

Sl. No	Title	Description
1	Name of Insurance Product/ Policy	ReAssure 2.0
2	Policy Number	NBHHLIP27054V032627
3	Type of Insurance Product/ Policy	Both Indemnity and Benefit
4	Sum Insured	Sum Insured Options are: 5 Lacs, 7.5Lacs, 10 Lacs, 15 Lacs, 20 Lacs, 25 Lacs, 50 Lacs, 75 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 covered up to Sum Insured and Air ambulance up to INR 2,50,000 per hospitalization • Expenses during Hospitalization: 2 hours and more covered (AYUSH covered for 24 hours and more). • Modern treatments like Robotic surgeries, oral chemotherapy etc. are covered • Expenses before and after hospitalization: 60 and 180 days respectively. Up to Sum Insured. • 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 • 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. • Booster+ - carry forward unutilized sum insured for maximum 10 times of Base Sum Insured. • Live Healthy - discount on premium at renewal • Shared accommodation Cash Benefit- additional amount paid each day if shared room is opted.

		• Second Medical opinion – choose to take a second medical opinion once in a policy year. • E-consultation- Unlimited e-consultation with our partners. Optional Coverage: • Hospital Daily Cash - Up to INR 5 Lakh Base Sum Insured: INR 1,000/day - Between INR 7.5 Lakh to INR 15 Lakh Base Sum Insured: INR 2,000/day - Above 15 Lakh Base Sum Insured: INR 4,000/day - Maximum coverage offered under this benefit is for 30 days / policy year / insured person. • Personal Accident • Safeguard • Safeguard+ • Annual aggregate deductible • Co-payment • Pre-Existing Disease Waiting Time Modification • Room Type Modification
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 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 2.1.36 for Reasonable and Customary Charges. • Artificial life maintenance for the Insured Person who has been declared brain dead or in vegetative state
	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 all of the following 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): Covered after 36 months of continuous coverage • 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
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)	i. Sublimit a. Modern Treatments: Up to INR 1Lac on few robotic surgeries b. Air Ambulance up to INR 2.5L per hospitalization c. Annual Health Check-up: i. Up to INR 500 for every INR 1 Lac Base Sum Insured ii. Individual policy: maximum INR 5,000 per Insured per Policy Year iii. Family Floater policy: maximum INR 10,000 per policy per Policy Year d. Shared Accommodation: i. For sum insured up to INR 15 Lacs: INR 800 per day; maximum INR 4,800 ii. For sum insured above INR 15 Lacs: INR 1,000 per day; maximum up to INR 6,000 e. Hospital Cash: i. Up to INR 5 Lakh Base Sum Insured: INR 1,000/day ii. Between INR 7.5 Lakh to INR 15 Lakh Base Sum Insured: INR 2,000/day iii. Above 15 Lakh Base Sum Insured: INR 4,000/day

	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)	iv. Maximum coverage offered under this benefit is for 30 days / policy year / insured person. f. Personal Accident: up to 5 times of Base Sum Insured. Maximum up to INR 1 Crore. g. Room Type Modification: optional benefit with following options- Single Private Room and a Sharing Room ii. Co-payment- Optional benefit with following options- 20%, 30%, 40% and 50%. iii. Annual Aggregate Deductible- Optional benefit with following options- INR 10,000/ 20,0000/ 30,000/ 50,000/ 1,00,000.
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 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
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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.

Frequently Asked Questions

Questions related to ReAssure+ (Lock the Clock)

1. What premium will be applicable post the first claim made by the customer.

Ans: In ReAssure 2.0 the entry age gets locked (ReAssure+ Lock the Clock benefit). But as soon an individual is paid a claim, this lock on the entry age breaks and turns back to normal premium cycle as per the new and current age of the individual. For the upcoming renewals and all the renewals thereafter would be done as per the "then" current age of the customer.

- For floater policies, the lock breaks if any of the member covered have been paid a claim.
- For Multi-individual, the lock breaks for only the respective person for which the claim have been paid. Rest all continue to enjoy the locked age premiums.

2. Post the first claim will the clock lock again or will the premium keep be rising as per the age?

Ans: In ReAssure+ Lock the Clock benefit, the Lock only breaks once in a lifetime. Once the claim for an individual have been paid for, the age lock breaks and the premiums would keep increasing as per the age/age bands.

ReAssure+ Lock the Clock benefit:

3. Will Annual Health Check-up be treated as a claim?

Ans: No, Health check-up is not considered as a claim that impacts the lock the clock (ReAssure+) feature.

4. Will Personal Accident -Accidental Death/Disability claim be treated as a claim?

Ans: No, AD, PTO, PPD are not considered as a claim that impacts the lock the clock (ReAssure+) feature.

5. If the insured takes the hospitalization claim from his/her corporate policy and takes hospital daily cash from ReAssure, will the HDC claim be considered as claim?

Ans: The question construct is wrong. Hospital daily cash is only paid for only if we have accepted an Inpatient Care Hospitalization claim under the same product. And if Inpatient claim is paid for then it would be considered as a "claim paid" and age clock under ReAssure+ would break.

6. If the insured has opted for Safeguard and the claim is below 50000 will it still be considered as claim?

Ans: Safeguard or safeguard+ protects the booster+ benefit and it have nothing to do with ReAssure+ (Lock the clock benefit). Therefore, any claim paid would be considered as a claim paid for ReAssure+ benefit. Lock the clock benefit would break and trigger of ReAssure Forever benefit would happen simultaneously.

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7. When will the ReAssure+ benefit (ReAssure Forever) be activated in ReAssure 2.0?

