

Customer Information Sheet

Sl. No	Title	Description	Policy Clause Number
1	Products Name	Health Recharge	
2	What am I covered for	<p>You have to mandatorily choose any one of the annual aggregate claim deductible amount from Rs. 10,000, 25,000, 50,000, 1Lac to 10Lacs (in multiples of 1Lac).</p> <p>Base Coverage:</p> <ul style="list-style-type: none"> • Hospital admission longer than 24 hrs 3.1 • Related medical expenses up to Sum Insured incurred 60 days prior to hospitalization 3.2 • Related medical expenses incurred up to Sum Insured within 90 days from date of discharge 3.3 • All procedures requiring less than 24 hours hospitalization (day care) 3.4 • Domiciliary hospitalization covered up to Sum Insured 3.5 • Alternative treatment covered up to Sum Insured 3.6 • Living organ donor transplant covered up to Sum Insured 3.7 • Emergency Ambulance covered up to Rs. 1,500 per hospitalization 3.8 • e-Consultation for unlimited tele / online medical consultations 3.9 • Pharmacy and diagnostic services 3.10 • Loyalty Additions with increase of 5% of expiring Base Sum Insured in a Policy Year; maximum up to 50% of Base Sum Insured. This benefit is applicable only for base Sum Insured up to Rs. 25 Lac 3.11 • Mental Disorders treatment covered up to Sum Insured (sub-limit applicable on few conditions / disorders) 3.12 • Treatment for conditions caused by HIV/AIDS are covered up to Sum Insured 3.13 • Artificial Life Maintenance expenses are covered up to Sum Insured 3.14 • Modern treatments like Robotic surgeries, oral chemotherapy etc. are covered under the policy (sub-limit applicable on few treatments / procedures) 3.15 <p>Optional Coverage:</p> <ul style="list-style-type: none"> • Personal Accident coverage against accident death, permanent total and partial disability 4.1 • Critical Illness coverage for 20 major illnesses which includes cancer, first heart attack, open chest CABG, etc. 4.2 • Modification of maximum room rent eligibility to Single Private Room. (This option can is available only for Sum Insured up to Rs. 4 Lacs and deductible more than Rs. 50,000) 4.3 	
3	What are the major exclusions in the policy	<ul style="list-style-type: none"> • Investigation & Evaluation • Rest Cure, rehabilitation and respite care • Obesity/ Weight Control • Change-of-Gender treatments 	6

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		<ul style="list-style-type: none"> • Cosmetic or plastic Surgery • Hazardous or Adventure sports • Breach of law • Excluded Providers • Refractive Error • Unproven Treatments • Birth control, Sterility and Infertility • Maternity Expenses • Circumcision • Conflict & Disaster • External Congenital Anomaly • Unrecognized Physician or Hospital <p>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)</p>	
4	Waiting period	<ul style="list-style-type: none"> • Initial waiting Period: 30 days for all illness (not applicable on renewal or for accidents) • Specific Waiting periods: 24 months for 15 conditions as specified in policy clause number 6.2, unless the condition is directly caused by Cancer (covered after Initial Waiting Period of 30 days) or an Accident (covered from day 1) • Pre-existing diseases: Covered after 36 months of continuous coverage <p>The aforementioned Waiting Periods shall not apply to e-Consultation, Personal Accident Cover and Critical Illness Cover</p> <ul style="list-style-type: none"> • For critical illness cover, 90 days initial waiting period along with Pre-existing Disease waiting period of 48 months and Survival Period exclusion of 30 days will apply for all conditions 	<p>6.1 (III)</p> <p>6.1 (II)</p> <p>6.1 (I)</p> <p>4.2</p>
5	Payment basis	<ul style="list-style-type: none"> • Cashless treatment or Reimbursement of covered expenses up to specified limits for all benefits other than Personal Accident Cover and Critical Illness Cover • e-Consultation benefit can only be availed through cashless mode only • Fixed amount on the occurrence of a covered event under Personal Accident Cover and Critical Illness Cover 	7.2 (XII)
6	Loss Sharing	<p>In case of a claim, this policy will cover up to the amount / limits mentioned below:</p> <ul style="list-style-type: none"> • Sub-limits <ul style="list-style-type: none"> ○ Room rent (for Sum Insured less than 5 Lac) – 1% of Sum Insured per day. For Sum Insured 5 Lacs and above, no restriction on amount, however room category is limited to Single Private Room. ○ Emergency Ambulance up to Rs. 1,500 per hospitalization ○ Mental Disorders treatment - sub-limit of 10% of Base Sum Insured subject to maximum of Rs. 50,000 is applicable on specific mental conditions / disorders on a cumulative basis as specified in section 3.12 of policy document ○ Modern Treatments – specific amount sub-limit applicable on for few procedures / treatments as 	<p>3.12</p> <p>3.14</p>

