

### 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	Xpress Health	
2	Policy Number		
3	Type of Insurance Product/ Policy	Both Indemnity and Benefit	
4	Sum Insured	Sum Insured:	
5	Policy Coverage	OPD Consultations	3.1
		Video Consultation: Cover Video Consultations with certified General Practitioners for the Insured. Limit is:	3.1.1
		Tele Consultations: Cover Tele Consultations with certified General Practitioners for the Insured. Limit is:	3.1.2
		Physical Consultations: Cover Physical Consultations with certified General Practitioners for the Insured. Limit is:	3.1.3
		Video Consultations with specialists: Cover Video Consultations with Specialists for the Insured. Limit is:	3.1.4
		Tele Consultations with specialists: Cover Tele Consultations with Specialists for the Insured. Limit is:	3.1.5
		Physical Consultations with specialists: Cover Physical Consultations with Specialists for the Insured. Limit is:	3.1.6
		Diagnostic Services: Cover diagnostic services for the Insured. Limit is:	3.2
		Pharmacy Services: Cover diagnostic services for the Insured. Limit is:	3.3
		Home Health Care Services: Cover Home Health Care services for the Insured. Limit is:	3.4
		Vaccination Cover: Cover vaccination charges for the Insured. Limit is:	3.5
		Annual Health Check-up: The Insured Person may avail a health check-up during the Policy Period. Limit is:	3.6
		Daily Cash Benefit	3.7
		Daily Cash Benefit with Franchise: We will pay an amount if Insured Person is hospitalized (for 24 hours or more). Limit is:	3.7.1
Daily Cash Benefit with Deductible: We will pay an amount if Insured Person is hospitalized (for 24 hours or more). Limit is:	3.7.2		

Emergency Assistance Services	3.8
Medical referral: Tele-consultation through our Service Providers, to provide reference of doctors in the vicinity where the Insured Person is located. Limit is:	3.8.1
Emergency medical evacuation: Coverage of ambulance services through our service providers when adequate medical facility is not available proximate to the Insured Person. Limit is:	3.8.2
Medical repatriation: Coverage for transportation services through our service providers when medically necessary. Limit is:	3.8.3
Compassionate visit: Cover expenses for travel of a family member or personal friend to visit Insured Person following 7 days of consecutive hospitalization. Limit is:	3.8.4
Care and/ or transportation of minor children: Cover for one-way economy common carrier transportation to the place of residence of minor child in case of medical emergency or death of an Insured person. Limit is:	3.8.5
Return of mortal remains: Cover for the return of mortal remains to an authorized funeral home proximate to the Insured Person's legal residence. Limit is:	3.8.6
Second Medical Opinion: If the Insured Person is undergoing a treatment for an illness, the Insured Person can, at the Insured Person's choice, obtain a Second Medical Opinion during the Policy Period. Limit is:	3.9
Hospitalization Cover	3.1
Inpatient Care: Cover for Hospitalization following an illness or injury. Limit is:	3.10.1
Pre-hospitalization Medical Expenses: Cover for Insured Person's Pre-hospitalization Medical Expenses incurred following an Illness or Injury. Limit is:	3.10.2
Post-hospitalization Medical Expenses: Cover for Insured Person's Post-hospitalization Medical Expenses incurred following an Illness or Injury. Limit is:	3.10.3
Day Care Treatment: Cover for Medical Expenses incurred on the Insured Person's Day Care Treatment following an Illness or Injury. Limit is:	3.10.4
AYUSH Benefit: Cover for Medical Expenses incurred on the Insured Person's Hospitalization for treatment under Ayurveda, Unani, Siddha or Homeopathy systems. Limit is:	3.10.5
Domiciliary Hospitalization: Cover for Medical Expenses incurred for the Insured Person's Domiciliary Hospitalization. Limit is:	3.10.6

