

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	Rise	
2	Policy Number		
3	Type of Insurance Product/ Policy	Both Indemnity and Benefit	
4	Sum Insured	Sum Insured Options are: 3 Lacs, 5 Lacs, 7.5 Lacs, 10 Lacs, 15 Lacs, 20 Lacs, 25 Lacs, 50 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"> • Expenses in Reaching the Hospital: Road ambulance & Air Ambulance covered up to Sum Insured • Expenses during Hospitalization: Hospital admission for 2 hours or more. • AYUSH Treatments are also covered if admitted for 24 hours or more in AYUSH Hospital • Modern treatments Up to Sum Insured. • All Day Care Treatments covered. • Pre & Post Hospitalization expenses of 60 days & 180 Days. • Home Care/Domiciliary treatment covered up to Sum Insured. • Organ donor expenses covered up to Sum Insured • Rise-Tiered Network: Get access to an extensive list of hospitals. Flat 20% Co-Payment: if treatment taken outside this list of hospitals. • Re-fill of 100% of base Sum Insured. Once in a policy year. 	<p>4.1.1</p> <p>4.1.2</p> <p>4.1.2</p> <p>4.1.2</p> <p>4.1.2</p> <p>4.1.3</p> <p>4.1.4</p> <p>4.1.5</p> <p>4.1.6</p> <p>4.1.7</p>

		<ul style="list-style-type: none"> • Loyalty bonus of 10% each policy year. Upto 100% of Base Sum Insured 4.1.8 • Return of 50% of premium paid as separate sum insured. Will be accumulated each year and a bonus of 10% will be added. 4.1.9 • Smart Cash of INR 5000 if hospitalized for 24 hours and more in a Govt. hospital. For which the claim was not taken in this policy. 4.1.10 • Digital Consultations unlimited with general practitioner in our network. 4.1.11 <p>Optional Coverage:</p> <ul style="list-style-type: none"> • Hospital Cash 4.2.1 • Personal Accident 4.2.2 • Safeguard 4.2.3 • Safeguard+ 4.2.4 • Health Check up (Cashless) 4.2.5 • Health Check Up (Cashless + Reimbursement) 4.2.6 • Second Medical Opinion 4.2.7 • Co-Payment 4.2.8 • Pre-Existing Disease Waiting Time Modification 4.2.9 • Room Type Modification 4.2.10 • Specific Disease Wait Time Modification 4.2.11 • Annual Aggregate Deductible 4.2.12 • No Co-Pay Network 4.2.13 • Modern Treatment+ 4.2.14 • Smart Cash+ 4.2.15 • Return+ 4.2.16 • Reassure Forever 4.2.17 	
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) 	6

		<ul style="list-style-type: none"> • Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12) • 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) • Refractive Error (Code-Excl15) • Unproven Treatments (Code-Excl16) • Sterility & Infertility (Code-Excl17) • Maternity (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 will be subject to a Waiting Period of up to 48 months from the inception of the First Policy with Us • 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 treatment- All dental treatments other than due to accidents and cancers. • Unrecognized Physician or Hospital- • 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. • 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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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): <ol style="list-style-type: none"> a. 24 Months <p>The above waiting periods will apply for the below conditions -</p> <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 	<p>6.1.3</p> <p>6.1.2</p>

		<ul style="list-style-type: none"> ○ All internal or external benign neoplasms/ tumours, cyst, sinus, polyps, nodules, mass or lump ○ Ulcer, erosion or varices of gastro intestinal tract ○ 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 <ul style="list-style-type: none"> ● 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 <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>6.1.1</p> <p>6.2.1</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</p>	<p>i. Sublimit</p> <ul style="list-style-type: none"> ● Room Type Capping: Twin Sharing room. ● Modern Treatment: INR 50,000 on the claim. ● Hospital Cash: INR 1000/Day ● Smart Cash: INR 5000 for Govt. Hospitalization ● Road Ambulance: INR 2000 per hospitalization ● Personal Accident: up to 5 times of Base Sum Insured. Maximum up to INR 1 Crore. ● Health Checkup (Cashless): for defined list of tests; up to INR 500 for every INR 1 Lac Base Sum Insured. (Individual: Maximum INR 5,000 per Insured; Family Floater: Maximum INR 10,000 per policy). ● Health Checkup (Cashless & Reimbursement): for defined list of tests; up to INR 500 for every INR 1 Lac Base Sum Insured. (Individual: Maximum INR 5,000 per Insured; Family Floater: Maximum INR 10,000 per policy). 	<p>4.1.2</p> <p>4.1.2</p> <p>4.2.1</p> <p>4.1.10</p> <p>4.1.1</p> <p>4.2.2</p> <p>4.2.5</p> <p>4.2.6</p>

