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**	Heart Beat	
2	**Policy Number**		
3	**Type of Insurance Product/ Policy**	Both Indemnity and Benefit	
4	**Sum Insured**	**Sum Insured Options are:** INR 2 Lacs, 3 Lacs, 5 Lacs, 7.5 Lacs, 10 Lacs, 15 Lacs, 20 Lacs, 30 Lacs, 50 Lacs, 100 Lacs The Sum Insured opted by you is mentioned in the Policy Schedule.	
5	**Policy Coverage**	**Base Coverage**: • Hospital admission longer than 24 hrs • Related medical expenses up to Sum Insured incurred up to 60 days prior to hospitalization • Related medical expenses incurred up to Sum Insured within 90 days from date of discharge • All procedures requiring less than 24 hours hospitalization, list of day care procedures per Annexure III of Policy Document • 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. 2,000 per hospitalization (for hospitalization in non-network hospitals) and up to Sum Insured (for hospitalization in network hospitals) • Maternity benefit covers Reasonable Medical Expenses for delivery of a child & medically necessary termination of pregnancy, where female Insured Person of age 18 years or above is covered under Family First Policy; Or both Insured Person and his / her legally married spouse are covered under Family Floater Policy, after a period of 24 months of continuous coverage since the inception of the first Policy, with maternity as a benefit, with Us. Medical Expenses for Pre and Post Hospitalization under Maternity Benefit will not be available. • New born baby will be covered as an insured person from birth till the end of policy year in which the baby is born, subject to Maternity Benefits should be payable.	3.1 3.2 3.3 3.4 3.5 3.6 3.7 3.8 3.9

		Vaccination expenses of the new born baby for the first Year, subject to addition of the new born baby in the policy at renewal of the policy are also covered under this benefit.	3.10
		• Health Check-up is covered post completion of 1st policy year as per plan and Sum Insured chosen by You	3.11
		• Re-fill benefit is covered up to 100% of Base Sum Insured in case the Sum Insured gets exhausted during Policy Year	3.12
		• Pharmacy and diagnostic services	3.13
		• Loyalty additions through increase in Sum Insured by 10% of expiring Base Sum Insured in a Policy Year, maximum up to 100% (50% in case of silver plan) of Base Sum Insured, irrespective of claims status	3.14
		• Expenses incurred by the Insured Person for Hospitalization (including Day Care Treatment) due to condition caused by or associated with HIV / AIDS are covered up to a maximum of Rs. 50,000	3.15
		• Emergency Assistance service are covered within India up to Sum Insured	3.16
		• Mental disorders treatment covered up to Sum Insured (sub-limit applicable on few conditions / disorders)	3.17
		• Modern Treatments covered up to Sum Insured	3.24
		<u>Additional coverage applicable only for Platinum Plan:</u>	
		• Coverage for Second Medical Opinion can be availed for planned surgery and specified illnesses	3.18
		• Child Care benefits for specified vaccination expenses for Insured children until they have completed 12 years are covered. Expenses for nutrition and growth consulting provided for the child during a visit for such vaccination is also covered.	3.19
		• Specified Illness Cover is covered if an Insured Person suffers a Specified Illness during the Policy Period and while the Policy is in force, We will cover Reasonable and Customary expenses for In-patient treatment and Hospital Accommodation as long as: ○ The symptoms of the Specified Illness first occur or manifest itself during the Policy Period and after completion of 90 day from the inception of 1st Policy with us. ○ The Specified Illness is diagnosed by a Medical practitioner within India during the Policy Period and after completion of 90 day from the inception of 1st Policy with us. ○ Medical treatment for the Specified Illness is taken outside India, but only within those regions specified in the Schedule of Insurance Certificate.	3.20

