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1	Name of Insurance Product/ Policy	Aspire
2	Product UIN	UIN: NBHHLIP26049V022526
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	Base Coverage: • 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 • Annual Health Check-up can be availed from day 1 of the policy as per plan chosen by You • ReAssure+ – • ReAssure “Forever”: The first paid claim triggers ReAssure “Forever”. Maximum amount this benefit pays for any single claim is up to Base Sum Insured. • Lock the Clock: Entry age is locked at the time of buying the policy, till a claim is paid • Lock the Clock+: Entry age is locked at the time of buying the policy, till a claim is paid. M-iracle benefit also will not impact Lock.

		- ReAssureX - The first paid claim triggers ReAssure “Forever”. Maximum amount this benefit pays for any for any single claim is up to Base Sum Insured. (Consumer can choose between wither ReAssure or ReAssure X as per the Variant) - Booster+ - carry forward unutilized sum insured for maximum 10 times of Base Sum Insured based on the entry age. - M-iracle: Up to defined limits. Unutilized M-iracle Sum Insured carries forward. - Live Healthy - discount on premium at renewal - Second Medical opinion - choose to take a second medical opinion. Unlimited times in a policy year. - E-consultation - Unlimited e-consultation with our partners. Optional Coverage: - Annual Aggregate Deductible - Hospital Cash - Co-Payment - Pre-Existing Disease Waiting Time Modification - Room Type Modification - Personal Accident - Safeguard - Safeguard+ - Future Ready - Borderless - Cash-Bag - WellConsult (OPD)
6	Exclusions	Standard Exclusions - 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)

		• 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) Specific Exclusions • 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. - Treatment provided by Hospital or health facility that is not recognized by the relevant authorities in India. • Costs which are not Reasonable and Customary and treatments which are not Medically Necessary. Refer Definition 2.1.37 for Reasonable and Customary Charges. • Artificial life maintenance for the Insured Person who has been declared brain dead or in vegetative state
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7	Waiting period • Time period during which specified diseases/treatments are not covered. • It is counted from the beginning of the policy coverage.	• 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): 24 Months for Gold+, Gold, Sapphire+, Sapphire, Diamond+, Diamond, Platinum, Titanium, Platinum+, Titanium+ 24/12 Months for Flexi variant The above waiting periods will apply for the below conditions - ○ 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 ○ 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 • 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 for Gold+, Gold, Sapphire, Diamond, Platinum, Titanium 36 Months for Sapphire+, Diamond+, Platinum+, Titanium+ 12months/24 months/ 36 months for Flexi variant
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		• 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. • M-iracle Waiting Period: a. 48 months (Gold+/Gold) b. 12 months (Sapphire) c. 24 Months (Diamond+/Diamond) d. 9 months (Platinum+, Titanium+, Platinum, Titanium) e. 48 Months/24 Months/12 Months/9 Months for Flexi Variant																
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) ii. Co-Payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured) 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)) iv. Any other limit (as applicable)	i. Sublimit • Room Type Capping: Up to Single Private Room for Gold variant and Up to Sum Insured for all other variants • M-iracle: The benefit Sum Insured limits is as below – <table><tr><th>Base Sum Insured (INR)</th><th>M-iracle Sum Insured</th></tr><tr><td>3L</td><td>INR 4,000</td></tr><tr><td>5L</td><td>INR 5,000</td></tr><tr><td>7.5L</td><td>INR 10,000</td></tr><tr><td>10L</td><td>INR 12,000</td></tr><tr><td>15L</td><td>INR 15,000</td></tr><tr><td>20L & 25L</td><td>INR 20,000</td></tr><tr><td>50L & 1Cr</td><td>INR 25,000</td></tr></table> • Hospital Cash: a. Up to INR 5 Lakh Base Sum Insured: INR 1,000/day b. Between INR 7.5 Lakh to INR 15 Lakh Base Sum Insured: INR 2,000/day c. Above 15 Lakh Base Sum Insured: INR 4,000/day d. Maximum coverage offered under this benefit is for 30 days / policy year / insured person. • Personal Accident: up to 5 times of Base Sum Insured. Maximum up to INR 1 Crore. • WellConsult (OPD) a. Physical Consultations: INR 10,000 on our network. Flat 20% co-payment in case of reimbursement.	Base Sum Insured (INR)	M-iracle Sum Insured	3L	INR 4,000	5L	INR 5,000	7.5L	INR 10,000	10L	INR 12,000	15L	INR 15,000	20L & 25L	INR 20,000	50L & 1Cr	INR 25,000
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50L & 1Cr	INR 25,000																	

