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**	Health Pulse - <>	
2	**Policy Number**	<>	
3	**Type of Insurance Product/ Policy**	Both Indemnity and Benefit	
4	**Sum Insured**	INR <>	
5	**Policy Coverage**	**Expenses in respect of:** **Base Coverage**: • Hospital admission longer than 24 hrs • Related medical expenses up to Sum Insured incurred 30 days prior to hospitalization • Related medical expenses incurred up to Sum Insured within 60 days from date of discharge • All procedures requiring less than 24 hours hospitalization (day care) • Domiciliary hospitalization covered up to Sum Insured • Alternative treatment covered up to Sum Insured • Living organ donor transplant covered up to Sum Insured • Emergency Ambulance covered up to Rs. <> per hospitalization • Pharmacy and diagnostic services • Loyalty Additions: increase in Sum Insured by 10% of expiring Base Sum Insured in a Policy Year; maximum up to 100% of Base Sum Insured • Refill benefit up to 100% of Base Sum Insured in case the Sum Insured gets exhausted during policy year • Health Check-up available every year starting from the 2nd Policy Year • Mental disorders treatment covered up to Sum Insured (sub-limit applicable on few conditions / disorders) • Expenses incurred by the Insured Person, as per the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017 and amendments thereafter, for Hospitalization (including Day Care Treatment) due to condition caused by or associated with HIV / AIDS are	3.1 3.2 3.3 3.4 3.5 3.6 3.7 3.8 3.9 3.10 3.11 3.12 3.13 3.14

		covered up to 10% of Base Sum Insured subject to maximum of Rs. 50,000 • Modern Treatments like oral chemotherapy, robotic surgeries etc are covered up to Sum Insured with sub-limit of Rs. 1 Lac applicable on few robotic surgeries **Optional Coverage:** • Personal Accident coverage of Rs. <> against accident death, permanent total and partial disability • Critical Illness coverage for 20 major illnesses which includes cancer, first heart attack, open chest CABG, etc. Rs. <> • e-Consultation for unlimited tele / online medical consultations • Hospital Cash benefit of <>, maximum for 30 days per insured person per policy year • Enhanced Loyalty Additions with increase in Sum Insured by 20% of expiring Base Sum Insured in a Policy Year; maximum up to 200% of Base Sum Insured • Enhanced Re-fill benefit of up to 150% of Base Sum Insured	3.15 4.1 4.2 4.3 4.4 4.5 4.6
6	**Exclusions**	**1. Standard Exclusions** I. Pre-existing Diseases (Code–Excl01) II. Specified disease/procedure Waiting Period (Code–Excl02) III. 30-day waiting period (Code-Excl03) IV. Investigation & Evaluation (Code-Excl04) V. Rest Cure, rehabilitation and respite care (Code-Excl05) VI. Obesity/ Weight Control (Code-Excl06) VII. Change-of-Gender treatments (Code-Excl07) VIII. Cosmetic or plastic Surgery (Code-Excl08) IX. Hazardous or Adventure sports (Code-Excl09) X. Breach of law (Code-Excl10) XI. Excluded Providers (Code-Excl11) XII. Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12) XIII. 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)	5

XIV. 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)

XV. Refractive Error (Code-Excl15)

XVI. Unproven Treatments (Code-Excl16)

XVII. Sterility and Infertility (Code-Excl17)

XVIII. Maternity (Code-Excl18)

2. Specific Exclusions

I. Personal Waiting Periods - Conditions specified for an Insured Person under Personal Waiting Period in the Policy Schedule will be subject to a Waiting Period of 48 months from the inception of the First Policy with Us for that Insured Person and will be covered from the commencement of the fifth Policy Year for that Insured Person as long as the Insured Person has been insured continuously under the Policy without any break

II. Ancillary Hospital Charges - Charges related to a Hospital stay not expressly mentioned as being covered. This will include RMO charges, surcharges and service charges levied by the Hospital.

III. Circumcision - Circumcision unless necessary for the treatment of a disease or necessitated by an Accident

IV. 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), acts of terrorism.

V. External Congenital Anomaly - Screening, counseling or treatment related to external Congenital Anomaly.

VI. 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

VII. Hormone Replacement Therapy - Treatment for any condition / illness which requires hormone replacement therapy

VIII. 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

		IX. Sexually transmitted Infections & diseases (other than HIV / AIDS) - Screening, prevention and treatment for sexually related infection or disease (other than HIV / AIDS). X. Sleep disorders - Treatment for any conditions related to disturbance of normal sleep patterns or behaviors XI. Any treatment or medical services received outside the geographical limits of India XII. 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. b) 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. c) Treatment provided by Hospital or health facility that is not recognized by the relevant authorities in India. XIII.Artificial life maintenance for the Insured Person who has been declared brain dead or in vegetative state as demonstrated by: a) Deep coma and unresponsiveness to all forms of stimulation b) Absent pupillary light reaction c) Absent oculovestibular and corneal reflexes d) Complete apnea XIV. AYUSH Treatment - Any form of AYUSH Treatments, except as mentioned under Section 3.6 of policy wording	

		XV. Permanent Exclusions for Personal Accident Cover - We shall not be liable to make any payment under any benefits under Section 4.1 (Personal Accident Cover) if the claim is attributable to, or based on, or arises out of, or is directly or indirectly connected to any of the following: a) Suicide or self-inflicted Injury, whether the Insured Person is medically sane or insane .b) 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), acts of terrorism. c) Service in the armed forces, or any police organization, of any country at war or at peace or service in any force of an international body or participation in any of the naval, military or air force operation during peace time. d) Any change of profession after inception of the Policy or any Renewal which results in the enhancement of Our risk, if not accepted and endorsed by Us on the Policy Schedule. e) Committing an assault, a criminal offence or any breach of law with criminal intent. f) Taking or absorbing, accidentally or otherwise, any intoxicating liquor, drug, narcotic, medicine, sedative or poison, except as prescribed by a Medical Practitioner other than the Policyholder or an Insured Person. g) Participation in aviation/marine activities (including crew) other than as a passenger in an aircraft/water craft that is authorized by the relevant regulations to carry such passengers between established airports or ports. h) Engaging in or taking part in professional/adventure sports or any hazardous pursuits, speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving, polo, snow and ice sports, hunting.	

