

### 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 | Everyday Health   |                      |
| 2      | Policy Number                     |   |                      |
| 3      | Type of Insurance Product/ Policy | Benefit   |                      |
| 4      | Sum Insured                       | Sum Insured:  |                      |
| 5      | Policy Coverage                   | Video Consultations with General Practitioner: Cover Video Consultations with certified General Practitioners for the Insured. Limit is:  | 3.1                  |
|        |                                   | Tele Consultations with General Practitioner: Cover Tele Consultations with certified General Practitioners for the Insured. Limit is:  | 3.2                  |
|        |                                   | Physical Consultations with General Practitioner: Cover physical Consultations with certified General Practitioners for the Insured. Limit is:  | 3.3                  |
|        |                                   | Video Consultations with specialists: Cover Video Consultations with certified specialists for the Insured. Limit is:   | 3.4                  |
|        |                                   | Tele Consultations with specialists: Cover Tele Consultations with certified specialists for the Insured. Limit is:   | 3.5                  |
|        |                                   | Physical Consultations with specialists: Cover physical Consultations with certified specialists for the Insured. Limit is:   | 3.6                  |
|        |                                   | Diagnostic Services: Cover diagnostic services for the Insured. Limit is:   | 3.7                  |
|        |                                   | Pharmacy Services: Cover pharmacy services for the Insured. Limit is:   | 3.8                  |
|        |                                   | Home Health Care Services: Cover Home Health Care services for the Insured. Limit is:   | 3.9                  |
|        |                                   | Vaccination Cover: Cover vaccination charges for the Insured. Limit is:   | 3.10                 |
|        |                                   | Annual Health Check-up: The Insured Person may avail a health check-up during the Policy Period. Limit is:  | 3.11                 |
|        |                                   | Second Medical Opinion: If the Insured Person is undergoing a treatment for an illness, the Insured Person can, at the Insured Person's choice, obtain a Second Medical Opinion during the Policy Period. Limit is: | 3.12                 |
|        |                                   | Monitoring / Medical Devices: The Insured person may avail monitoring / medical devices which are   | 3.13                 |

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|   |            | medically necessary and recommended by a registered medical practitioner. Limit is:   |  |        |
|   |            | Condition Management Packages: The Insured person may choose to opt for one or more condition management package/(s) for a medical condition, on the recommendation of a registered medical practitioner. Limit is: | 3.14   |        |
|   |            | Wellness benefits   |  |        |
|   |            | Access to Physical Fitness Centres or Gyms / Digital Fitness Coaching sessions / AI led fitness coaching sessions to stay healthy. Limit is:  | 3.15.1   |        |
|   |            | Access to Dietician / nutritionist / health coach / emotional wellness coach / psychologist / Assessments for maintaining a healthier and balanced lifestyle. Limit is:   | 3.15.2   |        |
|   |            | Wallet: The insured can utilise the wallet limits for defined benefits. Limit is:   | 3.16   |        |
|   |            | Master Wallet: Can be used for list of benefits with a single sub-limit or a single benefit with a defined limit. Limit is:   | 3.16.1   |        |
|   |            | Individual Benefit Wallet: can be used for specific benefits with individual sub-limit for each benefit. Limit is:  | 3.16.2   |        |
|   |            | Vouchers: The Insured will get Single time use vouchers of fixed values. Limit is:  | 3.17   |        |
| 6 | Exclusions | <b>Standard Exclusions:</b>   | 5.1  |        |
|   |            |   |  |        |
|   |            |   | Investigation & Evaluation (Code-Excl04)   | 5.1.4  |
|   |            |   | Rest Cure, rehabilitation and respite care (Code-Excl05)   | 5.1.5  |
|   |            |   | Obesity/ Weight Control (Code-Excl06)  | 5.1.6  |
|   |            |   | Change-of-Gender treatments (Code-Excl07) Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.  | 5.1.7  |
|   |            |   | Cosmetic or plastic Surgery (Code-Excl08)  | 5.1.8  |
|   |            |   | Hazardous or Adventure sports (Code-Excl09)  | 5.1.9  |
|   |            |   | Breach of law (Code-Excl10)  | 5.1.10 |
|   |            |   | Excluded Providers (Code-Excl11)   | 5.1.11 |
|   |            |   | Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)  | 5.1.12 |
|   |            |   | Treatments received in health 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) | 5.1.13 |

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|   |  | 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)                      | 5.1.14 |
|   |  | Refractive Error (Code-Excl15)  | 5.1.15 |
|   |  | Unproven Treatments (Code-Excl16)   | 5.1.16 |
|   |  | Sterility and Infertility (Code-Excl17)   | 5.1.17 |
|   |  | Maternity (Code-Excl18)   | 5.1.18 |
|   |  |   |        |
|   |  | <b>Specific Exclusion:</b>  | 5.2    |
|   |  | 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.  | 5.2.1  |
|   |  | Circumcision: Circumcision unless necessary for the treatment of a disease or necessitated by an Accident.  | 5.2.2  |
|   |  | 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. | 5.2.3  |
|   |  | External Congenital Anomaly: Screening, counselling or treatment related to external Congenital Anomaly   | 5.2.4  |
|   |  | 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                     | 5.2.5  |
|   |  | Hormone Replacement Therapy: Treatment for any condition / illness which requires hormone replacement therapy.  | 5.2.6  |
|   |  | 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  | 5.2.7  |
|   |  | Sexually transmitted Infections & diseases (other than HIV / AIDS): Screening, prevention and treatment for sexually related infection or disease (other than HIV / AIDS)   | 5.2.8  |
|   |  | Sleep disorders: Treatment for any conditions related to disturbance of normal sleep patterns or behaviours   | 5.2.9  |
|   |  | Any treatment or medical services received outside the geographical limits of India.  | 5.2.10 |
| 7 | Waiting period<br>- Time period during | Pre-Existing Diseases (Code-Excl01)   | 5.1.1  |