		Organ Transplant: Cover for Medical Expenses incurred for a living organ donor's Inpatient treatment for the harvesting of the organ donated. Limit is:	3.10.7
		Emergency Road Ambulance- Within India: Cover for expenses incurred on an ambulance during the Policy Period to transfer the Insured Person by surface transport following an Emergency. Limit is:	3.10.8
		Air Ambulance Cover: Cover for expenses incurred on an air ambulance during the Policy Period to transport the Insured Person to the nearest Hospital following an Emergency within India. Limit is:	3.10.9
		Loyalty Credits Sum Insured Enhancement: If the Insured Person's cover under the Policy is renewed with Us without a break We will increase the Base Sum Insured applicable under the Policy, for each successive renewal. Limit is:	3.10.10
		No Claim Bonus: We will add a Cumulative Bonus in the form of a No Claim Bonus as a percentage of the Sum Insured (In-patient Care) at the end of every Policy Year. Limit is:	3.10.11
		Modern Treatments: Listed procedures will be covered either in in-patient care or Daycare section. Limit is:	3.10.12
		Critical illness Cover: We will pay the amount if the Insured Person is diagnosed with any Critical Illness. Limit is:	3.11
		Accidental Death (AD): Covers death due to an accident. Limit is:	3.12.1
		Accidental Permanent Total Disability (PTD): Covered up to Accidental Cover Sum Insured. Limit is:	3.12.2
		Accidental Permanent Partial Disability (PPD): Covered up to Accidental Cover Sum Insured. Limit is:	3.12.3
		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:	3.12.4
		Accidental Medical Reimbursement: Covers accidental hospitalization charges. Limit is:	3.12.5
		Serious Illness: We will pay an amount basis number of days of hospitalization of Insured due to illness/injury in the Policy Period. Limit is:	3.13
6	Exclusions	<b>Inpatient Care- Section Specific Conditions- Standard Exclusion:</b>	3.10.13 B
		Investigation & Evaluation (Code-Excl04)	3.10.13 B a I.
		Rest Cure, rehabilitation and respite care (Code-Excl05)	3.10.13 B a II.
		Obesity/ Weight Control (Code-Excl06)	3.10.13 B a III.

	Change-of-Gender treatments (Code-Excl07)	3.10.13 B a IV.
	Cosmetic or plastic Surgery (Code-Excl08)	3.10.13 B a V.
	Hazardous or Adventure sports (Code-Excl09)	3.10.13 B a VI.
	Breach of law (Code-Excl10)	3.10.13 B a VII.
	Excluded Providers (Code-Excl11)	3.10.13 B a VIII.
	Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)	3.10.13 B a IX.
	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)	3.10.13 B a X.
	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)	3.10.13 B a XI.
	Refractive Error (Code-Excl15)	3.10.13 B a XII.
	Unproven Treatments (Code-Excl16)	3.10.13 B a XIII.
	Sterility and Infertility (Code-Excl17)	3.10.13 B a XIV.
	Maternity (Code-Excl18)	3.10.13 B a XV.
	<b>Inpatient Care- Section Specific Conditions- Specific Exclusion</b>	
	Charges related to a Hospital stay not expressly mentioned as being covered. This will include charges for RMO charges, surcharges and service charges levied by the Hospital	3.10.13 B b I.
	Circumcision: Circumcision unless necessary for the treatment of a disease or necessitated by an Accident	3.10.13 B b II.
	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.	3.10.13 B b III.
	External Congenital Anomaly: Screening, counselling or treatment related to external Congenital Anomaly.	3.10.13 B b IV.

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.	3.10.13 B b V.
Hormone Replacement Therapy: Treatment for any condition /illness which requires hormone replacement therapy	3.10.13 B b VI.
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	3.10.13 B b VII.
Sexually transmitted Infections & diseases (other than HIV / AIDS): Screening, prevention and treatment for sexually related infection or disease (other than HIV / AIDS).	3.10.13 B b VIII.
Sleep disorders: Treatment for any conditions related to disturbance of normal sleep patterns or behaviours.	3.10.13 B b IX.
Any treatment or medical services received outside the geographical limits of India	3.10.13 B b X.
Any expenses incurred on OPD treatment	3.10.13 B b XI.
Trips exceeding 90(ninety) days from declared residence	3.10.13
<b>Critical Illness- Section Specific Conditions - Permanent Exclusions</b>	
Cosmetic or plastic Surgery (Code-Excl08)	3.11.1.B.i
Change-of-Gender treatments (Code-Excl07)	3.11.1.B.ii
Breach of law (Code-Excl10)	3.11.1.B.ii
Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)	3.11.1.B.iv
Sterility and Infertility (Code-Excl17)	3.11.1.B.v
Maternity (Code-Excl18)	3.11.1.B.vi
Sexually transmitted Infections & diseases (other than HIV / AIDS): Screening, prevention and treatment for sexually related infection or disease (other than HIV / AIDS).	3.11.1.B.vii
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)	3.11.1.B.viii
Alternative Treatments: Any covered Critical Illnesses diagnosed and/or treated by Medical Practitioner who practices Alternative Medicine	3.11.1.B.ix

External Congenital Anomaly: Screening, counselling or treatment related to external Congenital Anomaly.	3.11.1.B.x
<b>Accidental Cover: Section specific Exclusions</b>	3.12.7
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.
<b>Serious Illness: Section specific Exclusions- Permanent Exclusions</b>	3.13.1.B
Investigation & Evaluation (Code-Excl04)	1
Rest Cure, rehabilitation and respite care (Code-Excl05)	2
Change-of-Gender treatments (Code-Excl07)	3
Cosmetic or plastic Surgery (Code-Excl08)	4
Hazardous or Adventure sports (Code-Excl09)	5
Breach of law (Code-Excl10)	6
Excluded Providers (Code-Excl11)	7
Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)	8
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)	9
Unproven Treatments (Code-Excl16)	10
Sterility and Infertility (Code-Excl17)	11
Maternity (Code-Excl18)	12
Charges related to a Hospital stay not expressly mentioned as being covered. This will include charges for RMO charges, surcharges and service charges levied by the Hospital	13

