical Illness. Limit is:	3.7.2
		Sum Insured Enhancement: the Critical Illness Sum Insured mentioned in the shall be increased automatically per annum by the percentage. Limit is:	3.7.2.1
		Loan Protector provides payment for loan amount of the Insured Person's on the date of occurrence of the event. Limit is:	3.7.2.2
		Income Protector: we will pay an amount if Insured Person loses their job due to Critical Illness. Limit is:	3.7.2.3
		Staggered Payout provides payout equal to 10% of Critical Illness Sum Insured, for the next 5 years	3.7.2.4
		Death Benefit: If the Insured Person dies within the Survival period. Limit is:	3.7.2.5
		Second Medical Opinion: Insured can obtain a Second Medical Opinion from a Medical Practitioner arranged by Us. Limit is:	3.7.2.6
		Wellness Benefits: Wellness Benefits can be through Company's empaneled provider on Cashless basis	3.8
		Personalized health coach: We shall provide the wellness related services to the Insured Person. Limit is:	3.8.1

		OPD Services: The Insured Person may avail OPD services from Our empaneled Service Provider through its mobile application or website. Limit is:	3.8.2
		Pharmacy Services: The Insured Person may purchase medicines from Our empaneled Service Provider through its mobile application or website. Limit is:	3.8.3
		Diagnostic Services: The Insured Person may avail various diagnostic tests from Our empaneled Service Provider through its mobile application or website. Limit is:	3.8.4
		Concierge Services: can be through Company's empaneled provider on Cashless basis	3.9
6	Exclusions	**Hospitalization Cover- Section Specific Conditions- Permanent Exclusion:**	**3.1.2.B**
		Hospitalization Cover- Section Specific Conditions- Permanent Exclusion:	3.1.2.B
		Investigation & Evaluation (Code-Excl04)	I.
		Rest Cure, rehabilitation and respite care (Code-Excl05)	II.
		Obesity/ Weight Control (Code-Excl06)	III.
		Change-of-Gender treatments (Code-Excl07)	IV.
		Cosmetic or plastic Surgery (Code-Excl08)	V.
		Excluded Providers (Code-Excl11)	VI.
		Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)	VII.
		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)	VIII.
		Refractive Error (Code-Excl15)	IX.
		Unproven Treatments (Code-Excl16)	X.
		Sterility and Infertility (Code-Excl17)	XI.
		Maternity (Code-Excl18)	XII.
		Circumcision: Circumcision unless necessary for the treatment of a disease or necessitated by an Accident.	XIII.
		External Congenital Anomaly: Screening, counseling or treatment related to external Congenital Anomaly.	XIV.
		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.	XV.
		Multifocal Lens and ambulatory devices such as walkers, crutches, splints, stockings of any kind and also any medical equipment which is subsequently used at home.	XVI.

		Sexually transmitted Infections & diseases (other than HIV / AIDS): Screening, prevention and treatment for sexually related infection or disease (other than HIV / AIDS).	XVII.
		Sleep disorders: Treatment for any conditions related to disturbance of normal sleep patterns or behaviors.	XVIII.
		Artificial life maintenance: Artificial life maintenance, including life support machine used to sustain a person, who has been declared brain dead, as demonstrated by: a. Deep coma and unresponsiveness to all forms of stimulation; or b. Absent pupillary light reaction; or c. Absent oculovestibular and corneal reflexes; or d. Complete apnea	XIX.
		Any form of Alternate Treatment: a. Homeopathic, Unani, Yoga and Siddha streams of treatment; b. Acupuncture, Reflexology, Chiropractic Treatment or any other form of indigenous system of medicine	XX.
		Unrecognized Physician or Hospital: a. Treatment or Medical Advice provided by a Medical Practitioner not recognized by the Medical Council of India or by Central Council of Indian Medicine or by Central Council of Homeopathy or by relevant authorities in the area where the treatment is taken. b. Treatment or Medical Advice related to one system of medicine provided by a Medical Practitioner of another system of medicine. c. Treatment provided by anyone with the same residence as an Insured Person or who is a member of the Insured Person's immediate family or relatives. d. Treatment provided by Hospital or health facility that is not recognized by the relevant authorities in India or any other country where treatment takes place.	XXI.
		Off- label Drug or Treatment: Use of pharmaceutical drugs for an unapproved indication or in an unapproved age group, dosage, or route of administration as regulated and approved by Central Drugs Standard Control Organization (CDSCO)	XXII.
		Drugs and Dressings for OPD Treatment or Take-home Use: Any drugs or surgical dressings that are provided or prescribed in the case of OPD Treatment, or for an Insured Person to take home on leaving Hospital, for any condition, except as included in Post-Hospitalization Medical Expenses under Section 3.1.1.3.	XXIII.
		OPD Treatment: Any OPD Treatment is not covered.	XXIV.
		Fixed Benefit Coverage for Named Illnesses- Section Specific Conditions- Permanent Exclusion:	**3.2.1.B**