	<p>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>ii. Co-payment –</p> <ul style="list-style-type: none"> • Room Type Capping: 20% co-pay if outside network. • Optional benefit with following options – 0%, 10%, 20%, 30%, 40% and 50%. • Room Type Modification with options of up to 30% • Health Checkup (Cashless & Reimbursement): 20% co-payment for reimbursement. • Borderless: Option to choose co-payment as per customer - 0%, 20%, 30%, 40% and 50%. <p>iii. Annual Aggregate Deductible - Optional benefit with following options - INR 10,000; INR 20,000; INR 30,000; INR 50,000; INR 1,00,000; INR 2,00,000; INR 3,00,000; INR 4,00,000; INR 5,00,000, INR 10,00,000</p>	<p>4.1.2</p> <p>4.2.8</p> <p>4.2.10</p> <p>4.2.6</p> <p>4.2.12</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 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>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>7.2.4</p> <p>6.2.5</p>

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/ 	7.1.8
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 	7.1.8

		<p>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	<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>i. 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 policy with us or port your policy to another insurer. You can contact Customer Service Department 	<p>7.1.1</p> <p>7.1.3</p> <p>7.1.12 & 7.1.13</p>

		<p>(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 be applicable from the date of enhancement of sums insured only on the enhanced limits. 	<p>7.2.3</p> <p>7.1.10</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, misdescription 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>	7.1.14

Benefit Illustration

Benefit Illustration (5 Lac Sum Insured, Policy Term 1 year)										
Age of the member in surrendered	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.)	Float or discount, if any	Premium after discount (Rs.)	Sum Insured (Rs.)
Illustration 1										
18	7,116.16	5,00,000	7,116.16	711.62	6,404.54	5,00,000	7,116.16	10,731.40	23,466.32	5,00,000
21	7,116.16	5,00,000	7,116.16	711.62	6,404.54	5,00,000	7,116.16			
39	8,891.67	5,00,000	8,891.67	889.17	8,002.50	5,00,000	8,891.67			
45	11,073.73	5,00,000	11,073.73	1,107.37	9,966.36	5,00,000	11,073.73			

<p>Total premium for all members of the family is <u>Rs. 34,197.72</u>, when each member is covered separately.</p> <p>Sum Insured available for each individual is <u>Rs.500,000.</u></p>			<p>Total premium for all members of the family is <u>Rs. 30,777.95</u>, when they are covered under a single policy.</p> <p>Sum Insured available for each family member is <u>Rs.5,00,000.</u></p>				<p>Total premium when the policy is opted on floater basis is <u>Rs.23,466.32</u></p> <p>Sum Insured of <u>Rs.500,000</u> is available for the entire family.</p>			
Illustration 2										
55	18,49 4.98	5,00, 000	18,49 4.98	1,849. 50	16,64 5.48	5,00, 000	18,49 4.98	1,333 .93	50,91 8.16	5,00, 000
63	33,75 7.11	5,00, 000	33,75 7.11	3,375. 71	30,38 1.40	5,00, 000	33,75 7.11			
<p>Total premium for all members of the family is <u>Rs. 52,252.09</u>, when each member is covered separately.</p> <p>Sum Insured available for each individual is <u>Rs.500,000.</u></p>			<p>Total premium for all members of the family is <u>Rs.47,026.88</u>, when they are covered under a single policy.</p> <p>Sum Insured available for each family member is <u>Rs.5,00,000.</u></p>				<p>Total premium when the policy is opted on floater basis is <u>Rs. 50,918.16</u></p> <p>Sum Insured of <u>Rs.500,000</u> is available for the entire family.</p>			
Illustration 3										
65	33,75 7.11	5,00, 000	33,75 7.11	3,375. 71	30,38 1.40	5,00, 000	33,75 7.11	8,519 .55	65,62 9.12	5,00, 000
70	40,39 1.56	5,00, 000	40,39 1.56	4,039. 16	36,35 2.41	5,00, 000	40,39 1.56			
<p>Total premium for all members of the family is <u>Rs. 74,148.67</u>, when each member is covered separately.</p> <p>Sum Insured available for each individual is <u>Rs.500,000.</u></p>			<p>Total premium for all members of the family is <u>Rs.66,733.80</u>, when they are covered under a single policy.</p> <p>Sum Insured available for each family member is <u>Rs.5,00,000.</u></p>				<p>Total premium when the policy is opted on floater basis is <u>Rs. 65,629.12</u></p> <p>Sum Insured of <u>Rs.500,000</u> is available for the entire family.</p>			

individual is <u>Rs.500,000.</u>		
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Note: Premium rates specified in the above illustration are standard premium rates without considering any loadings/discounts. Also, the premium rates are exclusive of taxes applicable.

Zone 3 premium is considered