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.	14
External Congenital Anomaly: Screening, counselling or treatment related to external Congenital Anomaly.	15
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.	16
Sexually transmitted Infections & diseases (other than HIV / AIDS): Screening, prevention and treatment for sexually related infection or disease (other than HIV / AIDS).	17
<b>General Exclusions (applicable to all Sections under the Policy unless specified otherwise):</b>	4
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.	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)	vii
Investigation & Evaluation (Code-Excl04)	viii
Unproven Treatments (Code-Excl16)	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
7	<p>Waiting period</p> <p>- Time period during which specified diseases/treatments are not covered.</p> <p>-It is counted from the beginning of the policy coverage.</p>	<b>Inpatient Care- Section Specific Conditions – Waiting Periods</b>	
		Pre-existing Diseases (Code–Excl01)	3.10.13.1
		Specified disease/procedure waiting period (Code-Excl02)	3.10.13.2
		30-day waiting period (Code- Excl03):	3.10.13.3
		<b>Critical Illness- Section Specific Conditions – Waiting Periods</b>	
		Pre-existing Diseases (Code–Excl01)	3.11.1.1
		30-day waiting period (Code- Excl03):	3.11.1.2
		Survival Period:	3.11.1.3
		<b>Serious Illness: Section specific Exclusions- Waiting Periods</b>	3.13.1.A
		Pre-existing Diseases (Code–Excl01)	a
		Specified disease/procedure waiting period (Code-Excl02)	b
30-day waiting period (Code- Excl03):	c		
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>	As mentioned in section 5, if applicable.	
	<p>ii. Co-Payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured)</p>	As mentioned in section 5, if applicable.	
	<p>iii. Deductible (It is a specified amount up to which an insurance company will not pay any claim, and which will be</p>	As mentioned in section 5, if applicable.	

	deducted from total claim amount (if claim amount is more than specified amount)		
	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-  <a href="https://rules.nivabupa.com/hospital-network/">https://rules.nivabupa.com/hospital-network/</a></p> <p>Helpline No- 1860-500-8888</p> <p>Downloading/ getting claim form-  <a href="https://transactions.nivabupa.com/pages/downloads.aspx">https://transactions.nivabupa.com/pages/downloads.aspx</a></p> <p>Hospitals which are blacklisted or from where no claim will be accepted by insurer-  <a href="https://rules.nivabupa.com/doc/Exclude_List.pdf">https://rules.nivabupa.com/doc/Exclude_List.pdf</a></p>	<p>3.1.8 (OPD services)  3.10.14 (Inpatient Care)  3.11.2 (Critical Illness)  3.12.8 (Accidental Coaver)  3.13.2 (Serious Illness)  5.15</p>
10	Policy Servicing	<p>Call center no of Insurer- Contact No: 1860-500-8888</p> <p>Details of Company Officials--  Website: <a href="http://www.nivabupa.com">www.nivabupa.com</a>  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  <a href="https://rules.nivabupa.com/customer-service/">https://rules.nivabupa.com/customer-service/</a></p>	5.24

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 <a href="https://www.nivabupa.com/customer-care/health-services/grievance-redressal.aspx">https://www.nivabupa.com/customer-care/health-services/grievance-redressal.aspx</a></p> <p>Insurance company grievance portal/ Department Website: <a href="http://www.nivabupa.com">www.nivabupa.com</a> 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 <a href="https://rules.nivabupa.com/customer-service/">https://rules.nivabupa.com/customer-service/</a> Senior citizens may write to us at at: <a href="mailto:seniorcitizensupport@nivabupa.com">seniorcitizensupport@nivabupa.com</a> 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: <a href="http://www.igms.irdai.gov.in">www.igms.irdai.gov.in</a> Ombudsman (Refer Annexure II of policy document for List of Insurance Ombudsmen)</p>	5.24
12	Things To remember	<p>Free Look cancellation: The Free Look Period shall be applicable on individual health insurance policies and not on renewals. 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 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. Irrespective of the reasons mentioned, the policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a</p>	5.3

	<p>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>	
	<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>	<p>5.7</p>
	<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>	<p>5.1 &amp; 5.2</p>
	<p>Change in Sum Insured: Insured Person may opt for enhancement of Sum Insured at the time of Renewal, subject to underwriting. Any enhanced Sum Insured applied on Renewal will not be available for an Illness or Injury already contracted under the preceding Policy Periods. All Waiting Periods as defined in the Policy shall apply afresh for this enhanced limit from the effective date of such enhancement</p>	<p>5.8.e</p>
	<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>	<p>5.25</p>

13	Your Obligations	<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.</p> <p>(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>	5.27
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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.