		Investigation & Evaluation (Code-Excl04)	I.
		Rest Cure, rehabilitation and respite care (Code-Excl05)	II.
		Obesity/ Weight Control (Code-Excl06)	III.
		Change-of-Gender treatments (Code-Excl07)	IV.
		Cosmetic or plastic Surgery (Code-Excl08)	V.
		Excluded Providers (Code-Excl11)	VI.
		Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)	VII.
		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)	VIII.
		Refractive Error (Code-Excl15)	IX.
		Unproven Treatments (Code-Excl16)	X.
		Sterility and Infertility (Code-Excl17)	XI.
		Maternity (Code-Excl18)	XII.
		Circumcision: Circumcision unless necessary for the treatment of a disease or necessitated by an Accident.	XIII.
		External Congenital Anomaly: Screening, counseling or treatment related to external Congenital Anomaly.	XIV.
		Sexually transmitted Infections & diseases (other than HIV / AIDS): Screening, prevention and treatment for sexually related infection or disease (other than HIV / AIDS).	XV.
		Sleep disorders: Treatment for any conditions related to disturbance of normal sleep patterns or behaviors.	XVI.
		Any expenses incurred on OPD treatment	XVII.
		Artificial life maintenance: Artificial life maintenance, including life support machine used to sustain a person, who has been declared brain dead, as demonstrated by: a. Deep coma and unresponsiveness to all forms of stimulation; or b. Absent pupillary light reaction; or c. Absent oculovestibular and corneal reflexes; or d. Complete apnea	XVIII.
		Any form of Alternate Treatment: a. Homeopathic, Unani, Yoga and Siddha streams of treatment; b. Acupuncture, Reflexology, Chiropractic Treatment or any other form of indigenous system of medicine	XIX.

		Unrecognized Physician or Hospital: a. Treatment or Medical Advice provided by a Medical Practitioner not recognized by the Medical Council of India or by Central Council of Indian Medicine or by Central Council of Homeopathy or by relevant authorities in the area where the treatment is taken. b. Treatment or Medical Advice related to one system of medicine provided by a Medical Practitioner of another system of medicine. c. Treatment provided by anyone with the same residence as an Insured Person or who is a member of the Insured Person's immediate family or relatives. d. Treatment provided by Hospital or health facility that is not recognized by the relevant authorities in India or any other country where treatment takes place.	XX.
		Off- label Drug or Treatment: Use of pharmaceutical drugs for an unapproved indication or in an unapproved age group, dosage, or route of administration as regulated and approved by Central Drugs Standard Control Organization (CDSCO)	XXI.
		Drugs and Dressings for OPD Treatment or Take-home Use: Any drugs or surgical dressings that are provided or prescribed in the case of OPD Treatment, or for an Insured Person to take home on leaving Hospital, for any condition, except as included in Post-Hospitalization Medical Expenses under Section 3.1.1.3.	XXII.
		Hospitalization Cover- Section Specific Conditions- Permanent Exclusion:	**3.3.2.B**
		Investigation & Evaluation (Code-Excl04)	I.
		Rest Cure, rehabilitation and respite care (Code-Excl05)	II.
		Obesity/ Weight Control (Code-Excl06)	III.
		Cosmetic or plastic Surgery (Code-Excl08)	IV.
		Excluded Providers (Code-Excl11)	V.
		Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)	VI.
		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)	VII.
		Refractive Error (Code-Excl15)	VIII.
		Unproven Treatments (Code-Excl16)	IX.
		Circumcision: Circumcision unless necessary for the treatment of a disease or necessitated by an Accident.	X.
		External Congenital Anomaly: Screening, counseling or treatment related to external Congenital Anomaly.	XI.

