

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	Health Companion	
2	Policy Number		
3	Type of Insurance Product/ Policy	Both Indemnity and Benefit	
4	Sum Insured	<p>Sum Insured Options are:</p> <ul style="list-style-type: none"> • Variant 1: 2 Lacs (for renewal only), 3 Lacs, 4 lacs • Variant 2: 5 Lacs, 7.5 Lacs, 10 Lacs, 12.5 lacs • Variant 3: 15 Lacs, 20 Lacs, 30 Lacs, 50 Lacs, 100 Lacs • Family First: 1 Lacs, 2 Lacs, 3 Lacs, 4 lacs, 5 lacs and 10 lacs (Floater Sum Insured: 3Lacs, 4Lacs, 5Lacs, 10Lacs, 15Lacs & 20Lacs) <p>The Sum Insured opted by you is mentioned in the Policy Schedule.</p>	
5	Policy Coverage	<p>Expenses in respect of:</p> <p>Base Coverage:</p> <ul style="list-style-type: none"> • Inpatient Care: Medical Expenses for room rent; nursing charges for Hospitalization as an inpatient excluding Private Nursing charges; Medical Practitioners' fees, excluding any charges or fees for Standby Services; Physiotherapy, investigation and diagnostics procedures directly related to the current admission; Medicines, drugs as prescribed by the treating Medical Practitioner; Intravenous fluids, blood transfusion, injection administration charges, consumables and/or enteral feedings; Operation theatre charges; the cost of prosthetics and other devices or equipment if implanted internally during Surgery and Intensive Care Unit charges. 	3.1

		<ul style="list-style-type: none"> • Pre-hospitalization Medical Expenses & Post hospitalization Medical Expenses: Medical Expenses incurred following an Illness/Injury accepted under Inpatient Care for up to 30 days period immediately before Insured Person’s admission to a Hospital and up to 60 days immediately after Insured Person’s discharge from Hospital. • Alternative Treatment: We will cover in-patient medical expenses for Ayurveda, Unani, Sidha and Homeopathy in AYUSH Hospital. • Day Care Treatment: Medical Expenses for day care treatment where such procedures are undertaken by an Insured Person as an inpatient in a Hospital/Day Care Center for a continuous period of less than 24 hours. • Domiciliary Hospitalization: Medical Expenses for medical treatment taken at home on the advice of attending Medical Practitioner if the treatment continues for an uninterrupted period of 3 days and the condition for which treatment is taken would otherwise have necessitated hospitalization. • Living Organ Donor Transplant: Medical Expenses for an organ donor’s treatment for harvesting of the organ. • Emergency ambulance: Reasonable charges for Ambulance expenses incurred to transfer the Insured Person by surface transport following an Emergency to the nearest Hospital. • Vaccination for Animal Bite: We will cover medical expenses for OPD treatment for vaccination or immunization for treatment post an animal bite. • Health Checkup: Insured Person may avail a health check-up as per the Plan applicable to the Insured Personas specified in the Product Benefits Table on Cashless Facility • No Claim Bonus: In case of a claim free year, we will increase the Sum Insured applicable under the Policy by 20% of the Base Sum Insured of the immediately preceding Policy Year; subject up to maximum of 100% of the expiring Base Sum Insured. 	<p>3.2 and 3.3</p> <p>3.4</p> <p>3.5</p> <p>3.6</p> <p>3.7</p> <p>3.8</p> <p>3.9</p> <p>3.10</p> <p>3.11</p>
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		<ul style="list-style-type: none"> • Annual Aggregate Deductible: Option to choose a deductible in the plan. 	
6	Exclusions	<p>Standard Exclusions</p> <ul style="list-style-type: none"> • 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 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) • 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) <p>Specific Exclusions</p> <ul style="list-style-type: none"> • Personal Waiting Period Conditions specified for an Insured Person under Personal Waiting Period in the Policy Schedule will be subject to a Waiting Period of up to 24 months from the inception of the First Policy with Us. • Ancillary Hospital Charges: 	6