		XVI. Permanent Exclusions for Critical Illness Cover - We shall not be liable to make any payment under Section 4.2 (Critical Illness Cover) directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following unless specifically mentioned elsewhere in the Policy a) AYUSH Treatment: Any covered Critical Illnesses diagnosed and/or treated by a Medical Practitioner who practices AYUSH Treatment b) 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), acts of terrorism. c) External Congenital Anomaly: Screening, counseling or treatment related to External Congenital Anomaly d) Cosmetic or plastic Surgery (Code-Excl08): Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner e) Unproven Treatments (Code-Excl16): Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness f) Hazardous or Adventure sports (Code-Excl09): Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving. g) Sterility and Infertility (Code-Excl17): Expenses related to sterility and infertility. This includes: i. Any type of contraception, sterilization ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI iii. Gestational Surrogacy iv. Reversal of sterilization h) 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 i) Sexually transmitted Infections & diseases (other than HIV / AIDS): Screening, prevention and treatment for sexually related infection or disease (other than HIV / AIDS) j) Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12) k) 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. l) 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)m) Unrecognized Physician or Hospital: i. 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. ii. 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. iii. Treatment provided by Hospital or health facility that is not recognized by the relevant authorities in India	
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 illness (not applicable on renewal or for accidents)	6.1.3
		• **Specific Waiting Period (Not applicable for claims arising due to an accident) (Excl02)**: 24 months for all of the following conditions 1. Pancreatitis and stones in biliary and urinary system 2. Cataract, glaucoma and other disorders of lens, disorders of retina 3. Hyperplasia of prostate, hydrocele and spermatocele 4. Abnormal utero-vaginal bleeding, female genital prolapse, endometriosis/adenomyosis, fibroids, PCOD, or any condition requiring dilation and curettage or hysterectomy	6.1.2

		5. Hemorrhoids, fissure or fistula or abscess of anal and rectal region 6. Hernia of all sites, 7. Osteoarthritis, systemic connective tissue disorders, dorsopathies, spondylopathies, inflammatory polyarthropathies, arthrosis such as RA, gout, intervertebral disc disorders, arthroscopic surgeries for ligament repair 8. Chronic kidney disease and failure 9. Varicose veins of lower extremities 10. All internal or external benign or in situ neoplasms/tumours, cyst, sinus, polyp, nodules, swelling, mass or lump 11. Ulcer, erosion and varices of gastro intestinal tract 12. Surgical treatment for diseases of middle ear and mastoid (including otitis media, cholesteatoma, perforation of tympanic membrane), Tonsils and adenoids, nasal septum and nasal sinuses 13. Internal Congenital Anomaly 14. Surgery of Genito-urinary system unless necessitated by malignancy 15. Spinal disorders	
		• **Pre-existing diseases (Excl01)**: Covered after 36 months of continuous coverage	6.1.1
		• Personal Waiting Periods: Conditions specified for an Insured Person under Personal Waiting Period in the Policy Schedule will be subject to a Waiting Period of 48 months from the inception of the First Policy with Us for that Insured Person and will be covered from the commencement of the fifth Policy Year for that Insured Person as long as the Insured Person has been insured continuously under the Policy without any break	6.2.1
		• HIV / AIDS benefit is provided subject to a waiting period of 48 months from inception of the cover.	3.14
		• Initial waiting period for critical illness cover - 90 days	4.2.ii
		• Survival period for critical illness cover- 30 days	7.2.XII.B.C
		• Pre-existing diseases (Excl01) waiting for critical illness cover- 36 months	4.2.i
8	**Financial Limits of Coverage**		
	i. Sub-limit (It is a pre-defined limit and the insurance company will not pay	**I. Sub-limits**	
		○ Room rent <>	Annexure III
		○ ICU charges <>	Annexure III

	any amount in excess of this limit)	○ Pre-hospitalization medical expenses**-** up to 30 days immediately preceding the hospitalization	3.2
		○ Post-hospitalization medical expenses**-** up to 60 days immediately preceding the hospitalization	3.3
		○ Emergency Ambulance covered up to Rs. <> per hospitalization	3.8
		○ Mental disorders treatment - sub-limit of 10% of Base Sum Insured subject to maximum of Rs. 50,000 is applicable on specific mental conditions / disorders on a cumulative basis as specified in section 3.13 of policy terms and conditions	3.13
		○ HIV / AIDS - covered up to 10% of Base Sum Insured, subject to maximum of Rs. 50,000	3.14
		○ Modern Treatments: sub-limit of INR 1 Lac applicable on few robotic surgeries	3.15
	ii. Co-Payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured)	ii. **Co-payment – <>**	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	7.2.12

		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	6.2.12
		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/	7.1.8

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)	7.1.8

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 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.	7.1.1
		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.	7.1.3
		• 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.	7.1.15 & 7.1.16
		• 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.	7.2.3
		• 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.	7.1.10

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)	7.1.12