		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.	XII.
		Sexually transmitted Infections & diseases (other than HIV / AIDS): Screening, prevention and treatment for sexually related infection or disease (other than HIV / AIDS).	XIII.
		Sleep disorders: Treatment for any conditions related to disturbance of normal sleep patterns or behaviors.	XIV.
		Any treatment or medical services received outside the geographical limits of India.	XV.
		Artificial life maintenance: Artificial life maintenance, including life support machine used to sustain a person, who has been declared brain dead, as demonstrated by: a. Deep coma and unresponsiveness to all forms of stimulation; or b. Absent pupillary light reaction; or c. Absent oculovestibular and corneal reflexes; or d. Complete apnea	XVI.
		Any form of Alternate Treatment: a. Homeopathic, Unani, Yoga and Siddha streams of treatment; b. Acupuncture, Reflexology, Chiropractic Treatment or any other form of indigenous system of medicine	XVII.
		Unrecognized Physician or Hospital: a. Treatment or Medical Advice provided by a Medical Practitioner not recognized by the Medical Council of India or by Central Council of Indian Medicine or by Central Council of Homeopathy or by relevant authorities in the area where the treatment is taken. b. Treatment or Medical Advice related to one system of medicine provided by a Medical Practitioner of another system of medicine. c. Treatment provided by anyone with the same residence as an Insured Person or who is a member of the Insured Person's immediate family or relatives. d. Treatment provided by Hospital or health facility that is not recognized by the relevant authorities in India or any other country where treatment takes place.	XVIII.
		Hospitalization Cover- Section Specific Conditions- Permanent Exclusion:	**3.5.2.B**
		Investigation & Evaluation (Code-Excl04)	I.
		Rest Cure, rehabilitation and respite care (Code-Excl05)	II.
		Obesity/ Weight Control (Code-Excl06)	III.
		Change-of-Gender treatments (Code-Excl07)	IV.
		Cosmetic or plastic Surgery (Code-Excl08)	V.
		Excluded Providers (Code-Excl11)	VI.

		Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)	VII.
		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)	VIII.
		Refractive Error (Code-Excl15)	IX.
		Unproven Treatments (Code-Excl16)	X.
		Sterility and Infertility (Code-Excl17)	XI.
		Maternity (Code-Excl18)	XII.
		Circumcision: Circumcision unless necessary for the treatment of a disease or necessitated by an Accident.	XIII.
		External Congenital Anomaly: Screening, counseling or treatment related to external Congenital Anomaly.	XIV.
		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.	XV.
		Multifocal Lens and ambulatory devices such as walkers, crutches, splints, stockings of any kind and also any medical equipment which is subsequently used at home.	XVI.
		Sexually transmitted Infections & diseases (other than HIV / AIDS): Screening, prevention and treatment for sexually related infection or disease (other than HIV / AIDS).	XVII.
		Sleep disorders: Treatment for any conditions related to disturbance of normal sleep patterns or behaviors.	XVIII.
		OPD Treatment: Any OPD Treatment is not covered.	XIX.
		Artificial life maintenance: Artificial life maintenance, including life support machine used to sustain a person, who has been declared brain dead, as demonstrated by: a. Deep coma and unresponsiveness to all forms of stimulation; or b. Absent pupillary light reaction; or c. Absent oculovestibular and corneal reflexes; or d. Complete apnea	XX.
		Any form of Alternate Treatment: a. Homeopathic, Unani, Yoga and Siddha streams of treatment; b. Acupuncture, Reflexology, Chiropractic Treatment or any other form of indigenous system of medicine	XXI.

		Unrecognized Physician or Hospital: a. Treatment or Medical Advice provided by a Medical Practitioner not recognized by the Medical Council of India or by Central Council of Indian Medicine or by Central Council of Homeopathy or by relevant authorities in the area where the treatment is taken. b. Treatment or Medical Advice related to one system of medicine provided by a Medical Practitioner of another system of medicine. c. Treatment provided by anyone with the same residence as an Insured Person or who is a member of the Insured Person's immediate family or relatives. d. Treatment provided by Hospital or health facility that is not recognized by the relevant authorities in India or any other country where treatment takes place.	XXII.
		Off- label Drug or Treatment: Use of pharmaceutical drugs for an unapproved indication or in an unapproved age group, dosage, or route of administration as regulated and approved by Central Drugs Standard Control Organization (CDSCO)	XXIII.
		Drugs and Dressings for OPD Treatment or Take-home Use: Any drugs or surgical dressings that are provided or prescribed in the case of OPD Treatment, or for an Insured Person to take home on leaving Hospital, for any condition, except as included in Post-Hospitalization Medical Expenses under Section 3.1.1.3.	XXIV.
		Accidental Cover- Section specific Exclusions	**3.6.2**
		Death or any disablement resulting from, caused by, contributed to or aggravated or prolonged by child birth or from pregnancy.	i.
		Participation in aviation other than as a fare-paying passenger in an aircraft that is authorized by the relevant regulations to carry such passengers between established aerodromes.	ii.
		Any disability arising out of Pre-Existing Disease if not accepted and endorsed by Us on the Policy Schedule/Certificate of Insurance.	iii.
		Body or mental infirmity or any disease except where such condition arises directly due to an Accident occurring during the Policy Period.	iv.
		Death or disability due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same.	v.
		Critical Illness Cover- Permanent Exclusions	**3.7.3.B**
		Change-of-Gender treatments (Code-Excl07)	I
		Cosmetic or plastic Surgery (Code-Excl08)	II
		Excluded Providers (Code-Excl11)	III