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		<p>specified in section 3.14 of policy document</p> <p>You will also be required to share the following costs (as chosen by You):</p> <ul style="list-style-type: none"> • Annual Aggregate Deductible of Rs. 10,000, 25,000, 50,000, 1Lac to 10Lacs (in multiples of 1Lac) 	5.1
7	Renewal Conditions	<ul style="list-style-type: none"> • Your policy is ordinarily renewable for life provided the due premium is paid on time • The Renewal premium is payable on or before the due date and in any circumstances before the expiry of Grace Period of 30 days. • Renewal premium will alter based on individual Age. The reference of Age for calculating the premium for Family Floater Policies shall be the Age of the eldest Insured Person. • Renewal premium will not alter based on individual claim experience. Renewal premium rates may be changed provided that such changes are approved by IRDAI and in accordance with the IRDAI's rules and regulations as applicable from time to time. 	7.1 (III)
8	Renewal Benefits	<ul style="list-style-type: none"> • Loyalty Additions of increase of 5% of expiring Base Sum Insured in a Policy Year; maximum up to 50% of Base Sum Insured. Applicable only for base Sum Insured up to Rs. 25L 	3.11
9	Cancellation	<p>This policy would be cancelled, and no claim or refund would be due to you if:</p> <ul style="list-style-type: none"> • you have not correctly disclosed details about current and past health status OR • you have otherwise encouraged or participated in any fraudulent claim under the policy. 	7.1 (II)
10	Claims	<p>For Cashless Service:</p> <ul style="list-style-type: none"> • Hospital Network details can be obtained from www.nivabupa.com • We must be contacted to pre-authorize Cashless Facility for planned treatment at least 72 hours prior to the proposed treatment. • If the Insured Person has been Hospitalized in an Emergency, We must be contacted to pre-authorize Cashless Facility within 48 hours of the Insured Person's Hospitalization or before discharge from the Hospital, whichever is earlier. <p>For Reimbursement of Claim:</p> <ul style="list-style-type: none"> • We shall be provided with the necessary information and documentation in respect of all claims within 30 days of the Insured Person's discharge from Hospital (in the case of Pre-hospitalization Medical Expenses and Hospitalization Medical Expenses) or within 30 days of the completion of the Post-hospitalization Medical Expenses period (in the case of Post-hospitalization Medical Expenses) or within 30 days of the Insured Event giving rise to a claim under Section 3 (other than Section 3.1, 3.2 or 3.3) or within 30 days of death or disability due to accident (in case of 	7.2 (XII)

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		Personal Accident Cover) or within 30 days from the date of occurrence of an Insured Event or completion of Survival Period (in case of Critical Illness cover).	
11	Policy Servicing/ Grievances/Complaints	<ul style="list-style-type: none"> • In case of any query or complaint/grievance, You/the Insured Person may approach Our office at the following address: 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.: 011-30902010 Email ID: customercare@nivabupa.com Senior citizens may write to us seniorcitizensupport@nivabupa.com • Grievance may also be lodged at IRDAI Integrated Grievance Management System- https://igms.irdai.gov.in/ • Ombudsman (Refer Annexure IV of policy document for List of Insurance Ombudsmen) 	7.1 (VIII)
12	Insured's Rights	<ul style="list-style-type: none"> • Free Look - If you do not agree to the terms and conditions of the Policy, you may cancel the Policy, stating your reasons within 15 days of receipt of the Policy document provided no claims have been made under any benefits. The free look provision is not applicable at the time of Renewal of the Policy. • Implied renewability - Your policy is ordinarily renewable for life provided the due premium is paid on time • Migration and Portability - You can port your policy at the time of renewal according to the IRDAI guidelines. You can contact Customer Service Department (phone no. and email ID provided above) for migration and portability. • Increase in Sum Insured during the Policy term - You may opt for enhancement of Sum Insured at the time of Renewal, subject to underwriting. You can contact Customer Service Department (phone no. and email ID provided above) for increasing the Sum Insured. • Turn Around Time (TAT) for issue of Pre-Auth – 4 hours • Turn Around Time (TAT) for settlement of Reimbursement - We shall settle or repudiate a claim within 30 days of the receipt of the last necessary information and documentation 	7.1 (I) 7.1 (XIII, XIV)
13	Insured's Obligations	<ul style="list-style-type: none"> • Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid. • Disclosure of material information at the time of Renewal such as change in occupation, address etc. 	

Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.

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Benefit Illustration

Benefit Illustration (25 Lac Sum Insured with 5 Lac Deductible, 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	1,267.00	25,00,000	NA	NA	NA	NA	1,267.00	1,595.00	5,141.00	25,00,000
21	1,267.00	25,00,000	NA	NA	NA	NA	1,267.00			
39	1,641.00	25,00,000	NA	NA	NA	NA	1,641.00			
45	2,561.00	25,00,000	NA	NA	NA	NA	2,561.00			
Total premium for all members of the family is Rs.6,736 , when each member is covered separately. Sum Insured available for each individual is Rs.2,500,000 .			Total premium for all members of the family is Rs.NA , when they are covered under a single policy. Sum Insured available for each family member is Rs.NA .				Total premium when the policy is opted on floater basis is Rs.5,141 . Sum Insured of Rs.2,500,000 is available for the entire family.			
Illustration 2										
55	5,320.00	25,00,000	NA	NA	NA	NA	5,320.00	1,994.00	10,573.00	25,00,000
63	7,247.00	25,00,000	NA	NA	NA	NA	7,247.00			
Total premium for all members of the family is Rs.12,567 , when each member is covered separately. Sum Insured available for each individual is Rs.2,500,000 .			Total premium for all members of the family is Rs.NA , when they are covered under a single policy. Sum Insured available for each family member is Rs.NA .				Total premium when the policy is opted on floater basis is Rs.10,573 . Sum Insured of Rs.2,500,000 is available for the entire family.			
Illustration 3										
65	7,247.00	25,00,000	NA	NA	NA	NA	7,247.00	3,101.00	12,279.00	25,00,000
70	8,133.00	25,00,000	NA	NA	NA	NA	8,133.00			
Total premium for all members of the family is Rs.15,380 , when each member is covered separately. Sum Insured available for each individual is Rs.2,500,000 .			Total premium for all members of the family is Rs.NA , when they are covered under a single policy. Sum Insured available for each family member is Rs.NA .				Total premium when the policy is opted on floater basis is Rs.12,279 . Sum Insured of Rs.2,500,000 is available for the entire family.			

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.