		○ The Specified Illnesses covered are as follows, ○ Cancer, Myocardial Infarction (Heart Attack), Coronary Artery Bypass Graft (CABG), Major Organ Transplant, Stroke, Surgery of Aorta, Coronary Angioplasty, Primary Pulmonary Arterial Hypertension & Brain Surgery. • OPD Treatment and Diagnostic Services expenses are covered for medically necessary consultation as an outpatient with a Medical Practitioner to assess the Insured Person's condition. • Emergency Medical Evacuation: We will cover Emergency Medical Evacuation, outside India, but within only those regions specified in the Policy Schedule. • Emergency Hospitalization: We will cover Emergency Hospitalization if required immediately after the emergency medical evacuation outside India, but within only those regions specified in the Policy Schedule. **Optional Coverage:** • Personal Accident coverage against accidental death, permanent total and permanent partial disability • Critical Illness coverage for 20 major illnesses which includes cancer, first heart attack, open chest CABG, etc. • e-Consultation for unlimited tele / online medical consultations • One time premium waiver benefit if the Policyholder (who should also be an Insured Person) dies or is diagnosed with any of the specified illness as mentioned in Policy Document • Hospital Cash benefit is paid as per the plan chosen for a maximum for 30 days per insured person per policy year, provided that the Insured Person should have been Hospitalized for a minimum period of 48 hours and In-patient Care Hospitalization should have been paid by Us. • Enhanced Geographical Scope for Specified Illness, Emergency Medical Evacuation (outside India) and Emergency Hospitalization (outside India) for extending cover to USA & Canada (applicable under Platinum plan only)	3.21 3.22 3.23 4.1 4.2 4.3 4.4 4.5 4.6
6	**Exclusions**	**Standard Exclusions** 1. Pre-existing Diseases (Code-Excl01) 2. 30-day Waiting Period (Code-Excl03) 3. Specified disease/procedure waiting period (Code-Excl02) 4. Investigation & Evaluation (Code-Excl04) 5. Rest Cure, rehabilitation and respite care (Code-Excl05)	5

		6. Obesity/ Weight Control (Code-Excl06) 7. Change-of-Gender treatments (Code-Excl07) 8. Cosmetic or plastic Surgery (Code-Excl08) 9. Hazardous or Adventure sports (Code-Excl09) 10. Breach of law (Code-Excl10) 11. Excluded Providers (Code-Excl11) 12. Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12) 13. 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) 14. 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) 15. Refractive Error (Code-Excl15) 16. Unproven Treatments (Code-Excl16) 17. Sterility and Infertility (Code-Excl17) 18. Maternity (Code-Excl18) **Specific Exclusions** 1. Ancillary Hospital Charges - Charges related to a Hospital stay not expressly mentioned as being covered. This will include charges for admission, discharge, administration, RMO charges, night charges, registration, documentation and filing, surcharges and service charges levied by the Hospital. 2. Circumcision - Circumcision unless necessary for the treatment of a disease or necessitated by an Accident 3. 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. 4. External Congenital Anomaly - Screening, counseling or treatment related to external Congenital Anomaly 5. 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 6. Hormone Replacement Therapy - Treatment for any condition / illness which requires hormone replacement therapy 7. Sexually transmitted Infections & diseases (other than HIV / AIDS) - Screening, prevention and treatment for sexually related infection or disease (other than HIV / AIDS) 8. Sleep disorders - Treatment for any conditions related to disturbance of normal sleep patterns or behaviors 9. Any treatment or medical services received outside the geographical limits of India 10. 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. 11. 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 12. AYUSH Treatment - Any form of AYUSH Treatments, except as mentioned under Section 3.6 of the policy wording **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 1. Suicide or self-inflicted Injury, whether the Insured Person is medically sane or insane.	

		2. 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. 3. 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. 4. 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. 5. Committing an assault, a criminal offence or any breach of law with criminal intent. 6. 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. 7. 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. 8. 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 **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. 1. AYUSH Treatment - Any covered Critical Illnesses diagnosed and/or treated by a Medical Practitioner who practices AYUSH Treatment 2. 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 3. External Congenital Anomaly - Screening, counseling or treatment related to External Congenital Anomaly 4. 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 5. 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. 6. 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, parajumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving 7. Sterility and Infertility (Code-Excl17) - Expenses related to sterility and infertility. This includes: a. Any type of contraception, sterilization b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI c. Gestational Surrogacy d. Reversal of sterilization 8. Maternity (Code-Excl18) – a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy b. Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the Policy Period 9. Sexually transmitted Infections & diseases (other than HIV / AIDS) - Screening, prevention and treatment for sexually related infection or disease (other than HIV / AIDS)	