		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)	IV
		Sterility and Infertility (Code-Excl17)	V
		Maternity (Code-Excl18)	VI
		External Congenital Anomaly: Screening, counseling or treatment related to external Congenital Anomaly.	VII
		Sexually transmitted Infections & diseases (other than HIV / AIDS): Screening, prevention and treatment for sexually related infection or disease (other than HIV / AIDS).	VIII
		Alternative Treatments: Any covered Critical Illnesses diagnosed and/or treated by Medical Practitioner who practices Medicine.	IX
		Unrecognized Physician or Hospital: a. Treatment or Medical Advice provided by a Medical Practitioner not recognized by the Medical Council of India or by Central Council of Indian Medicine or by Central Council of Homeopathy or by relevant authorities in the area where the treatment is taken. b. Treatment or Medical Advice related to one system of medicine provided by a Medical Practitioner of another system of medicine. c. Treatment provided by anyone with the same residence as an Insured Person or who is a member of the Insured Person's immediate family or relatives. d. Treatment provided by Hospital or health facility that is not recognized by the relevant authorities in India or any other country where treatment takes place.	X
		General Exclusions	**4**
		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).	i.
		Caused by or contributed to by or arising from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission.	ii.
		Breach of Law: Code: Excl 10	iii.
		Any injury as a result of Intentional self-inflicted Injury, suicide or attempted suicide by any means.	iv.
		Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)	v.

		Intentional Inhaling any gas or fumes, except in the course of duty	vi.
		Participation in aviation other than as a fare-paying passenger in an aircraft that is authorized by the relevant regulations to carry such passengers between established aerodromes.	vii.
		Any disability arising out of Pre-Existing Disease if not accepted and endorsed by Us on the Policy Schedule or Certificate of Insurance.	viii.
		Hazardous or Adventure Sports: Code Excl 09	ix.
		Investigation & Evaluation (Code-Excl04)	x.
		Loss/damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to any act of terrorism.	xi.
		Any Injury/ Illness caused due to animal bite/ attack unless opted for the specific cover and same to be mentioned in the Policy Schedule/Certificate of Insurance.	xii.
		Any exclusion mentioned in the Policy Schedule/Certificate of Insurance or the breach of any specific condition mentioned in the Policy Schedule/Certificate of Insurance.	xiii.
7	Waiting period - Time period during which specified diseases/treatments are not covered. -It is counted from the beginning of the policy coverage.	**Hospitalization Cover- Section Specific Conditions- Waiting Periods:**	**3.1.2.A**
		Pre-existing Diseases (Code–Excl01)	I.
		Specified disease/procedure waiting period (Code-Excl02)	II.
		30 days waiting period (Code- Excl03):	III.
		Fixed Benefit Coverage for Named Illnesses- Section Specific Conditions- Waiting Periods:	3.2.1.A
		Pre-existing Diseases (Code–Excl01)	I.
		Specified disease/procedure waiting period (Code-Excl02)	II.
		Initial waiting period:	III.
		Hospital Daily Cash Benefit- Section Specific Conditions- Waiting Periods:	**3.3.2.A**
		Pre-existing Diseases (Code–Excl01)	I.
		Specified disease/procedure waiting period (Code-Excl02)	II.
		Initial waiting period:	III.
		International Coverage- Section Specific Conditions- Waiting Periods:	**3.5.2.A**
		Pre-existing Diseases (Code–Excl01)	I.
		Specified disease/procedure waiting period (Code-Excl02)	II.