		b. Prescribed Diagnostics: INR 10,000 on our network. Flat 20% co-payment in case of re-imbursement. c. Prescribed Pharmacy: INR 2,500 on our network. Flat 20% co-payment in case of re-imbursement. d. 10 Online sessions on Emotional Wellness. Can be availed only through our network. e. Gym memberships for 2 days a week per adult f. 10 sessions for Emotional Wellness • Room Type Modification – Optional benefit to opt for room category Standard Single Room or a Shared Room ii. Co-payment – • Optional benefit with following options – 0%, 10%, 20%, 30%, 40% and 50%. • Borderless: Option to choose co-payment as per customer - 0%, 20%, 30%, 40% and 50%. 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
9	Claims/ Claims Procedure	Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization. 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 Network Hospital Details- https://rules.nivabupa.com/hospital-network/ Helpline No- 1860-500-8888 Downloading/ getting claim form- https://transactions.nivabupa.com/pages/downloads.aspx

		Hospitals which are blacklisted or from where no claim will be accepted by insurer- https://rules.nivabupa.com/doc/Exclude_List.pdf
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Documents for issuance and claim settlement

- Pan Copy/ Form 60 (Proposer)
- Address Proof (Proposer) - Aadhaar Copy (Both sides) / Driving License / Voter ID card / Passport copy (First & last page)
- NRI/ FN/ NRI- Questionnaire (as applicable)
- Portability- Previous year Policy Documents
- Indian address proof & Foreign address proof (as applicable)
- Indian / Foreign passport (as applicable)
- Visa copy (as applicable)
- OCI Card (as applicable)
- PEP form
- Cancel Cheque (in case of Neft Payment) ** additional medical document may be requested based on Health Declaration.

Basic documents and verifications required for claim settlement

- Duly completed claim form signed by the insured/ policyholder and Medical Practitioner, along with policy number, health card and valid photo identity proof.
- ii. Original hospital bills, receipts, discharge summary/ certificate/ card and itemised final bill.
- iii. Original pharmacy bills supported by prescriptions; investigation reports and payment receipts; indoor case papers.
- iv. Medical Practitioner referral/ admission advice for non-accident hospitalization and relevant consultation/ treatment records.
- v. For cashless claims, hospital pre-authorization form and supporting clinical documents. Notify at least 48 hours before planned hospitalization or within 24 hours of emergency hospitalization.
- vi. NEFT/ bank details, KYC verification and any other document required to assess admissibility or investigate the claim. Reimbursement claims are processed within 15 days after receipt of the complete claim form and documents, as stated in the policy.

M-iracle Benefit

1. **A male gets married and adds their spouse after 5 months of taking the policy (Titanium+). Will the waiting period for M-IRACLE benefit be 9 months from the inception of the policy or 9 months from when the spouse has been added? Will it be different for biological delivery and surrogacy/adoption?**
 - If Future Ready is opted - then the waiting period will be for the remaining 4 months.
 - If Future Ready is not opted - then the spouse will have to do the 9 months waiting period also. The male who was part can take for surrogacy after 4 months, but for biological delivery will have to do 9 months for the spouse also.
2. **Is the M-IRACLE sum insured part of the base sum insured or is it in addition to the base sum insured?**

The M-IRACLE sum insured is over and above the Base Sum Insured.
3. **If deductible is opted will it be applicable for the M-IRACLE benefit?**

Deductible is not applicable on claims related to the M-IRACLE benefit.
4. **The insured has 1 Lac cover for M-IRACLE benefit. If she uses 50k for IVF treatment can she utilise the remaining 50k for delivery claim?**

Yes, the remaining M-IRACLE sum insured can be used for delivery claim.
5. **Is there a limit to the number of deliveries/children covered under the M-IRACLE benefit?**

There are no limits on the number of deliveries/ children under the M-IRACLE benefit.
6. **Is vaccination for the new born baby covered under the policy?**

No, it is not covered under the policy.
7. **Is there a list of specific vaccinations that are covered for the mother?**

