

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	Sum Insured Options are: 3 Lacs, 4 lacs, 5 Lacs, 7.5 Lacs, 10 Lacs, 12.5 lacs, 15 Lacs, 20 Lacs, 30 Lacs, 75 Lacs, 100 Lacs The Sum Insured opted by you is mentioned in the Policy Schedule.	
5	Policy Coverage	<p>Expenses in respect of:</p> <p>Base Coverage:</p> <ul style="list-style-type: none"> • Hospital admission for 2 hours or more. Also cover treatment taken for Dialysis (Hemo / Peritoneal), Radiotherapy or Chemotherapy for cancer. • AYUSH Treatments are also covered if admitted for 24 hours or more in AYUSH Hospital • 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 • Organ donor expenses covered up to Sum Insured • Road ambulance covered up to Rs.2,000 and air ambulance up to Rs.2,50,000 per hospitalization 	<p>3.2</p> <p>3.2</p> <p>3.2</p> <p>3.3</p> <p>3.3</p> <p>3.4</p> <p>3.1</p> <p>3.5</p>

		<ul style="list-style-type: none"> • No Claim Bonus – For every claim free year, we will add 20% of expiring policy base sum insured as NCB, maximum up to 100%. 3.6 • Refill – Reinstatement up to base Sum Insured (applicable for both same & different illness) 3.7 • Health Check-up can be availed from day 1 of the policy 3.8 • Vaccination post an animal bite covered up to Sum Insured 3.9 • Home Care / Domiciliary Treatment covered up to Sum Insured 3.10 <p>Optional Coverage:</p> <ul style="list-style-type: none"> • Hospital Cash – Fixed amount of Rs.1,000 / 2,000 / 4,000 (depends upon chosen Sum Insured) per day of hospitalization 3.11 • Personal Accident - Up to 5 times of Base Sum Insured. Maximum up to INR 1 Crore 3.12 • 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 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 	4

		<p>arranged wholly or partly for domestic reasons. (Code-Excl13)</p> <ul style="list-style-type: none"> • 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 48 months from the inception of the First Policy with Us. • 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. • Medical & ambulatory devices used at home like BP monitors, Sugar monitors, automation device for peritoneal dialysis, CPAP, BiPAP, Crutches, wheel chair etc. • Any expenses incurred on OPD treatment. • 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 	
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		<p>member of the Insured Person’s immediate family or relatives.</p> <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"> • Treatment related to intentional self-inflicted Injury or attempted suicide by any means. • Costs which are not Reasonable and Customary and treatments which are not Medically Necessary. Refer Definition 2.1.31 for Reasonable and Customary Charges. • Artificial life maintenance for the Insured Person who has been declared brain dead or in vegetative state 	
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: <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 ○ Varicose veins of lower extremities ○ All internal or external benign neoplasms/ tumours, cyst, sinus, polyps, nodules, mass or lump ○ Ulcer, erosion or varices of gastro intestinal tract 	<p>4.1.III</p> <p>4.1.II</p>

		<ul style="list-style-type: none"> ○ 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 <p>a. 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 48 months from the inception of the First Policy with Us. 	<p>4.1.1</p> <p>4.2.1</p>
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/ 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</p>	<p>i. Sublimit</p> <ul style="list-style-type: none"> ○ Road ambulance is covered up to Rs. 2,000 and air ambulance is covered up to Rs.2,50,000 per hospitalization ○ Health Checkup limits as per Sum Insured chosen by you and specified in the policy schedule ○ Vaccination for Animal Bite – Up to Rs.5,000 ○ Room Type Capping: Up to Shared room for variant 2023 and up to sum insured for variant 2022 <p>ii. Co-payment – NA</p> <p>iii. Annual Aggregate Deductible - The deductible options available are INR 10,000, 20,000, 30,00. 50,000, 1 lac, 2 lac, 3 lac, 4 lac, 5 lac and 10 lac can be availed along with premium discount.</p>	<p>3.1</p> <p>3.7</p> <p>3.8</p> <p>3.2</p> <p>3.11</p>

	<p>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>		
9	<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>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>	<p>5.2.4</p> <p>4.2.8</p>
10	<p>Policy Servicing</p>	<ul style="list-style-type: none"> • Call center no of Insurer- Contact No: 1860-500-8888 • Details of Company Officials- <p>Website: www.nivabupa.com Customer Services Department</p>	<p>5.1.8</p>

		<p>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/</p>	
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 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) 	5.1.8

		<p>period if any shall start afresh only for the enhanced portion of the sum insured.</p> <ul style="list-style-type: none"> 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 	5.1.10
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>	5.1.14

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	15,336.07	5,00,000	15,336.07	1,533.61	13,802.47	5,00,000	15,336.07	29,919.32	41,051.83	5,00,000
21	15,336.07	5,00,000	15,336.07	1,533.61	13,802.47	5,00,000	15,336.07			
39	18,868.70	5,00,000	18,868.70	1,886.87	16,981.83	5,00,000	18,868.70			
45	21,430.30	5,00,000	21,430.30	2,143.03	19,287.27	5,00,000	21,430.30			
Total premium for all members of the family is Rs. 70,971.15 , when each member is covered separately. Sum Insured available for each individual is Rs.500,000 .			Total premium for all members of the family is Rs. 63,874.03 , when they are covered under a single policy. Sum Insured available for each family member is Rs.5,00,000 .				Total premium when the policy is opted on floater basis is Rs. 41,051.83 Sum Insured of Rs.500,000 is available for the entire family.			
Illustration 2										

55	35,569 .06	5,00,0 00	35,569 .06	3,556. 91	32,012 .15	5,00,0 00	35,569.0 6	12,445 .67	76,227 .10	5,00,0 00
63	53,103 .71	5,00,0 00	53,103 .71	5,310. 37	47,793 .34	5,00,0 00	53,103.7 1			
<p>Total premium for all members of the family is Rs. 88,672.77, 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. 79,805.49, when they are covered under a single policy.</p> <p>Sum Insured available for each family member is Rs.5,00,000.</p>			<p>Total premium when the policy is opted on floater basis is Rs. 76,227.10</p> <p>Sum Insured of Rs.500,000 is available for the entire family.</p>				
Illustration 3										
65	53,103 .71	5,00,0 00	53,103 .71	5,310. 37	47,793 .34	5,00,0 00	53,103.7 1	22,956 .82	98,418 .95	5,00,0 00
70	68,272 .06	5,00,0 00	68,272 .06	6,827. 21	61,444 .85	5,00,0 00	68,272.0 6			
<p>Total premium for all members of the family is Rs. 1,21,375.77, 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. 1,09,238.19, when they are covered under a single policy.</p> <p>Sum Insured available for each family member is Rs.5,00,000.</p>			<p>Total premium when the policy is opted on floater basis is Rs. 98,418.95</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 and Variant 2022 premium is considered