

Sl. No	Title	Description
1	Name of Insurance Product/ Policy	Health Companion
2	Policy Number	NBHHLIP26051V092526
3	Type of Insurance Product/ Policy	Both Indemnity and Benefit
4	Sum Insured	Sum Insured Options are: 3 Lacs, 4 lacs, 5 Lacs, 7.5 Lacs, 10 Lacs, 12.5 lacs, 15 Lacs, 20 Lacs, 30 Lacs, 75 Lacs, 100 Lacs The Sum Insured opted by you is mentioned in the Policy Schedule.
5	Policy Coverage	Expenses in respect of: Base Coverage: - Hospital admission for 2 hours or more. Also cover treatment taken for Dialysis (Hemo / Peritoneal), Radiotherapy or Chemotherapy for cancer. - AYUSH Treatments are also covered if admitted for 24 hours or more in AYUSH Hospital - Modern treatments like Robotic surgeries, oral chemotherapy etc. are covered - Related medical expenses up to Sum Insured incurred 60 days prior to hospitalization - Related medical expenses incurred up to Sum Insured within 180 days from date of discharge - Organ donor expenses covered up to Sum Insured - Road ambulance covered up to Rs.2,000 and air ambulance up to Rs.2,50,000 per hospitalization - No Claim Bonus – For every claim free year, we will add 20% of expiring policy base sum insured as NCB, maximum up to 100%. - Refill – Reinstatement up to base Sum Insured (applicable for both same & different illness) - Health Check-up can be availed from day 1 of the policy - Vaccination post an animal bite covered up to Sum Insured - Home Care / Domiciliary Treatment covered up to Sum Insured Optional Coverage:

		- Hospital Cash – Fixed amount of Rs.1,000 / 2,000 / 4,000 (depends upon chosen Sum Insured) per day of hospitalization - Personal Accident - Up to 5 times of Base Sum Insured. Maximum up to INR 1 Crore - Annual Aggregate Deductible: Option to choose a deductible in the plan.
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) - Sterility and Infertility (Code-Excl17) - Maternity Expenses (Code-Excl18) Specific Exclusions Personal Waiting Period: Conditions specified for an Insured Person under Personal Waiting Period in the Policy Schedule will be subject to a Waiting Period of up to 48 months from the inception of the First Policy with Us. Circumcision: Circumcision unless necessary for the treatment of a disease or necessitated by an Accident. 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/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. • Medical & ambulatory devices used at home like BP monitors, Sugar monitors, automation device for peritoneal dialysis, CPAP, BiPAP, Crutches, wheel chair etc. • Any expenses incurred on OPD treatment. • Unrecognized Physician or Hospital: a. 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. b. 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. c. Treatment provided by Hospital or health facility that is not recognized by the relevant authorities in India. • Treatment related to intentional self-inflicted Injury or attempted suicide by any means. • Costs which are not Reasonable and Customary and treatments which are not Medically Necessary. Refer Definition 2.1.31 for Reasonable and Customary Charges. • Artificial life maintenance for the Insured Person who has been declared brain dead or in vegetative state
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): Covered after 24 Months for the following: ○ 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 a. 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 • 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.
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	i. Sublimit ○ Road ambulance is covered up to Rs. 2,000 and air ambulance is covered up to Rs.2,50,000 per hospitalization ○ Health Checkup limits as per Sum Insured chosen by you and specified in the policy schedule ○ Vaccination for Animal Bite – Up to Rs.5,000 ○ Room Type Capping: Up to Shared room for variant 2023 and up to sum insured for variant 2022 ii. Co-payment – NA

	claim, and which will be deducted from total claim amount (if claim amount is more than specified amount) iv. Any other limit (as applicable)	iii. Annual Aggregate Deductible - The deductible options available are INR 10,000, 20,000, 30,00, 50,000, 1 lac, 2 lac, 3 lac, 4 lac, 5 lac and 10 lac can be availed along with premium discount.
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 Hour - 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

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)

Health Companion Variant 2022 – Product Disclosure



- 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.

Frequently Asked Questions- Health Companion Variant 2022

- 1. Annual Health Check-up: In a floater plan one insured must get all check-ups within 7 days or all members must get their health check-ups completed within the same 7-day period.**

Answer: One member can get the tests done within 7 days. Not mandatory to get all the tests done by all members in the 7 days period. E.g. In a 2A policy, with an AHC limit of INR 10,000, Member 1 gets the tests done between 26 Sep and 1 Oct 2022 for INR 7,000. The balance of INR 3,000 can be utilised by Member 2 anytime during the policy year.

- 2. Are children eligible for Annual health check-up? Is there any limit for 18 years and above?**

Answer: Available to all insured members.

- 3. How many days prior the due date can a customer take the benefit of annual health check- up?**

Answer: In Variant 2022, the AHC benefit can be availed anytime during the policy year, from day 1 of policy inception.

- 4. Annual Health Check-up: Will deductible be applicable for AHC?**

Answer: Deductible is not applicable for AHC

- 5. Vaccination for animal bite: As per sum insured what will be the limits?**

Answer: INR 5,000 for sum insured options

- 6. Vaccination for animal bite: Can the claim be taken multiple times in a year keeping in mind the maximum limit for the year.**

Answer: Mul

- 7. Is there Home care treatment for Chemotherapy and Dialysis or is there only Domiciliary benefit available?**

Answer: Chemotherapy and Dialysis are covered under day care treatments and not under domiciliary treatment

- 8. Is pre and post hospitalization covered under Domiciliary benefit and Refill benefit?**

Answer: Yes. It is covered (60 days pre & 180 days post)

- 9. What is the process for cashless claim in case of Home care Treatment/Domiciliary Treatment?**

Answer: If our network is offering, one can get. Mostly will be reimbursement.

- 10. Organ Donor: Is Pre and post hospitalization for the insured covered in case he donates an organ?**

Answer: Yes. It is covered.

- 11. Organ Donor: Will we renew the policy if the insured donates an organ? If yes will there be any restriction or exception in the policy going forward?**

Answer: We will renew the policy without any restrictions.

- 12. If there are any complications arising out after donating an organ will it be covered in the policy for the insured person?**

Answer: Yes. Applicable for Variant 2022.

13. Is HIV AIDS & mental disorder covered after 30 days in the policy?

Answer: Yes, we cover HIV/AIDS and mental disorder.

14. There is a minimum hospitalization covers of 2 hours in the policy, is there any specific condition for the same or will we provide cover in every condition?

Answer: Only for variant 2022. There are no specific conditions. All coverage will be as per terms and conditions mentioned in the policy wording document. All exclusions, sub-limits, etc. will apply.

15. Can we accept external portability in new version? i.e. Other Company Retail Product to Health Companion 2022

Answer: Yes

16. Is it mandatory to confirm the nomination details at the time of renewal?

Ans: Yes, it is mandatory to confirm the nomination details at the time of renewal.

17. Is it mandatory to share Bank Account details of the proposer at the time of logging in the policy?

Ans: Yes, it is mandatory to share Bank Account details of the proposer at the time of logging in the policy.

18. How many days are in free look period?

Ans: Free look period consists of 30 days.

19. What is the duration of grace period?

Ans: The duration of grace period is of 30 days.

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

Ans: Post free look period, premium refund on cancellation would be on pro-rata basis and not a short period grid.

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

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

22. What is the duration of moratorium period?

Ans: 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.