Ans: The ReAssure+ benefit would be triggered with the I5¹ claim paid in the lifetime of the insured. It would remain "ON" going forward for lifetime.

8. Will the ReAssure+ benefit (ReAssure Forever) be activated only after the first claim every year (as in the older ReAssure plan)?

Ans: The ReAssure+ benefit would be triggered with the I5¹ claim paid in the lifetime of the insured. It would remain "ON" going forward for lifetime. This means unlike old ReAssure benefit which required a claim to be paid in each policy year to get triggered, ReAssure+ requires only One-Time Activation.

Questions related to Booster+

9. Is there any NCB (No claim bonus) in ReAssure 2.0?

Ans: There is no benefit with the name no claim bonus in the product. However, we have Booster+ benefit in the product which carry forwards the unutilized base sum insured to the next policy year and keeps accumulating up to 10 times of base sum insured. This means, in case of No claim paid in a given policy year, 100% of the base sum insured would be carried forward to the next years.

10. Under the Booster+ benefit will we only carry forward the unused base sum insured or will the total unused amount (Base sum insured + Booster+) be carried forward to the next year? Kindly share an example.

Ans: The unutilized base sum insured would be carried forward to the next policy year and "accumulate" up to 10 times of base sum insured as the booster+ benefit.

For understanding purposes this means the same as carrying forward the unutilized base+ unutilized booster to the next policy year and forming the booster+ benefit bucket.

Example of accumulation under booster+ benefit in case of no claim		
	Base Sum Insured (In Lacs)	Booster+ Sum Insured (In Lacs)
Year 1	10	0
Year 2	10	10
Year 3	10	20
Year 4	10	30
Year 5	10	40
Year 6	10	50
Year 7	10	60
Year 8	10	70
Year 9	10	80

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Year 10	10	90
Year 11	10	100
Year 12	10	100
Year 13	10	100

Year 14	10	100
Unutilized base sum insured would keep accumulating under as booster+ sum insured up to maximum of 10 times of base sum insured.		

11. What are the Scenarios for treatment of booster+ accumulated sum insured?

Ans: Scenarios for treatment of booster+ accumulated sum insured:

Case	Impact of Accumulated booster+ sum insured
Individual sum insured policy to floater sum insured policy (due to any reason)	least of the Booster+ Sum Insured of individual insured members will be carried forward to the floater plan
Floater sum insured policy splits to multiple other policies (due to any reason)	Booster+ Sum Insured of floater plan will be carried forward to the split policies, provided the Base Sum Insured is not reduced
Sum Insured decrease	Booster+ Sum Insured will decreased proportionately.
Sum Insured increase	Booster+ Sum Insured will increase proportionately.

Other Questions**12. Road Ambulance is covered up to Sum Insured for both cashless (Network) and reimbursement (Non-network)?**

Ans: Yes, Road Ambulance is covered up to sum insured for both cashless and reimbursement.

13. Air Ambulance is covered up to 2.5 Lakh in cashless and reimbursement both?

Ans: Yes, Air Ambulance is covered up to 2.5 Lakh for both cashless and reimbursement.

14. Is Annual Health check-up benefit available only on cashless basis?

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Ans: Yes, Annual Health check-up benefit available only on cashless



15. Can an insured avail Annual Health Check-up within a period of 7 days?

Ans: All the tests to be done for a given insured person under Annual Health Check-up benefit must be done within a window of 7 days from the I5¹ test done. An insured person can avail the health check-up benefit anytime in a policy year.

16. Who all are eligible for Annual Health Check-up? Only adults or all insured irrespective of age?

Ans: All insured members irrespective of the age can avail the benefit under Annual Health Check-up benefit.

17. In Safeguard/Safeguard+ will we only cover the non-payable items as per specified lists or will we cover all non-payable items?

Ans: Under both safeguard and safeguard+ the non-payables would be payed as per the list mentioned under the Annexure one of the policy terms and conditions.

- For Safeguard: Only list 1 is covered.
- For Safeguard+: All the 4 lists, list 1,2,3,4 are covered.

18. Can Smart Health+ Rider be attached with Reassure 2.0?

Ans: Yes, Smart Health+ is a rider option and is available with ReAssure 2.0.

19. Will we cover mono focal and multifocal lens?

Ans: The exclusion "Refractive Error (Code-ExclIS): Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries."

20. Room Rent-A customer has a ReAssure plan with 5 Lakh Sum insured.

- a. He is hospitalized in a single private/suite room. Will we pay the claim?
- b. Is there any restraint on room type with respect to the sum insured opted by the customer?
- c. Is there any constraint in respect to cashless and reimbursement claim?
- d. Are there any other T&C?

Ans: There is no room rent capping, the coverage would be subject to reasonable and customary charges.

21. At renewal will the old ReAssure plan be automatically renewed into ReAssure 2.0?

Ans: ReAssure and ReAssure 2.0 are two separate products. No automatic shift from ReAssure to ReAssure 2.0 would happen.

22. Can the customer continue to renew his policy in the older ReAssure?

Ans. Yes, the customer can continue to renew the old ReAssure as is. ReAssure and ReAssure 2.0 are two separate products.

23. Will the policy split automatically when the child turns over 30 years?

Ans: No, the policy would not automatically split at any age. The customer would have to raise a request for the same.

24. 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.

25. 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.

26. How many days are in free look period?

Ans: Free look period consists of 30 days.

27. What is the duration of grace period?

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

28. 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.

29. 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.

30. What is Moratorium period? 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.