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**	ReAssure 2.0 Variant Name: <>	
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:	
		Expenses in reaching the hospital: Road ambulance covered up to Sum Insured and Air ambulance up to INR 2,50,000 per hospitalization	4.1
		Expenses during Hospitalization: 2 hours and more covered (AYUSH covered for 24 hours and more).	4.2.1
		Modern treatments like Robotic surgeries, oral chemotherapy etc. are covered	4.2.2
		Expenses before and after hospitalization: 60 and 180 days respectively. Up to Sum Insured.	4.3
		Home Care/Domiciliary treatment covered up to Sum Insured.	4.4
		Organ donor expenses covered up to Sum Insured	4.5
		Annual Health Check-up can be availed from day 1 of the policy as per plan chosen by You up to INR <>	4.6
		ReAssure+ – **ReAssure "Forever":** The first paid claim triggers ReAssure "Forever". Maximum amount this benefit pays for any single claim is up to Base Sum Insured. **Lock the Clock:** Entry age is locked at the time of buying the policy, till a claim is paid	4.7
		ReAssureX - The first paid claim triggers ReAssure "Forever". Maximum amount this benefit pays for any for any single claim is up to Base Sum Insured.	4.8

		Booster+ - carry forward unutilized sum insured for maximum <> times of Base Sum Insured.	4.9
		Live Healthy - discount on premium at renewal	4.10
		Shared accommodation Cash Benefit- INR <> paid each day if treatment taken in a shared room. Maximum pay out INR <>	4.11
		Second Medical opinion – choose to take a second medical opinion once in a policy year.	4.12
		E-consultation- Unlimited e-consultation with our partners.	4.13
		Optional Coverage:	
		Hospital Daily Cash of INR <> per day For maximum 30 days per policy year per insured person	4.14
		Personal Accident - INR <>	4.15
		Safeguard	4.16
		Safeguard+	4.17
		Annual aggregate deductible of INR <>	4.18
		Co-payment of <>%	4.19
		Pre-Existing Disease Waiting Time Modification - Modified to <> Years	4.20
		Room Type Modification - Modified to <>	4.21
6	**Exclusions**	**Standard Exclusions**	5
		· Pre-existing Diseases (Code–Excl01)	
		· Specified disease/procedure waiting period (Code-Excl02)	
		· 30-day waiting period (Code- Excl03)	
		· Investigation & Evaluation (Code-Excl04)	
		· Rest Cure, rehabilitation and respite care (Code-Excl05)	
		· Obesity/ Weight Control (Code-Excl06)	
		· Cosmetic or plastic Surgery (Code-Excl08)	
		· Hazardous or Adventure sports (Code-Excl09)	
		· Breach of law (Code-Excl10)	
		· Excluded Providers (Code-Excl11)	
		· Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)	
		· 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)	
		· Refractive Error (Code-Excl15)	
		· Unproven Treatments (Code-Excl16)	
		· Sterility and Infertility (Code-Excl17)	
		· Maternity Expenses (Code-Excl18)	
		Specific Exclusions	
		· Personal Waiting Period- Conditions specified for an Insured Person under Personal Waiting Period will be subject to a Waiting Period of up to 48 months from the inception of the First Policy with Us	
		· 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.	
		· External Congenital Anomaly- Screening, counseling or treatment related to external Congenital Anomaly.	
		· Dental treatment- All dental treatments other than due to accidents and cancers.	
		· Unrecognized Physician or Hospital-	
		- 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.	
		- 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.	
		- Treatment provided by Hospital or health facility that is not recognized by the relevant authorities in India.	
		· Costs which are not Reasonable and Customary and treatments which are not Medically Necessary. Refer Definition 2.1.36 for Reasonable and Customary Charges.	
		· Artificial life maintenance for the Insured Person who has been declared brain dead or in vegetative state	
7	**Waiting period** **• Time period during which specified diseases/treatments**	· **Initial Waiting Period (Excl03)-** 30 days for all illnesses (not applicable in case of continuous renewal or accidents)	5.1.3