Vaccines that will be covered are Tdap (Tetanus, Diphtheria, Pertussis), Td (Tetanus, Diphtheria), Flu Shot, Hepatitis A, Hepatitis B
8. **If an insured opts for Gold+ and upgrades to Titanium+ at renewal, how will it impact the MIRACLE waiting period?**

The customer will get day 1 coverage for M-iracle benefit as the waiting period for 9 months would have already been completed.
9. **What is the definition of ante natal?**

Expenses incurred during pregnancy and before delivery. These will include consultations, diagnostics and vaccination for the mother.
10. **If the mother gets a flu shot to prevent flu during pregnancy will it be covered under vaccinations for the mother?**

Yes, it will be covered under the policy
11. **Are Vaccinations for the New Born Baby covered if claim has been taken under MIRACLE benefit?**

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Vaccinations for the new born baby are not covered under the policy. Only the vaccinations for expecting mothers are covered.

12. Will prescribed medication during pregnancy period be a part of Anti-natal benefit?

Yes it will be covered under the policy (part of M-iracle Sum Insured) but only if related to pregnancy.

13. In adoption charges, is the 10k amount for the child's health tests over and above the M-IRICLE sum insured, or is it included in the M-IRICLE sum insured?

It will be covered from M-iracle sum insured.

14. Will the new born baby be covered from day 1 under the policy?

Yes, the new born baby will be covered from day 1 under the policy if maternity claim has been paid by us. (Waiting periods/ exclusions may apply)

15. Will medical termination of pregnancy and miscarriage be covered under the M-IRICLE benefit?

Yes, they will be covered under the policy under M-IRICLE benefit

16. What impact will Safeguard+ have on maternity claim?

Non payables will be covered for maternity claims as well if safeguard+ is opted. However, Booster+ Safegaurd+ and Sum Insured Safeguard+ would not be applicable.

17. NICU charges for new born baby will be covered from Base sum insured or M-IRICLE sum insured?

NICU charges will be covered under base sum insured.

18. What documents are required for surrogate mother in case of cashless and reimbursement claim? Surrogacy agreement and the normal documents required for delivery.

19. Can a married couple with no children purchase the policy and take claim for infertility treatment? Will infertility be considered as a Pre-Existing Disease?

The married couple can claim for infertility treatment after completing the M-iracle waiting period.

20. Will the newly adopted child be covered from day 1? Can the child be added in the policy midyear?

The adopted child will get coverage from day 1 and can be added mid-year in the policy. (Waiting periods/ exclusions may apply)

21. Will maternity waiting period be waived off in port cases?

No, maternity waiting period will not be waived in port cases.

22. As the policy can have a maximum of 4 children, if 5th child is born then will the maternity claim be payable?

The maternity expenses can be claimed through the policy, but the child cannot be added to the floater plan.

23. Will new born baby with internal and external congenital disease be covered under the policy?

Yes, the child will be covered under the policy. (Waiting periods/ exclusions may apply)

24. If a child is born pre-mature with birth defects, will it be covered under the policy?

Yes, the child will be covered from day one of birth under the policy. (Waiting periods/ exclusions may apply)

- 25. Will there be fresh underwriting for the new born baby? If so, can there be any loading applied? Can there be any specific exclusions applied to the baby basis their medical condition? For example if child is born with a hole in the heart, can the policy be issued with loading and an exclusion for thi specific condition?**

Yes, underwriting, permanent exclusions and loadings can apply to the baby. The only condition is that we will offer the policy to the baby.

- 26. Will there be any waiting periods applied for the new born baby for any condition they may be born with?**

Waiting periods/ exclusions may apply.

- 27. Is it mandatory to intimate that the new born child is born in order to get the claim for new born?**

No. if we have paid the claim for maternity, the new born will be covered. But in case the maternity claim is still unpaid — then the consumer will have to inform us.

- 28. If a new born child born and admitted in NICU but the parents was not able to intimate the company, claim can be settled or not.**

Will be settled, provided we have paid for the maternity claim.

- 29. In adoption charges, is the 10k amount for the child's health tests over and above the miracle sum insured, or is it included in the miracle sum insured?**

Included in the M-iracle SI.

- 30. Will utero fetal surgery be covered? Will there be any waiting period for this?**

No it will not be covered. All expenses are for the mother, not the unborn child.