		<p>Charges related to a Hospital stay not expressly mentioned as being covered. This will include RMO charges, surcharges and service charges levied by the Hospital</p> <ul style="list-style-type: none"> • 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 • 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 • Unrecognized Physician or Hospital: <ol style="list-style-type: none"> 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. 	
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		<p>c) Treatment provided by Hospital or health facility that is not recognized by the relevant authorities in India.</p> <ul style="list-style-type: none"> • Artificial life maintenance for the Insured Person who has been declared brain dead or in vegetative state as demonstrated by: <ul style="list-style-type: none"> a) Deep coma and unresponsiveness to all forms of stimulation; or b) Absent pupillary light reaction; or c) Absent oculovestibular and corneal reflexes; or Complete apnea • AYUSH Treatment: Any form of AYUSH Treatments, except as mentioned under Section 3.4 • OPD Treatment: OPD Treatment is not covered except for animal bite vaccinations to the extent stated in Section 3.9 	
7	<p>Waiting period</p> <ul style="list-style-type: none"> • Time period during which specified diseases/treatments are not covered. • It is counted from the beginning of the policy coverage. 	<ul style="list-style-type: none"> • 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): Covered after 24 Months for the following conditions: <ul style="list-style-type: none"> ○ Pancreatitis and stones in biliary and urinary system ○ Cataract, glaucoma and retinal detachment ○ Hyperplasia of prostate, hydrocele and spermatocele ○ Prolapse uterus or cervix, endometriosis, Fibroids, Polycystic ovarian disease (PCOD), hysterectomy (unless necessitated by Malignancy) ○ Hemorrhoids, fissure, fistula or abscess of anal and rectal region ○ Hernia of any site or type, ○ Osteoarthritis, joint replacement, osteoporosis, systemic connective tissue disorders, inflammatory polyarthropathies, Rheumatoid Arthritis, gout, intervertebral disc disorders, arthroscopic surgeries for ligament repair 	<p>6.1.III</p> <p>6.1.II</p>

		<ul style="list-style-type: none"> ○ Varicose veins of lower extremities ○ Disease of middle ear and mastoid including Otitis Media, Cholesteatoma, Perforation of Tympanic Membrane ○ All internal or external benign neoplasms/ tumours, cyst, sinus, polyps, nodules, mass or lump ○ Ulcer, erosion or varices of gastro intestinal tract ○ Tonsils and Adenoids, Nasal Septum and Nasal Sinuses ○ Internal Congenital Anomaly <p>Pre-existing diseases (Excl01): Pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of below waiting periods of continuous coverage - 36 months</p> <ul style="list-style-type: none"> ● 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. 	6.1.1
			6.2.1
8	<p>Financial Limits of Coverage</p> <p>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-Payment (It is a specified amount/</p>	<p>1. Sublimit</p> <ul style="list-style-type: none"> ○ Road ambulance: Up to Rs. 3,000 ○ Health Checkup: <ul style="list-style-type: none"> ○ Variant 1: Once in 2 years basis ○ Variant 2/3/Family First: Annual basis ○ Vaccination for Animal Bite <ul style="list-style-type: none"> ○ Variant 1: Upto Rs.2,500 ○ Variant 2/Family First: Upto Rs.5,000 ○ Variant 3: Upto Rs.7,500 ○ Hospital Cash: <ul style="list-style-type: none"> ○ Variant 1: Rs. 1,000/day ○ Variant 2: Rs. 2,000/day ○ Variant 3: Rs. 4,000/day ○ Family First: Rs.1,000/day or Rs.2,000/day ○ Room Type Capping: Covered up to Sum Insured (except for Suite or above room category) <p>2. Co-payment – Insured Person can also avail treatment (reimbursement basis) in Delhi (NCR), Mumbai including Suburbs, Chennai, Bengaluru,</p>	3.8 3.10 3.9 4.1 3.1
			5.1

