

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	Quick Health	
2	Policy Number		
3	Type of Insurance Product/ Policy	Both indemnity and benefit	
4	Sum Insured	Sum Insured:	
5	Policy Coverage	Out Patient Consultations	C.1
		Video Consultation: Cover Video Consultations with certified General Practitioners for the Insured. Limit is:	C.1.1
		Tele Consultations: Cover Tele Consultations with certified General Practitioners for the Insured. Limit is:	C.1.2
		Physical Consultations: Cover physical Consultations with certified General Practitioners for the Insured. Limit is:	C.1.3
		Video Consultations with specialists: Cover Video Consultations with certified specialists for the Insured. Limit is:	C.1.4
		Tele Consultations with specialists: Cover Tele Consultations with certified specialists for the Insured. Limit is:	C.1.5
		Physical Consultations with specialists: Cover physical Consultations with certified specialists for the Insured. Limit is:	C.1.6
		Diagnostic Tests and Investigations: Cover diagnostic services for the Insured. Limit is:	C.2
		Pharmacy Services: Cover pharmacy services for the Insured. Limit is:	C.3
		Home Health Care Services: Cover Home Health Care services for the Insured. Limit is:	C.4
		Vaccination Cover: Cover vaccination charges for the Insured. Limit is:	C.5
		Annual Health Check-up: The Insured Person may avail a health check-up during the Policy Period. Limit is:	C.6
		Daily Cash Benefit: We will pay an amount if Insured Person is hospitalized (for 24 hours or more) following an illness/Injury. Limit is:	C.7
		Accident Cover	C.8
Death: Covers death due to an accident. Limit is:	C.8.1		
Accidental Permanent Total Disability (PTD): Covered up to Accidental Cover Sum Insured. Limit is:	C.8.2		

		Accidental Permanent Partial Disability(PPD): Covered up to Accidental Cover Sum Insured. Limit is:	C.8.3
		Temporary Total Disability (TTD): If customer is temporarily incapacitated due to an accident and is unable to engage in any employment or occupation of any description whatsoever, then we will pay as per limits. Limit is:	C.8.4
		Accidental Medical Reimbursement: Covers accidental hospitalization charges. Limit is:	C.8.5
		Wellness Benefit: Maximum coverage up to 12 months in a policy year with no limits on the visit/consultation	C.9
6	Exclusions	General Exclusions (applicable to all Sections under the Policy unless specified otherwise)	D
		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).	i.
		Breach of law: Code- Excl10	ii.
		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, para-military or air force operation during peace time.	iii.
		Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12	iv.
		Inhaling any gas or fumes, accidentally or otherwise, except in the course of duty.	v.
		Participation in aviation other than as a fare-paying passenger in an aircraft that is authorized by the relevant regulations to carry such passengers between established aerodromes.	vi.
		Hazardous or Adventure sports: Code- Excl09 Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.	vii.
		Investigation & Evaluation- Code- Excl04 a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded. b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.	viii.

	Unproven Treatments: Code- Excl16 Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.	ix.
	Any exclusion mentioned in the Policy Schedule/Certificate of Insurance or the breach of any specific condition mentioned in the Policy Schedule/Certificate of Insurance.	x.
	Any disability arising out of Pre-Existing Disease if not accepted and endorsed by Us on the Policy Schedule or Certificate of Insurance.	xi.
	Waiting Periods and Exclusions Specific to Benefit 1/Benefit 2/Benefit 3/ Benefit 4/ Benefit 5/ Benefit 6/ Benefit 7	D.1
	Pre-existing Diseases (Code-Excl01):	A (i)
	Specified disease/procedure waiting period (Code-Excl02)	A (ii)
	30-day waiting period (Code- Excl03):	A (iii)
	Permanent Exclusions:	D.1.B
	Investigation & Evaluation (Code-Excl04)	I.
	Rest Cure, rehabilitation and respite care (Code-Excl05) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:	II.
	Obesity/ Weight Control (Code-Excl06)	III.
	Change-of-Gender treatments (Code-Excl07) Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.	IV.
	Cosmetic or plastic Surgery (Code-Excl08) Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.	V.
	Hazardous or Adventure sports(Code-Excl09) Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving.	VI.
	Breach of law (Code-Excl10) Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.	VII.