- 31. When will the premium for New Born Baby be charged?**

The premium for new born baby will be charged at renewal for single year policies or at policy anniversary for multi-tenure policies.

- 32. What is the waiting period for NICU coverage?**

There is no waiting period for NICU coverage. If we have paid for the M-IRACLE claim then NICU expenses will be covered from day 1.

Borderless Benefit

- 33. Under borderless cover are all the countries covered? Can the claim be taken as both cashless and reimbursement?**

Yes, the customer can make a claim from any country (Exclusions of war will remain). Both cashless and reimbursements claim payment modes are available.

- 34. Can the co-pay % be changed at renewal for the borderless benefit?**

Yes, the co-pay % can be modified at renewal.

- 35. Is pre and post hospitalization covered in the borderless treatment? Is co-payment applicable for the same?**

Yes, pre and post hospitalization will be covered under the Borderless benefit, and co-pay will be applicable.

- 36. For Borderless rider, is it mandatory to be in India while purchasing the policy?**

No, the customer does not need to be physically present in India while purchasing the policy.

37. Can Borderless benefit be opted by those who currently hold a work visa in abroad?

Yes, it can be opted if they are not an NRI.

38. Can Borderless benefit be opted by those with a student visa?

Yes, borderless benefit can be opted by those holding a student visa.

39. For Borderless rider, the sum insured would be in INR or USD? Will the coverage with the Borderless benefit be up to the sum insured?

The sum insured would be in INR. There is no separate limits for Borderless benefit and coverage will be up to the policy sum insured.

40. Do customers have to take pre approval from India for in-patient admission abroad?

No, Pre-authorisation is not required.

41. Is ambulance service available under borderless benefit?

Yes, Ambulance (road and air) is covered under the Borderless benefit.

42. For how many days are the customers covered abroad under the Borderless benefit?

Under the borderless benefit, the customer is covered until the time the policy is in force (not expired) and up to Sum Insured.

43. What are the Co-pay options available for treatment outside India?

Co-pay options of 0%, 20%, 30%, 40% and 50% are available for the customers to choose from under the Borderless benefit.

44. What is the minimum number of hours under in-patient hospitalization covered under Borderless benefit?

Minimum 2 hours of hospitalization.

45. What is the procedure for cashless claims under Borderless benefit?

We have partners in place who will be take care of international claim processing. Europ Assistance is one of the partners.

46. A customer has purchased Aspire along with Borderless Benefit. He's travelling to a foreign country for studies. Will inpatient treatment and Ambulance be covered in the foreign country?

Yes, inpatient treatments will be covered (subject to waiting periods) and Ambulance (Road and Air) are covered under Borderless benefit.

Cash-Bag Benefit

47. What is the maximum accumulation for Cash-Bag Benefit?

There is no maximum limit for accumulation under Cash-Bag Benefit

48. In Cash bag benefit is there any limitation on how or where the amount can be used?

It can be used to pay for co-payment, deductibles, OPD, and renewal premiums.

49. Can the Cash bag benefit amount be used to take an inpatient claim (cashless or reimbursement)?

It can be used to pay deductibles or co-payment (if applicable) for in-patient claims.

50. If the insured used the cash bag amount to pay for an OPD claim and makes no other claim in the policy year, will this be considered as a claim in the policy year (for Lock the Clock and Cash Bag)?

It will not impact Lock the Clock benefit or Cash-Bag benefit.

51. Can cash bag be used for international OPD?

No, it cannot be used for international OPD.

52. If the customer uses the cash bag amount to pay for the renewal premium how will it impact the tax benefit?

For example:

Policy Year	Premium	Cash Bag	
1	20,000		paid entire premium amount by self
2 (after 1st renewal)	20,000	2000	paid entire premium amount by self
3 (after 2nd renewal)	20,000	1000	paid entire premium amount by self
4 (after 3rd renewal)	20,000	1000	paid entire premium amount by self
5 (after 4th renewal)	20,000	1000	Utilised 4000 from the cash bag, and 16000 by self, to pay the premium

At the 4th renewal the customer paid 16000 by self and used 4000 from the cash bag. How much premium amount will his premium receipt reflect? On how much amount will the tax benefit be applicable?