	<p>percentage of the admissible claim amount to be paid by policyholder/ insured)</p> <p>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)</p> <p>iv. Any other limit (as applicable)</p>	<p>Hyderabad, Kolkata, Pune, Ahmedabad, Surat hospitals with 20% Co-payment</p> <p>3. Annual Aggregate Deductible - The deductible options available are 1 lac, 2 lac, 3 lac, 4 lac, 5 lac and 10 lac</p>	<p>5.2</p>
<p>9</p>	<p>Claims/ Claims Procedure</p>	<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</p> <ul style="list-style-type: none"> - 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 <p>Network Hospital Details- https://rules.nivabupa.com/hospital-network/</p> <p>Helpline No- 1860-500-8888</p>	<p>7.2.XIII</p>

		<p>Downloading/ getting claim form- https://transactions.nivabupa.com/pages/downloads.aspx</p> <p>Hospitals which are blacklisted or from where no claim will be accepted by insurer- https://rules.nivabupa.com/doc/Exclude_List.pdf</p>	6.2.XI
10	Policy Servicing	<ul style="list-style-type: none"> • 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/ 	7.1.VIII
11	Grievances/Complaints	<p>Details of</p> <ul style="list-style-type: none"> • 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 	7.1.VIII

		<p>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</p> <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Free Look cancellation: The Free Look Period shall be applicable on individual health insurance policies and not on renewals. <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 medical examination of the proposer and stamp duty charges.</p> <ul style="list-style-type: none"> 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 	<p>7.1.I</p> <p>7.1.III</p> <p>7.1.XV and 7.1.XVI</p>

		<p>policy with us or port your policy to another insurer. You can contact Customer Service Department (details provided above) for migration and portability.</p> <ul style="list-style-type: none"> • 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 sums 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 	<p>7.2.III.f</p> <p>7.1.X</p>
13	Your Obligations	<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. (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

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	13,733.05	5,00,000	NA	NA	NA	NA	13,733.05	26,727.76	42,488.50	5,00,000
21	13,870.38	5,00,000	NA	NA	NA	NA	13,870.38			
39	18,990.70	5,00,000	NA	NA	NA	NA	18,990.70			
45	22,622.13	5,00,000	NA	NA	NA	NA	22,622.13			
Total premium for all members of the family is <u>Rs.69,216.26</u> , when each member is covered separately. Sum Insured available for each individual is <u>Rs.500,000</u> .			Total premium for all members of the family is <u>Rs.NA</u> , when they are covered under a single policy. Sum Insured available for each family member is <u>Rs.NA</u> .				Total premium when the policy is opted on floater basis is <u>Rs. 42,488.50</u> Sum Insured of <u>Rs.500,000</u> is available for the entire family.			
Illustration 2										
55	39,308.99	5,00,000	NA	NA	NA	NA	39,308.99	15,723.59	76,195.81	5,00,000

63	52,610 .41	5,00,0 00	NA	NA	NA	NA	52,610.4 1			
<p>Total premium for all members of the family is Rs.91,919.40, when each member is covered separately.</p> <p>Sum Insured available for each individual is Rs.500,000.</p>			<p>Total premium for all members of the family is Rs.NA, when they are covered under a single policy.</p> <p>Sum Insured available for each family member is Rs.NA.</p>				<p>Total premium when the policy is opted on floater basis is Rs. 76,195.81</p> <p>Sum Insured of Rs.500,000 is available for the entire family.</p>			
Illustration 3										
65	59,704 .43	5,00,0 00	NA	NA	NA	NA	59,704.4 3	24,921 .85	1,10,27 1.67	5,00,0 00
70	75,489 .08	5,00,0 00	NA	NA	NA	NA	75,489.0 8			
<p>Total premium for all members of the family is Rs. 1,35,193.52, when each member is covered separately.</p> <p>Sum Insured available for each individual is Rs.500,000.</p>			<p>Total premium for all members of the family is Rs.NA, when they are covered under a single policy.</p> <p>Sum Insured available for each family member is Rs.NA.</p>				<p>Total premium when the policy is opted on floater basis is Rs.1,10,271.67</p> <p>Sum Insured of Rs.500,000 is available for the entire family.</p>			

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. Zone 3 premium is considered