	<p>Excluded Providers (Code-Excl11) Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by Us and disclosed in Our website / notified to the Policyholders are not admissible. However, in case of life threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim. The complete list of excluded providers can be referred to our website.</p>	VIII.
	<p>Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)</p>	IX.
	<p>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)</p>	X.
	<p>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)</p>	XI.
	<p>Refractive Error (Code-Excl15) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.</p>	XII.
	<p>Unproven Treatments (Code-Excl16) Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.</p>	XIII.
	<p>Sterility and Infertility (Code-Excl17) Expenses related to sterility and infertility. This includes: a. Any type of contraception, sterilization b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI c. Gestational Surrogacy d. Reversal of sterilization</p>	XIV.
	<p>Maternity (Code-Excl18) a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.</p>	XV.
	<p>Circumcision: Circumcision unless necessary for the treatment of a disease or necessitated by an Accident.</p>	XVI.
	<p>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</p>	XVII.

		(act of armed resistance to an established government or leader), acts of terrorism.	
		External Congenital Anomaly: Screening, counselling or treatment related to external Congenital Anomaly.	XVIII.
		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.	XIX.
		Hormone Replacement Therapy: Treatment for any condition / illness which requires hormone replacement therapy.	XX.
		Sexually transmitted Infections & diseases (other than HIV / AIDS): Screening, prevention and treatment for sexually related infection or disease (other than HIV / AIDS).	XXI.
		Sleep disorders: Treatment for any conditions related to disturbance of normal sleep patterns or behaviours.	XXII.
		Any treatment or medical services received outside the geographical limits of India.	XXIII.
		Any expenses incurred on OPD treatment	XXIV.
		Exclusions Specific to Accidental Cover (Benefit 8):	D.2
		Death or any disablement resulting from, caused by, contributed to or aggravated or prolonged by child birth or from pregnancy.	I.
		Participation in aviation other than as a fare-paying passenger in an aircraft that is authorized by the relevant regulations to carry such passengers between established aerodromes.	II.
		Any disability arising out of Pre-Existing Disease if not accepted and endorsed by Us on the Policy Schedule/Certificate of Insurance.	III.
		Body or mental infirmity or any disease except where such condition arises directly due to an Accident occurring during the Policy Period.	IV.
		Death or disability due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same.	V.
7	Waiting period - Time period during which specified diseases/treatments are not covered. -It is counted from the beginning of the policy coverage.	Waiting Periods and Exclusions Specific to Benefit 1/Benefit 2/Benefit 3/ Benefit 4/ Benefit 5/ Benefit 6/ Benefit 7	D.1
		Pre-existing Diseases (Code-Excl01):	A (i)
		Specified disease/procedure waiting period (Code-Excl02)	A (ii)
		30-day waiting period (Code- Excl03):	A (iii)

8	Financial Limits of Coverage i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	As mentioned in section 5, if applicable	
	ii. Co-Payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured)	As mentioned in section 5, if applicable	
	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)	As mentioned in section 5, if applicable	
	Any other limit (as applicable)	As mentioned in section 5, if applicable	
9	Claims/ Claims Procedure	<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 - TAT for pre-authorization of cashless facility- 1 Hours - 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> <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>	1.8, 7.1, 8.7

10	Policy Servicing	<p>Call center no of Insurer- Contact No: 1860-500-8888</p> <p>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/</p>	E.1.15
11	Grievances/ Complaints	<p>Details of</p> <p>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</p> <p>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</p> <p>IRDAI/(IGMS/Call Centre): Email ID: www.igms.irdai.gov.in Ombudsman (Refer Annexure II of policy document for List of Insurance Ombudsmen)</p>	E.1.15

12	Things to remember	<p>Free Look cancellation: 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 the insurer on medical examination of the proposer and stamp duty charges.</p>	E.1.6
		<p>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.</p>	E.1.9
		<p>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 (details provided above) for migration and portability.</p>	E.1.4, E.1.5
		<p>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 be applicable from the date of enhancement of sums insured only on the enhanced limits.</p> <p>The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the Policy contract.</p> <p>Note: the accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium Period.</p>	E.1.16

		Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal, subject to underwriting by the company.	E.2.19.e
13	Your Obligations	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)	E.1.1

Declaration by the Policy Holder;

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

Note:

- i. Insurer shall provide web-link where the product related documents including the Customer Information sheet are available on the website of the insurer.
- ii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.
- iii. Insurer to take confirmation of the policyholder regarding receiving of the Customer Information Sheet.