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**	ReAssure	
2	**Policy Number**		
3	**Type of Insurance Product/ Policy**	Both Indemnity and Benefit	
4	**Sum Insured**	Sum Insured Options are: 3 Lacs, 4 Lacs, 5 Lacs, 7.5 Lacs, 10 Lacs, 12.5 Lacs, 15 Lacs, 20 Lacs, 25 Lacs, 50 Lacs, 75 Lacs, 100 Lacs The Sum Insured opted by you is mentioned in the Policy Schedule.	
5	**Policy Coverage**	**Expenses in respect of:** **Base Coverage**: • Hospital admission longer than 24 hours • Day Care Treatment would be covered if admitted for more than 2 hours and would also cover treatment taken for Angiography, Dialysis, Radiotherapy or Chemotherapy for cancer. • Alternative treatment covered up to Sum Insured • Domiciliary hospitalization covered up to Sum Insured • Modern treatments like Robotic surgeries, oral chemotherapy etc. are covered • Related medical expenses up to Sum Insured incurred 60 days prior to hospitalization • Related medical expenses incurred up to Sum Insured within 180 days from date of discharge • Living organ donor transplant covered up to Sum Insured • Emergency Ambulance covered up to Rs. 2,000 per Hospitalization	4.1 4.2 4.3 4.4 4.5 4.6 4.7 4.8 4.9 4.10

		• Air Ambulance covered up to Sum Insured (for Cashless claims) and up to Rs. 2.5 Lacs (for Reimbursement claims)	4.11 4.12
		• Home care treatment covered up to Sum Insured	
		• Loyalty Additions.– Upon every completion of policy year, increase of 50% of the previous year's Base Sum insured; maximum up to 100% of the Base Sum Insured	
		• ReAssure – Unlimited reinstatement up to base Sum Insured. (Applicable for both same & different illness)	4.13 4.14
		• Shared accommodation Cash Benefit as per plan chosen by You	4.15
		• Health Check-up can be availed for Diagnostic Tests as per plan chosen by You	
		• Coverage for Second Medical Opinion for any condition for which Hospitalization is triggered (once in a Policy Year)	4.16 4.17
		• Live healthy benefit – Discount on renewal premium basis number of steps taken	
		Optional Coverage:	5.1
		• Personal Accident coverage against accident death, permanent total and partial disability (for insured aged 18 years & above on individual basis)	5.2
		• 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 continuously and In-patient Care Hospitalization should have been paid by Us.	5.3
		• Safeguard – o Claim safeguard: Non-payable items paid up to Sum Insured (List I) o Loyalty Additions safeguard: No impact on Loyalty Additions if claim in a policy year is less than Rs. 50,000 o Sum Insured safeguard: CPI linked increase in Base Sum Insured	
		• Safeguard+ – o Claim safeguard+: Non-payable items paid up to Sum Insured (List I,II,III,IV)	5.4

		○ Loyalty Additions safeguard+: No impact on Loyalty Additions if claim in a policy year is less than Rs. 100,000 ○ Sum Insured safeguard+: CPI linked increase in Base Sum Insured • Modern Treatment+: Removal of Sub-limit of INR 1,00,000 from the Base Modern Treatment Benefit. Enhancing the limit to Up to Base Sum Insured.	5.5
6	**Exclusions**	**Standard Exclusions** • 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) • Change-of-Gender treatments (Code-Excl07) • 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) • 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) • Refractive Error (Code-Excl15) • Unproven Treatments (Code-Excl16) • Sterility and Infertility (Code-Excl17) • Maternity Expenses (Code-Excl18)	6

		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 24 months from the inception of the First Policy with Us • Charges related to a Hospital stay not expressly mentioned as being covered. This will include charges for RMO charges, surcharges and service charges levied by the Hospital. • **Circumcision:** Circumcision unless necessary for the treatment of a disease or necessitated by an Accident. • **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/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 • **Hormone Replacement Therapy:** Treatment for any condition / illness which requires hormone replacement therapy • 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 • **Sexually transmitted Infections & diseases (other than HIV / AIDS):** Screening, prevention and treatment for sexually related infection or disease (other than HIV / AIDS).	

		• **Sleep disorders:** Treatment for any conditions related to disturbance of normal sleep patterns or behaviors • Any treatment or medical services received outside the geographical limits of India. • Any expenses incurred on OPD treatment. • **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. • The condition which is not clinically significant or is related to anxiety, bereavement, relationship or academic problems, acculturation difficulties or work pressure. • Treatment related to intentional self-inflicted Injury or attempted suicide by any means • 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; or b) Absent pupillary light reaction; or c) Absent oculovestibular and corneal reflexes; or d) Complete apnea. • If as per any or all of the medical references herein below containing guidelines and protocols for evidence-based medicines, the Hospitalization for treatment under claim is not necessary or the stay at the Hospital is found unduly long: a) Medical text books,	

		b) Standard treatment guidelines as stated in clinical establishment act of Government of India, c) World Health Organisation (WHO) protocols, d) Published guidelines by healthcare providers, e) Guidelines set by medical societies like cardiological society of India, neurological society of India etc • **Permanent Exclusions for Personal Accident Cover:** We shall not be liable to make any payment under any benefits under Section 5.1 (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	
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 illnesses (not applicable in case of continuous renewal or accidents) • **Specific Waiting Period (Not applicable for claims arising due to an accident) (Excl02)**: 24 Months for the below mentioned conditions: 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	6.3 6.2

		membrane), Tonsils and adenoids, nasal septum and nasal sinuses • **Pre-existing diseases (Excl01)**: Pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage. • **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.	6.1 6.19
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**	**i. Sublimit** • Modern Treatments – sublimit of Rs. 1Lac applicable on few robotic surgeries • Emergency Ambulance is covered up to Rs. 2,000 per Hospitalization • Air Ambulance is covered Up to Rs. 2.5 Lacs in case of reimbursement claims and up to sum insured for cashless claims • Shared accommodation Cash Benefit as per plan chosen by You • Health Checkup limits as per plan chosen by you • Hospital Cash Benefit as per plan chosen by You • Personal Accident - Equal to 5 times of Base Sum Insured; subject to maximum of Rs. 100 Lacs ii. **Co-payment –** NA iii. **Annual Aggregate Deductible** - NA	4.5 4.9 4.10 4.14 4.15 5.2 5.1

	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) **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 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	7 5.31

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/	8.8
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	8.8

		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. • **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	8.1

		(details 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 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.	8.3 8.14 & 8.15 8.20 8.9
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.	8.12

		(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)	