Cash-Bag amount will be passed on as a discount and tax exemption will be applicable on net premium after discount.

53. How will the Cash bag work in case of Multiyear policies since the term used is 1st renewal 10% and 2nd renewal onwards 5% cash bag.

The customer would get the benefit each year and the amount would be reflected in the NBHI app. E.g. Customer buys a policy for 3 years (without fast forward), the cash-bag would work as bel

Future Ready**54. If someone has opted for Future Ready Benefit and is getting married to a single parent, will the new spouse and the child get guaranteed issuance?**

The new spouse will get guaranteed issuance (Loadings, exclusions may apply as per underwriting guidelines). However, the issuance of the child will not be guaranteed.

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55. **Can a father propose the policy for an adult daughter without being insured?** Yes
- Can this policy include the Future Ready option?** No
 - In such case when the daughter gets married how will the policy work?** - The Daughter will have to become the proposer. The policy will have to be endorsed if the daughter wants to add the husband in the policy.
 - Can the daughter (first insured) become the proposer?** Yes
 - Can this change in proposer take place in mid-year?** No. This will be done at Policy Renewal or Policy Anniversary (in case of multi-year policies)
56. **The Primary insured has taken the future ready benefit and later opts out after 3 years, after adding the spouse in the 4th year. How it will impact the policy? Will the spouse get the coverage continuously? Will the spouse have to serve any waiting periods?**
- Spouse will continue to get the waived waiting periods. A person will remove future ready when they will add the spouse.

WellConsult (OPD)

57. **In case of physical consultations if a receipt necessary to take the reimbursement claim?**
- Yes, the receipt and the prescription is necessary.
58. **Will OPD benefit cover dental and ophthalmic consultation?**
- No, Dental & Ophthalmic consultations will not be covered.
59. **In WellConsult (OPD) wallet do all the benefits have their own limit or is it a combined limit?**
- For example:**
- Is there a total of 10k for all benefits?** or
 - Is it 10k for physical consultation + 10k for diagnostics + 2500 for pharmacy - that means a total of 22500 of benefits plus unlimited tele/video consultations.**
- All benefits under the OPD wallet have independent limits.
60. **Can the WellConsult OPD wallet be used for Maternity related tests and consultations as well?**
- Yes, it can be used for maternity related tests and consultations. (Subject to waiting periods)
61. **Under WellConsult what will emotional well-being session comprise of? Will they be one on one sessions? Will it be a Live session or recorded sessions?**
- These will comprise of one-on-one online live sessions with an emotional health coach/psychologist.
62. **How will the insured avail all the benefits. Kindly share the journey.**
- The journey is as follows:
- The customer logs in to the NBHI App
 - The OPD benefit will be visible to the customer on the policy benefits details
 - The customer selects the Well-Consult benefit and sees the applicable limits and benefits
 - The customer can claim any of the benefits from within the app itself.
 - For Reimbursement claims — document upload, claim status can be tracked on the app.
63. **Will the optional benefit have to be taken separately for each insured member? Is it only for Adults or also applicable for children?**

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This optional benefit will work at policy level. WellConsult benefit will have fixed limits. For floater policies, the limits will also be on floater basis. A single premium will be charged from the customer irrespective of the base sum insured, variant, policy type (Individual / Family floater).

64. Under Gym Membership benefit what is the definition of Adult? Is it Adult by relationship in the policy or any insured above the age of 18 years?

Adult will be defined as per the relationship and not as per age.

65. If customer is porting to Aspire will PED waiting periods apply to Well-Consult. Will the customer get the benefit of the waived off waiting period in Well Consult as well if the waiting periods have been served in the earlier policy?

Continuity of waiting periods will not be provided for Well-Consult benefits. All waiting periods would apply.

66. If it is a fresh policy then does PED waiting period and Specific Disease Waiting period apply.

Yes. All waiting periods will apply.

67. Is Alternative Treatment OPD covered in Well-Consult.

No, Alternative Treatment OPD will not be covered under WellConsult

68. Is Mental Disorder covered in Well-Consult?

Yes, consultations for psychiatrists will be covered under WellConsult benefit as part of Emotional Wellness benefit

69. Is Dental and Ophthalmology covered in Well-Consult.

No, Dental & Ophthalmology are not covered under WellConsult.