		30 days waiting period (Code- Excl03):	III.
		Critical Illness Cover- Waiting Periods	3.7.3.A
		Pre-existing Diseases (Code–Excl01)	I.
		Survival Period	II.
		Initial waiting period:	III.
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)	Sub-limit on Specified Illness/Conditions	3.1.1.25
	ii. Co-Payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured)	copayment	3.1.1.35
		Inclusion of Cyberknife/ Robotic Surgery: Copay of 50%	3.1.1.39
		OPD dental Expenses: Copay of:	3.4.1.2
		OPD vision expenses excluding spectacles & lenses: Copay of:	3.4.1.3
		OPD Vision Expenses including spectacles & lenses. Copay of:	3.4.1.4
		Video Consultations with General Practitioner: Co-payment of up to 50% only for non-network	3.4.1.5
		Tele Consultations with General Practitioner: Co-payment of up to 50% only for non-network	3.4.1.6
		Tele Consultations with specialists: Co-payment of up to 50% only for non-network	3.4.1.9
		Physical Consultations with specialists: Co-payment of up to 50% only for non-network	3.4.1.10
		Diagnostic Services:Co-payment of up to 50% only for non-network	3.4.1.11
		Pharmacy Services:Co-payment of up to 50% only for non-network	3.4.1.12
		Tiered Network:	3.1.1.29
	iii. Deductible (It is a specified amount up to which an	Accompanying Person Accommodation Cover: Deductible of:	3.1.1.17.
		Annual Aggregate Deductible: Deductible of:	3.1.1.36
		Annual Catastrophic Claim Deductible. Deductible of:	3.1.1.37
		Daily Hospital Cash with Deductible. Deductible of:	3.3.1.5.

	insurance company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than specified amount)	Video Consultations with General Practitioner: Deductible of up to INR 20,000 per policy for non-network Deductible of up to 10 visits per policy for non-network	3.4.1.5
		Tele Consultations with General Practitioner:Deductible of up to INR 20,000 per policy for non-network Deductible of up to 10 visits per policy for non-network	3.4.1.6
		Tele Consultations with Specialists:Deductible of up to INR 20,000 per policy for non-network Deductible of up to 10 visits per policy for non-network	3.4.1.9
		Physical Consultations with Specialists:Deductible of up to INR 20,000 per policy for non-network Deductible of up to 10 visits per policy for non-network	3.4.1.10
		Diagnostic Services: Deductible of up to INR 20,000 per policy for non-network Deductible of up to 10 visits per policy for non-network	3.4.1.11
		Pharmacy Services: Deductible of up to INR 20,000 per policy for non-network Deductible of up to 10 visits per policy for non-network	3.4.1.12
		Accidental Hospital Cash Benefit with Deductible. Deductible of:	3.3.1.10.
	Any other limit (as applicable)	Daily Cash Benefit with Franchise	3.3.1.3.
		ICU Cash Benefit with Franchise	3.3.1.4.
		Accidental Hospital Cash Benefit with Franchise	3.3.1.8.
		Video Consultations with General Practitioner:Franchise of up to 10 visits per policy for non-network	3.4.1.5
		Tele Consultations with General Practitioner::Franchise of up to 10 visits per policy for non-network	3.4.1.6
		Tele Consultations with specialists: :Franchise of up to 10 visits per policy for non-network	3.4.1.9
		Physical Consultations with specialists: :Franchise of up to 10 visits per policy for non-network	3.4.1.10
		Diagnostics serices: :Franchise of up to 10 visits per policy for non-network	3.4.1.11
		Pharmacy Services: :Franchise of up to 10 visits per policy for non-network	3.4.1.12
		Accidental Hospital ICU Cash Benefit with Franchise	3.3.1.9.

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 Hours - 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. 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	3.1.3 (Hospitalization cover) 3.2.2 (fixed benefit) 3.4.2 (OPD cover) 3.5.3 (international cover) 3.6.3 (accidental cover) 3.7.4 (critical illness cover) 5.27
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/	5.11

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 I of policy document for List of Insurance Ombudsmen)	5.11
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 retun the policy to the insurer for cancellation, stating the reasons for the same. Irrespective of the reasons mentioned, the policyholder 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	5.2

		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.	5.5
		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.	5.1 & 5.17
		Change in Sum Insured: Insured Person may opt for enhancement of Sum Insured at the time of Renewal, subject to underwriting. Any enhanced Sum Insured applied on Renewal will not be available for an Illness or Injury already contracted under the preceding Policy Periods. All Waiting Periods as defined in the Policy shall apply afresh for this enhanced limit from the effective date of such enhancement	5.22.e
		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 morarorium will be applicable for the sums 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. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the Policy contract. Note: the accrued credits gained under the ported	5.12

		and migrated policies shall be counted for the purpose of calculating the Moratorium Period.	
13	Your Obligations	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)	5.14

Declaration by the Policy Holder;

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

Place:

Date: (Signature of the Policyholder):

Note:

i. Insurer shall provide web-link where the product related documents including the Customer Information sheet are available on the website of the insurer.

ii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

iii. Insurer to take confirmation of the policyholder regarding receiving of the Customer Information Sheet.