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|   | which specified diseases/treatments are not covered.<br>-It is counted from the beginning of the policy coverage.   | Specified disease/procedure waiting period (Code- Excl02)   | 5.1.2         |
|   |   | 30-day waiting period (Code- Excl03)  | 5.1.3         |
| 8 | Financial Limits of Coverage<br>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)  | As mentioned in Section 5, if applicable  |               |
|   | ii. Co-Payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured)  | As mentioned in Section 5, if applicable  |               |
|   | 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) | As mentioned in Section 5, if applicable  |               |
|   | Any other limit (as applicable)   | As mentioned in Section 5, if applicable  |               |
| 9 | Claims/ Claims Procedure  | <p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>Turn Around Time (TAT) for claims settlement<br/> - TAT for pre-authorization of cashless facility- 1 Hours<br/> - 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.</p> <p>Network Hospital Details-<br/> <a href="https://rules.nivabupa.com/hospital-network/">https://rules.nivabupa.com/hospital-network/</a></p> <p>Helpline No- 1860-500-8888</p> <p>Downloading/ getting claim form-<br/> <a href="https://transactions.nivabupa.com/pages/downloads.aspx">https://transactions.nivabupa.com/pages/downloads.aspx</a></p> | 6.2.8 & 6.1.8 |

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|    |                  | Hospitals which are blacklisted or from where no claim will be accepted by insurer-<br><a href="https://rules.nivabupa.com/doc/Exclude_List.pdf">https://rules.nivabupa.com/doc/Exclude_List.pdf</a>   |       |
| 10 | Policy Servicing | Call center no of Insurer- Contact No: 1860-500-8888<br><br>Details of Company Officials--<br>Website: <a href="http://www.nivabupa.com">www.nivabupa.com</a><br>Customer Services Department<br>Niva Bupa Health Insurance Company Limited<br>D-5, 2nd Floor, Logix Infotech Park<br>opp. Metro Station, Sector 59, Noida, Uttar Pradesh,<br>201301<br>Self-service platform, Insta Assist<br><a href="https://rules.nivabupa.com/customer-service/">https://rules.nivabupa.com/customer-service/</a> | 6.1.8 |

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| 11 | Grievances/<br>Complaints | <p>Details of</p> <p>Grievance Redressal Officer of the insurer<br/>Grievance Redressal Officer<br/>Niva Bupa Health Insurance Company Limited<br/>D-5, 2nd Floor, Logix Infotech Park<br/>opp. Metro Station, Sector 59, Noida, Uttar Pradesh,<br/>201301<br/>For details of grievance officer, kindly refer the link<br/><a href="https://www.nivabupa.com/customer-care/health-services/grievance-redressal.aspx">https://www.nivabupa.com/customer-care/health-services/grievance-redressal.aspx</a></p> <p>Insurance company grievance portal/ Department<br/>Website: <a href="http://www.nivabupa.com">www.nivabupa.com</a><br/>Customer Services Department<br/>Niva Bupa Health Insurance Company Limited<br/>D-5, 2nd Floor, Logix Infotech Park<br/>opp. Metro Station, Sector 59, Noida, Uttar Pradesh,<br/>201301<br/>Contact No: 1860-500-8888<br/>Fax No.: 011-41743397<br/>Self-service platform, Insta Assist<br/><a href="https://rules.nivabupa.com/customer-service/">https://rules.nivabupa.com/customer-service/</a><br/>Senior citizens may write to us at at:<br/><a href="mailto:seniorcitizensupport@nivabupa.com">seniorcitizensupport@nivabupa.com</a><br/>Insured person may also approach the grievance cell<br/>at any of the company's branches with the details of<br/>grievance</p> <p>IRDAI/(IGMS/Call Centre): Email ID:<br/><a href="http://www.igms.irdai.gov.in">www.igms.irdai.gov.in</a> Ombudsman (Refer Annexure II<br/>of policy document for List of Insurance Ombudsmen)</p> | 6.1.8 |
| 12 | Things to<br>remember     | <p>Free Look cancellation: The Free Look Period shall be applicable on individual health insurance policies and not on renewals.</p> <p>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</p> <p>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.</p> <p>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</p>  | 6.1.1 |

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|    |                  | 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.   | 6.1.3   |
|    |                  | Migration and Portability: NA   |         |
|    |                  | Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal, subject to underwriting by the company.  | 6.2.2.c |
| 13 | Your Obligations | 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.<br>(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) | 6.1.11  |

Declaration by the Policy Holder;

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

Note:

- i. Insurer shall provide web-link where the product related documents including the Customer Information sheet are available on the website of the insurer.
- ii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.
- iii. Insurer to take confirmation of the policyholder regarding receiving of the Customer Information Sheet.