

Customer Information Sheet/ Know Your Policy

Sl. No	Title	Description	Policy Clause Number
1	Name of Insurance Product/ Policy	Health+	
2	Policy Number	<Policy Number>	
3	Type of Insurance Product/ Policy	Indemnity	
4	Sum Insured	<p>Sum Insured Options are: INR 1 Lacs, 2 Lacs, 5 Lacs, 7 Lacs, 10 Lacs, 15 Lacs, 20 Lacs, 25 Lacs, 30 Lacs.</p> <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> <p>a. In-Patient: Expenses incurred on hospitalization for a minimum period of 24 hours.</p> <p>b. Pre-Post Hospitalization Expenses: pre-hospitalization expenses for a period of 30 days and post hospitalization expenses for a period of 60 days.</p> <p>c. Day Care Procedures- Medical expenses for listed day care procedures.</p> <p>d. Modern Treatments- Covered up to Sum Insured. Sub-limit on Robotics as per Terms & Conditions</p> <p>e. Expenses incurred on road Ambulance subject to a maximum of Rs. 1,000/- per hospitalization.</p> <p>f. Home Care/Domiciliary treatment covered up to Sum Insured.</p> <p>g. Organ Transplant expenses covered up to Sum Insured</p>	<p>3.1</p> <p>3.5</p> <p>3.4</p> <p>3.3</p> <p>3.8</p> <p>3.6</p> <p>3.7</p>
6	Exclusions	<p>Standard Exclusions</p> <p>1. Investigation & Evaluation (Code- Excl04)</p> <p>2. Rest Cure, rehabilitation and respite care (Code- Excl05)</p>	4

		<ol style="list-style-type: none"> 3. Obesity/ Weight Control (Code- Excl06) 4. Change-of-Gender treatments (Code- Excl07) 5. Cosmetic or plastic Surgery (Code- Excl08) 6. Hazardous or Adventure sports (Code- Excl09) 7. Breach of law (Code- Excl10) 8. Excluded Providers (Code-Excl11) 9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code- Excl12) 10. 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) 11. 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) 12. Refractive Error (Code- Excl15) 13. Unproven Treatments (Code- Excl16) 14. Sterility and Infertility (Code- Excl17) 15. Maternity Expenses (Code- Excl18) 16. Circumcision: Circumcision unless necessary for the treatment of a disease or necessitated by an Accident 17. 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. 18. 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. 19. Sexually transmitted Infections & diseases (other than HIV / AIDS): 20. Screening, prevention and treatment for sexually related infection or disease (other than HIV / AIDS). 	
--	--	--	--