70. Is the Reimbursement of Physical Consultation, Diagnostics and Medicines only from Empaneled Providers or from Non-Empaneled also.

Reimbursement is allowed from non-network providers. A valid prescription and invoice will be required for the claim. Also, a 20% co-payment will be applicable for all Reimbursement claims.

71. How does the customer claim for medicines using Cashless.

The customer will get the option to order the medicines form the app itself and it will covered up to the limits applicable.

72. Process note for availing Gym, AI Fitness Coaching and Emotional Wellness Session would be required. This will be done using the Niva Bupa health App.

73. Will the premium for Well-Consult increase as per Age.

No, WellConsult has fixed pricing irrespective of the age of the insured, variant opted, base sum insured opted.

74. Also will waiver of PED waiting Period for Hypertension and Diabetes be waived of incase of customer opting for DM.

No. Consumer will have to do the complete waiting periods even with DM.

75. Will a claim under WelConsult have impact on Lock The Clock/Lock the Clock+ benefit?

No, the age lock would not get impacted in case of claim under WellConsult benefit.

Generic Queries:

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- 76. What happens if the new member added in the policy becomes the eldest member? E.g. IA policy with 26 year old converts to a 2A policy after 4 years where the age of the new member is 35 years.**
The current age of the newly added member (35 years) will be considered for premium calculation. In case of no claim in the previous policy, the age will get locked at 35 years, until a claim is paid.
- 77. Please specify which optional benefits can be taken and removed at renewal and which can only be opted at the time of policy inception.**
All optional benefits can be added/removed at renewal.
- 78. Can NRI customers opt for Aspire? If yes are there any specific requirements or T&C?**
NRI customers can purchase Aspire policy without Borderless benefit.
- 79. Is migration allowed to Aspire?**
No, at present Migration is not allowed.
- 80. Can NRIs and PIO/OCI card holders be able to purchase the policy?**
NRIs can purchase the policy without the Borderless rider. We cannot offer the policy to PIO/OCI card holders.
- 81. If spouse is a foreigner and are settled abroad after marriage, will they be covered under the policy?**
No, they will not be covered under the policy.
- 82. Is there any capping on modern treatments?**
Listed Modern treatments are covered up to sum insured under the policy.
- 83. Can people who are mentally challenged be covered under the policy?**
Yes. They can be covered under Aspire (subject to underwriting).
- 84. Can two Aspire policies be merged at renewal?**
Yes, they can be merged at renewal provided they have the same policy expiring date.
- 85. Are there any limits to mono-focal and multifocal lenses for cataract treatment?**
As per reasonable and customary charges
- 86. Under which Pre Existing conditions can we refuse to offer the policy to the customer?**
This will as per the underwriting policies being followed at the time.
- 87. Is it mandatory to confirm the nomination details at the time of buying the policy and on renewal?**
Yes, it is mandatory to confirm the nomination details at the time of renewal.
Details required for Nominee:
Name: _____ Address: _____
Email ID: _____
Bank Name _____ Branch _____ City _____
Account number _____ IFS Code _____
Account type: ☐ Savings ☐ Current
- 88. Is it mandatory to share Bank Account details of the proposer at the time of logging in the policy?**
Yes, it is mandatory to share Bank Account details of the proposer at the time of logging in the policy.

89. How many days are in free look period?

Free look period consists of 30 days.

90. What is the duration of grace period?

Grace period is of 30 days for all types of policies. For policies with monthly premium payment mode, it is for 15 Days. The coverage too will be given during the 15 Days grace period of a policy taken on monthly mode.

91. How is the premium refund calculated upon cancellation after the free look period?

Post free look period, premium refund on cancellation would be on pro-rata basis.

92. When will the customer's consent be obtained for data sharing with third – party service providers?

Consent of Customer will be taken, at the time of enrolment in to the policy, for data sharing with any third party service provider.

93. What is Moratorium period? What is the duration of moratorium period?

After completion of five continuous years under the policy, no look back to be applied. This period of five years is called as moratorium period. The moratorium would be applicable for the Sums Insured of the first Policy and subsequently completion of five 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 claim shall be contestable except for proven fraud and permanent exclusions specified in the Policy contract. The Policies would however be subject to all limits, sub limits, co-payments, deductibles as per the Policy contract. The duration of moratorium period is 5 years (60 months)