		10. Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12) 11. 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 12. 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) 13. 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 **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 24 months from the inception of the First Policy with Us	
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**: 30 days for all illness (not applicable on renewal or for accidents) • **Specific Waiting periods**: For all Insured Persons who are above 45 years of Age as on the date of inception of the First Policy with Us, Expenses related to the treatment of the listed conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Policy with us. List of specific diseases/procedures: i. Pancreatitis and Stones in Biliary and Urinary System ii. Cataract, Glaucoma and other disorders of lens, disorders of Retina iii. Hyperplasia of Prostate, Hydrocele and spermatocele	5.1.1.2 5.1.1.3

		iv. Abnormal Utero-vaginal bleeding, female genital Prolapse, Endometriosis/ Adenomyosis, Fibroids, PCOD, or any condition requiring dilation and curettage or Hysterectomy, v. Hemorrhoids, Fissure or Fistula or Abscess of anal and rectal region vi. Hernia of all sites vii. Osteoarthritis, Systemic Connective Tissue disorders, Dorsopathies, Spondylopathies, inflammatory Polyarthropathies, Arthrosis such as RA, Gout, Intervertebral Disc disorders viii. Chronic kidney disease and failure ix. Varicose veins of lower extremities x. Disease of middle ear and mastoid including Otitis Media, Cholesteatoma, Perforation of Tympanic Membrane, xi. All internal or external benign or In Situ Neoplasms/Tumours, Cyst, Sinus, Polyp, Nodules, Swelling, Mass or Lump xii. Ulcer, Erosion and Varices of Upper Gastro Intestinal Tract xiii. Tonsils and Adenoids, Nasal Septum and Nasal Sinuses xiv. Internal Congenital Anomaly	
		Pre-existing diseases: Expenses related to the treatment of a Pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months (under gold & platinum Plans)/ 36 months (under Silver Plans) of continuous coverage after the date of inception of the first Policy with Us.	5.1.1.1
		• **For critical illness cover**, 90 days initial waiting period along with Pre-existing Disease waiting period of 36 months and Survival Period exclusion of 30 days will apply for all conditions	4.2
		• **Mental disorder treatment** will have a waiting period of 36 months since inception of the policy and subject to continuous renewal.	3.17
		• **Cases related to HIV/AIDS** will be subject to a waiting period of 36 months from the inception of the policy with us.	3.15
		• **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 24 months from the inception of the First Policy with Us.	5.2.15

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)** **ii. Co-Payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured)** **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)**	i. **Sub-limits** • Room rent sub limit applicable as per plan chosen by you • Ambulance cover for Rs.2,000 per hospitalization (for non-network hospital) and up to Sum Insured (for network hospitals) • Maternity sub limit applicable as per plan and Sum Insured chosen by you • Health Checkup limits per insured person as per plan and sum insured chosen by you • Treatment for any condition caused or associated with HIV/AIDS will have a sublimit of Rs. 50,000 per policy year • Mental disorders treatment - sub-limit as per the plan chosen by you is applicable on specific mental conditions / disorders on a cumulative basis as specified in section 3.17 of policy terms and conditions Treatment • OPD treatment is covered up to a sub limit as per plan chosen by You • Personal Accident: up to 5 times of Base Sum Insured. Maximum up to INR 1 Crore • Critical illness cover: Critical illness cover will be equal to base Sum Insured; subject to maximum of 10 lacs ii. **Co-Payment** • If You select Zone 2 (cities other than Mumbai (including Navi Mumbai & Thane), Delhi NCR, Kolkata & Gujarat State), then a zone-wise co-payment of 20% will apply for treatment in Mumbai (including Navi Mumbai & Thane), Delhi NCR, Kolkata & Gujarat State. (Not applicable to platinum plan) • Additional optional co-payment of 10% or 20% can be chosen by You. iii. **Annual Aggregate Deductible (not available for new business)** • Options of INR 10,000/ INR 20,000/ INR 30,000/ INR 50,000/ INR 1 lac/ INR 2 lacs / INR 3 lacs/ INR 4 lacs/ INR 5Lacs/ 10 Lacs can be availed along with premium Discount for Gold and Platinum Variants for Family Floater and Individual plans. • Options of INR 10,000/ INR 20,000/ INR 30,000/ INR 50,000/ INR 1 lac/ INR 2 lacs / INR 3 lacs can be availed along with premium Discount for Silver Variant for Family Floater and Individual plans.	3.1 3.8 3.9 3.11 3.15 3.17 3.13 4.1 4.2 6.2.11 6.2.15

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	6.2.16.1 5.2.10
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/	6.1.8
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	6.1.8

		• 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)	
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.	6.1.1 6.1.3

		• **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 Sl, the waiting period if any shall start afresh **only for the enhanced portion of the sum insured.** **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 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. 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 and migrated policies shall be counted for the purpose of calculating the Moratorium Period.	6.1.14 and 6.1.15 6.2.3 6.1.10
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	6.1.12

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