		<p>21. Sleep disorders: Treatment for any conditions related to disturbance of normal sleep patterns or behaviors.</p> <p>22. Any form of Alternate Treatment:</p> <ol style="list-style-type: none"> Ayurvedic, Homeopathic, Unani, Yoga and Siddha streams of treatment; Hydrotherapy, Acupuncture, Reflexology, Chiropractic Treatment or any other form of indigenous system of medicine. <p>23. OPD Treatment: Any OPD Treatment is not covered.</p> <p>24. External Congenital Anomaly: Screening, counseling or treatment related to external Congenital Anomaly.</p> <p>25. Dental treatment: All dental treatments other than due to accidents and cancers.</p> <p>26. Unrecognized Physician or Hospital:</p> <ol style="list-style-type: none"> Treatment or Medical Advice provided by a Medical Practitioner not recognized by the Medical Council India or by Central Council of Indian Medicine or by Central council of Homeopathy. 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 relative Treatment provided by Hospital or health facility that is not recognized by the relevant authorities in India <p>27. Costs which are not Reasonable and Customary and treatments which are not Medically Necessary. Refer Definition 2.1.36 for Reasonable and Customary Charges.</p> <p>28. Artificial life maintenance for the Insured Person who has been declared brain dead or in vegetative state</p>	
7	Waiting period	<ul style="list-style-type: none"> Initial Waiting Period (Excl03): 30 days for all illnesses (not applicable in case of continuous renewal or accidents) Pre-existing diseases (Excl01): Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with us. 	<p>4.1.2</p> <p>4.1.1</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>i. Sub-limits</p> <p>i. Room Charges (Hospitalization):</p> <p>a. Room Rent- Up to 2% of Base Sum Insured</p> <p>b. ICU charges – Up to Double of Room Rent (4%) of Base Sum Insured.</p> <p>c. In case Room/ICU/ICCU rent exceeds the limits specified the claim shall be subject to the proportionate deduction.</p> <p>ii. Specified Illness/Condition Sub-limits:</p> <table border="1" data-bbox="565 554 1305 1845"> <thead> <tr> <th style="text-align: center;">Procedure</th> <th style="text-align: center;">Sub-Limit in INR</th> </tr> </thead> <tbody> <tr> <td>Appendectomy</td> <td style="text-align: center;">32,000</td> </tr> <tr> <td>Cataract per eye including Cost of Lens</td> <td style="text-align: center;">18,000</td> </tr> <tr> <td>Cholecystectomy</td> <td style="text-align: center;">26,000</td> </tr> <tr> <td>Hernioplasty/Herniorraphy- Unilateral including cost of mesh and tacker</td> <td style="text-align: center;">32,000</td> </tr> <tr> <td>Hydrocele</td> <td style="text-align: center;">18,000</td> </tr> <tr> <td>Hysterectomy (Abdominal/Vaginal)</td> <td style="text-align: center;">40,000</td> </tr> <tr> <td>Total Knee Replacement (Unilateral) including cost of implants</td> <td style="text-align: center;">72,000</td> </tr> <tr> <td>Total Knee Replacement (Bilateral) including cost of implants</td> <td style="text-align: center;">1,09,000</td> </tr> <tr> <td>Haemorrhoidectomy including Cost of stapler</td> <td style="text-align: center;">29,000</td> </tr> <tr> <td>PCNL- Unilateral</td> <td style="text-align: center;">37,000</td> </tr> <tr> <td>Valve Replacement including cost of implants</td> <td style="text-align: center;">1,45,000</td> </tr> <tr> <td>Hernioplasty/Herniorraphy- Bilateral including Cost of mesh and tacker</td> <td style="text-align: center;">37,000</td> </tr> </tbody> </table>	Procedure	Sub-Limit in INR	Appendectomy	32,000	Cataract per eye including Cost of Lens	18,000	Cholecystectomy	26,000	Hernioplasty/Herniorraphy- Unilateral including cost of mesh and tacker	32,000	Hydrocele	18,000	Hysterectomy (Abdominal/Vaginal)	40,000	Total Knee Replacement (Unilateral) including cost of implants	72,000	Total Knee Replacement (Bilateral) including cost of implants	1,09,000	Haemorrhoidectomy including Cost of stapler	29,000	PCNL- Unilateral	37,000	Valve Replacement including cost of implants	1,45,000	Hernioplasty/Herniorraphy- Bilateral including Cost of mesh and tacker	37,000	<p>3.1</p> <p>3.2</p>
Procedure	Sub-Limit in INR																												
Appendectomy	32,000																												
Cataract per eye including Cost of Lens	18,000																												
Cholecystectomy	26,000																												
Hernioplasty/Herniorraphy- Unilateral including cost of mesh and tacker	32,000																												
Hydrocele	18,000																												
Hysterectomy (Abdominal/Vaginal)	40,000																												
Total Knee Replacement (Unilateral) including cost of implants	72,000																												
Total Knee Replacement (Bilateral) including cost of implants	1,09,000																												
Haemorrhoidectomy including Cost of stapler	29,000																												
PCNL- Unilateral	37,000																												
Valve Replacement including cost of implants	1,45,000																												
Hernioplasty/Herniorraphy- Bilateral including Cost of mesh and tacker	37,000																												

