

## 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	<b>Name of Insurance Product/ Policy</b>	GoActive	
2	<b>Policy Number</b>	<>	
3	<b>Type of Insurance Product/ Policy</b>	Both Indemnity and Benefit	
4	<b>Sum Insured</b>	INR <>	
5	<b>Policy Coverage</b>	<p><b>Expenses in respect of:</b></p> <p><b>Base Coverage:</b></p> <ul style="list-style-type: none"> <li>· Hospital admission longer than 24 hrs <span style="float: right;">3.1</span></li> <li>· Related medical expenses up to Sum Insured incurred 90 days prior to hospitalization <span style="float: right;">3.2</span></li> <li>· Related medical expenses incurred up to Sum Insured within 180 days from date of discharge <span style="float: right;">3.3</span></li> <li>· Procedures requiring less than 24 hours hospitalization (day care - List provided in Annexure VI of Policy Terms &amp; Conditions) <span style="float: right;">3.4</span></li> <li>· Domiciliary hospitalization and home health care services covered up to Sum Insured <span style="float: right;">3.5</span></li> <li>· Living organ donor transplant covered up to Sum Insured <span style="float: right;">3.6</span></li> <li>· Emergency Ambulance covered up to Rs. 3,000 per hospitalization <span style="float: right;">3.7</span></li> <li>· Annual health check-up or diagnostic tests &lt;&gt; <span style="float: right;">3.8</span></li> <li>· Re-fill benefit in case the Sum Insured is exhausted because of claims made during the policy year, arising for different illnesses / conditions or for other Insured members covered under the Policy <span style="float: right;">3.9</span></li> <li>· Second medical opinion for specified illnesses or planned surgery or surgical procedures <span style="float: right;">3.10</span></li> <li>· OPD Consultations - Number of consultations per policy per policy year are fixed basis Sum Insured (Ranges from 2 to 10 consultations for Sum Insured Rs. 3 Lacs &amp; above) <span style="float: right;">3.11</span></li> <li>· Counseling sessions to provide support on pre-marital, stress, nutrition, child and parenting 3 consultations per adult per policy year <span style="float: right;">3.12</span></li> </ul>	

		<ul style="list-style-type: none"> <li>· Pharmacy and Diagnostic Services: Purchase medicines and diagnostic services from Our empanelled Service Provider through Our mobile application or website as per your discretion and choice. 3.13</li> <li>· A discount of 10% in the First Policy Year Base Premium and all subsequent Renewal Base Premium, if Age of the eldest Insured Person at the time of inception of the First Policy with Us is less than or equal to 35 years 3.14</li> <li>· In-patient treatment taken under Ayurveda, Unani, Sidha and Homeopathy (Alternative Treatments) 3.15</li> <li>· Modern treatments covered up to Sum Insured (sub-limit of 1 Lac applicable on few conditions) 3.16</li> </ul> <p><b>Optional Coverage:</b></p> <ul style="list-style-type: none"> <li>· I-Protect: Increase in Sum Insured by 10% of the Base Sum Insured for every renewal. The benefit will be provided for every policy year as long as the policy is renewed or until you request for opting out of this benefit. 4.1</li> <li>· Health Coach to keep yourself fit and healthy. Based on your health score, a premium discount of up to 20% of the base premium (i.e. premium excluding taxes and optional benefits) may apply at the time of renewal. 4.2</li> <li>· Personal Accident coverage against accident death, permanent total and partial disability up to &lt;&gt; 4.3</li> </ul>	
		<ul style="list-style-type: none"> <li>· Annual Aggregate Deductible &lt;&gt; 5.1</li> </ul>	
6	<b>Exclusions</b>	<p><b>Standard Exclusions</b></p> <ol style="list-style-type: none"> <li>1. Pre-existing Diseases (Code-Excl01)</li> <li>2. Specified disease/procedure waiting period (Code-Excl02)</li> <li>3. 30-day waiting period (Code- Excl03)</li> <li>4. Investigation &amp; Evaluation (Code-Excl04)</li> <li>5. Rest Cure, rehabilitation and respite care (Code-Excl05)</li> <li>6. Obesity/ Weight Control (Code-Excl06)</li> <li>7. Change-of-Gender treatments (Code-Excl07)</li> <li>8. Cosmetic or plastic Surgery (Code-Excl08)</li> <li>9. Hazardous or Adventure sports (Code-Excl09)</li> <li>10. Breach of law (Code-Excl10)</li> <li>11. Excluded Providers (Code-Excl11)</li> <li>12. Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)</li> </ol>	6