	are not covered. **• It is counted from the beginning of the policy coverage.**	· **Specific Waiting Period (Not applicable for claims arising due to an accident) (Excl02)**: 24 months for all of the following conditions	5.1.2
		o Pancreatitis and stones in biliary and urinary system	
		o Cataract, glaucoma and retinal detachment	
		o Hyperplasia of prostate, hydrocele and spermatocele	
		o Prolapse uterus or cervix, endometriosis, Fibroids, Polycystic ovarian disease (PCOD), hysterectomy (unless necessitated by Malignancy)	
		o Hemorrhoids, fissure, fistula or abscess of anal and rectal region	
		o Hernia of any site or type,	
		o Osteoarthritis, joint replacement, osteoporosis, systemic connective tissue disorders, inflammatory polyarthropathies, Rheumatoid Arthritis, gout, intervertebral disc disorders, arthroscopic surgeries for ligament repair	
		o Varicose veins of lower extremities	
		o All internal or external benign neoplasms/ tumours, cyst, sinus, polyps, nodules, mass or lump	
		o Ulcer, erosion or varices of gastro intestinal tract	
		o 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	
		· **Pre-existing diseases (Excl01)**: Covered after 36 months of continuous coverage	5.1.1
		· **Personal Waiting Period-** Conditions specified for an Insured Person under Personal Waiting Period will be subject to a Waiting Period of up to 48 months from the inception of the First Policy with US	5.2.1
8	**Financial Limits of Coverage**		
	i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	**i. Sublimit**	
		Air Ambulance up to INR 2.5L per hospitalization	4.1.2
		Annual Health Check-up: INR <>	4.6
		Shared accommodation Cash Benefit- INR <> paid each day if treatment taken in a shared room. Maximum pay out INR <>	4.11

		Hospital Daily Cash of INR <> per day For maximum 30 days per policy year per insured person	4.14
		Personal Accident - INR <>	4.15
		Room Type Modification: Modified to <>	4.21
	ii. Co-Payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured)	**ii. Co-payment-** <>	4.19
	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-** <>	4.18
	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	6.2.4
		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	5.2.5

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 • 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)	6.1.8

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.	6.1.1
		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.	6.1.3
		• 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.	6.1.12 & 6.1.13
		• 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.	6.2.3.c
		• 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	6.1.10

		of enhancement of sums insured only on the enhanced limits.	
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)	6.1.14

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	9,047	5,00,000	9,047	905	8,142	5,00,000	9,047	16,659	26,003	5,00,000
21	9,047	5,00,000	9,047	905	8,142	5,00,000	9,047			
39	11,340	5,00,000	11,340	1,134	10,206	5,00,000	11,340			
45	13,228	5,00,000	13,228	1,323	11,905	5,00,000	13,228			

<table>
<tr><td colspan="3">Total premium for all members of the family is <u>Rs. 42,661 ,</u> when each member is covered separately.

Sum Insured available for each individual is <u>Rs.500,000</u>.</td><td colspan="4">Total premium for all members of the family is <u>Rs. 38,395</u> , when they are covered under a single policy.

Sum Insured available for each family member is <u>Rs.500,000</u>.</td><td colspan="4">Total premium when the policy is opted on floater basis is <u>Rs. 26,003</u> .

Sum Insured of <u>Rs.500,000</u> is available for the entire family.</td></tr>
<tr><td colspan="3"></td><td colspan="4">Illustration 2</td><td colspan="4"></td></tr>
<tr><td>55</td><td>23,519</td><td>5,00,000</td><td>23,519</td><td>2,352</td><td>21,167</td><td>5,00,000</td><td>23,519</td><td rowspan="2">11,913</td><td rowspan="2">50,654</td><td rowspan="2">5,00,000</td></tr>
<tr><td>63</td><td>39,048</td><td>5,00,000</td><td>39,048</td><td>3,905</td><td>35,143</td><td>5,00,000</td><td>39,048</td></tr>
<tr><td colspan="3">Total premium for all members of the family is <u>Rs. 62,567</u> , when each member is covered separately.

Sum Insured available for each individual is <u>Rs.500,000</u>.</td><td colspan="4">Total premium for all members of the family is <u>Rs. 56,310</u> , when they are covered under a single policy.

Sum Insured available for each family member is <u>Rs.500,000.</u></td><td colspan="4">Total premium when the policy is opted on floater basis is <u>Rs. 50,654</u> .

Sum Insured of <u>Rs.500,000</u> is available for the entire family.</td></tr>
<tr><td colspan="3"></td><td colspan="4">Illustration 3</td><td colspan="4"></td></tr>
<tr><td>65</td><td>39,048</td><td>5,00,000</td><td>39,048</td><td>3,905</td><td>35,143</td><td>5,00,000</td><td>39,048</td><td rowspan="2">22,634</td><td rowspan="2">66,338</td><td rowspan="2">5,00,000</td></tr>
<tr><td>70</td><td>49,924</td><td>5,00,000</td><td>49,924</td><td>4,992</td><td>44,932</td><td>5,00,000</td><td>49,924</td></tr>
<tr><td colspan="3">Total premium for all members of the family is <u>Rs. 88,972</u> , when each member is covered separately.

Sum Insured</td><td colspan="4">Total premium for all members of the family is <u>Rs. 80,075</u> , when they are covered under a single policy.

Sum Insured available for</td><td colspan="4">Total premium when the policy is opted on floater basis is <u>Rs. 66,338</u> .

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

available for each individual is **Rs.500,000.**	each family member is **Rs.500,000.**	

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.

Premium is considered for Platinum+ Variant and Zone 1