Customer Information Sheet/ Know Your Policy

Sl. No	Title	Description	Policy Clause Number
1	**Name of Insurance Product/ Policy**	Health+	
2	**Policy Number**	<Policy Number>	
3	**Type of Insurance Product/ Policy**	Indemnity	
4	**Sum Insured**	**Sum Insured Options are:** INR 1 Lacs, 2 Lacs, 5 Lacs, 7 Lacs, 10 Lacs, 15 Lacs, 20 Lacs, 25 Lacs, 30 Lacs. The Sum Insured opted by you is mentioned in the Policy Schedule.	
5	**Policy Coverage**	**Expenses in respect of:** **Base Coverage** a. In-Patient: Expenses incurred on hospitalization for a minimum period of 24 hours. b. Pre-Post Hospitalization Expenses: pre-hospitalization expenses for a period of 30 days and post hospitalization expenses for a period of 60 days. c. Day Care Procedures- Medical expenses for listed day care procedures. d. Modern Treatments- Covered up to Sum Insured. Sub-limit on Robotics as per Terms & Conditions e. Expenses incurred on road Ambulance subject to a maximum of Rs. 1,000/- per hospitalization. **f.** Home Care/Domiciliary treatment covered up to Sum Insured. g. Organ Transplant expenses covered up to Sum Insured	3.1 3.5 3.4 3.3 3.8 3.6 3.7
6	**Exclusions**	**Standard Exclusions** 1. Investigation & Evaluation (Code- Excl04) 2. Rest Cure, rehabilitation and respite care (Code-Excl05)	4

		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 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. Circumcision: Circumcision unless necessary for the treatment of a disease or necessitated by an Accident 17. 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. 18. 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. 19. Sexually transmitted Infections & diseases (other than HIV / AIDS): 20. Screening, prevention and treatment for sexually related infection or disease (other than HIV / AIDS).	

		21. Sleep disorders: Treatment for any conditions related to disturbance of normal sleep patterns or behaviors. 22. Any form of Alternate Treatment: a. Ayurvedic, Homeopathic, Unani, Yoga and Siddha streams of treatment; b. Hydrotherapy, Acupuncture, Reflexology, Chiropractic Treatment or any other form of indigenous system of medicine. 23. OPD Treatment: Any OPD Treatment is not covered. 24. External Congenital Anomaly: Screening, counseling or treatment related to external Congenital Anomaly. 25. Dental treatment: All dental treatments other than due to accidents and cancers. 26. Unrecognized Physician or Hospital: a. Treatment or Medical Advice provided by a Medica Practitioner not recognized by the Medical Council 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 membe of the Insured Person's immediate family or relative c. Treatment provided by Hospital or health facility tha is not recognized by the relevant authorities in India 27. Costs which are not Reasonable and Customary and treatments which are not Medically Necessary. Refer Definition 2.1.36 for Reasonable and Customary Charges. 28. Artificial life maintenance for the Insured Person who has been declared brain dead or in vegetative state	
7	**Waiting period**	• **Initial Waiting Period (Excl03):** 30 days for all illnesses (not applicable in case of continuous renewal or accidents) • **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 48 months of continuous coverage after the date of inception of the first policy with us.	4.1.2 4.1.1