13. Treatments received in health spas, 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. 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 for that Insured Person and will be covered from the commencement of the third Policy Year for that Insured Person as long as the Insured Person has been insured continuously under the Policy without any break

2. 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.

3. Circumcision - Circumcision unless necessary for the treatment of a disease or necessitated by an Accident

4. 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. External Congenital Anomaly - Screening, counseling or treatment related to external Congenital Anomaly

6. 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

7. Hormone Replacement Therapy - Treatment for any condition / illness which requires hormone replacement therapy

8. 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

9. Sexually transmitted Infections & diseases (other than HIV / AIDS) - Screening, prevention and treatment for sexually related infection or disease (other than HIV / AIDS)

10. Sleep disorders - Treatment for any conditions related to disturbance of normal sleep patterns or behaviors

11. Any treatment or medical services received outside the geographical limits of India

12. 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.

13. 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

14. AYUSH Treatment - Any form of AYUSH Treatments, except as mentioned under Section 3.6 of the policy wording

**15. Permanent Exclusions for Personal Accident Cover**

· Suicide or self inflicted Injury, whether the Insured Person is medically sane or insane.

· 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.

		<ul style="list-style-type: none"> <li>· 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.</li> <li>· 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.</li> <li>· Committing an assault, a criminal offence or any breach of law with criminal intent.</li> <li>· 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.</li> <li>· 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.</li> <li>· 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, etc.</li> <li>· Body or mental infirmity or any disease except where such condition arises directly as a correspondence of an Accident during the Policy Period. However this exclusion is not applicable to claims made under the Permanent Partial Disability benefit.</li> </ul>	
7	<p><b>Waiting period</b></p> <ul style="list-style-type: none"> <li>• Time period during which specified diseases/treatments are not covered.</li> <li>• It is counted from the beginning of the policy coverage.</li> </ul>	<ul style="list-style-type: none"> <li>· <b>Initial Waiting Period (Excl03)</b> - 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</li> <li>· <b>Specific Waiting Period (Not applicable for claims arising due to an accident) (Excl02):</b> 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</li> </ul> <p>The above waiting periods will apply for the below conditions -</p> <ol style="list-style-type: none"> <li>i. Pancreatitis and Stones in biliary and urinary System</li> <li>ii. Cataract, Glaucoma and other disorders of lens, disorders of retina</li> </ol>	<p>6.1 III</p> <p>6.1 II</p>