		<table border="1"> <tr> <td>PCNL- Bilateral</td> <td>43,000</td> </tr> <tr> <td>Temporary Pacemaker Implantation including cost of temporary pacemaker</td> <td>14,000</td> </tr> <tr> <td>Hip Replacement (Unilateral) including cost of implants</td> <td>72,000</td> </tr> <tr> <td>Hip Replacement (Bilateral) including cost of implants</td> <td>1,09,000</td> </tr> <tr> <td>Arthroscopic Surgery (Other Than ACL / Meniscectomy)</td> <td>29,000</td> </tr> <tr> <td>Angioplasty including cost of implants and angiography</td> <td>1,09,000</td> </tr> <tr> <td>Coronary Artery Bypass Graft (CABG)</td> <td>1,45,000</td> </tr> </table>	PCNL- Bilateral	43,000	Temporary Pacemaker Implantation including cost of temporary pacemaker	14,000	Hip Replacement (Unilateral) including cost of implants	72,000	Hip Replacement (Bilateral) including cost of implants	1,09,000	Arthroscopic Surgery (Other Than ACL / Meniscectomy)	29,000	Angioplasty including cost of implants and angiography	1,09,000	Coronary Artery Bypass Graft (CABG)	1,45,000		
PCNL- Bilateral	43,000																	
Temporary Pacemaker Implantation including cost of temporary pacemaker	14,000																	
Hip Replacement (Unilateral) including cost of implants	72,000																	
Hip Replacement (Bilateral) including cost of implants	1,09,000																	
Arthroscopic Surgery (Other Than ACL / Meniscectomy)	29,000																	
Angioplasty including cost of implants and angiography	1,09,000																	
Coronary Artery Bypass Graft (CABG)	1,45,000																	
	<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>iii. Modern Treatments – sublimit of INR 1Lac applicable on few robotic surgeries</p> <p>iv. Emergency Ambulance is covered up to INR 1,000 per Hospitalization</p> <p>v. Domiciliary Hospitalization: up to a maximum of 10% of Base Sum Insured.</p> <p>ii. Co-Payment Each and every claim under the Policy shall be subject to a Co-payment of 20% applicable to claim amount admissible and payable as per the terms and conditions of the Policy.</p> <p>iii. Annual Aggregate Deductible - NA</p>		<p>3.3</p> <p>3.8</p> <p>3.6</p> <p>3.9</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
12	Things to Remember	<ul style="list-style-type: none"> Free Look cancellation: You may cancel the insurance policy if you do not want it, within 15 days (30 days for policies with a term of 3 years, if sold through distance marketing) days from the beginning of the policy provided no claims have been made under any benefits. If the insured has not made any claim during the Free Look Period; the insured shall be entitled to: 	5.1.1

		<p>i. refund of the premium paid, less any expenses incurred by the Company on medical examination of the insured person.</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 policy with us or port your policy to another insurer. You can contact Customer Service Department (phone no. and email ID 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 eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven Fraud and permanent exclusions specified in the policy contract. 	<p>5.1.3</p> <p>5.1.12 & 5.1.13</p> <p>5.2.3</p> <p>5.1.10</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</p>	5.1.14

		the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)	
--	--	--	--

Declaration by the Policy Holder;

I have read the above and confirm having noted the details

Place:

**Date:
Holder)**

(Signature of Policy

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	1758.47	5,00,000	NA	NA	NA	NA	NA	NA	NA	NA
21	1758.47	5,00,000	NA	NA	NA	NA	NA			
39	1758.47	5,00,000	NA	NA	NA	NA	NA			
45	1758.47	5,00,000	NA	NA	NA	NA	NA			
Total premium for all members of the family is Rs.7,034 , when each member is covered separately. Sum Insured available for each individual is Rs.500,000 .			NA				NA			

			Illustration 2							
55	1758.47	5,00,000	NA	NA	NA	NA	NA	NA	NA	NA
63	1758.47	5,00,000	NA	NA	NA	NA	NA			
Total premium for all members of the family is Rs.3,517 , when each member is covered separately. Sum Insured available for each individual is Rs.500,000 .			NA				NA			
			Illustration 3							
65	1758.47	5,00,000	NA	NA	NA	NA	NA	NA	NA	NA
70	NA	NA	NA	NA	NA	NA	NA			
Total premium for all members of the family is Rs.1,758 , when each member is covered separately. Sum Insured available for each individual is Rs.500,000 .			NA				NA			

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.