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<td>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)</td>
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i. Sub-limits
i. Room Charges (Hospitalization):
a. Room Rent- Up to 2% of Base Sum Insired
b. ICU charges – Up to Double of Room Rent (4%) of Base Sum Insured.
c. In case Room/ICU/ICCU rent exceeds the limits specified the claim shall be subject to the proportionate deduction.
ii. Specified Illness/Condition Sub-limits:
<table>
<tr><th>Procedure</th><th>Sub-Limit in INR</th></tr>
<tr><td>Appendectomy</td><td>32,000</td></tr>
<tr><td>Cataract per eye including Cost of Lens</td><td>18,000</td></tr>
<tr><td>Cholecystectomy</td><td>26,000</td></tr>
<tr><td>Hernioplasty/Herniorraphy-Unilateral including cost of mesh and tacker</td><td>32,000</td></tr>
<tr><td>Hydrocele</td><td>18,000</td></tr>
<tr><td>Hysterectomy (Abdominal/Vaginal)</td><td>40,000</td></tr>
<tr><td>Total Knee Replacement (Unilateral) including cost of implants</td><td>72,000</td></tr>
<tr><td>Total Knee Replacement (Bilateral) including cost of implants</td><td>1,09,000</td></tr>
<tr><td>Haemorrhoidectomy including Cost of stapler</td><td>29,000</td></tr>
<tr><td>PCNL- Unilateral</td><td>37,000</td></tr>
<tr><td>Valve Replacement including cost of implants</td><td>1,45,000</td></tr>
<tr><td>Hernioplasty/Herniorraphy-Bilateral including Cost of mesh and tacker</td><td>37,000</td></tr>
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		PCNL- Bilateral	43,000	
		Temporary Pacemaker Implantation including cost of temporary pacemaker	14,000	
		Hip Replacement (Unilateral) including cost of implants	72,000	
		Hip Replacement (Bilateral) including cost of implants	1,09,000	
		Arthroscopic Surgery (Other Than ACL / Meniscectomy)	29,000	
		Angioplasty including cost of implants and angiography	1,09,000	
		Coronary Artery Bypass Graft (CABG)	1,45,000	
		iii. Modern Treatments – sublimit of INR 1Lac applicable on few robotic surgeries iv. Emergency Ambulance is covered up to INR 1,000 per Hospitalization v. Domiciliary Hospitalization: up to a maximum of 10% of Base Sum Insured.		3.3 3.8 3.6
	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 20% applicable to claim amount admissible and payable as per the terms and conditions of the Policy.		3.9
	iii. Deductible (It is a specified amount up to which an insurance company will	**iii. Annual Aggregate Deductible** - NA		

	not pay any claim, and which will be deducted from total claim amount (if claim amount is more than specified amount)		
3.39	**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- 2 Hours - TAT for cashless final bill authorization- 4 Hours **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	5.2.4 4.2.10
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/	5.1.8

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)	5.1.8
12	**Things to Remember**	• **Free Look cancellation:** You may cancel the insurance policy if you do not want it, within 15 days (30 days for policies with a term of 3 years, if sold through distance marketing) days from the beginning of the policy provided no claims have been made under any benefits. If the insured has not made any claim during the Free Look Period; the insured shall be entitled to:	5.1.1

		i. refund of the premium paid, less any expenses incurred by the Company on medical examination of the insured person. • **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. • **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 (phone no. and email ID provided above) for migration and portability. • **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. • **Moratorium Period:** After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven Fraud and permanent exclusions specified in the policy contract.	5.1.3 5.1.12 & 5.1.13 5.2.3 5.1.10
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	5.1.14

		the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)	

Declaration by the Policy Holder;

I have read the above and confirm having noted the details

Place:

Date: **(Signature of Policy Holder)**

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	1758.47	5,00,000	NA	NA	NA	NA	NA	NA	NA	NA
21	1758.47	5,00,000	NA	NA	NA	NA	NA			
39	1758.47	5,00,000	NA	NA	NA	NA	NA			
45	1758.47	5,00,000	NA	NA	NA	NA	NA			
Total premium for all members of the family is **Rs.7,034**, when each member is covered separately. Sum Insured available for each individual is **Rs.500,000.**			NA				NA			

			Illustration 2							
55	1758.47	5,00,000	NA	NA	NA	NA	NA	NA	NA	NA
63	1758.47	5,00,000	NA	NA	NA	NA	NA			
Total premium for all members of the family is **Rs.3,517**, when each member is covered separately. Sum Insured available for each individual is **Rs.500,000**.			NA				NA			
			Illustration 3							
65	1758.47	5,00,000	NA	NA	NA	NA	NA	NA	NA	NA
70	NA	NA	NA	NA	NA	NA	NA			
Total premium for all members of the family is **Rs.1,758**, when each member is covered separately. Sum Insured available for each individual is **Rs.500,000.**			NA				NA			

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.