		<ul style="list-style-type: none"> <li>iii. Hyperplasia of prostate, hydrocele and spermatocele</li> <li>iv. Abnormal utero-vaginal bleeding, female genital prolapse, endometriosis/adenomyosis, fibroids, PCOD, or any condition requiring dilation and curettage or hysterectomy</li> <li>v. Hemorrhoids, fissure or fistula or abscess of anal and rectal region</li> <li>vi. Hernia of all sites,</li> <li>vii. Osteoarthritis, Systemic Connective Tissue disorders, Dorsopathies, Spondylopathies, inflammatory Polyarthropathies, Arthrosis such as RA, Gout, Intervertebral Disc disorders</li> <li>viii. Chronic kidney disease and failure</li> <li>ix. Diabetes and its related complications</li> <li>x. Varicose veins of lower extremities</li> <li>xi. Disease of middle ear and mastoid including Otitis Media, Cholesteatoma, Perforation of Tympanic Membrane</li> <li>xii. All internal or external benign or In Situ Neoplasms/Tumours, Cyst, Sinus, Polyp, Nodules, Swelling, Mass or Lump</li> <li>xiii. Ulcer, Erosion and Varices of Upper Gastro Intestinal Tract</li> <li>xiv. Tonsils and Adenoids, Nasal Septum and Nasal Sinuses</li> <li>xv. Internal Congenital Anomaly</li> </ul>	
		<ul style="list-style-type: none"> <li>• <b>Pre-existing diseases (Excl01):</b> Expenses related to the treatment of a Pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first Policy with Us.</li> </ul>	6.1.1
		<ul style="list-style-type: none"> <li>• <b>Personal Waiting Periods:</b> Conditions specified for an Insured Person under Personal Waiting Period in the Policy Schedule will be subject to a Waiting Period of 48 months from the inception of the First Policy with Us.</li> </ul>	6.2.1
8	<b>Financial Limits of Coverage</b>	<b>i. Sub-limits</b>	
	<b>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</b>	o Room rent <>	3.1
		o ICU charges: for Sum Insured less than 5 Lacs – 2% of Base Sum Insured per day. For Sum Insured 5 Lacs and above - covered up to Sum Insured.	3.1
		o Emergency Ambulance up to Rs. 3,000 per hospitalization	3.7

	o Modern Treatments: sub-limit applicable on few robotic surgeries	3.16
	o OPD Consultations - Number of consultations per policy per policy year are fixed basis Sum Insured (Ranges from 2 to 10 consultations for Sum Insured Rs. 3 Lacs & above)	3.11
	o Diagnostic Tests <>	3.13
	o Behavioral Assistance Program - 3 consultations per adult per policy year	3.12
	o Second Medical Opinion - One opinion per Insured Person per Specified Illness / planned Surgery / Surgical Procedure	3.10
	o Personal Accident Cover INR <>	4.3
<b>ii. Co-Payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured)</b>	<b>ii. Co-payment - &lt;&gt;</b>	5.2
<b>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)</b>	<b>iii. Annual Aggregate Deductible - &lt;&gt;</b>	5.1
9	<b>Claims/ Claims Procedure</b>  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	7.2.XIII
	Network Hospital Details- <a href="https://rules.nivabupa.com/hospital-network/">https://rules.nivabupa.com/hospital-network/</a>  Helpline No- 1860-500-8888  Downloading/ getting claim form- <a href="https://transactions.nivabupa.com/pages/downloads.aspx">https://transactions.nivabupa.com/pages/downloads.aspx</a>  Hospitals which are blacklisted or from where no claim	6.2.XII

		will be accepted by insurer- <a href="https://rules.nivabupa.com/doc/Exclude_List.pdf">https://rules.nivabupa.com/doc/Exclude_List.pdf</a>	
10	<b>Policy Servicing</b>	<ul style="list-style-type: none"> <li>• Call center no of Insurer- Contact No: 1860-500-8888</li> <li>• Details of Company Officials-- Website: <a href="http://www.nivabupa.com">www.nivabupa.com</a> 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 <a href="https://rules.nivabupa.com/customer-service/">https://rules.nivabupa.com/customer-service/</a></li> </ul>	7.1.VIII
11	<b>Grievances/Complaints</b>	<p>Details of</p> <ul style="list-style-type: none"> <li>• 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 <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></li> <li>• Insurance company grievance portal/ Department Website: <a href="http://www.nivabupa.com">www.nivabupa.com</a> 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 <a href="https://rules.nivabupa.com/customer-service/">https://rules.nivabupa.com/customer-service/</a> Senior citizens may write to us at at: <a href="mailto:seniorcitizensupport@nivabupa.com">seniorcitizensupport@nivabupa.com</a> Insured person may also approach the grievance cell at any of the company's branches with the details of grievance</li> </ul>	7.1.VIII

• IRDAI/(IGMS/Call Centre): Email ID:  
[www.igms.irdai.gov.in](http://www.igms.irdai.gov.in) Ombudsman (Refer Annexure II  
of policy document for List of Insurance Ombudsmen)

12	<b>Things to Remember</b>	<p>• <b>Free Look cancellation:</b> 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</p>	7.1.1
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	<p>the insurer on medical examination of the proposer and stamp duty charges.</p>	
	<ul style="list-style-type: none"> <li>· <b>Policy renewal:</b> 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.</li> </ul>	7.1 III
	<ul style="list-style-type: none"> <li>· <b>Migration and Portability:</b> When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</li> </ul>	7.1 XIV & 7.1 XV
	<p>You can contact Customer Service Department (phone no. and email ID provided above) for migration and portability.</p>	
	<ul style="list-style-type: none"> <li>· <b>Change in Sum Insured:</b> 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 <b>only for the enhanced portion of the sum insured.</b></li> </ul>	7.2 III
	<ul style="list-style-type: none"> <li>· <b>Moratorium Period:</b> 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 sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.</li> </ul>	7.1 X

13	<b>Your Obligations</b>	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>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.</p> <p>(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)</p>	7.1.XII
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**Benefit Illustration:**

<b>Benefit Illustration (5 Lac Sum Insured, Policy Term 1 year)</b>										
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.)
<b>Illustration 1</b>										
18	10,347.26	5,00,000	NA	NA	NA	NA	10,347.26	19,673.86	33,761.66	5,00,000
21	10,577.66	5,00,000	NA	NA	NA	NA	10,577.66			
39	13,997.95	5,00,000	NA	NA	NA	NA	13,997.95			
45	18,512.64	5,00,000	NA	NA	NA	NA	18,512.64			
Total premium for all members of the family is <b><u>Rs.53,435.52</u></b> , when each member is covered separately.  Sum Insured available for each individual is <b><u>Rs.500,000</u></b> .			Total premium for all members of the family is <b><u>Rs.NA</u></b> , when they are covered under a single policy.  Sum Insured available for each family member is <b><u>Rs.NA</u></b> .				Total premium when the policy is opted on floater basis is <b><u>Rs.33,761.66</u></b> .  Sum Insured of <b><u>Rs.500,000</u></b> is available for the entire family.			
<b>Illustration 2</b>										
55	29,432.45	5,00,000	NA	NA	NA	NA	29,432.45	13,442.85	60,850.90	5,00,000

63	44,861 .30	5,00,0 00	NA	NA	NA	NA	44,861. 30			
<p>Total premium for all members of the family is <b><u>Rs.74,293.75</u></b>, when each member is covered separately.</p> <p>Sum Insured available for each individual is <b><u>Rs.500,000</u></b>.</p>			<p>Total premium for all members of the family is <b><u>Rs.NA</u></b>, when they are covered under a single policy.</p> <p>Sum Insured available for each family member is <b><u>Rs.NA</u></b>.</p>				<p>Total premium when the policy is opted on floater basis is <b><u>Rs.60,850.90</u></b>.</p> <p>Sum Insured of <b><u>Rs.500,000</u></b> is available for the entire family.</p>			
<b>Illustration 3</b>										
65	47,230 .70	5,00,0 00	NA	NA	NA	NA	47,230. 70	26,185 .50	76,736 .00	5,00,0 00
70	55,690 .80	5,00,0 00	NA	NA	NA	NA	55,690. 80			
<p>Total premium for all members of the family is <b><u>Rs.1,02,921.50</u></b>, when each member is covered separately.</p> <p>Sum Insured available for each individual is <b><u>Rs.500,000</u></b>.</p>			<p>Total premium for all members of the family is <b><u>Rs.NA</u></b>, when they are covered under a single policy.</p> <p>Sum Insured available for each family member is <b><u>Rs.NA</u></b>.</p>				<p>Total premium when the policy is opted on floater basis is <b><u>Rs.76,736.00</u></b>.</p> <p>Sum Insured of <b><u>Rs.500,000</u></b> is available for the entire family.</p>			
<p><b>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.</b></p> <p><b>Zone 1 premium is considered.</b></p>										